

National Clinical Audit of Psychosis

Early Intervention in Psychosis Audit



2019/2020

National Report - Appendices

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Appendix A: Acknowledgments

Development of recommendations

We would like to thank members of our steering group for their contributions to the recommendations for this audit. A list of members of the steering group, together with the organisations they represent, can be found in [Appendix C](#).

Support and input

We would like to thank the staff in participating Trusts/organisations and Health Boards for their hard work collecting and submitting data for this audit.

We would also like to offer particular thanks to everyone who completed and returned a service user survey.

Thank you also to the team at Healthcare Quality Improvement Partnership (HQIP) for their support and encouragement throughout.

Appendix B: Reflecting on the experience of being a service user advisor for NCAP

Being a service user advisor for the NCAP audit has been a great experience where I have been empowered to use my expertise as someone who has experienced psychosis to shape and influence the NCAP audit and the service user survey. The team have involved me from the very beginning, and I have been valued and included within the conversation regarding what is important to patients using early intervention services and how we might consider measuring this. Working with the team I have felt like an equal member and not perceived any kind of hierarchy.

The entire team have valued my perspective and I feel like I have been able to provide a perspective that represents my experiences of services as well as find ways of incorporating other voices and experiences in the conversation. We have done this through service user reference groups affiliated with Rethink, as my experience is not the only experience and other patients may have alternative perspectives and experiences, and the NCAP team have considered that within the audit, too.

I have been involved in all aspects and stages of the NCAP audit and attended every implementation and steering group meeting. I have especially been involved in the design of the service user survey. The service user survey measures the experience of patients that use early intervention in psychosis services. This was an important area of research to conduct to see what patients actually think of the services they experience and is placed in contrast to other areas of research that have sought to measure the outcomes of service provision on patient outcomes, and instead the survey really places the service user experience at the heart of the audit.

I was involved in designing the survey including what we wanted to measure that were important things for patients using these services and then also how we measured them. I was particularly interested in measuring whether patients felt heard and understood by their team to see if care

was person centred and empathetic to patient needs and I stressed the importance of an item measuring this as I felt this would be important to all patients. The entire team as well as Rethink service user reference groups were also involved in identifying which items to include within the survey. The survey felt a very much co-produced effort and my voice as a service user advisor was not the only voice that shaped this. We hope that it measures things important to patients using services and helps us better understand how patients in different regions across the UK experience services as well as the individual experience of them.

I have also been involved in processing of the data and assessing queries relating to data that we have collected that may be ambiguous such as qualitative feedback left for a quantitative measure. I have been involved in discussion about how to use this data while respecting the confidentiality and privacy of patients filling this survey out and as a service user advisor have been involved in all of the decision-making processes around this.

I was also involved in disseminating the co-production of this survey at a conference at the Royal College of Psychiatrists and I was given the freedom and autonomy to discuss its development and honestly speak about my experience of involvement with this. In addition, I have supported with the publication relating to the audit released this year.

Overall, it has been a great experience being involved in the audit and we as a team have coproduced the audit and survey that will hopefully give us insight into the needs of the population and what needs to change and improve, by listening to the patients that matter the most.

Veenu Gupta, Service User Advisor NCAP team, November 2019

Appendix C: Steering group members

Table 1:
Steering group members and organisations (in alphabetical order)

Name	Organisation
Dr Alison Brabban	Early Intervention in Psychosis Network, NHS England and NHS Improvement
Linda Chadburn	Pennine Care NHS Foundation Trust/local audit representative
Amy Clarke	NHS England and NHS Improvement
Dr Elizabeth Davies	Welsh Government
Dr Selma Ebrahim	British Psychological Society (BPS)
Angela Etherington	Expert by experience
Louise Forsyth	Public Affairs & Stakeholder Manager, Rethink Mental Illness
Ellie Gordon	Royal College of Nursing (RCN)
Danielle Hamm	Public Affairs & Stakeholder Manager, Rethink Mental Illness
Wendy Harlow	Sussex Partnership Trust/local audit representative
Sam Harper	Healthcare Quality Improvement Partnership (HQIP)
Sarah Holloway	NHS England and NHS Improvement
Beth McGeever	NHS England and NHS Improvement
Jay Nairn	NHS England and NHS Improvement
Peter Pratt	Prescribing expert, NHS England and NHS Improvement
Caroline Rogers	Healthcare Quality Improvement Partnership (HQIP)
Dr David Shiers	GP (retired)/Carer
Dr Shubulade Smith	National Collaborating Centre for Mental Health (NCCMH)
Dr Caroline Taylor	Royal College of General Practitioners (RCGP)/CCG representative
Hilary Tovey	NHS England and NHS Improvement
Nicola Vick	Care Quality Commission (CQC)
Dr Jonathan West	Early Intervention in Psychosis Network (London)
Dr Latha Weston	RCPsych General Adult Faculty

All members of the steering group and the audit implementation group were asked to make a declaration of competing interests. The forms are held on file by the CCQI and are available for inspection.

Appendix D: Participating Trusts

**Table 2:
Participating Trusts,
provider IDs and
early intervention
in psychosis (EIP)
teams (alphabetised
by Trust name)**

Provider name	Provider ID	Team name(s)
2gether NHS Foundation Trust	ORG01	GRIP (Gloucestershire) Herefordshire Early Intervention Service
Avon & Wiltshire Mental Health Partnership NHS Trust	ORG04	Bristol Early Intervention Team North Somerset Early Intervention Team South Gloucestershire Early Intervention Team Swindon Early Intervention Team Wiltshire Early Intervention Team BaNES Early Intervention Team
Barnet, Enfield and Haringey Mental Health NHS Trust	ORG05	Barnet Early Intervention in Psychosis Service Enfield Early Intervention in Psychosis Service Haringey Early Intervention in Psychosis Service
Berkshire Healthcare NHS Foundation Trust	ORG06	Berkshire Early Intervention in Psychosis Service
Birmingham and Solihull Mental Health NHS Foundation Trust	ORG08	Solihull Early Intervention Service
Black Country Partnership NHS Foundation Trust	ORG09	Sandwell Early Intervention Team Wolverhampton Early Intervention Team
Bradford District Care NHS Foundation Trust	ORG10	Bradford and Airedale Early Intervention Service
Cambridgeshire and Peterborough NHS Foundation Trust	ORG11	CAMEO
Camden and Islington NHS Foundation Trust	ORG12	Camden Early Intervention Service Islington Early Intervention Service
Central and North West London NHS Foundation Trust	ORG14	Brent Early Intervention Service Harrow & Hillingdon Early Intervention Service Kensington and Chelsea & Westminster Early Intervention Service Milton Keynes Early Intervention Team
Cheshire and Wirral Partnership NHS Foundation Trust	ORG15	Central and Eastern Cheshire Early Intervention Service Cheshire West Early Intervention Service Wirral Early Intervention Team
Community Links Northern Ltd	ORG64	Aspire (Leeds)
Cornwall Partnership NHS Foundation Trust	ORG16	Cornwall Early Intervention Service

Provider name	Provider ID	Team name(s)
Coventry and Warwickshire Partnership NHS Trust	ORG17	Coventry Early Intervention Team North Warwickshire Early Intervention Team South Warwickshire Early Intervention Team
Cumbria Partnership NHS Foundation Trust ¹	ORG18	North Cumbria Early Intervention in Psychosis
Derbyshire Healthcare NHS Foundation Trust	ORG20	Derby City and South County Early Intervention Service North Derbyshire Early Intervention Service
Devon Partnership NHS Trust	ORG21	Exeter and East Devon EIP Service North and Mid Devon EIP Service Torbay, South & West Devon EIP Service
Dorset HealthCare University NHS Foundation Trust	ORG22	Early Intervention Service (Dorset)
Dudley and Walsall Mental Health Partnership NHS Trust	ORG23	Dudley Early Intervention Service Walsall Early Intervention Service
East London NHS Foundation Trust	ORG24	Early Intervention in Psychosis Service Bedfordshire and Luton Equip – City and Hackney Early Intervention Service Newham Early Intervention Psychosis Service Tower Hamlets Early Intervention Service
Essex Partnership University NHS Foundation Trust	ORG25	Mid Essex Specialist Psychosis Pathway North East Essex Specialist Psychosis Pathway West Essex Specialist Psychosis Pathway ESTEP East ESTEP West
Forward Thinking Birmingham	ORG63	Birmingham Early Intervention for Psychosis Service (West) Birmingham Early Intervention for Psychosis Service (East) Birmingham Early Intervention for Psychosis Service (North) Birmingham Early Intervention for Psychosis Service (South)
Greater Manchester Mental Health Services NHS Foundation Trust	ORG26	Bolton Early Intervention Team Salford Early Intervention Team Trafford Early Intervention Team Manchester Early Intervention Team
Hertfordshire Partnership University NHS Foundation Trust (HPSFT)	ORG27	PATH Early Intervention in Psychosis Services – Psychosis: Prevention, Assessment and Treatment in Hertfordshire HPFT CAMHS Service
Humber NHS Foundation Trust	ORG28	Psychosis Service for Young People in Hull and East Riding (PSYPHER)

¹ Due to the reconfiguration of Trusts in October 2019, data from ORG32 includes people whose care was carried out by ORG18 until October 2019. ORG18 submitted data for people under the care of one of their teams during the majority of the period covered by the audit. This team moved to ORG44 from October 2019.

Provider name	Provider ID	Team name(s)
Isle of Wight NHS Trust	ORG30	Isle of Wight Early Intervention in Psychosis
Kent and Medway NHS and Social Care Partnership Trust	ORG31	Kent and Medway Early Intervention in Psychosis Service East Kent Kent and Medway Early Intervention in Psychosis Service West Kent
Lancashire and South Cumbria NHS Foundation Trust (previously known as Lancashire Care NHS Foundation Trust) ²	ORG32	Early Intervention Service – Central Early Intervention Service – East Early Intervention Service – North South Cumbria Early Intervention Team
Leicestershire Partnership NHS Trust	ORG34	Leicestershire Psychosis Intervention and Early Recovery (PIER) Team
Lincolnshire Partnership NHS Foundation Trust	ORG35	Early Intervention Team Lincolnshire
Livewell Southwest CIC	ORG36	Insight Team, Plymouth
Mersey Care NHS Foundation Trust	ORG37	Liverpool Early Intervention in Psychosis Sefton Early Intervention Team
Midland Partnership NHS Foundation Trust	ORG54	Early Intervention Team – Shropshire, Telford & Wrekin Early Intervention Team – South Staffordshire
NAVIGO Health and Social Care CIC	ORG38	Early Intervention in Psychosis and Transition Service
Norfolk & Suffolk NHS Foundation Trust	ORG39	Central Norfolk Early Intervention Team Early Intervention Team – West Norfolk – Thurlow House Great Yarmouth and Waveney Early Intervention Team – Northgate East and West Suffolk
North East London NHS Foundation Trust	ORG40	Barking & Dagenham Early Intervention in Psychosis Havering Early Intervention in Psychosis Redbridge Early Intervention in Psychosis Team Waltham Forest Early Intervention in Psychosis
North Staffordshire Combined Healthcare NHS Trust	ORG41	Early Intervention Service, North Staffordshire
North West Boroughs Healthcare NHS Foundation Trust	ORG42	Early Intervention in Psychosis Team Knowsley & St Helens Warrington & Halton Early Intervention Team Wigan Early Intervention Team
Northamptonshire Healthcare NHS Foundation Trust	ORG43	Community Mental Health Adult – Early intervention N'STEP

² Due to the reconfiguration of Trusts in October 2019, data from ORG32 includes people whose care was carried out by ORG18 until October 2019. ORG18 submitted data for people under the care of one of their teams during the majority of the period covered by the audit. This team moved to ORG44 from October 2019.

³ Due to the reconfiguration of Trusts in October 2019, ORG18 submitted data for people under the care of one of their teams during the majority of the period covered by the audit. This team moved to ORG44 from October 2019.

Provider name	Provider ID	Team name(s)
Northumberland, Tyne and Wear NHS Foundation Trust ³	ORG44	Gateshead EIP North Tyneside EIP Northumberland EIP Sunderland EIP Newcastle EIP South Tyneside EIP
Nottinghamshire Healthcare NHS Foundation Trust	ORG45	Ashfield & Mansfield Early Intervention in Psychosis Team County South Early Intervention in Psychosis Team Newark & Sherwood Early Intervention in Psychosis Team Nottingham City Early Intervention in Psychosis Team Bassetlaw EIP CAMHS – Head 2 Head
Oxford Health NHS Foundation Trust	ORG46	Buckinghamshire Early Intervention Service Oxfordshire Early Intervention Service
Oxleas NHS Foundation Trust	ORG47	Bexley Early Intervention in Psychosis Bromley Early Intervention in Psychosis Greenwich Early Intervention in Psychosis Team
Pennine Care NHS Foundation Trust	ORG48	Early Intervention Team Bury Early Intervention Team Heywood, Middleton and Rochdale Early Intervention Team Oldham Early Intervention Team Stockport Tameside Early Intervention Team
Rotherham, Doncaster and South Humber NHS Foundation Trust	ORG49	Early Intervention in Psychosis – Doncaster Early Intervention Team – North Lincs Early Intervention Team – Rotherham
Sheffield Health & Social Care NHS Foundation Trust	ORG50	Sheffield Early Intervention Service
Solent NHS Trust	ORG51	Portsmouth Early Intervention with Psychosis Team
Somerset Partnership NHS Foundation Trust	ORG52	Somerset Team for Early Psychosis
South London and Maudsley NHS Foundation Trust	ORG53	Early Intervention Service – Croydon (COAST) Early Intervention Service – Lambeth (LEO) Early Intervention Service – Lewisham (LEIS) Early Intervention Service – Southwark (STEP)

Provider name	Provider ID	Team name(s)
South West London and St George's Mental Health NHS Trust	ORG55	Kingston Early Intervention Service Richmond Early Intervention Service Merton Early Intervention Service Sutton Early Intervention Service Wandsworth Early Intervention Team
South West Yorkshire Partnership NHS Foundation Trust	ORG56	Barnsley Early Intervention Team Calderdale Insight (Early Intervention in Psychosis) Kirklees Insight Team – North Kirklees Insight Team – South Wakefield Early Intervention in Psychosis Team
Southern Health NHS Foundation Trust	ORG57	Early Intervention in Psychosis Team – East Hampshire Early Intervention in Psychosis Team – North Hampshire Early Intervention in Psychosis Team – Southampton Early Intervention in Psychosis Team – West Hampshire
Surrey and Borders Partnership NHS Foundation Trust	ORG58	Early Intervention in Psychosis East Surrey Early Intervention in Psychosis West Surrey & North East Hampshire
Sussex Partnership NHS Foundation Trust	ORG59	Bognor Early Intervention in Psychosis Service Brighton Early Intervention in Psychosis Service Hailsham Early Intervention in Psychosis Service Hastings Early Intervention in Psychosis Service Horsham Early Intervention in Psychosis Service Worthing Early Intervention in Psychosis Service

Provider name	Provider ID	Team name(s)
Tees, Esk and Wear Valleys NHS Foundation Trust	ORG60	Harrogate, Hambleton & Richmondshire Early Intervention in Psychosis Team North Durham & Easington Early Intervention in Psychosis Team Hartlepool Early Intervention in Psychosis Team Stockton Early Intervention in Psychosis Team Scarborough, Whitby & Ryedale Early Intervention in Psychosis Team South Durham Early Intervention in Psychosis Team Middlesbrough Early Intervention in Psychosis Team Redcar and Cleveland Early Intervention in Psychosis Team York & Selby Early Intervention in Psychosis Team
West London NHS Trust	ORG61	Ealing Early Intervention Service FIRST Ealing Intervention Service – Hammersmith & Fulham Hounslow Early Intervention Service
Worcestershire Health and Care NHS Trust	ORG62	Early Intervention in Psychosis Service (Worcestershire)

Table 3:
Participating Trusts and provider IDs (ordered by provider ID)

Provider ID	Provider name
ORG01	2gether NHS Foundation Trust
ORG04	Avon & Wiltshire Mental Health Partnership NHS Trust
ORG05	Barnet, Enfield and Haringey Mental Health NHS Trust
ORG06	Berkshire Healthcare NHS Foundation Trust
ORG08	Birmingham and Solihull Mental Health NHS Foundation Trust
ORG09	Black Country Partnership NHS Foundation Trust
ORG10	Bradford District Care NHS Foundation Trust
ORG11	Cambridgeshire and Peterborough NHS Foundation Trust
ORG12	Camden and Islington NHS Foundation Trust
ORG14	Central and North West London NHS Foundation Trust
ORG15	Cheshire and Wirral Partnership NHS Foundation Trust
ORG16	Cornwall Partnership NHS Foundation Trust
ORG17	Coventry and Warwickshire Partnership NHS Trust
ORG18	Cumbria Partnership NHS Foundation Trust
ORG20	Derbyshire Healthcare NHS Foundation Trust
ORG21	Devon Partnership NHS Trust
ORG22	Dorset HealthCare University NHS Foundation Trust
ORG23	Dudley and Walsall Mental Health Partnership NHS Trust
ORG24	East London NHS Foundation Trust
ORG25	Essex Partnership University NHS Foundation Trust
ORG26	Greater Manchester Mental Health Services NHS Foundation Trust

