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NCAP
NATIONAL CLINICAL AUDIT OF PSYCHOSIS

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

National Clinical Audit of Psychosis

Early Intervention in Psychosis Audit 2019/20

Guidance on data collection – contextual data questionnaire

About this guidance

This guidance has been provided to assist your Health Board in collecting data for the Early Intervention in Psychosis (EIP) core audit of the National Clinical Audit of Psychosis (NCAP) 2019/20.

Timeline

6 September 2019	The NCAP team returns random sample of patients for inclusion in the EIP case-note audit to Trusts/Organisations.
1 October – 29 November 2019	Trusts/Organisations collect data and submit data online (the link to the online data collection form will be emailed to NCAP audit leads in **October 2019**; online data collection will open 1 November 2019)
29 November 2019	Deadline for Trusts/Organisations to submit data online
June 2020	National and local reporting

Data collection

Each team is asked to complete:

- One Contextual Data Questionnaire;
- One Case Note Audit Questionnaire **per service user** identified in your team's random sample for the case-note audit.

Once teams have received their randomised sample of patients for inclusion in the NCAP case-note audit they can start collecting data.

A printable version of the data collection form has been emailed to local NCAP leads. We recommend you complete the forms on paper first before submitting data online. Please ensure you keep a note of your online data collection form receipt number in order to access a partially completed or submitted form. You can save a .PDF of any form when you submit it – instructions on how to do this will be provided with the link to the online form.

All required questionnaires must be submitted online by **29 November 2019** via the link provided to the audit contact by the NCAP project team.

Data validation

The NCAP team will visit a random sample of participating teams in early 2020 to review both how sampling methodology has been used for the EIP audit, and to perform data quality checks. Please do not hesitate to contact the NCAP team to discuss any aspect of sampling.

Contextual Data Questionnaire

All questions in the Contextual Data Questionnaire are mandatory.

All responses should be completed for your individual EIP team and not the Health Board as a whole.

Front Page

This includes:

- The name of your local NCAP audit lead that you can fill in if helpful (please note that this is not a mandatory field). You may also wish to make a note of the contact details for your local NCAP audit lead. This is your first point of contact for queries about sampling and data collection for your organisation.
- The organisation ID for your local EIP team. This will be sent to your NCAP audit lead with your random sample list.
- Initials of data collector/clinician
- District name

About your service

- **Q1 Routinely collected demographic data**
  This includes:
  - Protected characteristics (Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex, Sexual orientation)
  - Other demographic data (Socioeconomic status, Refugees/asylum seekers, Migrant workers, Homelessness)

- **Q2 Written strategy/strategies to identify and address any mental health inequalities in access, experience and outcomes from using mental health services**
  If the team/Health Board or CCG has a broader strategy, please only include the relevant sections e.g. Mental Health section of the Joint Strategic Needs Assessment. Please send the strategy/strategies directly to the NCAP team at NCAP@rcpsych.ac.uk.

- **Q3 Type of EI services**
  This question relates to the type of EI services offered by your individual EIP team and not the Health Board as a whole.

  Type of EIP service:
  - **Stand-alone multidisciplinary EIP team**: The service is provided through a stand-alone specialist team which works independently from other generic Community Mental Health Teams (CMHTs). All staff work predominantly for the team and have a shared task to provide EIP services.
  - **Hub and spoke model:** The service is provided by dedicated EIP staff ('spokes') which are based within more generic community mental health

teams and have access to specialist EIP skills, support and supervision in an EIP 'hub'.

- **EI function integrated into a community mental health team (CMHT):** The service is provided by staff embedded within an existing service, normally a Community Mental Health Team (CMHT). Staff are expected to follow the core principles of EIP care but have less contact with other people for specialist EIP skills, support and supervision.
- **No EI Service:** There is no specialist service

- **Q4 Length of treatment package (in months)**
  If your service is part of a larger team (integrated into a CMHT, for example) please only include treatment packages for EIP service users. Please answer in months; for example, 3 years = 36 months.

  Exclusions:
  If the team does not provide treatment for the age range stated, please place '0' in the box.

Children and Young People

- **Q5 Models of provision for children and young people**
  This year's audit seeks to shed a sharper spotlight on the experience of children and young people under 18 years who may experience psychosis. (We have not excluded under 14's in Q5a - although they lie outside the remit of EIP teams; this aspect is not part of the EIP team audit but, for under 14's themselves, will give us some indication of their experience on the uncommon occasions when FEP occurs.) If CYP with psychosis are treated by a separate team in your area, please do liaise with your local team, where appropriate, before completing this section of the questionnaire.

  - **Q5a Service model**
    Please select the options that best describe the model/s of provision in your locality for CYP, with first episode psychosis, aged from 0 to 17 years (i.e. up to 17 years and 364 days or, under 18 years) and the age range for which the model identified principally applies. More than one model may apply, please complete all options that apply. If 'Other' selected, please specify details within the text box in Q5a(i). (To clarify regarding age ranges; for example, show 14 to 17 years for a service that operates from the 14th birthday until 17 years and 364 days, i.e. the 18th birthday.)

  - **Q5b Shared care protocols between the EIP team and the wider CYP mental health service**
    Shared care protocols should be jointly agreed and implemented between the EIP team, irrespective of age range, and the wider CYP mental health service

- **Q5c. Regular joint or reciprocal training between the EIP team and the wider CYP mental health service**
  Regular joint or reciprocal training between EIP teams and the CYP mental health service should be at least annual.

- **Q5d. Medication management for CYP**
  Medication management may involve medical and non-medical prescribers from EIP and/or CYP mental health teams. This question addresses the training and support available to the respective practitioners.

