



National Clinical Audit of Psychosis (NCAP)

Audit of practice form

Notes for completion

Audit forms should be completed by the psychiatrist accountable for the patient's care. If delegated, the psychiatrist accountable for the patient's care must confirm the data are correct.

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 Trust/Health Board who meet the criteria for NCAP. 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 October 2017** and submitted online by **29 November 2017**. Please contact your local audit lead if you are unsure how this is being managed in your Trust/Health Board.

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. a CPN, Consultant Psychiatrist or a Staff Grade Psychiatrist from the relevant clinical team.

All questions are mandatory.

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.

Your local NCAP audit lead is:

The NCAP ID for your organisation is:

NCAP Patient ID* (to be completed by local NCAP audit lead):

(Number 1-n, assigned by local audit lead for local tracking purposes)

Initials of data collector/clinician:

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Section A: Clinical team and patient status

Q1a. Clinical team currently* responsible for the patient's care

(*refers to the clinical team responsible for the patient's care on the audit census date 1 July 2017)

(Please note EIP patients are excluded from this audit; see guidance notes)

The patient is currently an inpatient

For fewer than 7 nights

For 7 or more nights

Assertive Outreach Team

Community Mental Health Team

Crisis Resolution/Home Treatment Team

Other clinical team*

*please specify

Q1b. If the patient is not currently an inpatient, has this patient been an inpatient in the last 12 months?

Yes, for 7 or more nights

Yes, for fewer than 7 nights

No

Q1c. Is this patient currently under a Care Program Approach or equivalent if outside England?

(see guidance notes)

Yes

No

Q1d. Is this patient subject to a Community Treatment Order (CTO)?

Yes

No

Q2. From which Clinical Commissioning Group (CCG) (in England) or District (in Wales) does this patient originate?

(see guidance notes)

Section B: Patient details

Q3. Year of birth (YYYY):

Q4. Gender:

Male

Female

Other/undefined

Q5. 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</i>
		<input type="checkbox"/> <i>Any other Asian background</i>	<input type="checkbox"/> <i>Any other Mixed background</i>	<input type="checkbox"/> <i>Not stated/refused</i>

Q6. Current ICD-10 mental health diagnosis:
(select one option only)

<input type="checkbox"/> <i>F10-19/xx.5 Persistent substance-induced psychosis</i>	<input type="checkbox"/> <i>F20 Schizophrenia</i>
<input type="checkbox"/> <i>F22 Persistent delusional disorder</i>	<input type="checkbox"/> <i>F24 Induced delusional disorder</i>
<input type="checkbox"/> <i>F25 Schizoaffective disorder</i>	<input type="checkbox"/> <i>F28/29 Other unspecified non-organic psychosis</i>

Q7. Was this diagnosis made in the last three years?

Yes

No

Section C: Patient's current mental health

Q8. Please use your knowledge of the patient to rate the patient's current mental health:
Please keep a note of your answer as this information will be needed later in Section E.
(select one option only)

1 = Full remission

2 = Partial remission with minimal symptoms and disability

3 = Partial remission with substantial symptoms and/or disability

4 = Not in remission

Q9a. Has a Health of the Nation Outcomes Scale (HoNOS) been completed for this patient in the last 12 months?

Yes

No

Q9b. If yes to Q9a above, please complete the HoNOS items below from the most recent HoNOS assessment available for the patient:

(Scores from >12 months ago are deemed ineligible; a glossary for HoNos is available at www.rcpsych.ac.uk/NCAP/resources)

	0	1	2	3	4	9 (Not known)
1. Overactive, aggressive, disruptive or agitated behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Non-accidental self-injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Problem drinking or drug-taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cognitive problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Physical illness or disability problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Problems associated with hallucinations and delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Problems with depressed mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other mental and behavioural problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Problems with relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Problems with activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Problems with living conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Problems with occupation and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = No problem

1 = Minor problem requiring no action

2 = Mild problem but definitely present

3 = Moderately severe problem

4 = Severe to very severe problem

Section D: Regular antipsychotic medication(s)

Q10. What is this patient's history of prescription of regular (NOT PRN) antipsychotic medication?