Provider ID	Provider name
ORG27	Hertfordshire Partnership University NHS Foundation Trust
ORG28	Humber NHS Foundation Trust
ORG30	Isle of Wight NHS Trust
ORG31	Kent and Medway NHS and Social Care Partnership Trust
ORG32	Lancashire and South Cumbria NHS Foundation Trust (previously known as Lancashire Foundation Trust)
ORG34	Leicestershire Partnership NHS Trust
ORG35	Lincolnshire Partnership NHS Foundation Trust
ORG36	Livewell Southwest CIC
ORG37	Mersey Care NHS Foundation Trust
ORG38	NAVIGO Health and Social Care CIC
ORG39	Norfolk & Suffolk NHS Foundation Trust
ORG40	North East London NHS Foundation Trust
ORG41	North Staffordshire Combined Healthcare NHS Trust
ORG42	North West Boroughs Healthcare NHS Foundation Trust
ORG43	Northamptonshire Healthcare NHS Foundation Trust
ORG44	Northumberland Tyne and Wear NHS Foundation Trust
ORG45	Nottinghamshire Healthcare NHS Foundation Trust
ORG46	Oxford Health NHS Foundation Trust
ORG47	Oxleas NHS Foundation Trust
ORG48	Pennine Care NHS Foundation Trust
ORG49	Rotherham, Doncaster and South Humber NHS Foundation Trust
ORG50	Sheffield Health & Social Care NHS Foundation Trust
ORG51	Solent NHS Trust
ORG52	Somerset Partnership NHS Foundation Trust
ORG53	South London and Maudsley NHS Foundation Trust
ORG54	Midland Partnership NHS Foundation Trust
ORG55	South West London and St George's Mental Health NHS Trust
ORG56	South West Yorkshire Partnership NHS Foundation Trust
ORG57	Southern Health NHS Foundation Trust
ORG58	Surrey and Borders Partnership NHS Foundation Trust
ORG59	Sussex Partnership NHS Foundation Trust
ORG60	Tees, Esk and Wear Valleys NHS Foundation Trust
ORG61	West London NHS Trust
ORG62	Worcestershire Health and Care NHS Trust
ORG63	Forward Thinking Birmingham
ORG64	Community Links Northern Ltd

Appendix E: Trust returns

Case-note audit

Table 4: Trust returns of case-note audit form

Provider ID	Total eligible cases	Expected sample	Sample submitted	Final sample after data cleaning	Final sample as % of total eligible cases	Final sample as % of expected sample
ORG01	88	88	87	87	99%	99%
ORG04	374	366	358	355	95%	97%
ORG05	240	226	253	225	94%	100%
ORG06	111	100	100	100	90%	100%
ORG08	88	88	88	88	100%	100%
ORG09	115	115	115	115	100%	100%
ORG10	240	100	100	100	42%	100%
ORG11	111	100	114	100	90%	100%
ORG12	392	200	200	199	51%	100%
ORG14	400	333	340	334	84%	100%
ORG15	307	267	264	264	86%	99%
ORG16	112	100	100	100	89%	100%
ORG17	262	237	237	237	90%	100%
ORG18	85	85	85	85	100%	100%
ORG20	206	198	200	200	97%	101%
ORG21	89	89	89	88	99%	99%
ORG22	62	62	62	62	100%	100%
ORG23	190	190	176	176	93%	93%
ORG24	655	400	400	396	60%	99%
ORG25	322	322	327	322	100%	100%
ORG26	498	392	393	392	79%	100%
ORG27	307	101	102	101	33%	100%
ORG28	129	100	99	99	77%	99%
ORG30	22	22	22	22	100%	100%
ORG31	263	200	203	200	76%	100%
ORG32	394	308	310	307	78%	100%
ORG34	272	100	100	100	37%	100%
ORG35	43	43	43	43	100%	100%
ORG36	72	72	73	72	100%	100%
ORG37	494	200	200	200	40%	100%
ORG38	38	38	39	38	100%	100%
ORG39	157	157	158	157	100%	100%
ORG40	299	288	293	282	94%	98%
ORG41	86	86	86	86	100%	100%
ORG42	253	253	244	240	95%	95%

Provider ID	Total eligible cases	Expected sample	Sample submitted	Final sample after data cleaning	Final sample as % of total eligible cases	Final sample as % of expected sample
ORG43	107	100	107	100	93%	100%
ORG44	332	332	334	333	100%	100%
ORG45	258	208	208	208	81%	100%
ORG46	214	181	189	181	85%	100%
ORG47	121	121	137	118	98%	94%
ORG48	542	438	447	438	81%	100%
ORG49	248	209	209	209	84%	100%
ORG50	161	100	100	100	62%	100%
ORG51	50	50	50	48	96%	96%
ORG52	69	69	69	69	100%	100%
ORG53	661	400	387	382	58%	96%
ORG54	152	146	130	129	85%	88%
ORG55	293	263	265	263	90%	100%
ORG56	284	284	284	284	100%	100%
ORG57	200	200	201	198	99%	99%
ORG58	143	143	143	143	100%	100%
ORG59	208	208	211	209	100%	100%
ORG60	392	392	394	392	100%	99%
ORG61	282	234	234	234	83%	100%
ORG62	66	66	66	66	100%	100%
ORG63	407	384	385	384	94%	100%
ORG64	315	100	101	100	32%	100%

Service user survey

Table 5: Number of surveys sent out and returns from each Trust in England

Provider ID	Number of people in sample	Number of returns received	Number of returns as % of people in sample
ORG01	101	8	8%
ORG04	377	68	18%
ORG05	241	60	25%
ORG06	111	21	19%
ORG08	88	29	33%
ORG09	116	25	22%
ORG10	143	36	25%
ORG11	111	9	8%
ORG12	300	42	14%
ORG14	424	56	13%
ORG15	307	77	25%
ORG16	112	22	20%
ORG17	262	40	15%

Provider ID	Number of people in sample	Number of returns received	Number of returns as % of people in sample
ORG18 ⁴	–	–	–
ORG20	211	78	37%
ORG21	88	11	13%
ORG22	64	40	63%
ORG23	232	32	14%
ORG24	594	95	16%
ORG25	383	53	14%
ORG26	545	71	13%
ORG27	146	23	16%
ORG28	129	20	16%
ORG30	22	6	27%
ORG31	262	49	19%
ORG32	379	59	16%
ORG34	150	39	26%
ORG35	97	20	21%
ORG36	90	15	17%
ORG37	289	48	17%
ORG38	38	33	87%
ORG39	161	34	21%
ORG40	313	126	40%
ORG41	81	11	14%
ORG42	303	71	23%
ORG43	107	17	16%
ORG44	334	64	19%
ORG45	265	47	18%
ORG46	214	32	15%
ORG47	131	29	22%
ORG48	545	116	21%
ORG49	249	61	24%
ORG50	142	30	21%
ORG51	50	12	24%
ORG52	69	18	26%
ORG53	595	56	9%
ORG54	152	27	18%
ORG55	293	37	13%
ORG56	318	82	26%
ORG57	200	62	31%
ORG58	151	47	31%
ORG59	239	17	7%
ORG60	500	89	18%
ORG61	317	38	12%
ORG62	68	10	15%
ORG63	407	37	9%
ORG64	150	15	10%

⁴ One Trust were unable to send out the service user survey as they were undergoing a Trust merger at the time of survey distribution.

Appendix F: Methodology

Audit development

The early intervention in psychosis (EIP) 2019/2020 audit reviews the care provided by EIP teams in relation to timely access, effective treatment and monitoring of outcome measures, consistent with previous years of the national quality assessment and improvement programme. Data were collected on people with first episode of psychosis (FEP) only, similar to the EIP spotlight audit in 2018/2019.

Table 6: Timetable of the NCAP EIP audit 2019/2020

	Case-note audit 2019/2020	Service user survey 2019/2020
May –June 2019	Audit standards finalised and sampling materials distributed to Trusts	
June 2019	Trusts provide lists of eligible people	
July–September 2019	Random sample lists sent to Trusts	Surveys sent out
October 2019	Trusts collect data on their sample	Deadline for survey returns
December 2019–January 2020	Data cleaning by NCAP team	
February 2020	Data analysis and presentation of preliminary data to steering group	
March–July 2020	Writing of report. Submission of first version and then final version to HQIP	
Summer 2020	Publication of national report	

Development of the audit tools

The audit tools used to collect data from participating Trusts for the case-note audit were similar to those used for the EIP spotlight audit 2018/2019. Minor adaptations to the audit tool were made to align the data collected with that required of EIP teams by NHS Digital as part of the Mental Health Services Data Set. Trusts were asked to complete a patient-level case-note audit tool for everyone in their sample and a single service-level contextual questionnaire. Both were designed so that data collected were comparable with the EIP spotlight audit 2018/2019.

The case-note audit form was developed to collect data on people’s demographics as well as psychological and physical interventions people with FEP receive in accordance with the audit standards (these can be found [online](#)). Trusts entered data they had collected from people’s case-notes, alongside other information available to the clinical team.

The contextual questionnaire form was developed to collect data which would indicate whether teams have the appropriate infrastructure to provide a NICE-approved package of care. It asked for:

- information about the team (for example, routinely collected demographic data, how it was set up, length of treatment packages, provisions for children and young people, number of care coordinators and provision of CBT for at risk mental state [ARMS])
- information about caseload (for example, total caseload and length of treatment for people who were discharged having completed a package of care)
- information about specific EIP care arrangements for children and young people aged 14–17 years and relationships between EIP teams and CAMH services.

The service user survey questionnaire was developed with the help of people who have used EIP services via a service user and carer reference group. The survey asks about the care people received from EIP services, and how they feel about it. The group helped identify what elements of care it was important to ask about and provided feedback on questions and supporting documents. The survey asks people about their experiences of EIP services specifically relating to areas of their care such as care plans, physical health, psychological therapies and their opinions on the care they received.

Identification of the case sample

Sample numbers

For the service user survey, Trusts were asked to submit data on a random sample of up to 150 people per team. Teams identified a list of all people on their caseload meeting the eligibility criteria and returned this to the NCAP team. The NCAP team then produced a random sample of 150 people using an [online tool](#) for any teams who had more than 150 eligible people. Where a team identified fewer than 150 eligible people, teams were asked to submit data on all people identified.

A subsample of 100 people was created for the case-note audit sample. For teams who had fewer than 100 people in their service user survey sample, all were included in the case-note audit.

Inclusion and exclusion criteria

People were eligible for inclusion in the audit if they met the following criteria:

- aged 14–65 years
- FEP
- on the caseload of an EIP team (if the service was part of a larger team, for example, integrated into a CMHT, only those on the EIP caseload were included)
- had been on the caseload of the team for 6 months or more at the census date (1 April 2019) and still on the caseload in June 2019 when the list of eligible people was submitted for sampling.

People were excluded from the audit if they were:

- experiencing psychotic symptoms due to an organic cause, for example, brain diseases such as Huntington's and Parkinson's disease, HIV, syphilis, dementia, brain tumours or cysts.

Audit participation and process

Eligibility

All NHS-funded EIP teams in England were expected to participate in the audit. All 57 Trusts with eligible cases in England submitted data for the case-note audit, and service user surveys were received from 56 Trusts in England. 1 Trust were unable to send out the service user survey as they were undergoing a Trust merger at the time of survey distribution. A list of participating organisations can be found in [Appendix D](#), along with a unique organisation code (ORG ID) which can be used to identify each Trust through this report. ([Appendix D](#) is ordered alphabetically by Trust name, pages 7–11, and by provider ID, pages 12–13).

Data handling and analysis

Data cleaning

During December 2019 and January 2020, the NCAP team carried out a process of data cleaning for the case-note audit and the service user survey data, whereby they checked for missing data, duplicate entries and unexpected/extreme values. For the case-note audit, these items were queried with Trusts.

In the contextual questionnaire, for one multiple choice question (q5d), 6 teams entered answers that may be contradictory. Their responses were excluded from analysis for this question.

As the service user surveys were anonymous, queries regarding data were checked with the clinical advisors and service user advisor (i.e. where multiple options were chosen, or a comment was written on the form). There were 4 people for whom it was not possible to identify their EIP team ID, therefore we were not able to include their data in this report. Furthermore, data were excluded from the ethnicity analysis for 26 people who selected more than one ethnicity and for whom an ethnicity could not be ascertained. The age ranges that younger service users were able to select on the service user survey were “under 18” and “19-25”. Service users who indicated by free-text comment that they were 18 were put into the re-labelled category “18-25”.

Data entry and analysis

All data for the case-note audit were entered using Formic Fusion Survey software via secure webpages. Service user surveys were completed online via secure webpages using Snap Surveys software, and those returned to the NCAP team in the post were entered via Snap Surveys software. Data for both were extracted to IBM SPSS Statistics 21. As the case-note audit collected patient identifiable information, the NCAP team first downloaded the data to a secure server before transferring a pseudonymised dataset to the RCPsych servers to be used for analysis. Data were then analysed using IBM SPSS Statistics 21 or Microsoft Excel 2016. The statistical techniques used in IBM SPSS Statistics 21 to analyse the data were frequencies, cross-tabulations and descriptive statistics. In this report whole number percentages have been rounded off (0.5 has been rounded up), therefore some total percentages may not add up to 100%.

Outliers

The EIP 2019/2020 audit was due to follow an [outlier process](#), which detailed how a Trust would be identified as an outlier against the outlier standards, if their performance was more than 2 standard deviations (SD) outside of the average performance of all Trusts. The [outlier standards](#) were chosen and agreed with the steering group prior to the start of data analysis. The identification and management of outliers followed [guidance](#) prepared by HQIP. At the time of submission of the report, the outlier process was paused due to the impact of COVID-19 on Trusts in line with advice from HQIP.

Quality assurance

At the beginning of the EIP 2019/2020 audit, we informed participating Trusts that we would be carrying out quality assurance visits following data collection and cleaning. There were 3 English Trusts and 1 Welsh Health Board selected at random. Of those, 2 have been completed, with the remaining 2 intended to be completed after publication as a result of the travel restrictions imposed due to COVID-19. The quality assurance visits consisted of members of the NCAP team comparing the data submitted by services for the case-note audit form with the data services hold on case-note records for a random selection of people. Further information regarding the quality assurance visits can be found in [Appendix M](#).

Appendix G: Service-level data

99% of teams (n = 154) worked with 18 to 35 year olds. 4% of teams (n = 6) did not work with people under 18 years and 10% (n = 15) did not provide care to people over 35 years.

Most services for 18 to 35 year olds were stand-alone multidisciplinary EIP teams (89%; n = 138). A minority of services for 18 to 35 year olds operated as an early intervention service integrated into a community mental health team (6%; n = 10) or as a 'hub and spoke' model (4%; n = 6), in which EIP care coordinators are based in community mental health teams (spokes) but are part of and supported by specialist EIP workers in a central EIP service hub. 1 team (<1%) had no early intervention service for those aged 18 to 35.

Most services for 36 years and over were stand-alone multidisciplinary EIP teams (73%; n = 113). A minority of services for 36 years and over operated as a hub and spoke model (9%; n = 14) or were integrated into a community mental health team (8%; n = 13), and in some cases there was no early intervention service available to those aged 36 and over (10%; n = 15).

Over half of teams provided services for people under 18 via an adult EIP service with joint protocols with children and young people's (CYP) mental health services (54%; n = 84), and nearly one-third (32%; n = 49) had an adult and young people's EIP service with staff with expertise in CYP mental health working within the EIP service. Around one-tenth (12%; n = 18) had a specialist CYP EIP team or a specialist EIP team embedded within CYP mental health services (9%; n = 14) or provided care to people under 18 via an 'Other' model⁵ (10%; n = 16). 4% of teams (n = 6) had no CYP EIP provision for people under 18.