- **Q5e Availability of Cognitive Behavioural Therapy for Psychosis (CBTp) and Family Intervention (FI) for CYP, aged 14-17 years.**
  Please specify whether CBTp and FI from appropriately trained practitioners is available for CYP, aged 14-17 years, and who provides it. The EIP team may be unsure of the expertise available from the CYP mental health service, please enquire to clarify.

  Please ensure that the person who delivers the following treatments has the **relevant skills, experience and competencies** defined as:

  Cognitive Behavioural Therapy for Psychosis

  - Postgraduate diploma level training in generic CBT or equivalent (e.g. IAPT high intensity training or some clinical psychology training programmes), plus additional specialised CBTp training. Those who have completed generic training in CBT and are currently undertaking specialist CBTp training with regular clinical supervision can be included.
    - Early cohorts of practitioners involved in developing CBTp may have undertaken a different route to competence. This might have involved: Being a therapist in a CBTp research trial with supervision from an expert in the field;
    - Evidence of attending CBTp conferences (after receiving generic CBT training), with regular supervision from an expert in the field).
  - CBTp therapists should also be receiving regular clinical supervision from a supervisor with appropriate CBTp competencies, for a minimum of an hour per month, based on expert consensus.
  - Training in generic psychosocial interventions (PSI), generic CBT alone or short training courses in CBTp alone are not considered sufficient to deliver NICE recommended CBTp.
  - CBTp courses should follow curricula derived from the national competence framework.

Family Intervention

- The competencies required to deliver FI are described in "Competence Framework for Psychological Interventions for People with Psychosis and Bipolar Disorder".
- Practitioners delivering this approach require specific FI training focused on psychosis (based on recommendations in NICE guidelines CG178), lasting five days or more (e.g. Meriden's 5 day "Early Intervention in Psychosis Behavioural Family Therapy Training" or equivalent).
- All staff delivering FI should receive clinical supervision for at least one hour per month if they are actively seeing families, and supervisors must have received training in a FI course and be experienced in providing FI.

About your service

- **Q6a EIP care coordinators**
  This should be completed for your individual team, and not the Trust/Organisation as a whole. This should include the total number of whole time equivalent staff in the service that are care coordinators for EIP.

  For example, if a service has three full-time nurses (3), two full-time social workers (2) and one half-time occupational therapist (0.5) who act as care coordinators for EIP, their response would be 5.5.

  If the EIP service is integrated into another team, do not count staff members that do not care coordinate EIP cases.
  Please do not include posts which are vacant.

  You can find the definition of a care coordinator on page 21 of the Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance.

- **Q6b EIP care coordinators specifically for CYP under 18**
  Please identify within the overall total care co-ordinator staffing, the whole time equivalent staffing who have a specific remit for care co-ordination for under CYP aged under 18 years. (This is the potential time available - the time allocated may not be fully utilised in practice.)

- **Q7 Increase in the number of staff posts**
  If the service is part of a larger team (integrated into a CMHT, for example) please answer 'yes' only if new EIP staff posts have been created. Staff posts which are vacant may be included in this total. Please speak to the EIP team manager if you need help with this question.

- **Q8 Provision of Cognitive Behavioural Therapy (CBT) for At-Risk Mental State (ARMS)**
  Please ensure that you only answer that CBT for ARMS can be provided within the team or that there is a separate team providing ARMS assessment and intervention if the person delivering the treatment had the relevant skills, experience and competencies defined as:

Cognitive Behavioural Therapy for Psychosis

- Postgraduate diploma level training in generic CBT or equivalent (e.g. IAPT high intensity training or some clinical psychology training programmes), plus additional specialised CBTp training. Those who have completed generic training in CBT and are currently undertaking specialist CBTp training with regular clinical supervision can be included.
- Early cohorts of practitioners involved in developing CBTp may have undertaken a different route to competence. This might have involved:
    - Being a therapist in a CBTp research trial with supervision from an expert in the field;
    - Evidence of attending CBTp conferences (after receiving generic CBT training), with regular supervision from an expert in the field).
- CBTp therapists should also be receiving regular clinical supervision from a supervisor with appropriate CBTp competencies, for a minimum of an hour per month, based on expert consensus.
- Training in generic psychosocial interventions (PSI), generic CBT alone or short training courses in CBTp alone are not considered sufficient to deliver NICE recommended CBTp.
- CBTp courses should follow curricula derived from the national competence framework.

Caseload

- **Q9 Total caseload of the team**
  This should be completed for your individual team, and not the Health Board as a whole. If the service is part of a larger team (integrated into a CMHT, for example) please only count those on the EIP caseload.

- **Q10 Caseload age ranges**
  Please specify the number of people in the current caseload that fall into each age range for those on the caseload with First Episode Psychosis, At-Risk Mental State for Psychosis and Suspected FEP. The figure should include all service users on the EIP caseload and the total of these answers must equal the total caseload number stated in Q8. If there are no people on the current caseload which fall into one or more of the categories, please enter '0' into the relevant box(s).

- **Q11 Please state the length of treatment in months, to the nearest month, of the last 10 service users with confirmed First Episode of Psychosis who completed a package of care and were discharged from the team**
  Please state the length of treatment for the last 10 service users discharged when completing this form.
  Please only include service users:
  - Who have First Episode Psychosis;
  - Who were taken on for treatment by the team;
  - Who completed a package of care.

  Exclusions:
  - Do not include service users who only received assessment/extended assessment and were not taken on by the team
  - Do not include service users who did not receive a full package of care

Online data submission

Each data collection form must be submitted online. Guidance on how to submit data online is provided in a separate document.

Support and guidance from the NCAP team

The NCAP team is available to provide support Monday to Friday during office hours.

Contact information

For queries about the data collection process please contact:

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