



National Clinical Audit of Psychosis Lay Report

for the Early Intervention in Psychosis Audit 2019-20

A report by Rethink Mental Illness



**Cover image by Veenu Gupta,
NCAP Service User Advisor**

‘The Teal Tiger is a visual representation of my experience of psychosis. Psychosis can be a very powerful and emotional experience that influences a distorted perception of reality with its many colours and unique experiences. I feel this image shows that individuals with mental health problems are not defined by it and they have many other aspects to their identity that are just as prominent and important. The Teal Tiger is the logo of a blog I write about my experiences of psychosis and this has helped me understand these experiences. I designed this image going through a time of psychological distress and the process of creating it helped me find relief. The image and blog embodies my experience of psychosis and helps me contain these experiences and think of them in a way I have control over. The images are strong and emotive and this closely mirrors my experience of psychosis.’

Veenu has written a piece reflecting on her role on NCAP in Appendix B of the main report, which can be found on page 3 of the main National Report’s Appendices.

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What is the National Clinical Audit of Psychosis?

The National Clinical Audit of Psychosis (NCAP) was set up to improve the quality of care for people with psychosis in England and Wales. It does this by assessing the services NHS Mental Health Trusts in England and Health Boards in Wales provide for people with psychosis. NCAP then states what can be improved.

NCAP is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and the Welsh Government.

NCAP takes place every year, and this report will present the results of the 2019/20 case note audit and service user survey from England, which looked at the care provided by Early Intervention in Psychosis (EIP) services. This is the second year in a row NCAP have looked at the care provided by EIP services, letting us see if there have been improvements in care.

NCAP compares Early Intervention in Psychosis Services against eight different standards and an Outcome Indicator for treating and managing First Episode Psychosis. These are based on NICE-recommended guidance and were developed in 2016 by the NCAP team and a steering group made up of clinicians and people with lived experience. They are designed to provide a range of psychological, pharmacological and social support for people experiencing a First Episode of Psychosis and 'help them live full, hopeful and productive lives.'¹

The eight standards of care include:

- 1. Timely access to care**
- 2. Receiving CBT for Psychosis**
- 3. Receiving Family Intervention Therapy**
- 4. Offering clozapine if at least two other antipsychotic medications are unsuitable**
- 5. Taking part in supported education or employment programmes**
- 6. Receiving an annual physical health screening**
- 7. Receiving support for any physical health problems**
- 8. Education and support programmes for carers**

¹ NICE & NHSE (2016)- Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance, p6

What is psychosis?



In terms of First Episode Psychosis, it was a deeply disturbing time... I was angry, confused, turning back events in my mind, trying to trace why I was feeling how I was at any point in time. I guess, once the seesaw is unbalanced, it is difficult to correct it again, without help.



Psychosis is a severe mental illness. It causes people to see or interpret things differently to other people. For example, someone may hear voices that are not real to others or believe other people want to harm them.

There isn't one single cause of psychosis. It may be due to a mental health condition such as schizophrenia or bipolar disorder. It can also be caused by extreme stress, drug or alcohol use, or a brain injury.²

What is Early Intervention in Psychosis?

Early Intervention in Psychosis (EIP) services support people when they experience 'psychosis' for the first time. This is called First Episode Psychosis. It is a three-year service offering a package of support to help a person on the path to recovery. The sooner treatment is started, the better the outcome for a person.

During their life, around 1 in 100 people in the UK will experience psychosis. This is a severe mental health problem which can have a huge impact on their lives. This means it's important that people with psychosis receive good all-round care. Currently though, people with psychosis are receiving different levels of care in the UK.

² Definition taken from Rethink Mental Illness (2018) National Clinical Audit of Psychosis Lay Report.



A diagram of psychosis symptoms created by a service user recruited by Rethink Mental Illness.

How was NCAP carried out?

For this audit, data was collected from EIP teams from each NHS Trust in England. This was known as the case note audit and includes data about the care of 10,560 people with First Episode Psychosis over the last year. There was also a survey sent to people with lived experience of EIP services. Over two thousand people (2,374) with First Episode Psychosis filled the survey out. This was the service user survey. This made sure that NCAP was gathering both clinical and lived experiences. It is worth noting that not everyone who returned a survey answered all questions. We have given the number of responses for each question in the analysis.

The results of the audit and the survey were then discussed with two more groups of people with experience of EIP and psychosis services and their carers. These were the service user and carer reference groups. The first group was made up of four people with lived experience and four carers while the second group had four carers and six people with lived experience. These groups helped to identify what the most important results were and provided the real life 'quotes' shared throughout this report. In addition, the NCAP Service User Advisor helped to design the case note audit and was particularly involved in developing the service user survey. The Advisor is a member of the NCAP Steering Group.