For those under 18 years old, CBT for ARMS was provided within the team in 46% (n = 72) of EIP services or could be provided elsewhere in 8% (n = 13) of services. 41% (n = 64) of EIP services did not provide CBT for ARMS intervention for people under 18 years old. For people 18 to 35 years old, CBT for ARMS was provided within the team in 48% (n = 74) of EIP services or could be provided elsewhere in 9% (n = 14) of EIP services. 40% (n = 62) of EIP services did not provide CBT for ARMS intervention for people aged 18 to 35 years old. For those people aged 36 and over, CBT for ARMS was provided within the team in 25% (n = 39) of services or could be provided elsewhere in 10% (n = 16) of services. 65% (n = 100) of EIP services did not provide CBT for ARMS intervention for people aged 36 and over.

⁵ Teams were able to enter their responses to 'other' using a free text box. Responses from teams can be found in Table 8.

Table 7: Contextual questionnaire: England (155 teams submitted data)

Q1. Routinely collected demographic data	n (%) of services
Protected characteristics	
Age	155 (100%)
Disability	132 (85%)
Gender reassignment	72 (46%)
Marriage and civil partnership	147 (95%)
Pregnancy and maternity	99 (64%)
Race	151 (97%)
Religion or belief	145 (94%)
Sex	153 (99%)
Sexual orientation	117 (75%)

Other demographic data	
Socioeconomic status	98 (63%)
Refugees/asylum seekers	55 (35%)
Migrant workers	37 (24%)
Homelessness	139 (90%)

Q2. Written strategy/strategies to identify and address any mental health inequalities

Yes	94 (61%)
No	61 (39%)

Q3. Early intervention service provided for these age ranges

18–35 years	Stand-alone multidisciplinary EIP team	138 (89%)
	Hub and spoke model	6 (4%)
	Integrated CMHT	10 (6%)
	No EI service	1 (<1%)
36 years and over	Stand-alone multidisciplinary EIP team	113 (73%)
	Hub and spoke model	14 (9%)
	Integrated CMHT	13 (8%)
	No EI service	15 (10%)

Q4. Length of treatment packages for different age ranges	n services	Mean months (SD)	Range (min–max) months
---	------------	------------------	------------------------

Under 18 years ⁶	139	35.32 (5.45)	57 (3–60)
18–35 years	154	35.45 (5.49)	75 (3–78)
36 years and over	140	32.70 (7.89)	57 (3–60)

Q5a. Model of provision for CYP	n (%*) of services
---------------------------------	--------------------

*Total percentage may be >100% due to some teams having multiple models	
Specialist EIP team embedded within CYP mental health services	14 (9%)
Specialist CYP EIP team	18 (12%)
Adult and young people's EIP service with staff that have expertise in CYP mental health	49 (32%)
Adult EIP service with joint protocols with CYP mental health services	84 (54%)
No CYP EIP provision	6 (4%)
Other ⁷	16 (10%)

Q5b. Is there a shared protocol between the EIP team and the CYPMH service?	n (%) of services
---	-------------------

Yes	127 (82%)
No	28 (18%)

Q5c. Are joint or reciprocal training events arranged at least annually between the CYPMH and EIP teams?	n (%) of services
--	-------------------

Yes	41 (26%)
No	114 (74%)

⁶ Excluding one team which does not limit the length of treatment package for under 18s.

⁷ For a breakdown of 'Other' models, please see Table 8.

Q5d. How is medication managed for CYP?⁸ *Total percentage may be >100% due to some teams managing medication in multiple ways **n (%*) of services**

CYP team prescribers with specific EIP training and experience prescribe for CYP	41 (28%)
CYP team prescribers advise and support EIP team prescribing for CYP	43 (29%)
CYP team prescribers do not have specific EIP prescribing training and experience and do not have a protocol or routine access to specialist EIP prescribing advice	21 (14%)
EIP team prescribers with specific CYP training and experience prescribe for CYP	38 (26%)
EIP team prescribers advise and support CYPMH team prescribing for CYP	48 (32%)
EIP team prescribers do not have specific CYP prescribing training and experience and do not have a protocol or routine access to specialist CYP prescribing advice	16 (11%)

Q5e. Provision from appropriately trained practitioners available for CYP, with early onset psychosis *Total percentage may be >100% due to some teams having multiple provisions

	Cognitive behavioural therapy for psychosis (CBTp) (n [%*])	Family intervention (FI) (n [%*])
--	--	--

Provided by CYPMHS	27 (17%)	40 (26%)
Provided by EIP	127 (82%)	126 (81%)
Provided by CMHT	0 (0%)	0 (0%)
Provided by Other	1 (1%)	0 (0%)
No CYP EIP provision	7 (5%)	3 (2%)

Q6. Whole-time equivalent EIP care coordinators **Mean (SD)** **Range (min-max)**

	9.55 (5.40)	30.3 (1-31.3)
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Q6b. Care coordinators specifically for CYP under **n (%)**

Yes, within EIP team	48 (31%)
Yes, within CYPMH	21 (14%)
No	90 (58%)

Q7. Increase in number of staff posts **n (%) of services**

Yes	62 (40%)
No	93 (60%)

Q8. CBT for ARMS

	Under 18 n (%)	18-35 n (%)	36 and over n (%)
Elsewhere	13 (8%)	14 (9%)	16 (10%)
Within the EIP team	72 (46%)	74 (48%)	39 (25%)
Not at all	64 (41%)	62 (40%)	100 (65%)
Separate CBT for ARMS team	6 (4%)	5 (3%)	0 (0%)

Q9. Total caseload of the EIP team **Mean (SD)** **Range (min-max)**

Total caseload	161.17 (104.20)	576 (4-580)
Caseload per whole-time EIP care coordinator	16.97 (5.03)	33.47 (1-34.47)

⁸ This question was multiple choice. 6 teams were identified as having input options which may be contradictory. We have removed these 6 teams from the national analysis therefore the denominator for this question is 149.

Q10. Total caseload by age ranges			
Under 14 years	FEP	0.02 (0.18)	2 (0–2)
	ARMS	0.03 (0.21)	2 (0–2)
	Suspected FEP	0.00 (0)	0 (0–0)
14–17 years	FEP	5.23 (5.23)	26 (0–26)
	ARMS	1.45 (2.90)	14 (0–14)
	Suspected FEP	0.92 (3.09)	34 (0–34)
18–35 years	FEP	95.99 (62.83)	342 (0–342)
	ARMS	5.96 (11.34)	52 (0–52)
	Suspected FEP	5.73 (14.82)	150 (0–150)
36 years and over	FEP	42.65 (40.14)	252 (0–252)
	ARMS	0.80 (2.96)	24 (0–24)
	Suspected FEP	2.46 (5.05)	27 (0–27)
Q11. Average length of treatment in months of last 10 FEP service users			
		32.35 (10.45)	68.90 (0–68.90)

Table 8: ‘Other’ models of provision for CYP (155 teams submitted data)

‘Other’ models of provision for CYP	n (%) of services
Joint work with CAMHS from age 17.5 years until 18 years old	1 (6%)
Specialist CYP EIP has strong governance links with wider EIP service	1 (6%)
14–18 for adult EIP service with joint protocols (i.e. for case consultation, supervision, training and joint/second opinion assessments) with CYP mental health services, but form will not allow numerical answer as 18 (restricted to 14–17)	1 (6%)
Joint work with under 18s with CAMHS, but formal protocols still under discussion	1 (6%)
Adult and young people’s EIP service with draft joint protocols for case consultation and joint/second opinion assessments	1 (6%)
CYP provide a stand-alone service for children under the age of 18	1 (6%)
Joint working with EWMHS services (CYP) medical support via CAMHS EWMHS	1 (6%)
Joint working with EWMHS (CYP) medical support and prescribing via CYP services	1 (6%)
CYP presenting at age 16+ will receive complete 36-month FEP pathway in the adult EIP service (PATH) with joint protocols with CYP mental health services. CYP aged below 14–16 presenting will receive complete 36-month FEP pathway in CAMHS	1 (6%)
EIP services which accepts care coordination for young people from the age of 14 years old and medical input it provided by CYPS until they young person is 18. Psychology/family therapy is provided by EIP	2 (13%)
Age range is 14–18	2 (13%)
Same as adult EIP from 14 years without the shared protocols but with shared responsibility for care	1 (6%)
Clients aged 16–18 years access full early intervention package from adult service, with advice available from CYP mental health service. Clients aged 14–16 years are supported by CYP mental health service, with advice available from early intervention service	1 (6%)
A CAMHS and EI transition worker based at CAMHS working with 14-18 year olds	1 (6%)

Appendix H: Results from the service user survey



Responses to survey questions are presented at two levels – national findings are displayed in a table and/or graph format and Trust findings are presented in a graph format.



Question 1

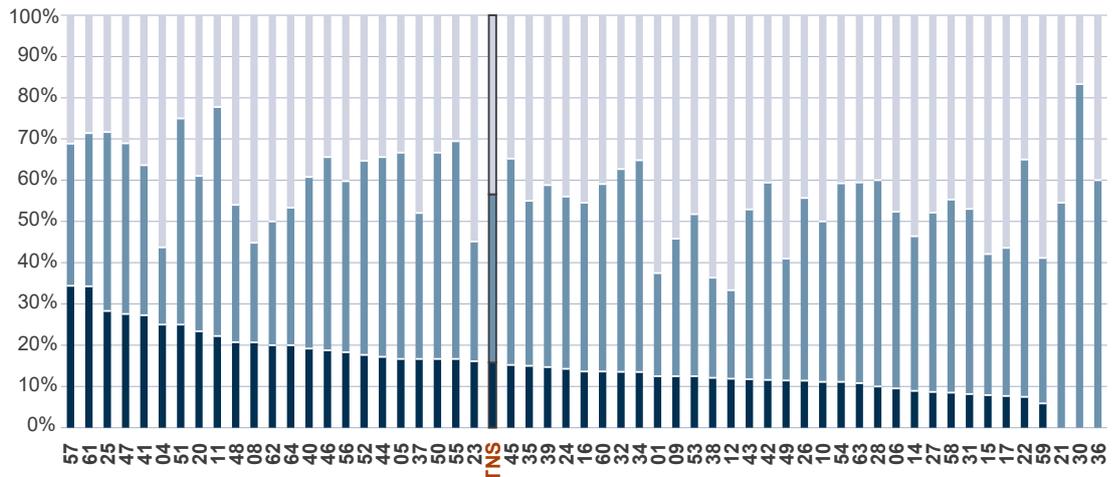
How long have you been under the care of your EIP team?

Table 9: Proportion of people with FEP under the care of their EIP team, from 6 months to 2 years or more (total sample n = 2,338)

Q1. Responses (total sample n = 2,338)	n (%)
Between 6 months and 1 year	369 (16%)
Between 1 and 2 years	954 (41%)
2 years or more	1,015 (43%)

Figure 1: Proportion of people with FEP under the care of their EIP team, from 6 months to 2 years or more (total sample n = 2,338)

- Between 6 months and 1 year
- Between 1 and 2 years
- 2 years or more





Question 2

Overall, has your mental health improved or got worse since you have been under the care of your EIP team?

Figure 2: Proportion of people with FEP who reported a change in their mental health since being under the care of their EIP team (total sample n = 2,350)

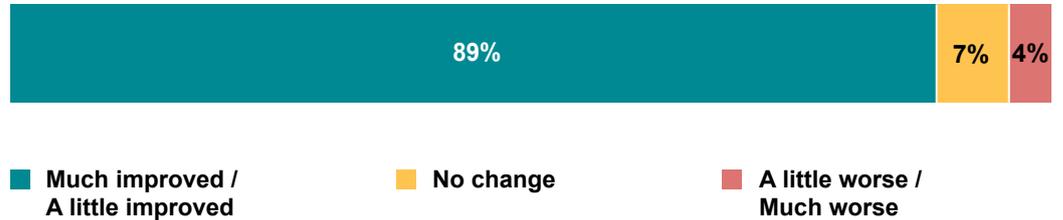
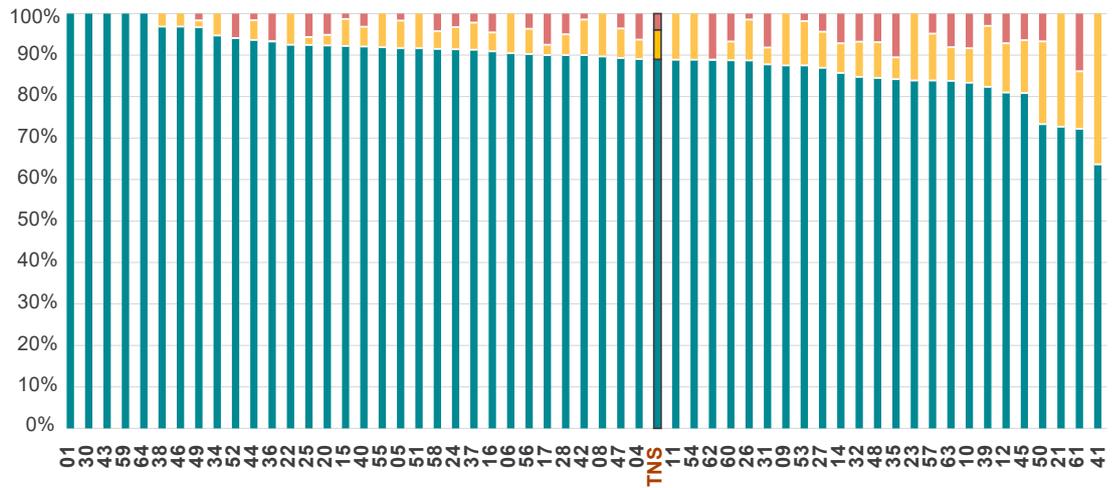


Table 10: Proportion of people with FEP who reported a change in their mental health since being under the care of their EIP team (total sample n = 2,350)

Q2. Responses (total sample n = 2,350)		n (%)
Much improved		1,420 (60%)
A little improved		671 (29%)
No change		167 (7%)
A little worse		54 (2%)
Much worse		38 (2%)

Figure 3: Proportion of people with FEP who reported a change in their mental health since being under the care of their EIP team (total sample n = 2,350)

■ Much improved / A little improved
■ No change
■ A little worse / Much worse





Question 3

How much have you and your EIP worker/team talked about the things that might make you unwell?

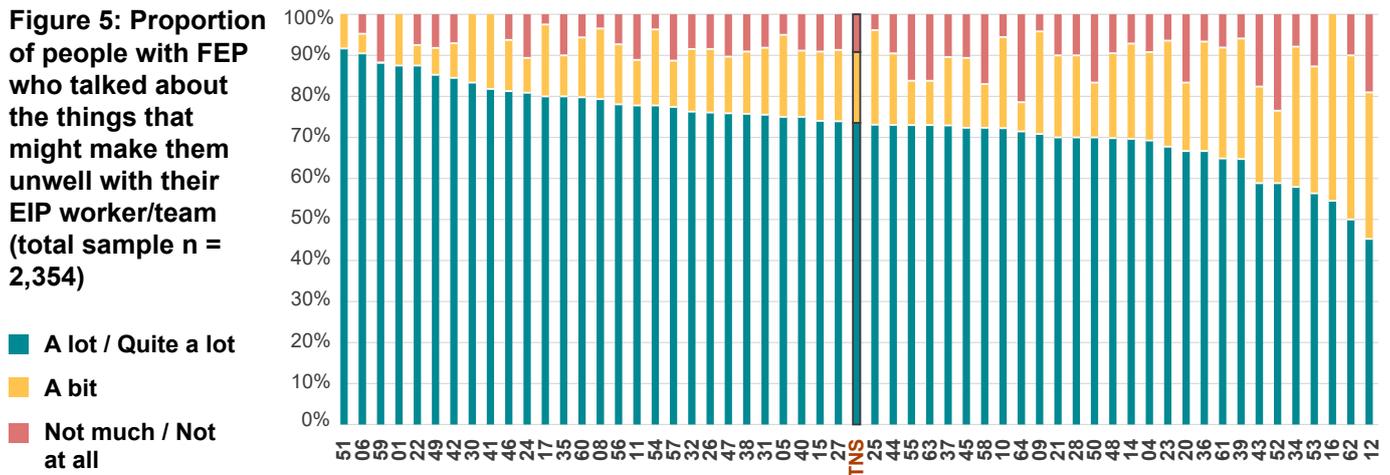
Figure 4: Proportion of people with FEP who talked about the things that might make them unwell with their EIP worker/team (total sample n = 2,354)



Table 11: Proportion of people with FEP who talked about the things that might make them unwell with their EIP worker/team (total sample n = 2,354)

Q3. Responses (total sample n = 2,354)		n (%)
A lot		781 (33%)
Quite a lot		950 (40%)
A bit		407 (17%)
Not much		143 (6%)
Not at all		73 (3%)

Figure 5: Proportion of people with FEP who talked about the things that might make them unwell with their EIP worker/team (total sample n = 2,354)





Question 4

Do you feel heard and listened to by your EIP worker/team?

