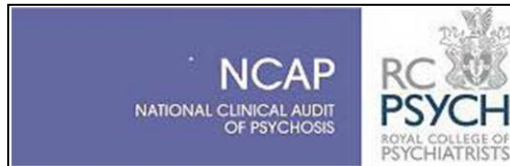


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NCAP EIP audit 2019/20

Case note audit form

Notes for completion

Audit forms should be completed by the clinician/clinical team responsible for the patient's care.

Please complete a separate audit form for each patient.

Your audit lead will tell you which of your patients have been selected. Patients have been randomly selected from all patients in your team who meet the criteria for the NCAP EIP audit. It is essential that you **do not make your own selection** of which patient to audit.

How to complete this audit form

All data must be collected by **31/10/2019** and submitted online by **29/11/2019**. Please contact your local audit lead if you are unsure how this is being managed in your Health Board.

Please refer to the 'NCAP Guidance on data collection – case note audit form' document for information on how to complete this tool, including definitions and guidance for each item.

Audit forms should be completed using information from the paper and/or electronic case records and clinical knowledge of the patient. There may be items for which you need to speak to a member of clinical staff who has known the patient for a longer period than yourself, e.g. EIP care coordinator or Psychiatrist.

Please note this a paper copy of the online tool, so all questions appear. When data is entered online some questions only appear based on previous answers, so not all questions will appear each time. Please refer to the guidance for more information on question routing.

Further assistance and information

Please contact your local audit lead in the first instance. You may also contact the central NCAP Team on NCAP@rcpsych.ac.uk or 020 3701 2602/2756 or visit our website at www.rcpsych.ac.uk/NCAP.

All questions in this tool are mandatory.

Your local NCAP audit lead is:

The organisation ID for your local EIP team is:

Initials of data collector/clinician:

NCAP Patient ID (To be completed by local NCAP audit lead):
(Number 1-n, assigned by local audit lead for local tracking purposes)

Patient details

Q1. Year of birth (YYYY):

Q2. Gender:

Male

Female

Other

Q3. Ethnicity:

White	Black or Black British	Asian or Asian British	Mixed	Other ethnic groups
<input type="checkbox"/> <i>British</i>	<input type="checkbox"/> <i>African</i>	<input type="checkbox"/> <i>Bangladeshi</i>	<input type="checkbox"/> <i>Asian & white</i>	<input type="checkbox"/> <i>Chinese</i>
<input type="checkbox"/> <i>Irish</i>	<input type="checkbox"/> <i>Caribbean</i>	<input type="checkbox"/> <i>Indian</i>	<input type="checkbox"/> <i>Black African & white</i>	<input type="checkbox"/> <i>Any other ethnic background</i>
<input type="checkbox"/> <i>Any other white background</i>	<input type="checkbox"/> <i>Any other black background</i>	<input type="checkbox"/> <i>Pakistani</i>	<input type="checkbox"/> <i>Black Caribbean & white</i>	<input type="checkbox"/> <i>Not documented/refused</i>
		<input type="checkbox"/> <i>Any other Asian background</i>	<input type="checkbox"/> <i>Any other mixed background</i>	<input type="checkbox"/> <i>Not known</i>

Q4. Was this person in work, education or training at the time of their initial assessment?

Yes

No

Q5. Does this person have an identified family member, friend or carer who supports them?

Please note that this information will NOT be taken into account when analysing provision of Family Intervention.

Yes

Yes, but the patient does not wish for this person to be contacted/it's not felt to be in the patient's best interests for them to be involved in their care

No

Q6. Have the following outcome measures been completed for this person?

	<i>Never</i>	<i>Once</i>	<i>More than once</i>
HoNOS/HoNOSCa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>DIALOG</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>QPR</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please provide details:

Psychological and Other Interventions

Q7. Has this person commenced a course* of any the following treatment(s), delivered by a person with relevant skills, experience and competencies?

(*Received at least one session of a course)

	<i>Took up*</i>	<i>Refused</i>	<i>Not offered</i>	<i>Waiting</i>
<i>Cognitive Behavioural Therapy for Psychosis (CBTp)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family Intervention</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supported employment Programme (such as Individual Placement and Support (IPS) or education programme)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8. Has this person commenced a course of antipsychotic medication?

Yes – less than 6 months ago

Yes – within the last 6-12 months

Yes – more than 12 months ago

No

Q9. Has this person had two adequate but unsuccessful trials of antipsychotic medications?

Yes

No

Q9a. Has this person been offered clozapine?

Yes, the person accepted clozapine.

Yes, the person refused clozapine.

No

Q10. Has this person's carer(s) commenced a course of, or was referred to, a carer-focused education and support programme?

Yes

No

Physical health screening and interventions

Physical health screening and interventions could have been carried out at any time between **01/11/2018** and **31/10/2019**, while the person was on the EIP caseload.

Q11. Smoking status

Current smoker --> Enter number of cigarettes smoked per day:

Ex-smoker or non-smoker

Not documented

Documented evidence of refusal to provide information on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

Q12. Alcohol consumption

Yes --> Harmful or hazardous use of alcohol*

Alcohol use that is NOT harmful or hazardous

No

Not documented

Documented evidence of refusal to provide information on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

*Identification of harmful or hazardous use of alcohol is described in NICE guideline CG115 <https://www.nice.org.uk/guidance/cg115>. It may be assessed using structured measures such as the 'AUDIT' or based on enquiring about quantity, frequency and any health or social consequences of alcohol consumption.