This year NCAP also carried out analysis on care provided to people aged under 18 in the sample. However, the number of under 18s NCAP collected information on was very low. NCAP will try and collect more information from under 18s in the next round of the audit so they can better understand their experience of care. A recommendation based on the under 18 audit can be found on page 30 of this report.

For more information

The NCAP results for under 18s can be found for the contextual data questionnaire on p19-21 and the case note audit on p47-8 of the National Report's Appendices.



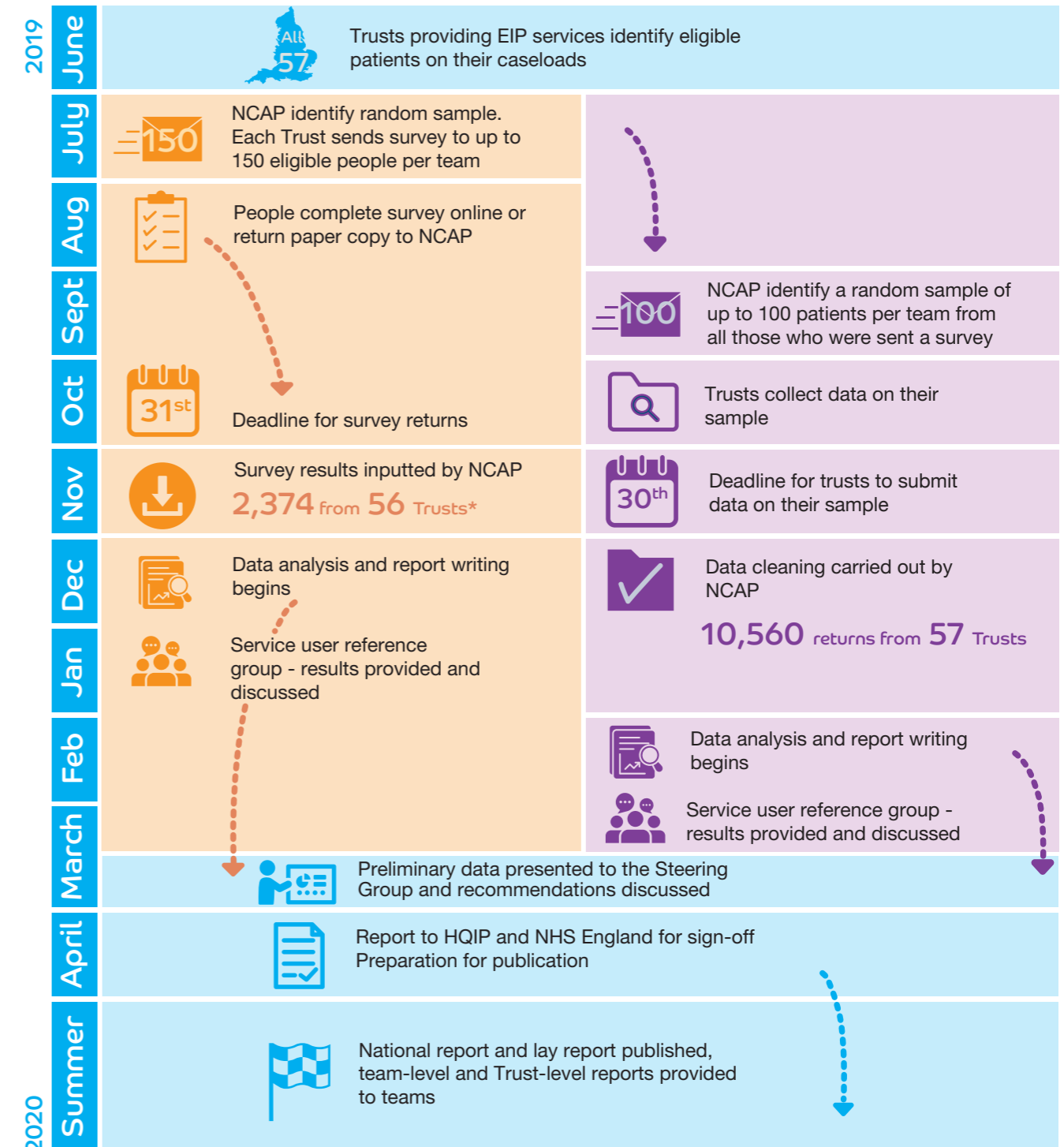
Service user survey

Questions about the care received by people using EIP services. Survey developed with service users.