Patient has **never** been prescribed an antipsychotic (go to Section E)

Patient has previously been prescribed antipsychotic medication but is **not currently** prescribed an antipsychotic (go to Section E)

Patient is **currently** prescribed an antipsychotic (go to Q11)

The next two questions ask for information on names and doses of regular (NOT PRN) antipsychotic medications prescribed. Please record oral/long-acting injection (LAI/depot) medications separately, in the appropriate questions. Please do not record information on doses of short acting intra-muscular (IM) injections as these are different from LAI/depot medications.

Q11. Please provide the current dose of the all oral antipsychotics currently being regularly prescribed for the patient (DO NOT INCLUDE ANY ANTIPSYCHOTICS PRESCRIBED PRN)

If a medication is documented as mcg (micrograms), please make sure that this is converted and entered correctly as mg for the purposes of this audit. For example, 250mcg should be entered on the audit tool as 0.25mg.

- Amisulpride regular oral daily mg .
- Aripiprazole regular oral daily mg .
- Asenapine regular oral daily mg .
- Benperidol regular oral daily mg .
- Chlorpromazine regular oral daily mg .
- Clozapine regular oral daily mg .
- Flupentixol regular oral daily mg .
- Haloperidol regular oral daily mg .
- Levomepromazine regular oral daily mg .
- Lurasidone regular oral daily mg .
- Olanzapine regular oral daily mg .
- Paliperidone Regular oral daily mg .
- Pericyazine regular oral daily mg .
- Perphenazine regular oral daily mg .
- Pimozide regular oral daily mg .
- Promazine regular oral daily mg .
- Quetiapine regular oral daily mg .
- Risperidone regular oral daily mg .
- Sertindole regular oral daily mg .
- Sulpiride regular oral daily mg .
- Trifluoperazine regular oral daily mg .
- Zotepine regular oral daily mg .
- Zuclophenthixol regular oral daily mg .

Other antipsychotic

name: regular oral daily mg dose .

**Q12. Please provide the current dose of all long-acting injection/depot antipsychotics currently being regularly prescribed for the patient
(DO NOT INCLUDE ANY LONG-ACTING INJECTION OR DEPOT ANTIPSYCHOTICS PRESCRIBED AS A SINGLE OR TEST DOSE)**

Please enter all regular long-acting injection (LAI) or depot injection doses as weekly doses.

e.g. a 300mg dose of Fluphenazine once every 2 weeks would be entered as 150mg of Fluphenazine per week.

Aripiprazole (long-acting) mg/week .

Flupentixol (depot) mg/week .

Fluphenazine (depot) mg/week .

Haloperidol (depot) mg/week .

Olanzapine (long-acting) mg/week .

Paliperidone (long-acting) mg/week .

Risperidone (long-acting) mg/week .

Zuclophenthixol (depot) mg/week .

Other depot/LAI antipsychotic
name:

mg/week dose: .

Q13a. Is the patient currently being regularly prescribed two or more antipsychotic drugs at the same time?

Yes

No

Q13b. If yes to Q13a above, has a clear rationale for this been documented in the patient's records?

Yes

No

Q14a. Is the patient's total current regular antipsychotic dose, taking all of their regular antipsychotic medications into account, above 100% of the BNF recommended dose limits for the medications?

Yes

No

Q14b. If yes to Q14a, has a clear rationale for this been documented in the patient's records?

Yes

No

Q15. Is there documented evidence that the benefits and side-effects of the antipsychotic medication currently regularly prescribed were discussed with the patient?

Yes

No

Q16. For the antipsychotic currently regularly prescribed, is there documented evidence that the patient was involved in deciding which antipsychotic medication they were prescribed?

Yes

No

Q17. Is there documented evidence that the patient was provided with written information (or an appropriate alternative) about the antipsychotic medication currently regularly prescribed?

Yes

No

Section E: Further history of management for patients not in remission or only in partial remission with substantial symptoms (whether or not on clozapine)

Answer Q18-21 (Section E) if the patient is either currently not in remission or is only in partial remission with substantial symptoms and disability, as indicated by a response of '3' or '4' to Question 8.

If the patient is in remission or in partial remission with minimal symptoms, as indicated by a response of '1' or '2' to Question 8, then go directly to Section F.

Q18. Is there documented evidence that in the past 12 months, medication adherence has been investigated as a potential cause of inadequate response to current antipsychotic medication?