Figure 6: Proportion of people with FEP who felt heard and listened to by their EIP worker/team (total sample n = 2,348)

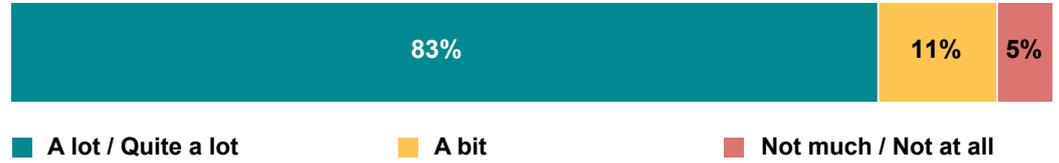
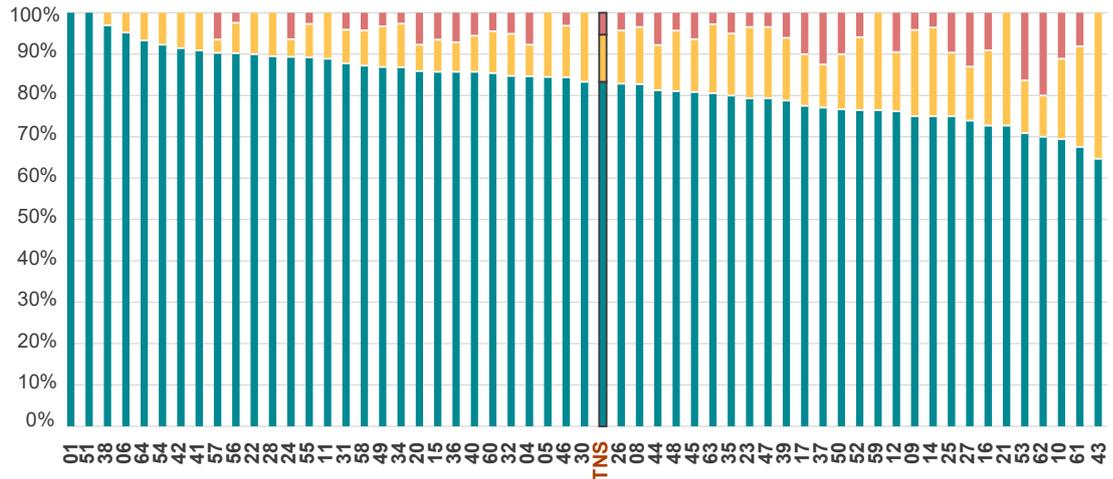


Table 12: Proportion of people with FEP who felt heard and listened to by their EIP worker/team (total sample n = 2,348)

Q4. Responses (total sample n = 2,348)		n (%)
A lot		1,208 (51%)
Quite a lot		748 (32%)
A bit		268 (11%)
Not much		79 (3%)
Not at all		45 (2%)

Figure 7: Proportion of people with FEP who felt heard and listened to by their EIP worker/team (total sample n = 2,348)

■ A lot / Quite a lot
■ A bit
■ Not much / Not at all





Question 5

Have you and your EIP worker/team discussed what helps you to feel better?

Figure 8: Proportion of people with FEP who felt that they had discussed what helps them feel better with their EIP worker/team (total sample n = 2,355)

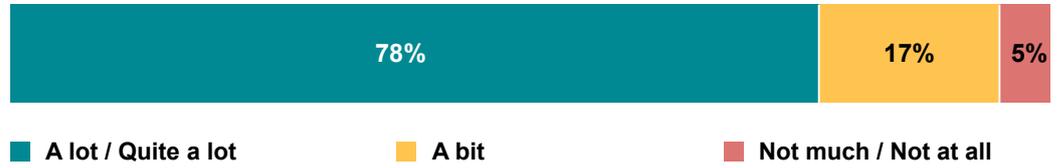
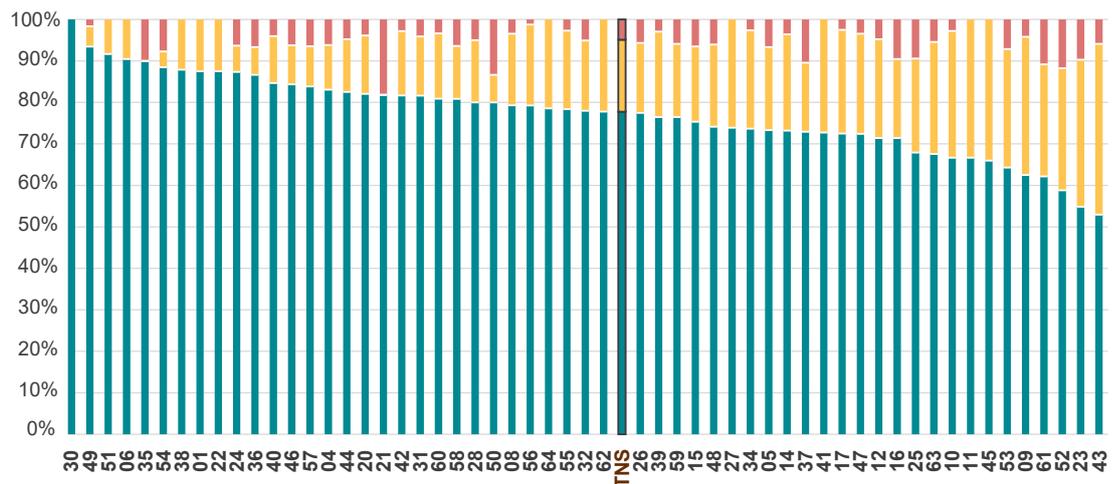


Table 13: Proportion of people with FEP who felt that they had discussed what helps them feel better with their EIP worker/team (total sample n = 2,355)

Q5. Responses (total sample n = 2,355)		n (%)
A lot		949 (40%)
Quite a lot		882 (37%)
A bit		409 (17%)
Not much		87 (4%)
Not at all		28 (1%)

Figure 9: Proportion of people with FEP who felt that they had discussed what helps them feel better with their EIP worker/team (total sample n = 2,355)

■ A lot / Quite a lot
■ A bit
■ Not much / Not at all





Question 6

How likely are you to recommend your EIP worker/team to friends and family if they needed similar care or treatment?

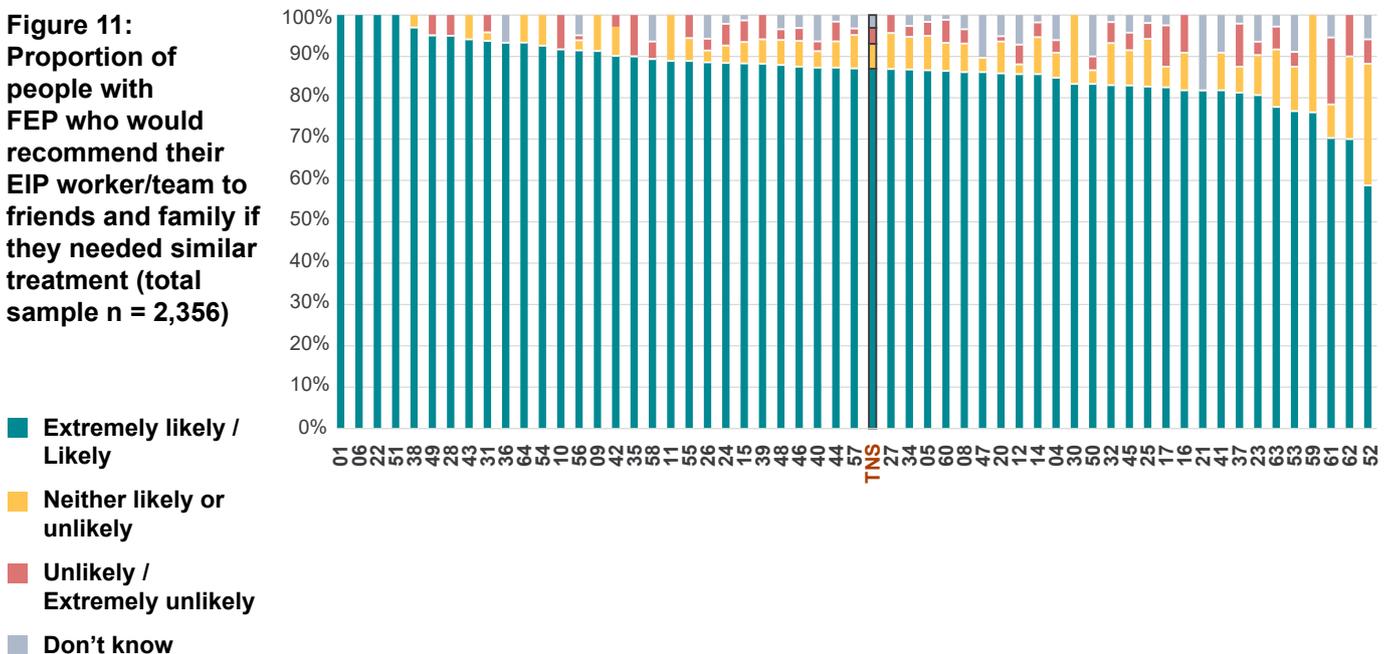
Figure 10: Proportion of people with FEP who would recommend their EIP worker/team to friends and family if they needed similar treatment (total sample n = 2,356)



Table 14: Proportion of people with FEP who would recommend their EIP worker/team to friends and family if they needed similar treatment (total sample n = 2,356)

Q6. Responses (total sample n = 2,356)	n (%)
Extremely likely	1,386 (59%)
Likely	664 (28%)
Neither likely or unlikely	142 (6%)
Unlikely	46 (2%)
Extremely unlikely	45 (2%)
Don't know	73 (3%)

Figure 11: Proportion of people with FEP who would recommend their EIP worker/team to friends and family if they needed similar treatment (total sample n = 2,356)





Question 7a

Do you know who is looking after your care in the EIP team?

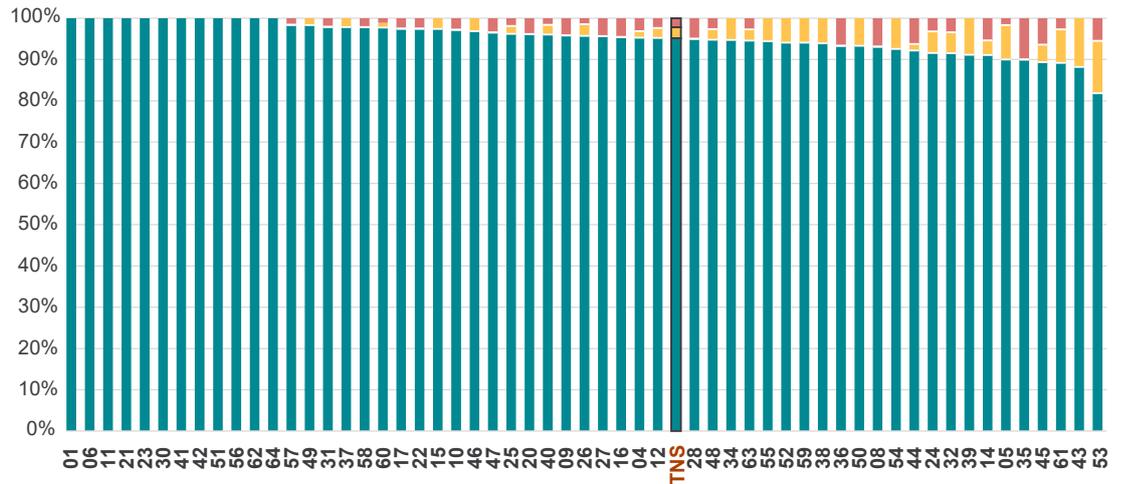
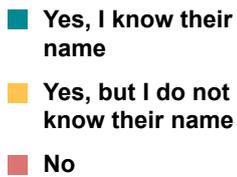
Figure 12: Proportion of people with FEP who reported knowing who looked after their care in their EIP team (total sample n = 2,355)



Table 15: Proportion of people with FEP who reported knowing who looked after their care in their EIP team (total sample n = 2,355)

Q7a. Responses (total sample n = 2,355)	n (%)
Yes, I know their name	2,241 (95%)
Yes, but I do not know their name	63 (3%)
No	51 (2%)

Figure 13: Proportion of people with FEP who reported knowing who looked after their care in their EIP team (total sample n = 2,355)





Question 7b⁹

Do you know how to contact them?

Figure 14:
Proportion of people with FEP who reported knowing how to contact the person who was looking after their care in their EIP team (total sample n = 2,278)

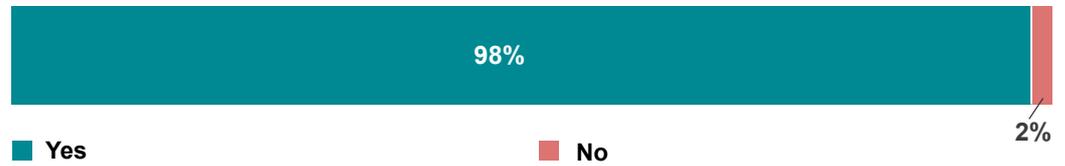
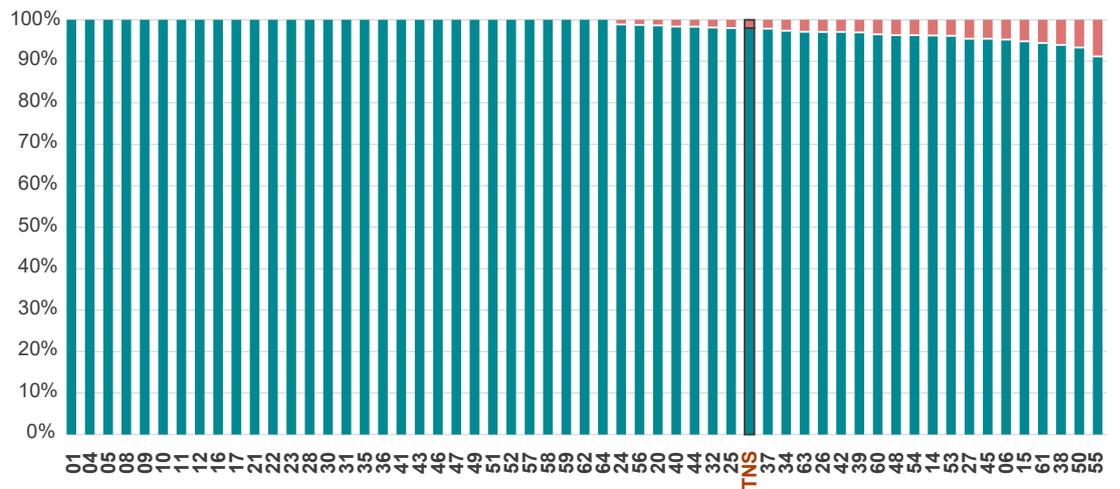


Table 16: Proportion of people with FEP who reported knowing how to contact the person who was looking after their care in their EIP team (total sample n = 2,278)

Q7b. Responses (total sample n = 2,278)	n (%)
Yes	2,233 (98%)
No	45 (2%)

Figure 15:
Proportion of people with FEP who reported knowing how to contact the person who was looking after their care in their EIP team (total sample n = 2,278)

■ Yes
■ No



⁹ This analysis was conducted on those who selected "Yes" to Question 7a and responded to Question 7b.



Question 8a

Have you been given a copy of your care plan?

Figure 16:
Proportion of people with FEP who were given a copy of their care plan (total sample n = 2,330)

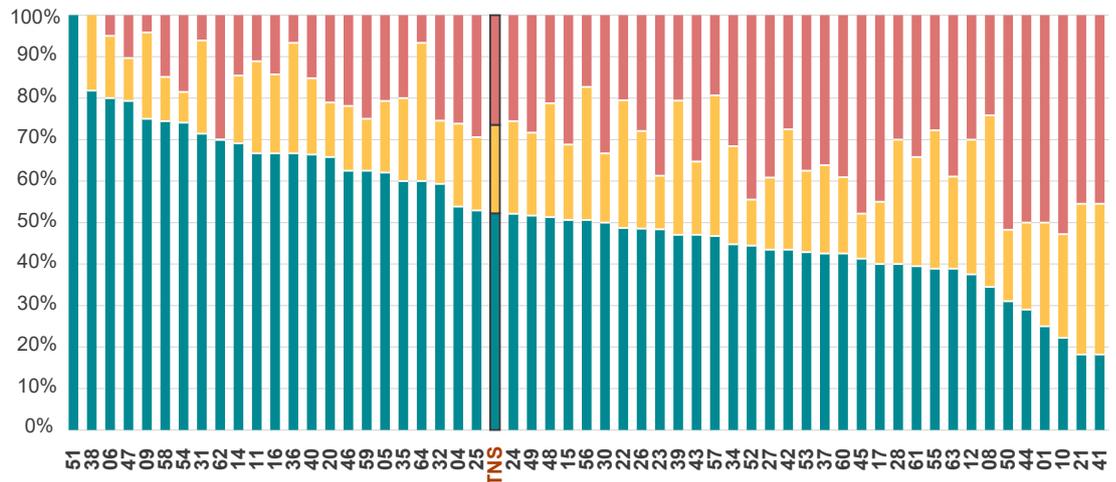


Table 17: Proportion of people with FEP who were given a copy of their care plan (total sample n = 2,330)

Q8a. Responses (total sample n = 2,330)	n (%)
Yes, and I know where it is	1,217 (52%)
Yes, but I do not know where it is	497 (21%)
No	616 (26%)

Figure 17:
Proportion of people with FEP who were given a copy of their care plan (total sample n = 2,330)

■ Yes, and I know where it is
■ Yes, but I do not know where it is
■ No





Question 8b¹⁰

How much of a say did you have over what is in your care plan?