Case-note audit

Questions about care provided according to the standards (based on NICE guidance and the EIP Access and Waiting Time Standard).



*One Trust were unable to send out the service user survey as they were undergoing a Trust merger at the time of survey distribution.

Designed and typeset by Helen Greenwood.

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What did NCAP find out?

NCAP used the results of the case note audit and the service user survey to work out how many of those sampled had received care that reached the eight standards and to find out more about what service users and carers thought about their care.

The results from the survey and feedback from the service user and carer reference group were generally positive, with one person in the reference group sharing that they ‘...didn’t think [she/he] would have recovered without this system [EIP services] in place.’

“...didn’t think [she/he] would have recovered without this system [EIP services] in place.”

Here is a summary of the NCAP case note audit and service user survey results for each standard:

1. Timely Access to Care

This states that people experiencing First Episode Psychosis should start EIP treatment within two weeks of being referred.

74%

74% (2635) of 3544 people referred to EIP services from October 1st 2019 to December 31st 2019 had started treatment within two weeks of being referred.³ This means that nationally, 1 in 4 people do not start treatment in this time frame. This is a 2% decrease from the previous year. Although, it should be noted that not everyone would be expected to start treatment within 2 weeks as some people may not wish to engage with services or may take longer to come forward.




NCAP’s recommendations to improve people experiencing First Episode Psychosis’ access to timely care can be found on page 28 of this report.

³ The data for this standard was not collected by NCAP. Analysis was carried out on the Early Intervention in Psychosis Waiting Times data for October 2019 to December 2019 (NHS England and NHS Improvement, 2019; 2020). This data was collected by NHS Digital. Data for this standard was collected over a different time period this year (October 2019 to December 2019) in comparison with last year (November 2018 to January 2019).

2. CBTp


This standard says that people experiencing a First Episode of Psychosis should be having Cognitive Behavioural Therapy for psychosis (CBTp). CBTp aims to reduce distress caused by psychosis by helping people to understand their experiences in a different way.



1 in 2 people

49% (5,221) of people in the sample had received one or more sessions of CBTp in the last year, which was an increase from 46% the year before. This means that around 1 in 2 people in the sample had not received any sessions of CBTp.

“
If people aren't taking up CBTp, what support are they getting?
”



47%

47% (1,081) of the 2,280 people who responded to this question in the service user survey reported that they had received or were receiving CBTp which was similar to the results of the case note audit.

People in the service user reference group commented that this figure was not surprising as

“it's like a postcode lottery with services that are offered.”

3. Family Intervention

This standard states that people with First Episode Psychosis and their families should be receiving Family Intervention Therapy. This is a talking therapy to support the person experiencing psychosis and anyone who lives with or is close to them. It involves talking about how best to work together to make the person experiencing psychosis and carers' lives easier, as well as helpful and offer helpful and practical strategies to help the person to get better.

21%

Only 21% of people (2,177/10,560) sampled for the case note audit were found to have had 1 or more sessions of Family Intervention. Almost 80% of the sample had received no sessions of Family Intervention.

27%

27% of the 2,211 people who responded to this question in the service user survey reported that they had received or were receiving Family Intervention, with 3 out of 4 people in the audit with an identified carer, also telling NCAP that their carer had not received any Family Intervention either.

“
More non-medical support needed
”

Many people in the service user and carer reference group found that Family Intervention had a long waiting list or that it was never offered. They believed this could be because it requires two clinical psychologists to take place, which is expensive.

However, one carer in the reference group who had experienced Family Intervention shared how positive an experience it had been:

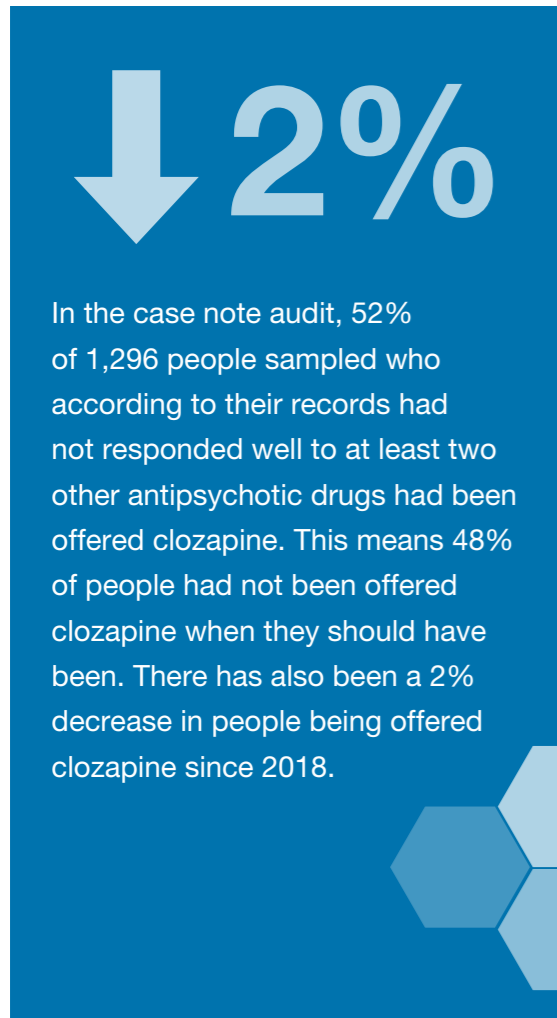
“
My husband and I received it separately to my daughter. She told the therapist what her triggers were so we knew more about them. We were also set homework. The information we received was basic but so important. It gives you confidence. It was bloody useful.
”



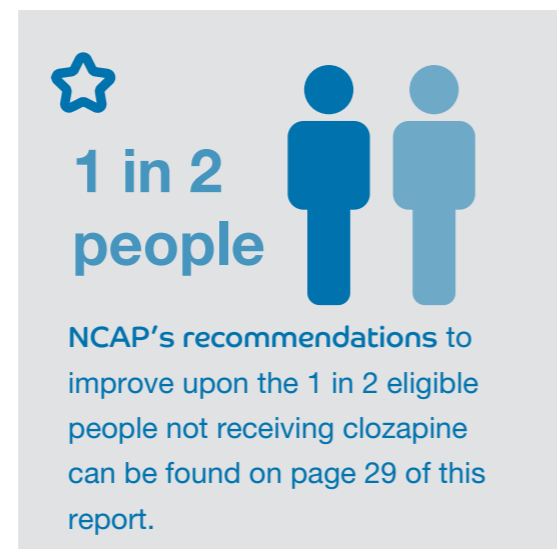
NCAP's **recommendations** to increase the number of people experiencing First Episode Psychosis and their families receiving Family Intervention Therapy can be found on page 28 of this report.

4. Clozapine

This standard says that people with First Episode Psychosis should be offered clozapine if they have not responded adequately to or tolerated treatments with at least two other antipsychotic drugs as identified from their case notes. Although effective, clozapine requires more monitoring, as it can lead to a range of physical side effects.



There were more findings from the service user survey around the use of medication, which can be found on page 24 of this report.



5. Supported Employment and Education Programmes



You're too ill to work, not signposted to support, this hinders recovery and then you're too ill to work...



This standard says that people with First Episode Psychosis who aren't working or in education, should be taking part in employment and education programmes.



The importance of supported employment and education was acknowledged by service users and carers in the reference group:



I'm really pleased they have this standard. I would have benefitted from it when I used the service. It is quite low isn't it?! But as a standard I think it's extremely important.



Those who had been able to access employment support reported a positive experience:



I was quite surprised how qualified my employment worker was – I was really pleased with the service provided. I certainly thought it was something everyone should participate in. I saw my advisor around once a week. It was very helpful.



NCAP's recommendations to improve the number of people taking part in supported employment or education programmes can be found on page 29 of this report.

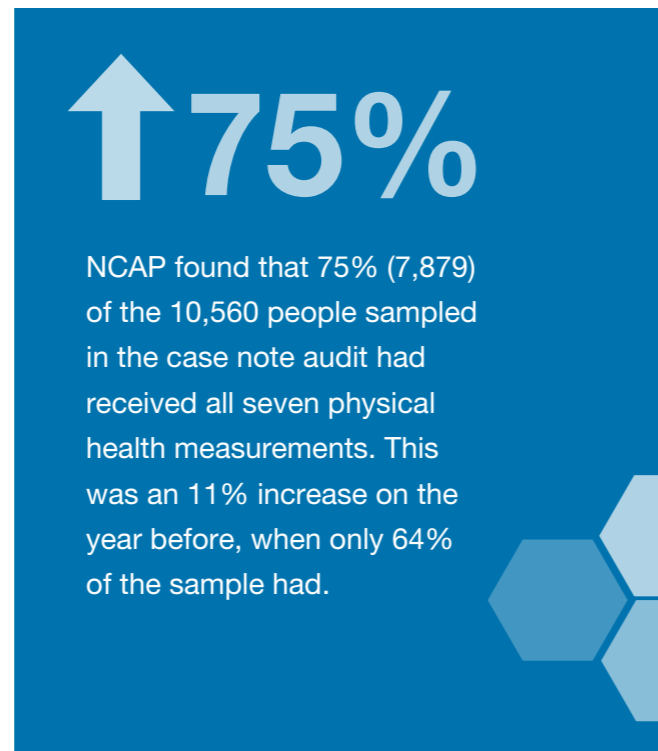
Employment and the benefits system were discussed more in the service user survey, and these results can be found on page 25 of this report.

