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NCAP
NATIONAL CLINICAL AUDIT
OF PSYCHOSIS



National Clinical Audit of Psychosis

Early Intervention in Psychosis Audit 2019/20

**Guidance on data collection – case note
audit form**

About this guidance

This guidance has been provided to assist your Health Board in collecting data for the Early Intervention in Psychosis (EIP) 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 Health Boards. |
| 1 October – 29 November 2019 | Health Boards 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 Health Boards to submit data online |
| Summer 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. Please note that all questions appear in the paper version of the form, but when completing it 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.

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.

Case Note Audit Questionnaire

Please complete one Case Note Audit Questionnaire per service user selected as part of the team's random sample for the case-note audit.

All questions are mandatory.

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.
- NCAP patient ID: Each service user audited should have been assigned a unique ID, such as NCAP001. Please report the NCAP patient ID. **Please only use the anonymised NCAP patient ID provided by your local NCAP lead** (e.g. NCAP001). Do not use initials, electronic record numbers or any other information which could be identifiable.

Patient details

- **Q1 Year of birth**
Please record the service user's year of birth in the following format YYYY.
- **Q2 Gender**
For service users who have not specified a gender, or who do not identify themselves as male or female please select the 'other' option.
- **Q3 Ethnicity**
Please select the ethnicity of the service user from the list provided. If ethnicity is not documented, please select the 'not documented' option. For ethnicities not included in the list please select 'any other ethnic background'.
- **Q4 Work, education and training**
Please select the most appropriate option. If the service user was asked but declined to provide a response, or if it was not documented, please select the 'not stated' option.
- **Q5 Family members, friend and carer**
This question relates to whether the service user has an identified informal carer (a family member, friend or carer who supports them) and whether the patient wishes them to be involved in their care. Where this is not recorded, please select 'no'. **Please note that information from this question is NOT taken into account when looking at whether the patient has received Family Intervention.**

- **Q6 Outcome measures**

The question specifies the following standardised and validated outcome measures:

- HONOS/HONOSCa
- DIALOG
- QPR

There is also the option to record 'other' outcome measures if wished. Please note, at least two outcome measures must be recorded at least twice to meet the standard.

Psychological and Other Interventions

• Q7 Treatment(s)

If the service user has received at least one session of any of the treatments listed below, please select 'took up'. If the service user was offered, but refused, any of the treatments listed below, please select 'refused'.

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

Cognitive Behavioural Therapy for Psychosis (CBTp)

- 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.

Supported employment programme

- Staff offering education and employment support should have the relevant experience, skills and competencies in delivering specialist education and employment support (e.g. has received specialist training in IPS or similar specialist vocational rehabilitation training) and who has up-to-date welfare benefits knowledge and expertise. This may be from a vocational specialist or an occupational therapist based within the EIP team, or the service user may

be referred for support from an education and employment specialist/service provided elsewhere in the Health Board or by a voluntary or private sector provider.

- **Q8 Antipsychotic medication**

To answer 'yes', the service user's case notes must evidence they have commenced a course of antipsychotic medication. If a service user was offered antipsychotic medication by another healthcare team whilst under the care of the EIP team (for example, inpatient, crisis team, CMHT, etc.) please select 'yes'.

- **Q9 Two adequate but unsuccessful trials of antipsychotic medications**

An adequate trial is defined as: If tolerated, each medication is given in a treatment dose for an adequate duration of time and with objective evidence of adherence. A comprehensive review of reasons for a non-response (e.g. intolerant to adverse effects, misdiagnosis, untreated co-morbidities) must be undertaken.

If a service user's illness has not responded to two or more antipsychotic medicines given sequentially, they should be offered clozapine (see below).

- **Q9a Clozapine**

Answer 'yes, the person accepted clozapine' if there is evidence in the case notes of clozapine prescription. Answer, 'yes, the person refused clozapine' if there is documented proof of refusal after being given information to make an informed decision.

If there is no evidence of documented proof of refusal, or the person was not offered clozapine, answer 'no'.

Note: This question only appears if the auditor answers 'yes' to Q9.

- **Q10 Carer-focused education and support programme**

If the service user has more than one informal carer, please select yes if this has been offered to at least one carer.

A carer -focused education and support programme must include at least one of the following interventions

- One-to-one advice and information;
- Access to carer focused education and support via recovery college courses;
- Carer education and support groups;
- e-health: evidence-based web- or app-based carer education and support programmes

Please note that carers' assessments do not constitute a carer-focused education or support programme.