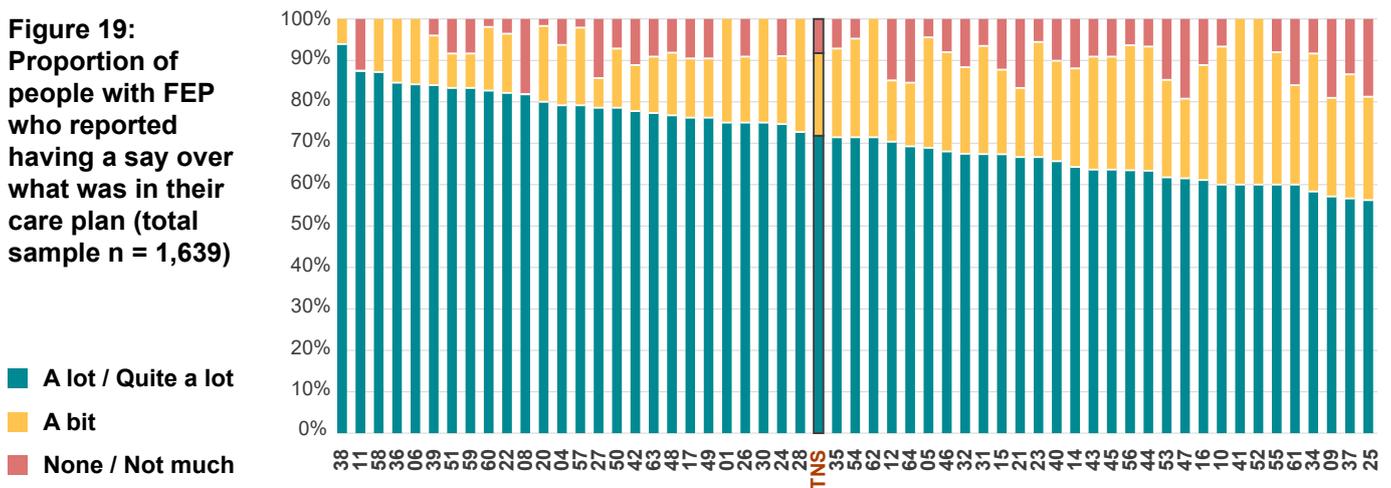
Figure 18:
Proportion of people with FEP who reported having a say over what was in their care plan (total sample n = 1,639)



Table 18: Proportion of people with FEP who reported having a say over what was in their care plan (total sample n = 1,639)

Q8b. Responses (total sample n = 1,639)	n (%)
A lot	497 (30%)
Quite a lot	680 (41%)
A bit	327 (20%)
Not much	101 (6%)
None	34 (2%)

Figure 19:
Proportion of people with FEP who reported having a say over what was in their care plan (total sample n = 1,639)



¹⁰ This analysis was conducted on those who selected "Yes" to Question 8a and responded to Question 8b.



Question 9

Are family, friends and others who are important to you involved in decisions about your care as much as you want them to be?

Figure 20: Proportion of people with FEP who felt that their family, friends and others who are important to them were involved in decisions about their care as much as they wanted them to be (total sample n = 2,326)¹¹

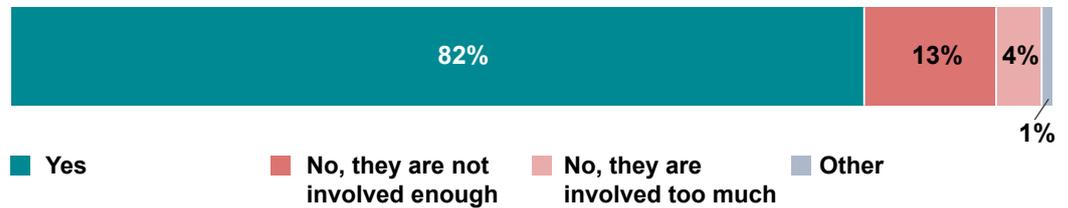
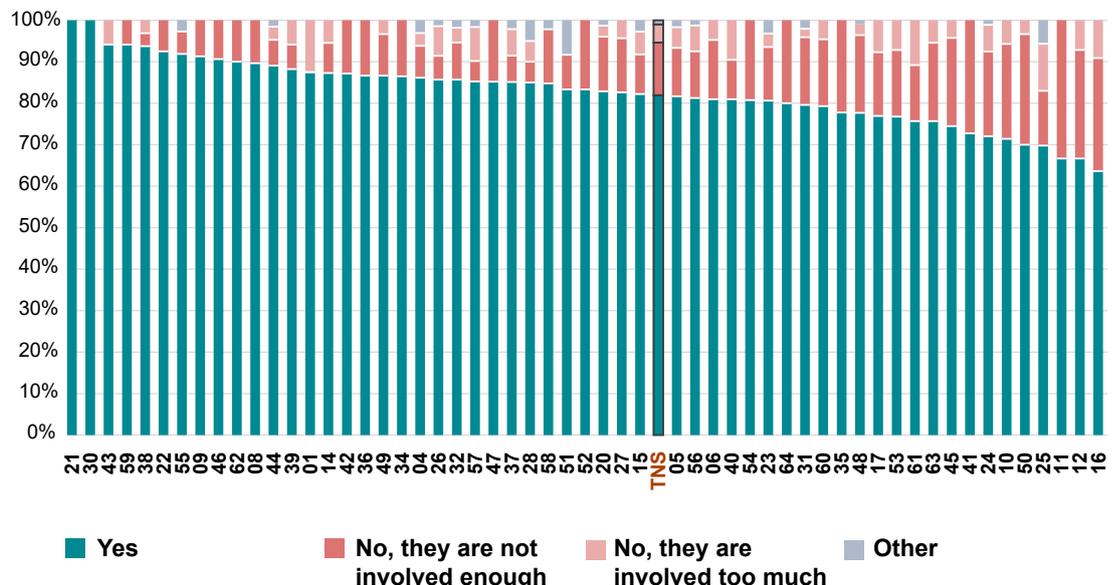


Table 19: Proportion of people with FEP who felt that their family, friends and others who are important to them were involved in decisions about their care as much as they wanted them to be (total sample n = 2,326)¹¹

Q9. Responses (total sample n = 2,326) ¹¹	n (%)
Yes	1,906 (82%)
No, they are not involved enough	295 (13%)
No, they are involved too much	102 (4%)
Other	23 (1%)

Figure 21: Proportion of people with FEP who felt that their family, friends and others who are important to them were involved in decisions about their care as much as they wanted them to be (total sample n = 2,326)¹¹



¹¹ Includes responses written on paper copies of the survey which were not attributable to the categories provided. For example, service users not having a family, not wanting their family involved, or their family not wanting to be involved. These were coded as 'Other'



Question 10

Have the people who are important to you been offered support for themselves from the EIP team, e.g. carer education/ support or family intervention?

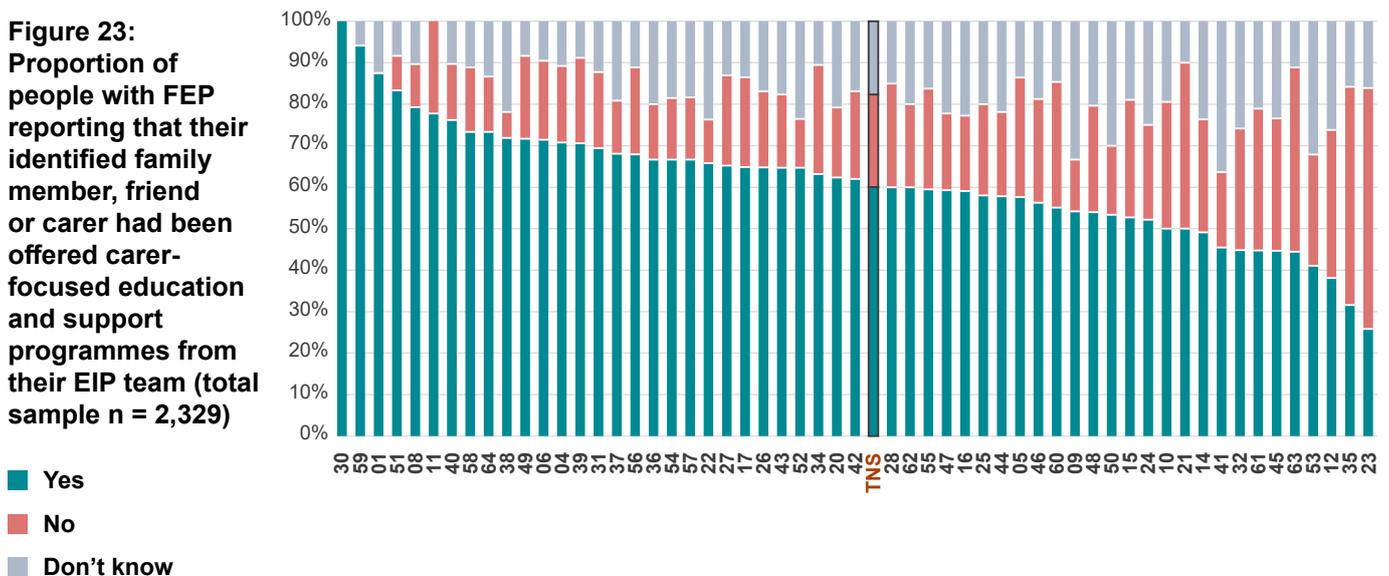
Figure 22: Proportion of people with FEP reporting that their identified family member, friend or carer had been offered carer-focused education and support programmes from their EIP team (total sample n = 2,329)



Table 20: Proportion of people with FEP reporting that their identified family member, friend or carer had been offered carer-focused education and support programmes from their EIP team (total sample n = 2,329)

Q10. Responses (total sample n = 2,329)	n (%)
Yes	1,398 (60%)
No	520 (22%)
Don't know	411 (18%)

Figure 23: Proportion of people with FEP reporting that their identified family member, friend or carer had been offered carer-focused education and support programmes from their EIP team (total sample n = 2,329)



Question 11



Has your EIP worker/team given you an emergency contact number you can call when the EIP team office is closed, if you are in crisis and need mental health support urgently?

Figure 24:
Proportion of people with FEP who were given an emergency number by their EIP worker/team (total sample n = 2,308)



Table 21: Proportion of people with FEP who were given an emergency number by their EIP worker/team (total sample n = 2,308)

Q11. Responses (total sample n = 2,308)	n (%)
Yes	2,062 (89%)
No	246 (11%)

Figure 25:
Proportion of people with FEP who were given an emergency number by their EIP worker/team (total sample n = 2,308)





Question 12a

Have you been offered antipsychotic medication?

Figure 26:
Proportion of people with FEP who had been offered antipsychotic medication (total sample n = 2,351)

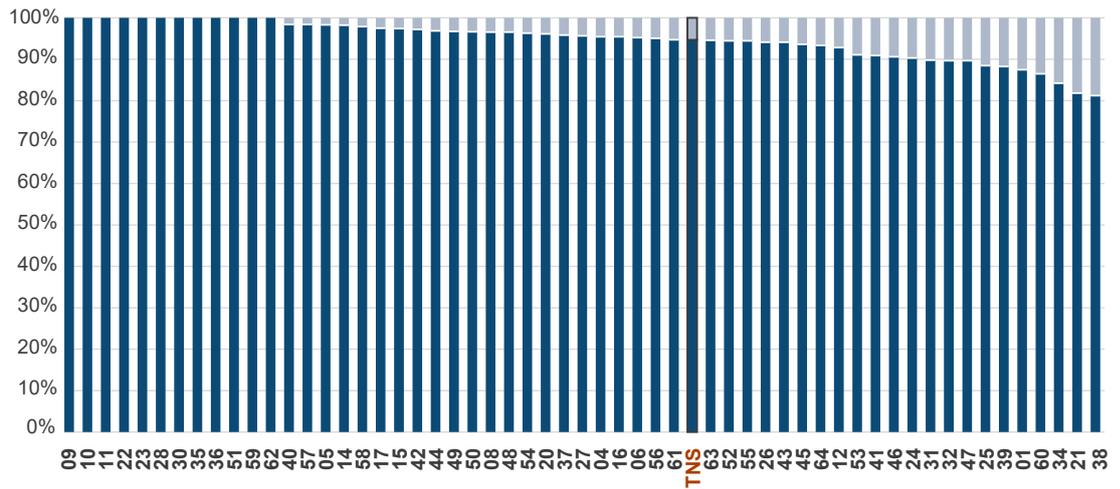


Table 22:
Proportion of people with FEP who had been offered antipsychotic medication (total sample n = 2,351)

Q12a. Responses (total sample n = 2,351)	
	n (%)
Yes	2,226 (95%)
No	125 (5%)

Figure 27:
Proportion of people with FEP who had been offered antipsychotic medication (total sample n = 2,351)

■ Yes
■ No





Question 12b(i)¹²

Did someone explain your current medication to you, including what could happen if you stopped taking it?

Figure 28:
Proportion of people with FEP who reported that someone had explained their current medication to them, including what could happen if they stopped taking it (total sample n = 2,190)

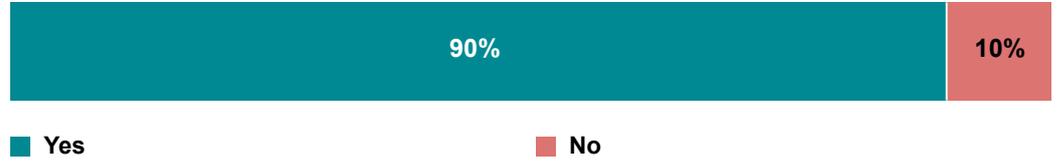
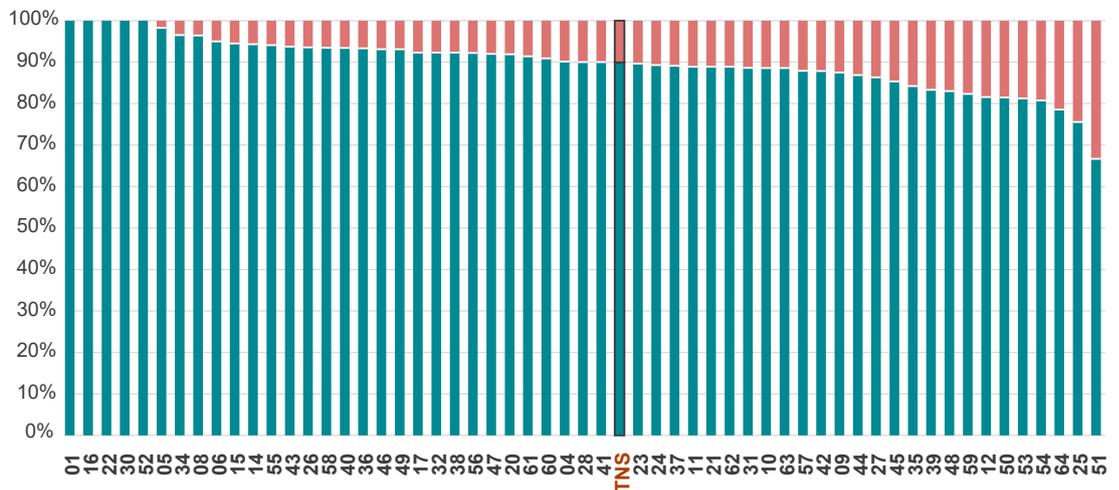


Table 23:
Proportion of people with FEP who reported that someone had explained their current medication to them, including what could happen if they stopped taking it (total sample n = 2,190)

Q12b(i). Responses (total sample n = 2,190)	
	n (%)
Yes	1,970 (90%)
No	220 (10%)

Figure 29:
Proportion of people with FEP who reported that someone had explained their current medication to them, including what could happen if they stopped taking it (total sample n = 2,190)

■ Yes
■ No



¹² This analysis was conducted on those who selected "Yes" to Question 12a and responded to Question 12bi



Question 12b(ii)¹³

Were the side effects of your medication discussed with you?