6. Physical Health Screening

“Physical health checks didn’t use to happen to the same extent that they do now.”

This standard says that people experiencing First Episode Psychosis should receive a physical health review annually. For example, anti-psychotic treatment can often result in weight gain, diabetes and dyslipidaemia so screening for these is essential. This measures:

- Smoking status (whether a person smokes or not)
- Alcohol intake (how much alcohol someone drinks)
- Substance use (if someone takes any other substances)
- BMI (which measures a person’s weight)
- Blood pressure (to test for hypertension)
- Blood glucose levels (to test for diabetes)
- Cholesterol levels (to test for dyslipidaemia)



Here is a breakdown of how many of the sample were screened for each measurement:

Smoking status

Smoking status was assessed for 93% (9872) of patients sampled for the case note audit. This was a 1% increase from the year before. 6% (652) of the sample refused to have this measured.

Alcohol intake

94% (9,918) of people sampled in the case note audit were asked about their alcohol intake. This is a 2% increase from the year before. 6% (668) of people in the sample refused to have this measured.

Substance use

Substance use was assessed for 94% (9,928) of people sampled in the case note audit. This is a 1% increase from the year before. 6% (677) of the sample refused to have this measured.

Blood pressure

Blood pressure measurements were taken for 89% (9,374) of people in the sample, which was an increase of 6% from the year before. 9% (950) of people refused to have their blood pressure taken.

Body mass index (BMI)

87% (9,184) of people sampled in the case note audit had their BMI measured. This was a 6% increase from the year before. 9% of people (985) refused to have this taken. This could be due to the stigma around being overweight or obese or because, as the service user and carer reference group suggested:

“Sometimes psychiatrists don’t feel comfortable talking about weight.”

Blood glucose levels

Blood glucose levels were checked for 84% (8,840) of those sampled, to test for Type 2 diabetes. This was an increase of 9% from the year before. 15% (1,538) of people refused to have their blood glucose levels checked.

Cholesterol levels

82% of people sampled in the case note audit had their cholesterol levels measured. This was a 9% increase from the year before. 15% (1,552) of people refused to have their cholesterol levels checked.

The service user and carer reference group said they had noticed an increase in physical health checks for people with experience of First Episode Psychosis:

“The data is in line with my experiences. I was offered all of these tests annually.”


The data reflects a cultural change around the relationship between physical and mental health:

“I think there’s been a culture change. In the past, it wasn’t something that was important but from looking at the data, it is.”

7. Physical Health Interventions

This standard states that support should be offered if people experiencing First Episode Psychosis are experiencing any physical health problems identified by the tests listed on the previous page. It was found that 63% (6,701) of people in the sample received all the physical health tests and were offered any support needed in the last year. They could have either received or refused this support.

Here is a breakdown of what NCAP found:



91% offered support

Support to quit smoking

The case note audit found that 91% (3,853 out of 4,237) of people identified as smokers were offered support. 58% of the 3,853 people went on to receive support and 33% refused it.

In the service user survey, 72% of the 803 people who reported being smokers had been offered support to quit. Only 14% had gone on to receive support and 57% had refused.

The service user and carer reference group suggested the refusal could be because **“smoking can be a ‘crutch’ for people who have psychosis...”**

They also said the high number of people being offered support to quit smoking was not surprising as it was a ‘standard offer’. However, they flagged that it is often not service user led, but due to the hospital’s smoke free policy.

Harmful alcohol use

93% of the 863 people identified as needing support for harmful alcohol use were offered it. 70% of the 863 people received support and 23% refused it.

Again, the service user and carer reference group believed this could be because for some, alcohol was a ‘quick fix’ for dealing with psychosis:

“ I thought, if I have a drink that’ll stop it [my psychosis]. I was so desperate for a solution and to be well. ”

For more information

about the type of support offered, please go to pages 29-37 of the National Report.