Note: This question only appears if the auditor answers either option of 'yes' to Q5 (the person has an identified informal carer).

Physical health screening and intervention

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](#).

SCREENING

The next questions relate to evidence of screening and interventions carried out between **01/11/2018** and **31/10/2019**, while the person was on the EIP caseload. If the person was accepted onto the caseload over a year ago, only screening and interventions that took place between 01 November 2018 and 31 October 2019 are accepted. If this is not present, please tick 'not documented'.

- **Q11 Smoking status**

Please note that this does not include e-cigarettes.

Note: Number of cigarettes question only appears if 'current smoker' is selected.

Smoking status is mandatory to record but number of cigarettes smoked is optional to complete.

- **Q12 Drinking alcohol**

Identification of harmful or hazardous use of alcohol is described in [NICE guideline 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**

Substance misuse is defined as the excessive or illegal use of drugs.

- **Q14 BMI/Weight**

Please complete in NN.N format e.g. 26.8 (BMI). Where height cannot be measured, demispan may be used to estimate height in order to allow calculation of BMI: http://www.bapen.org.uk/pdfs/must/must_explan.pdf (page 14). If this is not recorded in the case notes, please select from the options why this was not recorded.

- **Q15 Blood pressure**

Please complete the systolic and/or diastolic boxes in NNN format e.g. 120 mmHg.

- **Q16 Glucose**

Please complete in N.N format e.g. 6.7 mmol/mol. Please ensure you use the correct units. If these levels are in mg/dl, please use an online converter to calculate into mmol/l or mmol/mol (according to data collection form). One such converter can be found at <http://www.diabetes.co.uk/blood-sugar-converter.html>

- **Q17 Cholesterol**

Please complete in N.N format e.g. 7.5 mmol/l. Please ensure you use the correct units. If entering QRISK-2 percentage score, please complete in NN.N format e.g. 14.3%. Please do not report **QRISK-3** percentage score.

INTERVENTIONS

There must be evidence in the service user's notes that these interventions were carried out between 01 November 2018 – 31 October 2019, while the person was on the EIP caseload. Please tick all those that apply. Please note that interventions can include attending services which the person has been signposted to.

- **Q18 Interventions for smoking cessation**

If an intervention was not required because the person does not smoke, please select 'No intervention needed'.

- **Q19 Interventions for hazardous alcohol use**

If an intervention was not required because the service user does not use alcohol in a harmful or hazardous way, please select 'No intervention needed'.

- **Q20 Interventions for substance use**

If an intervention was not required because the service user does not use substances, please select 'No intervention needed'.

- **Q21 Interventions for weight gain/obesity**

If an intervention was not required because the service user did not need an intervention for weight management, please select 'No intervention needed'.

- **Q22 Interventions for hypertension**

If an intervention was not required because the service user did not need an intervention for hypertension, please select 'No intervention needed'. Please note that there is also an option if an intervention was not required because the service user's repeat blood pressure reading was normal.

- **Q23 Interventions for diabetes/high risk of diabetes**

If an intervention was not required because the service user was not at risk of diabetes, please select 'No intervention needed'.

- **Q24 Interventions for dyslipidaemia**

If an intervention was not required because it is not applicable to the service user, please select 'No intervention needed'.

Referral to treatment

- **Q25 Date referral received by EIP service or central triage point in the Health Board:** This should be for the condition being referred to the EIP services, and not previous referrals to mental health services for unrelated issues. If there is a central triage point in your Health Board, please give the date referral received at this point. Only give the date referral received by the EIP service if there is no central triage point in your Health Board. Referrals may come from any source and may be internal (for example from CAMHS, a CMHT, an inpatient ward, prison or forensic mental health services) or external (for example from a GP, self-referral, from carers or referral by a school).
- **Q26 Date the patient was assessed by the EIP service:** *If the patient was not assessed by the EIP team please report the date the most recent assessment was carried out by the mental health provider in charge of this (e.g. inpatient team). After data submission, please provide us with the patient IDs of any in your sample that were assessed by a different provider and not by your EI team.*
- **Q27a Allocation of an EIP service care coordinator**
Please select yes if the patient has been allocated to a care coordinator and specify the date.
- **Q27b Engagement by an EIP service care coordinator**
Engagement by the care coordinator should begin immediately upon allocation. However, this might not always be the case. Engagement means that the care coordinator began to form a therapeutic professional relationship with the patients and treatment was started. Please choose Yes only if a therapeutic professional relationship has begun to be established and treatment has started. If yes, please specify the date treatment was started.

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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