Figure 30:
Proportion of people with FEP who reported that the side effects of their antipsychotic medication had been discussed with them (total sample n = 2,188)

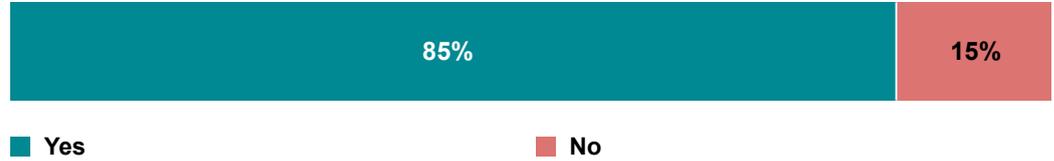
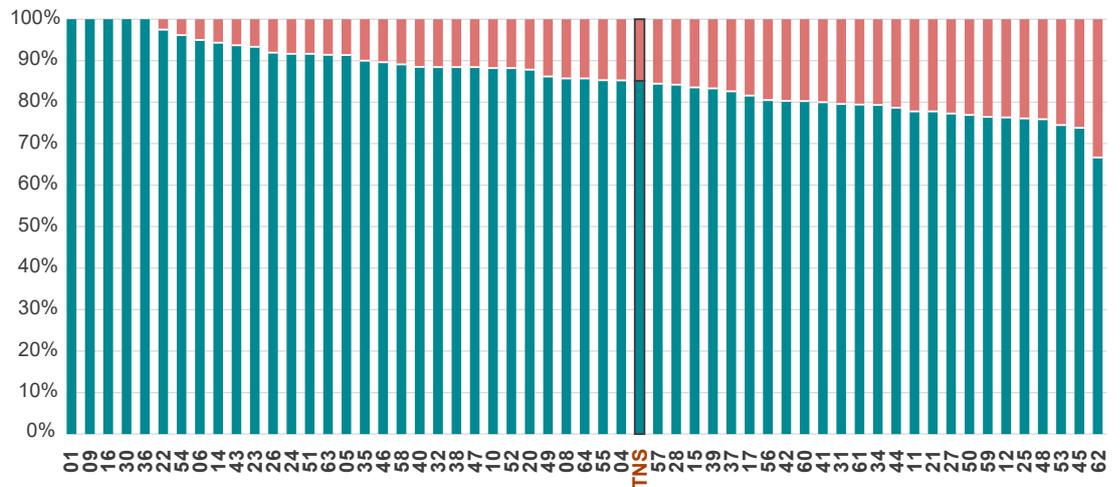


Table 24:
Proportion of people with FEP who reported that the side effects of their antipsychotic medication had been discussed with them (total sample n = 2,188)

Q12b(ii). Responses (total sample n = 2,188)	
	n (%)
Yes	1,863 (85%)
No	325 (15%)

Figure 31:
Proportion of people with FEP who reported that the side effects of their antipsychotic medication had been discussed with them (total sample n = 2,188)

■ Yes
■ No



¹³ This analysis was conducted on those who selected "Yes" to Question 12a and responded to Question 12bii.



Question 12b(iii)¹⁴

Did you feel involved in the decision on which medication you take?

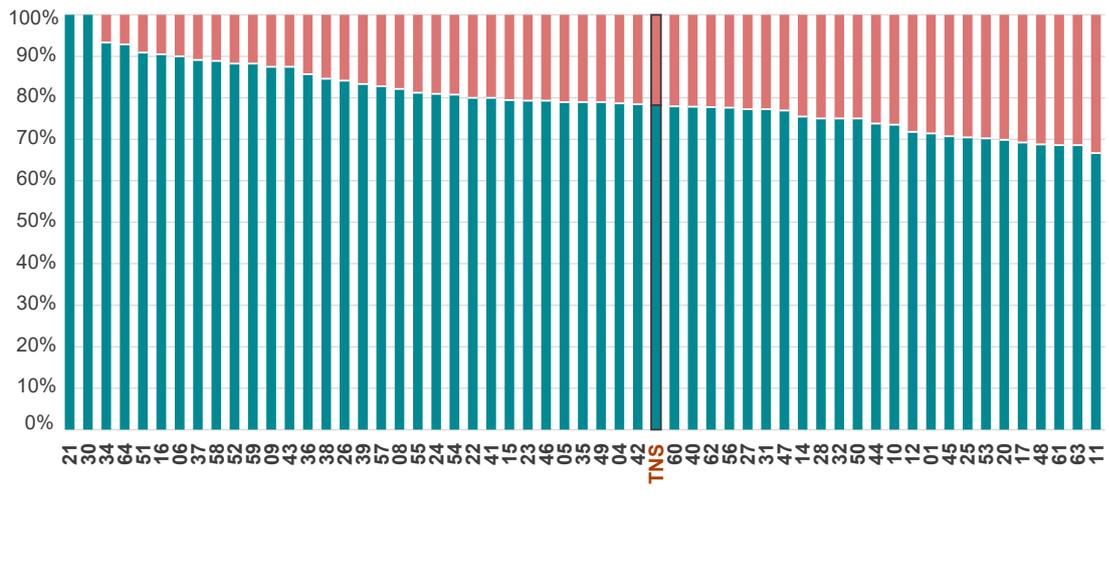
Figure 32:
Proportion of people with FEP who felt involved in the decision on which medication to take (total sample n = 2,181)



Table 25:
Proportion of people with FEP who felt involved in the decision on which medication to take (total sample n = 2,181)

Q12b(iii). Responses (total sample n = 2,181)	
Response	n (%)
Yes	1,706 (78%)
No	475 (22%)

Figure 33:
Proportion of people with FEP who felt involved in the decision on which medication to take (total sample n = 2,181)



¹⁴ This analysis was conducted on those who selected "Yes" to Question 12a and responded to Question 12bii.



Question 12b(iv)¹⁵

Were you given written or online information about your medication?

Figure 34: Proportion of people with FEP who reported being given written or online information about their medication (total sample n = 2,169)



Table 26: Proportion of people with FEP who reported being given written or online information about their medication (total sample n = 2,169)

Q12b(iv). Responses (total sample n = 2,169)	
Response	n (%)
Yes	1,557 (72%)
No	612 (28%)

Figure 35: Proportion of people with FEP who reported being given written or online information about their medication (total sample n = 2,169)



¹⁵ This analysis was conducted on those who selected "Yes" to Question 12a and responded to Question 12biv.



Question 13

Have you been offered CBTp?

Figure 36:
Proportion of people with FEP who had been offered CBTp (total sample = 2,280)

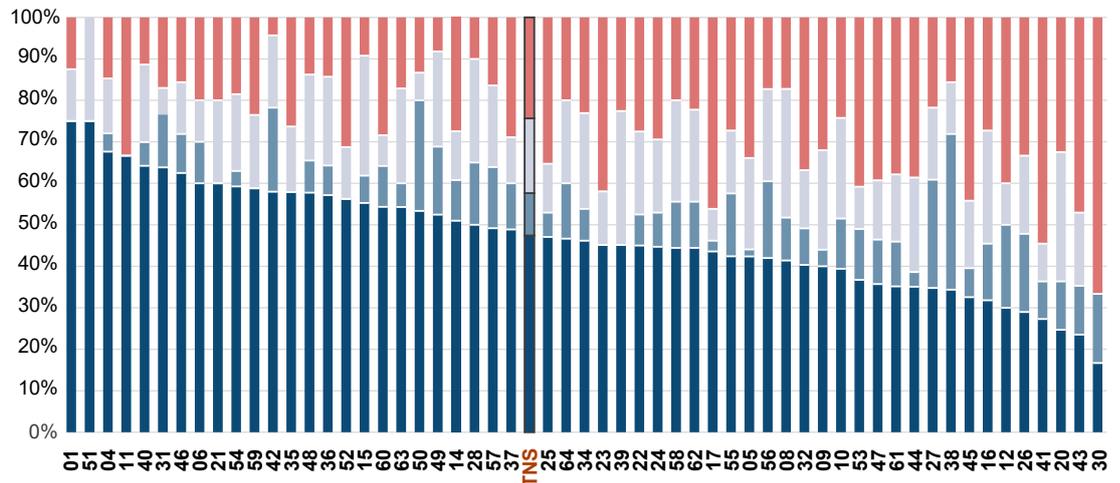


Table 27:
Proportion of people with FEP who had been offered CBTp (total sample = 2,280)

Q13. Responses (total sample n = 2,280)	n (%)
Yes, I have had/am having it	1,081 (47%)
Yes, I am waiting for it	233 (10%)
Yes, but I did not want it	411 (18%)
I have not been offered it	555 (24%)

Figure 37:
Proportion of people with FEP who had been offered CBTp (total sample = 2,280)

- Yes, I have had/am having it
- Yes, I am waiting for it
- Yes, but I did not want it
- I have not been offered it





Question 14

Have you been offered family intervention?

Figure 38:
Proportion of people with FEP who had been offered FI (total sample = 2,280)

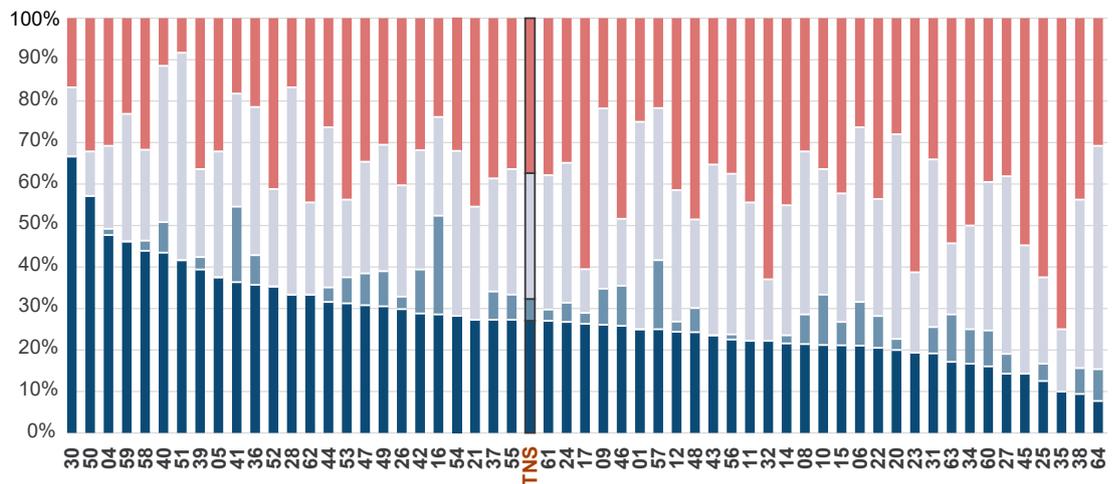


Table 28:
Proportion of people with FEP who had been offered FI (total sample = 2,280)

Q14. Responses (total sample n = 2,211)	n (%)
Yes, I have had/am having it	598 (27%)
Yes, I am waiting for it	116 (5%)
Yes, but I did not want it	671 (30%)
I have not been offered it	826 (37%)

Figure 39:
Proportion of people with FEP who had been offered FI (total sample = 2,280)

- Yes, I have had/am having it
- Yes, I am waiting for it
- Yes, but I did not want it
- I have not been offered it





Question 15a

Do you currently smoke?

Figure 40: Proportion of people with FEP who reported that they were currently smoking (total sample n = 2,329)

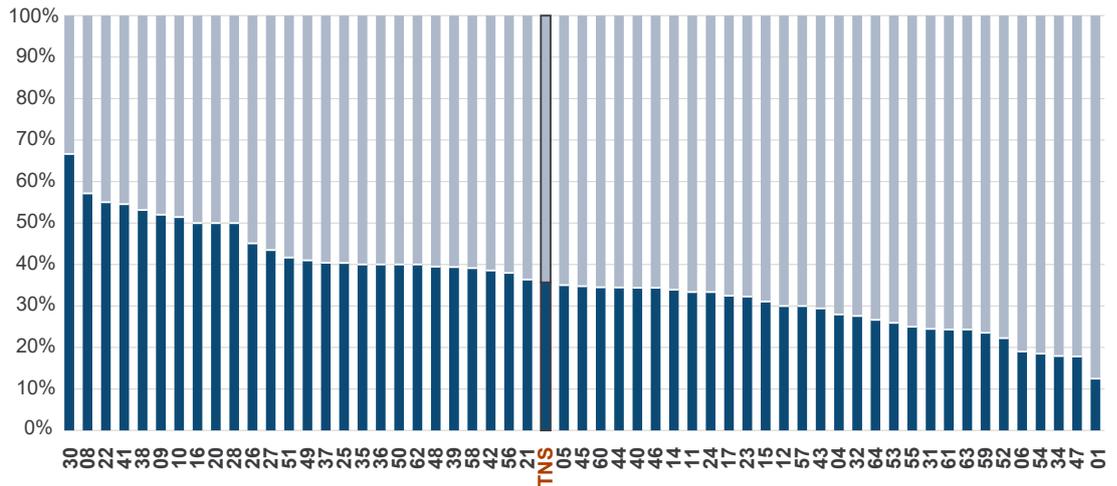


Table 29: Proportion of people with FEP who reported that they were currently smoking (total sample n = 2,329)

Q15a. Responses (total sample n = 2,329)	
	n (%)
Yes	831 (36%)
No	1,498 (64%)

Figure 41: Proportion of people with FEP who reported that they were currently smoking (total sample n = 2,329)

■ Yes
■ No





Question 15b¹⁶

Have you been offered help to give up smoking?

Figure 42:
Proportion of people with FEP who were currently smoking and reported being offered help to give up (total sample n = 803)

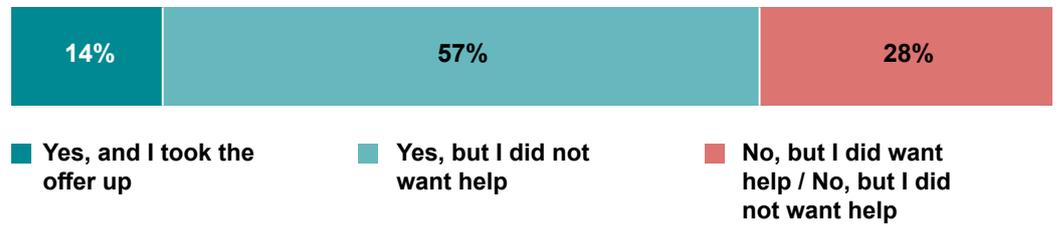
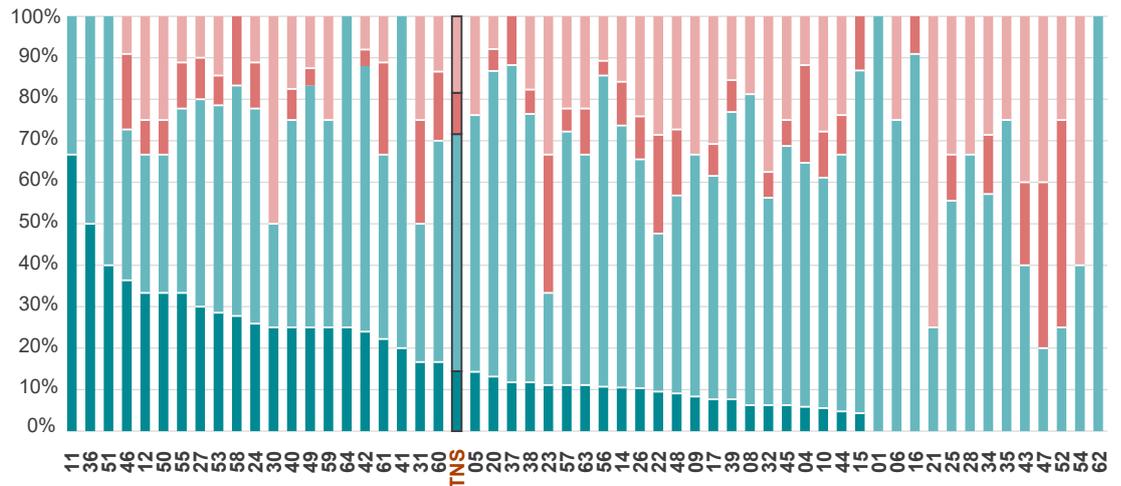
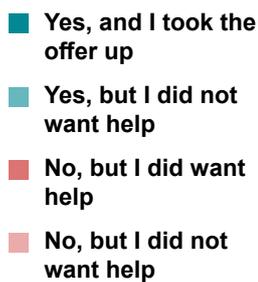


Table 30:
Proportion of people with FEP who were currently smoking and reported being offered help to give up (total sample n = 803)

Q15b. Responses (total sample n = 803)	n (%)
Yes, and I took the offer up	116 (14%)
Yes, but I did not want help	459 (57%)
No, but I did want help	80 (10%)
No, but I did not want help	148 (18%)

Figure 43:
Proportion of people with FEP who were currently smoking and reported being offered help to give up (total sample n = 803)



¹⁶ This analysis was conducted on those who selected "Yes" to Question 15a and responded to Question 15b.