90%

Substance use

90% of the 2,070 people in the sample who were identified as needing support for substance use were offered it. 66% (1,529) of people received support and 23% (541) refused it.

63%

High blood pressure (hypertension)

63% of 1,209 people who needed an intervention around high blood pressure were found to have been offered support. 58% of people went on to receive treatment and 2% refused it.

75%

Risk of developing or having Type 2 diabetes

75% of 599 people who needed support for pre-diabetic or diabetic symptoms were found to have been offered it. 75% of those (447) went on to receive treatment, while 2% (12) refused it.

Dyslipidaemia

Dyslipidaemia occurs when people have higher levels of lipids (fat or cholesterol) in the blood. It is a risk factor for heart attacks and strokes.

75% of 52 people identified as needing support for Dyslipidaemia were offered it. 73% (38) of those offered support went on to receive it while 2% (1) refused it.

7% refused support

Weight gain

“Weight is something so important so it concerns me. It’s really important you get this kind of help early.”

“Weight gain is a side effect of the drugs, [a weight gain intervention is] something I would have liked in EIP.”

48% (5,078) of the case note audit sample were identified as needing support for weight gain. 83% (4,211) of people identified as needing support with weight gain were offered it and 75% (3,833) of people went onto receive support and 7% (378) refused it.



Despite the high amount of people found to be offered support for physical health problems linked to a First Episode of Psychosis a high number of people who took part in the service user survey said that they did not feel physically healthy. This will be looked at more on page 29 of this report.



NCAP’s recommendations to improve the number of people receiving tests and support for their physical health can be found on page 29 of this report.

8. Carer focused education and support

This standard states that carers should be referred to and supported to join carer-focused education and support programmes.

58%

The case note audit found over half (58%) of 8,116 identified carers had been referred to or joined carer-focused education or support programmes. This was up from 55% of identified carers the year before.

60%

A similar finding came from the service user survey. 60% of the 2,329 people who responded to this question reported that those who are 'important to them' had been offered support from their EIP team.

“

The only thing we have going for us as carers is that we're there. We don't have any supreme power in that we can make someone better. We need care to be able to provide care.”



One carer in the service user and carer reference group said they were

“

...surprised at how low the figures are, in [their] experience things have got better for carers.”



NCAP's recommendations to improve the number of carers taking part in education or support programmes can be found on page 29 of this report.

Outcome Indicator

“

Why is there a lack of evidence around whether services are working? We are not measuring quality of life.”

NCAP also measured something called an Outcome Indicator. It states that a person experiencing First Episode Psychosis should have had their outcomes (how they are feeling and if treatment is helping them) measured and recorded at least twice. This should take place during assessment and at least one other time in the last year and at least two different sorts of outcome measures should be used.

41%

Only 41% of the 10,560 people sampled for the case note audit had their outcomes measured at least twice. However, this was a big increase from the year before when only 22% of people had.

One service user in the reference group said that

“It's good these numbers have gone up so quickly.”

But others questioned how Trusts know if people are getting better or responding to treatment if this information isn't being captured.



NCAP's recommendations on how to increase the use of outcome data can be found on page 30 of this report.

Other results from the service user survey

There were some other interesting findings from the service user survey:

1. Care plans and crisis numbers



I did have a copy of my care plan – it was good for setting out the parameters of care at that point.



48%

The service user survey found that 48% of the 2,330 people who answered the care plan question did not have a care plan or had one but didn't know how to access it.

This was supported by an individual in the service user and carer reference group who said **"I haven't found that EIP teams use or refer to a physical care plan...it's all verbal, I haven't seen it."**

89%

The service user survey also found that 89% of the 2,308 people who answered the question about having an emergency contact number, said they had a number to call in an emergency.

However, the majority of the service user and carer reference group said they didn't have access to an emergency number. Those who did said that their calls sometimes went unanswered, or they got through to a person that did not know them or their carer.



NCAP's recommendations to improve upon the finding that 1 in 2 people are unable to access their care plan can be found on page 29 of this report.

2. Medication

78%

78% of 2,181 service users felt involved in the decision on what medication they should take and 72% (1,557/2,169) said they had been given written or online information about their medication.

The service user and carer reference group thought that the number of people not receiving information about their medication was shocking:

“Who is it that will help you manage the process to reduce your dosages? There seems to be a gap. What’s happening is people aren’t being given that opportunity to manage coming off the drug safely and effectively. That’s my personal experience. People don’t often want to stay on high dosages. They don’t know what sort of impact that would have if they were to reduce their dosage. Another thing about clozapine, you need monthly tests, plasma tests. I heard from people – they don’t have the plasma test, so don’t understand how it’s specifically impacting them.”