Yes

No

Q19. Is there documented evidence that in the past 12 months, alcohol or substance misuse have been investigated as a potential cause of inadequate response to current antipsychotic medication?

Yes

No

Q20. Is the current regular antipsychotic medication being prescribed at an optimum dose*?

(*optimal dose: between 75% and 100% of BNF maximum dose or lower if side effects preclude further dose increase)

Yes

No

Q21a. Is the patient currently being prescribed clozapine?

Yes (go to Q22)

No

Q21b. Please indicate the reason(s) why this patient is not currently prescribed clozapine?

(tick all that apply)

No reason(s) indicated

Not yet had adequate trial of two other antipsychotics

Unable to determine whether other antipsychotic doses are inadequate

Clozapine is medically contraindicated for this patient

Clozapine previously tried, patient did not respond adequately or had undue adverse effects

Clozapine offered but patient refused

Ongoing anxiety and depression but not psychotic symptoms

Currently experiencing a relapse that is expected to be short-term

Trust/Health Board restrictions on use of clozapine

Waiting for an inpatient bed in order to be able to initiate clozapine

Lack of service for community initiation

Clozapine not commenced because of fears of poor compliance with treatment

Clozapine not commenced because of fears about abuse of alcohol or other substances

Other*

*please specify

Section F: Physical Health monitoring

For Q22-38 we would like to know what physical health monitoring has been undertaken and is recorded in the Trust/Health Board case record for the patient.

Q22. Has the patient been offered lifestyle advice on diet and physical activity?

Yes

No

Q23. Does the patient currently have any of the following significant physical health problems and is this recorded in their case records?

	<i>Recorded diagnosis</i>	<i>Diagnosis but not recorded</i>	<i>Recorded as no problem present</i>	<i>No record but known not to have problem</i>	<i>Not known</i>
<i>Cardiovascular disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Diabetes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Hypertension</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Dyslipidaemia</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24. Does the patient have a Family History (1st degree relatives only) of any of the following significant health problems and is this recorded in their case records?

	<i>Yes</i>	<i>No</i>	<i>No record</i>
<i>Cardiovascular disease (first diagnosed under 60 years)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Diabetes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Hypertension</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Dyslipidaemia</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCREENING

Q25. Smoking status

Current smoker ---> **Optional:** 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

Q26. 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

Q26 guidance: Identification of harmful or hazardous use of alcohol is described in NICE guideline CG115 <http://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'.

Q27. 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

Q28. BMI /Weight

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

- Yes (*please enter at least one 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
- Patient was pregnant/gave birth within the last 6 weeks (weight not measured)

. BMI (Body mass Index) (Kg/m²)

and/or

Change in weight over a 3 month period:

> 5kg < or = 5kg increase

Q29. 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)

Q30. Glucose

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

(please ensure you use the correct units)

- Yes (*please enter at least one value below*)
- Not documented
- Documented evidence of refusal of blood test when offered on more than one occasion after it is assured the person has been given the information on which to make an informed decision
- Patient was pregnant/gave birth within the 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)

Q31. Cholesterol

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

(please ensure you use the correct units)

- Yes (*please enter at least one value below*)
- Not documented
- Documented evidence of refusal of blood test when offered 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-2 score (%)

INTERVENTIONS

Q32. Interventions for smoking cessation

(see guidance notes)

- Brief intervention
- Referral to smoking cessation service
- Combined NRT (nicotine replacement therapy) and/or varenicline/bupropion
- Individual/group behavioural support
- Documented evidence of refusing intervention after it is assured that the person has been given the right information on which to make an informed decision
- No intervention needed
- Not documented

Q33. Interventions for harmful alcohol use

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

Q34. Interventions for substance misuse

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

Q35. 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*
- Referral to structured lifestyle education programme*
- Pharmacological intervention for obesity commenced or reviewed*
- Referral to primary or secondary care physician*
- Documented evidence of refusing intervention after it is assured that the person has been given the right information on which to make an informed decision*
- No intervention needed*
- Not documented*

Q36. 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*
- Anti-hypertensive drug treatment commenced or reviewed*
- Referral to primary or secondary care physician*
- Documented evidence of refusing intervention after it is assured that the person has been given the right information on which to make an informed decision*
- No intervention needed as repeat blood pressure test normal*
- No intervention needed*
- Not documented*