Question 16

What about your physical health?

Figure 44:
Proportion of people with FEP who felt that they were in good physical health (total sample n = 2,274)



Table 31:
Proportion of people with FEP who felt that they were in good physical health (total sample n = 2,274)

Q16. Responses (total sample n = 2,274)	n (%)
I am in good physical health	1,089 (48%)
I am not as healthy as I want to be, but I am getting help with this	911 (40%)
I am not as healthy as I want to be, and I am not getting help with this	274 (12%)

Figure 45:
Proportion of people with FEP who felt that they were in good physical health (total sample n = 2,274)

- I am in good physical health
- I am not as healthy as I want to be, but I am getting help with this
- I am not as healthy as I want to be, and I am not getting help with this





Question 17

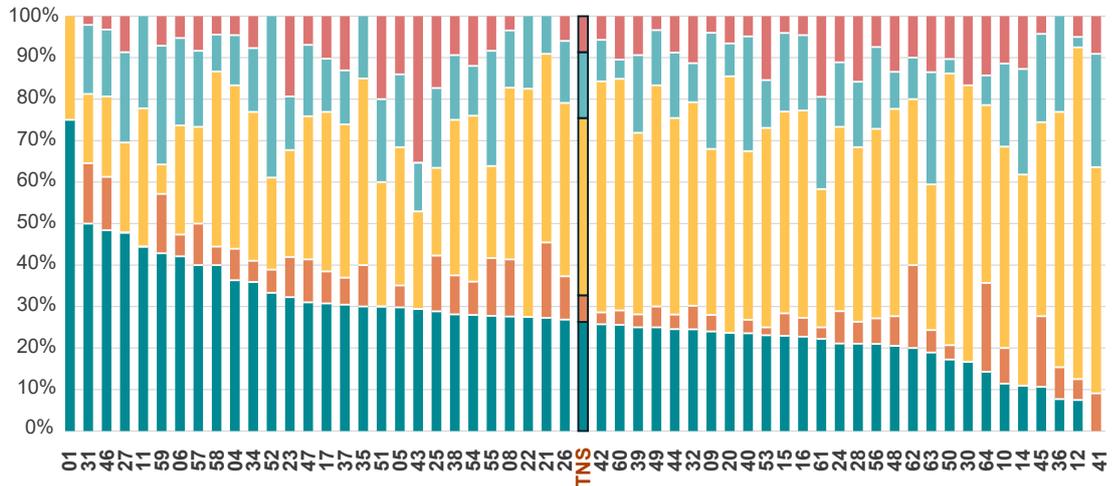
What about employment?¹⁷

Table 32:
Proportion of people with FEP who had a job (total sample n = 2,286)

Q17. Responses (total sample n = 2,286)	n (%)
I have a job	601 (26%)
I have a job, but am finding this difficult because of my mental health	147 (6%)
I don't have a job, but I don't feel able to work at the moment	977 (43%)
I don't have a job, but I am getting help to find one	363 (16%)
I don't have a job, and I am not getting help to find one	198 (9%)

Figure 46:
Proportion of people with FEP who had a job (total sample n = 2,286)

- I have a job
- I have a job, but am finding this difficult because of my mental health
- I don't have a job, but I don't feel able to work at the moment
- I don't have a job, but I am getting help to find one
- I don't have a job, and I am not getting help to find one



¹⁷ Service users responding to question 17 of the survey may have indicated that they had a job if they were a student, in full-time education or a full-time carer. Therefore, this question was interpreted by service users in different ways and the responses were not solely from people who had a full-time job.



Question 18

What about practical support with housing or benefits?

Figure 47:
Proportion of people with FEP who reported that they were receiving practical support with housing or benefits (total sample n = 2,125)

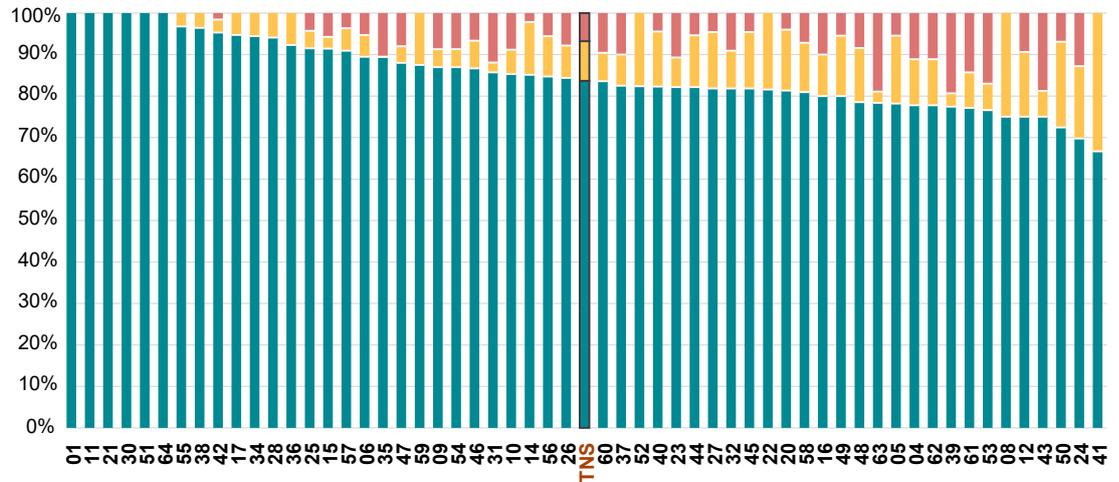


Table 33:
Proportion of people with FEP who reported that they were receiving practical support with housing or benefits (total sample n = 2,125)

Q18. Responses (total sample n = 2,125)	n (%)
I do not have any problems with housing or benefits	1,778 (84%)
I have problems with housing or benefits, but I am getting help with this	203 (10%)
I have problems with housing or benefits, and I am not getting help with this	144 (7%)

Figure 48:
Proportion of people with FEP who reported that they were receiving practical support with housing or benefits (total sample n = 2,125)

- I do not have any problems with housing or benefits
- I have problems with housing or benefits, but I am getting help with this
- I have problems with housing or benefits, and I am not getting help with this



Appendix I: Children and young people

Analysis was carried out on case-note audit data for all people with FEP in England aged 14–17 (aged under 18 on 1 November 2019) for whom data were collected in the NCAP EIP 2019/2020 audit (n = 194).

Care for under 18s with FEP

Care for under 18s with FEP was largely similar to that received by the full sample. Take up of FI was slightly higher (25% compared with 21%), as was offer of clozapine (65% compared with 52%), take up of supported employment and education programmes (33% compared with 31%) and take up of carer support (65% compared with 58%). There was lower take up of CBTp (46% compared with 49%), provision of clinical outcome measurement (38% compared with 41%) and physical health screening (71% compared with 75%). The provision of physical health interventions was also poorer for under 18s, although the small numbers of people who were screened and required interventions for individual measures must be noted. The largest differences were seen in provision of interventions for harmful/hazardous use of alcohol (67% compared with 93%) and elevated blood pressure (46% compared with 65%), although both comparisons were based on very small sample sizes for the CYP data so these findings need to be viewed with caution.

Performance in a number of standards for under 18s had declined since 2018/2019. Notable differences include provision of FI which dropped from 39% to 25%, offer of clozapine (71% to 65%) and supported employment (41% to 33%). Provision of physical health interventions where needed had also declined across a number of measures including smoking (92% to 81%), harmful/hazardous use of alcohol (71% to 67%) and weight/obesity (83% to 79%), although again the small sample sizes for these analyses must be noted.

Improvements were seen in provision of physical health screening from 55% to 71%, with improvements in most individual measures, noticeably BMI (76% to 87%), blood pressure (79% to 90%), blood glucose (68% to 84%) and lipids (64% to 82%). Provision of carer support increased from 62% to 65% and clinical outcome measurement (19% to 38%).

This year information was collected on the provision of services to children and young people. Nearly all teams (96%) provided EIP services for people under 18, via a number of different models. The model most frequently chosen (54%) was an adult EIP service with joint protocols with children and young people's (CYP) mental health services.

Four-fifths of teams (82%) had shared protocols between the EIP and CYPMH service; one quarter (26%) had joint or reciprocal training events arranged at least annually with CYPMH teams.

Nearly all teams offered psychological therapies to under 18s, with 95% providing CBTp and 98% providing FI. These were either provided within the team or by Community Mental Health Teams, CYPMH or 'Other' services. Under half of teams (42%) had care coordinators specifically for under 18s, either within the EIP or CYPMH team.

Over three-quarters (79%) of teams had EI/CYP trained and experienced prescribers to manage medication or provide advice on medication management for under 18s.¹⁸

¹⁸ 6 teams were identified as having input options to this question which may be contradictory. Their data is not included in the national analysis therefore the denominator for this question is 149.

Table 34:
Performance
against NCAP
standards for
under-18s within
the English national
sample EIP audit
2019/2020 (n =
194)¹⁹

Standard/indicator	NCAP English national sample (under 18s)		NCAP English national sample
	n	%	%
Standards 2 & 3: Take-up of psychological therapies			
Cognitive behavioural therapy for psychosis	90	46%	49%
Family intervention	49	25%	21%
Standard 4: Prescribing			
Offered clozapine ²⁰	15	65%	52%
Standard 5: Take-up of supported employment and education programmes			
Take-up of supported employment and education programmes ²¹	10	33%	31%
Standard 6: Physical health monitoring²²			
All 7 physical health measures	138	71%	75%
Smoking	176	91%	93%
Alcohol use	176	91%	94%
Substance misuse	177	91%	94%
BMI	169	87%	87%
Blood pressure	174	90%	89%
Blood glucose	163	84%	84%
Lipids	160	82%	82%
Standard 7: Physical health interventions^{22,23}			
Smoking	26	81%	91%
Harmful/hazardous use of alcohol	2	67%	93%
Substance misuse	20	87%	90%
Weight/obesity	62	79%	83%
Elevated blood pressure	6	46%	65%
Abnormal glucose control	3	75%	75%
Abnormal lipids	–	–	75%
Standard 8: Take-up or referral to carer-focused education and support programmes			
Carer-focused education and support programmes ²⁴	118	65%	58%
Clinical outcome measurement			
2 or more outcome measures were recorded at least twice ²⁵	74	38%	41%

¹⁹ A breakdown of analysis for under 18s are not available for Standard 1, as data are taken from the Early Intervention in Psychosis Waiting Times data (NHS Digital, 2019; 2020) which do not provide information on age.

²⁰ Of those who had not responded adequately to or tolerated treatment with at least 2 antipsychotic drugs.

²¹ Of those not in work, education or training at the time of their initial assessment.

²² Taken up or refused.

²³ Of those who were identified as requiring an intervention based on their screening for each measure.

²⁴ Of those with an identified carer.

²⁵ Health of the Nation Outcome Scale (HoNOS)/HoNOS for Children and Adolescents (CA), DIALOG, Questionnaire about the Process of Recovery (QPR) (and 'other' for under 18 year olds).

A breakdown of the demographics for under 18s can be found in [Appendix K](#).

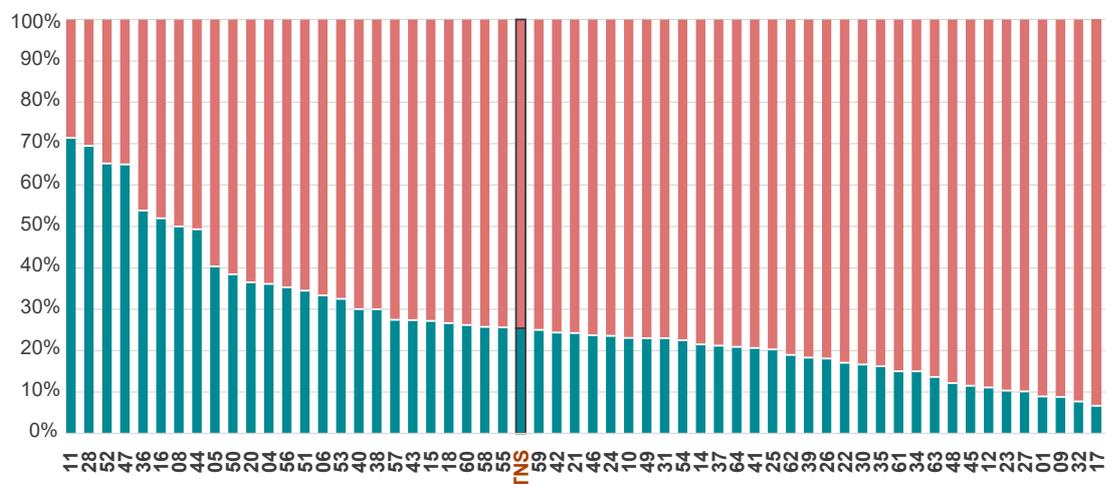
Appendix J: Additional analysis

Standard 3: Family intervention

Further analysis for this standard was carried out on people who had an identified carer, excluding those who did not wish this person to be contacted (n = 7,596). 25% (1,930) of 7,596 people who had an identified carer and did wish for this person to be contacted, had received 1 or more sessions of FI. As shown in Figure 49 for this sample, the proportion of people meeting the standard ranged from 7% to 71%.

Figure 49:
Proportion of people with FEP with an identified family member, friend or carer, excluding those who did not wish this person to be contacted, who took up FI (n = 7,596)

■ Standard met
■ Standard not met

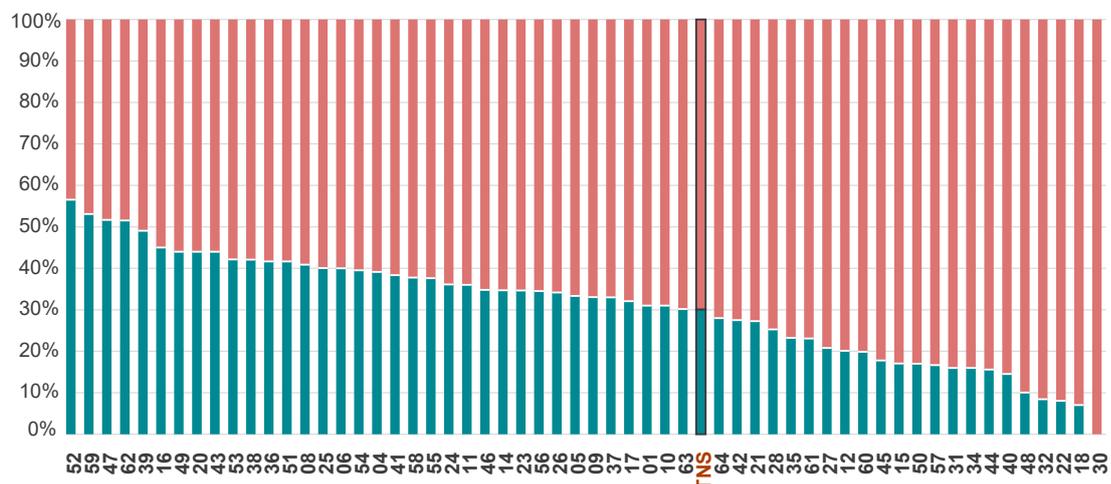


Standard 5: Supported employment and education programmes

30% (3,179) of 10,560 people in the national sample attended 1 or more sessions of a supported employment or education programme. Since 2018, this is an increase of 2% (from 28%).