3. Physical Health

48%

Despite the high number of Trusts who met the standards around physical health screenings and interventions, only 48% of the 2,274 service users who answered this question reported feeling in good physical health.

However, in the service user and carer reference group, physical health was seen as an important part of being able to work, access housing and recovery in general:

“When my son was admitted to hospital, the nurses came around to do physical health checks before any psychiatric intervention. I think it’s a necessity really.”

4. Employment and practical support

““ On/off claims for Jobseeker’s Allowance, in amongst periods of employment, are disheartening. ””

33%

Of the 2,286 people who responded to the question about employment, 748 (33%) said that they currently had a job. It should be noted that people were not asked whether they were in education.

The service user and carer reference group were concerned that two thirds of people who took part in the survey did not have a job as they believed employment to be ‘**extremely important**’ to recovery.

84%

84% of people who responded to the question regarding housing and benefits (1,778 out of 2,125 people) said they did not have any problems with housing or benefits while 7% said they had problems but were not receiving any help with this.

The service user and carer reference group believed that the real numbers of people struggling with benefits would be higher than this as the benefit system is ‘**crazy**’.

5. Overall experience of care

89%

89% (2,091/2,350) of service users who filled out this question in the service user survey said that their mental health had improved since being under the care of their EIP team. 83% (1,956/2,348) also said that they felt listened to ‘**a lot**’ or ‘**quite a lot**’ by their EIP care team.

The service user and carer reference group’s experiences of EIP services were also largely positive, with one person saying that

“it was such a good experience, I didn’t want to leave!”

One carer in the group also said the EIP care her son had ‘**was good**’ but that the choices that had been on offer were ‘**not**’.

Others pointed out the need for continued, long term support after the three years of Early Intervention in Psychosis services are finished. Recovery from an episode of psychosis is likely to take longer than three years:

“It has a legacy and for years afterwards... people need a clear crisis line.”

One attendee with direct experience said that **“EIP supported me holistically but when you’re out of that [care] isn’t so good.”**

How do things need to improve and who for?



I am not defined by having had an episode of psychosis, but it has shaped my prospects in accessing employment and study – and my physical health, relationships and mindset.



NCAP found that in 2019/20 there have been some improvements in the care people experiencing First Episode Psychosis receive in Early Intervention in Psychosis services.

Overall, it is promising that people reported that their mental health had improved under the care of their EIP team and that they felt heard and listened to.

The biggest improvement was the number of people who had at least two outcomes measures recorded. Although this was still low at only 41%. The number of people having CBTp also increased slightly as did the number of people and carers using supported employment and education programmes.

However, there was a small drop in the number of people who had received Family Intervention Therapy and been offered clozapine. Some people also reported that they didn't feel involved in the decision making around medication and did not feel as physically healthy as they wanted to be.

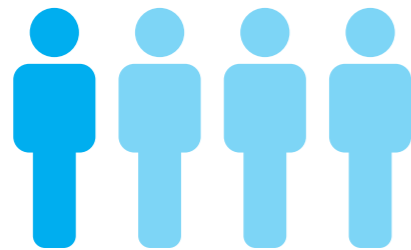
Care planning was discovered to need improvement. 20% of people reported not having access to their care plan and a quarter of people had one but were unable to access it.

Importantly, the results presented throughout the report were found in both the case note audit and service user survey, suggesting a match between care provided and lived experience of these services.

Next steps and recommendations

As a result of these findings, NCAP has made the following recommendations⁴:

1 in 4 people



Equal and timely access to treatment

“Who are the people who haven’t had access in the first place?”

Currently 1 in 4 people in England are not receiving treatment within the recommended 2 weeks after referral. NHS England and NHS Improvement should work with Trusts to ensure there is equal access to EIP services for all people across the country. Trusts should also identify the barriers that are leading to delays in care and try to work collaboratively to remove them.

The service user and carer reference group also pointed out that NCAP could not capture the experiences of those who have been unable to access EIP services or have not been able to engage fully in it.

Family Intervention

Trusts should try to find out why 3 out of 4 people with a carer they wished to be involved in their care are not currently receiving Family Intervention Therapy. Family Intervention Therapy has been found to reduce relapse and improve long-term outcomes of people with First Episode Psychosis.