Q37. Interventions for diabetes/high risk of diabetes

- Mental health medication review with respect to glucose regulation (e.g. antipsychotic)*
- Advice or referral about diet*
- Advice or referral about exercise*
- Pharmacotherapy for diabetes commenced or reviewed (e.g. metformin, insulin, acarbose or exenatide)*
- Referral to structured lifestyle education programme*
- Referral to primary or secondary care physician*
- Documented evidence of refusing intervention after it is assured that the person has been given the right information on which to make an informed decision*
- No intervention needed*
- Not documented*

Q38. Interventions for dyslipidemia

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

Section G: Psychological Therapies

Q39. Has the patient been offered Cognitive Behavioural Therapy for Psychosis (CBTp) by a suitably qualified therapist?

Please note that the therapist must have postgraduate diploma level or equivalent generic CBT training (in the form of a CBT training programme or in the course of training as a clinical psychologist), plus additional specialised CBTp training. (see guidance notes)

- Yes, CBTp*
 - In the last 12 months (go to Q42)*
 - At some point over the course of their illness (go to Q42)*
- No*

Q40. If 'No' to Q39, was CBTp by a suitably qualified therapist available?

Please note that the therapist must have postgraduate diploma level or equivalent generic CBT training (in the form of a CBT training programme or in the course of training as a clinical psychologist), plus additional specialised CBTp training. (see guidance notes)

- Yes
- No
- Not known

Q41a. If No to Q39, has the patient been offered a form of Cognitive Behavioural Therapy that does not conform to the detailed guidelines laid out by NICE (CG178) and/or was not delivered by someone qualified as a CBTp therapist?

(This should NOT include any therapy regarded as one of the following: Counselling and Supportive Therapy, Psychodynamic/Psychoanalytical Therapy, Psychoeducation, Social Skills Training.)

- No (go to Q43)
- Yes, CBT
 - In the last 12 months
 - At an earlier stage of their illness

Q41b. If Yes to Q41a, which type of staff member delivered this therapy?

- Not known
- Clinical Psychologist
- Psychiatrist
- Nurse (Ward nurse, Nurse Consultant, CPN, etc)
- Social Worker
- Occupational Therapist
- Other*

*please specify

Q42. If CBT/CBTp was offered, was this taken up by the patient?

- Yes, was taken up
- Not taken up - patient refused
- Not taken up - other reason recorded
- Not taken up - reason not recorded
- Not known

Q43. Where the patient is in contact with the family, has Family Intervention (FI) by a suitably qualified therapist been offered to members of the patient's family?

Please note that practitioners delivering this approach require specific FI training lasting 5 days or more.

(See guidance notes)

- Yes in the last 12 months*
- Yes at an earlier stage of their illness*
- No, but was available*
- No, as FI was not available*
- N/A, patient not in contact with family*
- N/A, patient refused to allow team to contact family*
- N/A, was not seen as appropriate for this patient*

Q44. If FI was offered, was this taken up by the patient's family?

- Yes, was taken up*
- Not taken up - patient refused*
- Not taken up - family refused*
- Not taken up - other reason recorded*
- Not taken up - reason not recorded*
- Not known*

Section H: Care plan, employment and carer support

Q45. Does the patient have a current care plan?

- Yes*
- No*

Q46. Does the care plan/crisis plan include details of how to contact services in a crisis?

- Yes*
- No*

Q47. Employment/education status:

(see guidance notes)

- Employed
- Unemployed and seeking work
- Student who is not working or actively seeking work
- Long-term sick or disabled receiving benefits
- Homemaker not working or actively seeking work
- Not working or actively seeking work
- Unpaid voluntary work and not working or actively seeking work
- Retired
- Not stated

Q48. If seeking work (Q47), has the patient been offered any of the following?

(tick all that apply; see guidance notes)

- None
- Not documented
- Employment support programme (Individual Placement and Support)
- Employment support programme (other)
- Vocational support programme
- Apprenticeship programme
- Education programme
- Other*

*please specify

Q49. Have the needs of the patient's carer assessment been assessed by mental health services?

- N/A patient does not have a carer
- Yes
- No

END OF AUDIT FORM
Thank you for completing this audit form for this patient