Where there is a record of drinking that is neither harmful nor hazardous e.g. 'rarely drinks'/'drinks in moderation' this should be recorded as 'Alcohol use that is NOT harmful or hazardous'.

Q13. Substance misuse

Yes

No

Not documented

Documented evidence of refusal to provide information on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

Q14. BMI/Weight

Is information about weight recorded in the patient's notes?

Yes (please enter value below)

Not documented

Documented evidence of refusal to be weighed/ measured on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

Person was pregnant/ gave birth within last 6 weeks (weight not measured)

BMI (Body Mass Index) (**Kg/m²**)

.

Q15. Blood pressure

Is information about blood pressure recorded in the patient's notes?

Yes (please enter at least one value below)

Not documented

Documented evidence of refusal to take blood pressure on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

Systolic (**mmHg**)

and/or

Diastolic (**mmHg**)

Q16. Glucose

Is information about glucose recorded in the patient's notes?

Yes (please enter at least one value below)

Not documented

Documented evidence of refusal of blood test on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

Person was pregnant/ gave birth within last 6 weeks (glucose screening not carried out)

Glycated haemoglobin or HbA1c (**mmol/mol**)

.

and/or

Fasting plasma glucose (**mmol/l**)

.

and/or

Random plasma glucose (**mmol/l**)

.

Q17. Cholesterol

Is information about cholesterol recorded in the patient's notes?

Yes (please enter at least one value below)

Not documented

Documented evidence of refusal of blood test on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

Total cholesterol (**mmol/l**)

.

and/or

Non-HDL cholesterol (**mmol/l**)

.

and/or

QRISK score (%)

.

and/or

Total cholesterol: HDL ratio measurement

.

INTERVENTIONS

Physical health interventions could have been carried out at any time between **01/11/2018** and **31/10/2019**, while the person was on the EIP caseload.

To ascertain if an individual requires intervention based on their physical health screening, please refer to the Lester UK Adaptation of the Positive Cardiometabolic Health Resource.

Please tick all that apply:

Q18. Interventions for smoking cessation

- Brief intervention*
- Smoking cessation education*
- Smoking cessation therapy*
- Referral to smoking cessation service*
- Individual/group behavioural support*
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision*
- No intervention needed*
- Not documented*

Q19. Interventions for harmful alcohol use

- Brief intervention and advice*
- Education about alcohol consumption*
- Referral to alcohol misuse service*
- Motivational interviewing*
- Referral to psycho-education programme*
- Individual/group behavioural support*
- Pharmacological intervention for harmful use of alcohol commenced or reviewed (acamprosate, disulfiram or naltrexone)*
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision*
- No intervention needed*
- Not documented*

Q20. Interventions for substance misuse

- Brief intervention/advice
- Substance use education
- Referral to detoxification programme
- Referral to substance misuse service
- Referral to psycho-education programme
- Motivational interviewing
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision
- No intervention needed
- Not documented

Q21. Interventions for weight gain/obesity

- Mental health medication review with respect to weight (e.g. antipsychotic)
- Advice or referral about diet
- Advice or referral about exercise
- Lifestyle education regarding risk of diabetes
- Referral for lifestyle education regarding risk of diabetes
- Weight management programme
- Referral for weight management programme
- Referral for lifestyle education
- Combined health eating and physical education programme
- Referral for combined healthy eating and physical education programme
- Pharmacological intervention for obesity commenced or reviewed
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision
- No intervention needed
- Not documented

Q22. Interventions for hypertension

- Mental health medication review with respect to high blood pressure (e.g. antipsychotic)*
- Advice or referral about diet/ salt intake*
- Advice or referral about exercise*
- Referral to general practice service*
- Referral to secondary care physician*
- Referral for antihypertensive therapy*
- Antihypertensive therapy*
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision*
- No intervention needed as repeat blood pressure reading normal*
- No intervention needed*
- Not documented*

Q23. Interventions for diabetes/high risk of diabetes

- Mental health medication review with respect to glucose regulation (e.g. antipsychotic)*
- Referral to general practice service*
- Referral to secondary care physician*
- Diet modification*
- Advice or referral about exercise*
- Metformin therapy*
- Referral for diabetic care*
- Diabetic care*
- Referral to structured lifestyle education programme*
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision*
- No intervention needed*
- Not documented*

Q24. Interventions for dyslipidaemia

- Mental health medication review to lower blood lipids (e.g. antipsychotic)*
- Advice or referral about diet*
- Advice or referral about exercise*
- Referral to primary or secondary care physician*
- Lipid lowering therapy*
- Referral for lipid lowering therapy*
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision*
- No intervention needed*
- Not documented*

Referral to Treatment

Q25. Date referral received by EIP service or secondary care mental health services: (See guidance notes)

DD / MM / YYYY

Q26. Date the patient was assessed by an EIP specialist: (See guidance notes)

DD / MM / YYYY

Q27a. Was the patient allocated to an EIP service care coordinator (See guidance notes)

Yes

Please specify the date the patient was allocated to an EIP service care coordinator:

DD / MM / YYYY

No

Q27b. Was the patient engaged by an EIP service care coordinator (See guidance notes)

Yes

Please specify the date the patient was engaged by an EIP service care coordinator:

DD / MM / YYYY

No

END OF AUDIT FORM

Thank you for completing this audit form for this patient