Trusts need to be doing all they can to improve access to Family Intervention and must be supported by those who commission EIP services. Commissioners should make sure that there are enough competent staff to deliver Family Intervention Therapy to all people experiencing First Episode Psychosis and their families.

The CQC should monitor the provision of Family Intervention Therapy by EIP teams.



Physical Health

Although the numbers of people being tested and offered support for physical health problems is high, the number of people refusing different types of support is also higher than it should be.

Physical health leads in Trusts should work with EIP teams to try and discover why people are refusing certain physical health tests. They should problem solve ways to overcome these problems to make sure they are offering holistic and effective physical health care. They should also ensure that all staff are trained to provide smoking cessation support.

Clinicians should make sure that people at risk of heart disease from smoking, hypertension, diabetes or dyslipidaemia receive support to minimise the risk. All support should be well documented in health records.

Medication

Medical directors should identify the obstacles to people being prescribed clozapine after not responding adequately to or tolerating two other antipsychotic drugs.

Mental health pharmacists should identify those who may benefit from the drug and ensure they are offered it. They should record the reasons for not offering it or if it is refused in people’s health records.

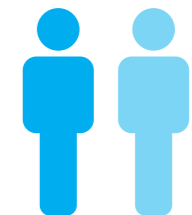
Supported employment and education for people experiencing First Episode Psychosis

EIP teams should continue to check in with people receiving care to see if anyone is not in education, employment or training. They should then offer supported education or employment programmes to anyone identified as not being in work, training or studying and record offer and uptake of these in health records.

Supported employment and education for carers of people experiencing First Episode Psychosis

Commissioners should work with providers to make sure that carer education and support programmes are being provided according to NICE guidance and ensure they reach the standards for equality, diversity and inclusion.

1 in 2 people



Care plans:

The service user survey found that almost 1 in 2 people did not have a care plan or did have one but didn’t know how to access it.

Care coordinators should make sure that care plans are co-produced with people experiencing First Episode Psychosis and are reviewed and updated regularly. People should also have a physical copy of their current care plan which includes numbers to contact in a crisis as far as possible. EIP team managers should provide support to care coordinators to achieve this.

⁴ NCAP notes the need to take the impact of COVID-19 regulations and guidance into account when implementing these recommendations.

Caseload size

NCAP also asked staff to fill in a questionnaire about issues that impact on teams' ability to deliver care, for example staffing and the number of people being treated by their service. This was called the Contextual Data Questionnaire.

Based on this, NCAP recommends that the managers of EIP teams should review the case load of care coordinators and make sure that none of them have a caseload of more than 25 people with First Episode Psychosis.

Directors of Trusts should be recommending information from managers of EIP teams on the caseload size of care coordinators and make sure they are at an appropriate level.

Read more
about caseload sizes
on page 8 of the
National Report.

Outcome Indicator

Only 41% of people included in the case note audit had their outcomes measured more than once over the space of a year. This is essential and needs to be improved so that EIP teams can know if someone's outcomes have improved and if and how the quality of care at their service needs to change.

Quality improvement leads in Trusts should work with EIP staff to help them develop ways to use outcome data to monitor and improve the quality of care they deliver to people with early psychosis.

They should also help teams to think about how routine outcome data collection can also be used to inform routine care planning and monitor progress and review outcomes for individuals with First Episode Psychosis on the caseload.

Under 18s

Clinicians should ensure that Children and Young People (CYP) with First Episode Psychosis aged under 18 receive appropriate physical health support where screening identifies a risk.

Trusts should work with commissioners for EIP and CYP services to ensure CYP experiencing First Episode Psychosis have access to specialist EIP CYP expertise and the full range of evidence-based interventions.

Trusts should hold regular joint meetings with senior managers for EIP and Children and Young People's Mental Health (CYPMH) services to discuss pathways and service delivery to CYP with First Episode Psychosis to ensure those under 18 years old are accessing evidence-based treatment for early psychosis.

Trusts should ensure that there are robust shared care protocols in place to manage care and transition between Children & Young People and EIP services for CYP with First Episode Psychosis.

Trusts should also make sure that EIP teams are able to access specialist CYP support when prescribing for under 18s with First Episode Psychosis and CYPMH teams are able to access specialist EIP support when supporting and prescribing for CYP with First Episode Psychosis. They should also ensure that there are regular opportunities for joint training and case note audits between EIP and CYPMH services to improve practice and outcomes for CYP with First Episode Psychosis.

For more information

The NCAP results for under 18s can be found for the contextual data questionnaire on p19-21 and the case note audit on p47-8 of the National Report's Appendices.

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