Figure 50:
Proportion of all people with FEP who have taken up supported employment and education programmes (n = 10,560)

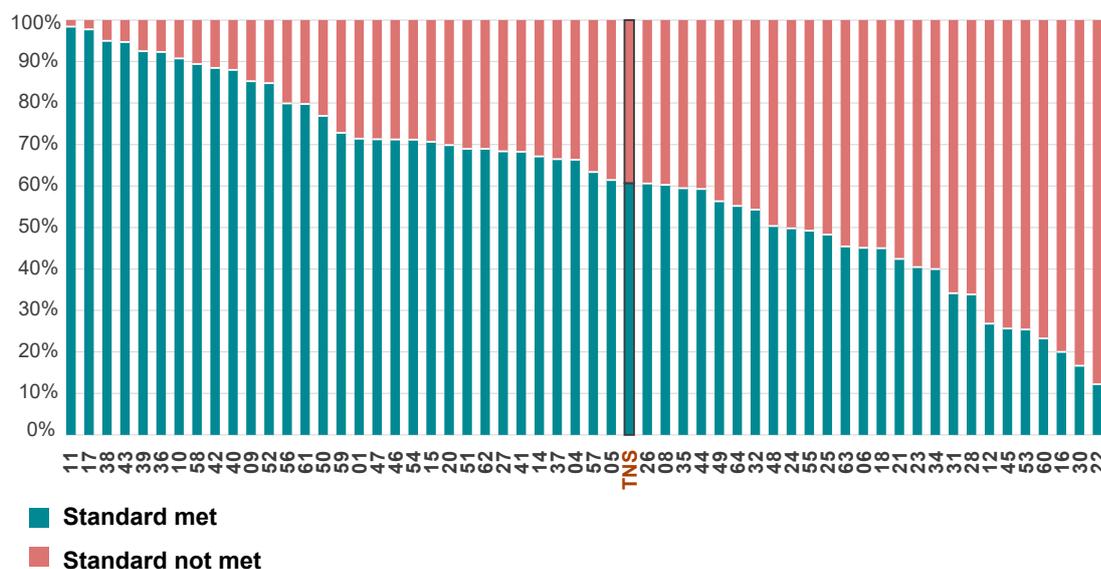
■ Standard met
■ Standard not met



Standard 8: Carer-focused education and support programmes

Further analysis for this standard was carried out on people who had an identified carer, excluding those who did not wish this person to be contacted (n = 7,596). 61% (4,610) of 7,596 carers had taken up or been referred to education and support programmes. As shown in Figure 51 for this sample, the proportion of people meeting the standard ranged from 12% to 98% across Trusts.

Figure 51: Proportion of people with FEP with an identified family member, friend or carer, excluding those who did not wish this person to be contacted, who have taken up or been referred to carer-focused education and support programmes (n = 7,596)



Breakdown of specific outcome indicators recorded

For those people who met the outcome indicator (had 2 or more outcome measures recorded on 2 or more occasions – at baseline assessment and repeated at 1 other time point), data were analysed further to determine the different types of outcome measures recorded more than once for each person.

Table 35: Breakdown of the outcome measures recorded more than once for people with FEP who had 2 or more outcome measures recorded on 2 or more occasions (n = 4,367)

Outcome measure recorded	n (%) of people with outcome measure recorded more than once*
HoNOS/HoNOSCA	4,071 (93%)
DIALOG	3,803 (87%)
QPR	3,495 (80%)
Other ²⁶	576 (13%)

*Total percentage will be >100% due to multiple outcome indicators being recorded for all people.

²⁶ Teams were able to enter 'other' responses using a free text box. Examples of responses for other outcome measure scales include the Positive and Negative Syndrome Scale, Global Assessment of Symptoms scale and Short Warwick-Edinburgh Mental Wellbeing Scale.

Appendix K: Demographics

Tables 36 and 37 provide the demographic characteristics for the complete case-note audit sample (n = 10,560).

Table 36: Number of people with FEP in the case-note sample by age and gender (n = 10,560)

	n (%)	Mean age in years (SD)	Age range	Age min-max (years)
Total sample	10,560 (100%)	32.11 (11.05)	51	14–65
Male	6,468 (61%)	30.57 (9.93)	51	14–65
Female	4,082 (39%)	34.56 (12.24)	51	14–65
Other	10 (<1%)	26.17 (7.59)	26	18–44

Table 37: Number of people with FEP in the case-note sample by ethnicity (n = 10,560)

Ethnic group	n (%)
White	6,766 (64%)
Black or Black British	1,356 (13%)
Asian or Asian British	1,286 (12%)
Mixed	421 (4%)
Other ethnic groups	731 (7%)

Tables 38 and 39 provide the demographic characteristics for service users under the age of 18 in the case-note audit sample (n = 194)

Table 38: Number of people with FEP under the age of 18 in the case-note sample by age and gender (n = 194)

	n (%)	Mean age in years (SD)	Age range	Age min-max (years)
Total sample	194 (100%)	16.98 (0.79)	4	14–17
Male	89 (46%)	16.94 (0.85)	4	14–17
Female	105 (54%)	17.00 (0.75)	3	14–17
Other	0 (0%)	-	-	-

Table 39: Number of people with FEP under the age of 18 in the case-note sample by ethnicity (n = 194)

Ethnic group	n (%)
White	122 (63%)
Black or Black British	14 (7%)
Asian or Asian British	30 (16%)
Mixed	14 (7%)
Other ethnic groups	14 (7%)

Tables 40 and 41 provide the demographic characteristics for the service user survey sample (total sample n = 2,374).

Table 40: Number of people with FEP in the service user sample by age and gender (n = 2,291²⁷)

	n (%)	Mode age range	Age min–max (years)
Total sample	2,291 (100%)	18–25	Under 18–50+
Male	1,184 (52%)	18–25	Under 18–50+
Female	1,086 (47%)	26–35	Under 18–50+
Other ²⁸	21 (<1%)	18–25	Under 18–50+

Table 41: Number of people with FEP in the service user sample by ethnicity (n = 2,302²⁷)

Ethnic group	n (%)
White	1,527 (66%)
Black or Black British	243 (11%)
Asian or Asian British	232 (10%)
Mixed	119 (5%)
Other ethnic groups	139 (6%)
I'd rather not say	42 (2%)

²⁷ The total sample for each demographic is less than the complete total service user survey sample, as not all people answered all questions.

²⁸ Includes sub-categories: 'non-binary/third gender', 'prefer not to say' and 'prefer to self-describe'.

Appendix L: Glossary

A

Antipsychotics: A group of medications that are prescribed to treat people with symptoms of psychosis.

ARMS (at risk mental state): A set of subclinical symptoms which do not meet threshold for a psychosis diagnosis. Symptoms may include unusual thoughts, perceptual changes, paranoia, disorganised speech and poor functioning. ARMS patients are considered at risk of developing psychosis or psychotic disorders.

Audit: Clinical audit is a quality improvement process. It seeks to improve patient care and outcomes through a systematic review of care against specific standards or criteria. The results should act as a stimulus to implement improvements in the delivery of treatment and care.

Audit standard: A standard is a specific criterion against which current practice in a service is measured. Standards are often developed from recognised, published guidelines for provision of treatment and care.

B

Blood glucose: Level of sugar in the blood. Measuring this is done to see if someone has diabetes (the term blood glucose is used in this report as a more familiar terminology for non-medical readers than the more correct plasma glucose).

Blood pressure: This gives one measure of how healthy a person's cardiovascular system is, i.e. the functioning of their heart, blood vessels and aspects of their kidney function. It is measured using 2 levels: systolic and diastolic blood pressure.

Body mass index (BMI): This is an indicator of healthy body weight, calculated by dividing the weight in kilograms by the square of the height in metres.

C

Child and Adolescent Mental Health Services (CAMHS): A service which specialises in the treatment of children and adolescents.

Carer: A person, often a spouse, family member or close friend, who provides unpaid emotional and day-to-day support to the service user. In this audit, service users identified their own carers.

Caveat: A factor relating to some (often unavoidable) aspect of the design of a study or problem in the collection of data that should be noted as it may (or may not) have influenced the results.

Children and Young People's Mental Health Services (CYPMHS): A service which specialises in the treatment of children and young people.

Cholesterol: An important component of blood lipids (fats) and a factor determining cardiovascular health. If this is high, it may lead to heart problems.

Clinical commissioning groups (CCGs): Groups of clinicians led by GPs who take on the role of purchasing local health services in England.

Clinician: A health professional who sees and treats patients and is responsible for some or all aspects of their care.

Cognitive behavioural therapy (CBT): A form of psychological therapy, which is usually short term and addresses thoughts and behaviour.

Cognitive behavioural therapy for psychosis (CBTp): A specialist form of CBT that has been developed to help people experiencing psychotic symptoms, most often hallucinations and delusions. It also focuses on reducing distress, anxiety and depression common in psychosis, developing everyday self-management skills and working towards personal goals.

College Centre for Quality Improvement

(CCQI): A centre which specialises in assessing and improving the quality of care of mental health services through quality and accreditation networks, national clinical audits, and research and evaluation.

Community mental health team (CMHT): A group of health professionals who specialise in working with people with mental health problems outside of hospitals.

CQUIN: The Commissioning for Quality and Innovation (CQUIN) payment framework enabled commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. More information regarding the CQUIN can be found at <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>.

D

Diabetes: A long-term condition caused by having high levels of sugar in the blood. There are 2 types; type 1 diabetes can be controlled with insulin injections, and type 2 diabetes can generally be controlled through diet.

Dyslipidaemia: A condition where a person has an abnormal level of 1 or more types of lipids. Most commonly there is too high a level of lipids, which increases the risk of having a heart attack or a stroke.

E

Early Intervention in Psychosis (EIP) service: EIP services are specialised services providing prompt assessment and evidence-based treatments to people with first episode psychosis (FEP).

Ethnicity: The fact or state of belonging to a social group that has a common national or cultural tradition.

F

Fasting plasma glucose: A blood test to see if someone has diabetes.

Family intervention: A structured intervention involving service users and their families or carers. This intervention aims to support families to deal with problems effectively, improve the mental health of all members and reduce the chance of future relapse.

First episode of psychosis (FEP): First episode psychosis is the term used to describe the first time a person experiences a combination of symptoms known as psychosis. Each person's experience and combination of symptoms will be unique. Core clinical symptoms are usually divided into 'positive symptoms', including hallucinations (perception in the absence of any stimulus) and delusions (fixed or falsely held beliefs), and 'negative symptoms', such as apathy, lack of drive, poverty of speech, social withdrawal and self-neglect. A range of common mental health problems (including anxiety and depression) and coexisting substance misuse may also be present.

G

General practitioner (GP): A doctor who works in practices in the community and who is generally the first point of contact for all physical and mental health problems.

Glucose: A type of sugar. The body uses this for energy.

Glycated haemoglobin: See HbA1c.

H

Harmful drinking: A pattern of alcohol consumption causing health problems directly related to alcohol.

HbA1c: Glycated haemoglobin. A form of haemoglobin that is bound to the sugar glucose and can provide an indication of how well diabetes is being controlled.

HoNOS: Health of the Nation Outcomes Scales. Developed to measure various aspects of the level of symptoms, social and other functioning, and general health of people with severe mental illness.

High density lipoprotein (HDL): One of a group of proteins that transport lipids in the blood.

Healthcare Quality Improvement Partnership (HQIP): An organisation which funds clinical audits and works to increase their impact to improve quality in healthcare in England and Wales.

Hub-and-spoke model: A healthcare model in which EIP care coordinators are based in community mental health teams (spokes) but are part of and supported by specialist EIP workers in a central EIP service (hub).

Hyperglycaemia: High blood glucose (sugar) levels above those normally expected. If persistent, it usually suggests the person has diabetes.

Hypertension: High blood pressure. This is a risk factor for heart disease and stroke.

L

Lipids: Fats, such as cholesterol. They are stored in the body and provide it with energy. Levels too far outside of the normal range increase risk of certain diseases.

M

Mental Health Services Data Set (MHSDS): An approved NHS Information Standard that contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disability or autism spectrum disorder services.

mmHg: Millimetres of mercury.

mmol/l: Millimoles per litre.

Multidisciplinary: Usually refers to a team of health professionals from different professional backgrounds.

N

National Clinical Audit and Patient Outcomes Programme (NCAPOP): A closely linked set of centrally funded national clinical audit projects that collect data on compliance with evidence-based standards. The audits provide local Trusts with benchmarked reports on the compliance and performance. The programme is funded by NHS England and NHS Improvement and the Welsh Government.

National guidelines: Nationally agreed documents which recommend the best way of doing something, for example treating a mental health problem.

National Clinical Audit of Psychosis (NCAP): NCAP is a three-year improvement programme to increase the quality of care that NHS Mental Health Trusts in England and Health Boards in Wales provide to people with psychosis.

NHS England and NHS Improvement: The National Health Service (NHS) England is a publicly funded healthcare system. NHS England and NHS Improvement works together with CCGs who deliver health services locally, and local authorities (councils) to make shared plans for services. (<http://www.england.nhs.uk/>).

NICE (National Institute for Health and Clinical Excellence): An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

NICE guideline: Guidelines on the treatment and care in the NHS of people with a specific disease or condition.

NICE quality standard: Quality standards set out the priority areas for quality improvement and cover areas which have a variation in care. Each standard includes a set of statements to help services improve quality and information on how to measure progress.

O

Obesity: An abnormal accumulation of body fat, usually 20% or more over an individual's ideal body weight. Obesity is associated with increased risk of illness.

Outcomes: What happens as a result of treatment. For example, this could include recovery and improvement.

Outcome indicators: A measure that shows outcomes.

P

Prediabetic state: A physical state in which some but not all diagnostic criteria for diabetes are met. It is where control of blood sugar levels is not normal, but not yet sufficiently abnormal to confirm that diabetes has developed.

Primary care: Healthcare services that are provided in the community. This includes services provided by GPs, nurses and other healthcare professionals, dentists, pharmacists and opticians.

Psychological therapies: Covers a range of interventions designed to improve mental wellbeing. They are delivered by psychologists or other health professionals with specialist training, in one-to-one or group sessions.

Psychosis: A term describing specific symptoms that may indicate a loss of touch with reality. Symptoms can include difficulty concentrating and confusion, conviction that something that is not true is so (false beliefs or delusions), sensing things that are not there (hallucinations), and changed feelings and behaviour. Psychosis is treatable, and it can affect people of any age and may sometimes be caused by known physical illnesses.

R

Reliable: Consistent over time; for example, if a different set of people completed a questionnaire, the overall responses would be the same. An indication of a good measure or tool.

Royal College of Psychiatrists (RCPsych): The professional and educational body for psychiatrists in the UK.

S

Secondary care: This refers to care provided by specialist teams in Trusts rather than care provided by GPs and primary care services. Mental health trusts provide secondary care services, most of which involve care provided in the community rather than in hospitals.

Service user: Person who uses mental health services.

Side effects: A consequence of taking a medication that is in addition to its intended effect. Unlike adverse effects, side effects are not always experienced as negative.

Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT): A structured clinical vocabulary for use in an electronic health record. It was mandatory for use in mental health services as the clinical terminology before 1 April 2020.

Substance misuse: The use of illegal drugs to the extent that it affects daily life. Can also refer to the use of legal drugs without a prescription. Substance misuse can lead to dependence on the substance and can affect the person's mental health.

T

Total national sample (TNS): The combined data set of the national sample.

Trusts: NHS Trusts are public service organisations that provide healthcare services. They include: primary care trusts; acute trusts, which manage hospitals; care trusts, which cover both health and social care; foundation trusts, which have a degree of financial and operational freedom; and mental health trusts, which provide health and social care services for people affected by mental health problems. The term 'Trust' has been used throughout the report to refer to all Trusts and organisations providing NHS-funded EIP services in England.

V

Valid: When an instrument or tool measures what it sets out to, it is said to be valid.

Appendix M: Quality assurance visits

Trusts were informed at the beginning of the audit that the NCAP team would be carrying out visits to ensure the quality of the data submitted by services as part of the case-note audit form. These visits also allowed the NCAP team to gain further insight into Trusts' processes and the challenges they encountered during the audit.

4 services were selected for quality assurance visits during the EIP 2019/2020 audit, including 3 Trusts in England. Trusts were selected at random from the 57 that participated, and 2 visits were carried out prior to publication of this report – 1 in England and 1 in Wales. The remaining 2 quality assurance visits will be carried out post-publication, as a result of the travel restrictions imposed due to COVID-19.

Ahead of the visits, 7 data items relating to demographics, psychological therapies, supported employment programmes, prescribing and monitoring of physical health were chosen for verification against the case-note records. The visits took place each on 1 day in February and March 2020. The case-notes were reviewed by a clinician who was not connected with NCAP and 2 members of staff from the NCAP team. Prior to the visits, the NCAP team asked the Trusts to make 25 sets of the case-notes they had submitted available on the day, from which 15 would be randomly selected to be reviewed. The Trusts' staff were asked to locate the data that were submitted for each of the 7 items selected for verification.

15 sets of case-notes were reviewed from 1 English Trust. It was possible to verify the majority of the data on the visit and the review of the data confirms that for this particular Trust, data were of reasonable quality based on the visiting clinician's judgement. However, due to there being fewer visits carried out prior to publication of this report, we are not able to comment whether this is representative of other participating Trusts.

Appendix N: References

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