NCAP
NATIONAL CLINICAL AUDIT OF PSYCHOSIS

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

National Clinical Audit of Psychosis

Early Intervention in Psychosis Spotlight Audit 2018/19

Guidance on data collection – contextual data questionnaire

About this guidance

This guidance has been provided to assist your Trust/Organisation/Health Board in collecting data for the Early Intervention in Psychosis (EIP) spotlight audit of the National Clinical Audit of Psychosis (NCAP) 2018/19.

Timeline

28 September 2018	The NCAP team returns random sample of patients for inclusion in the spotlight audit to Trusts/Organisations/Health Boards. Please note that the team will make every effort to generate random samples soon after receipt of eligibility numbers
28 September – 30 November 2018	Trusts/Organisations/Health Boards collect data and submit data online (the link to the online data collection form will be emailed to NCAP audit leads in **October 2018**; online data collection will open 01 November 2018)
30 November 2018	Deadline for Trusts/Organisations/Health Boards to submit data online
June 2018	National and local reporting

Data collection

Each team is asked to complete:

- One Contextual Data Questionnaire;
- One Case Note Audit Questionnaire **per service user** identified in your team's random sample.
- For English Trusts/Organisations only: We will ask for separate data on **smoking status and weight** for some service users identified in the CQUIN 2017/18 sample. This is part of the requirements for the 2018/19 CQUIN for Indicator 3a Cardiometabolic assessment and treatment for patients with psychoses.

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

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

All required questionnaires must be submitted online by **30 November 2018** via the link provided to the audit contact by the NCAP project team.

Data validation

The NCAP team will visit a random sample of participating teams in early 2019 to review both how sampling methodology has been used for the EIP spotlight audit, and to perform data quality checks. Please do not hesitate to contact the NCAP team to discuss any aspect of sampling

Contextual Data Questionnaire

All questions in the Contextual Data Questionnaire are mandatory.

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

Front Page

This includes:

- The name of your local NCAP audit lead that you can fill in if helpful (please note that this is not a mandatory field). You may also wish to make a note of the contact details for your local NCAP audit lead. This is your first point of contact for queries about sampling and data collection for your organisation.
- The organisation ID for your local EIP team. This will be sent to your NCAP audit lead with your random sample list.
- Initials of data collector/clinician
- Clinical commissioning group (CCG) and code. If you need to check your CCG code, you can access it through the ODS Portal: https://digital.nhs.uk/services/organisation-data-service/our-services/ods-portal
- ODS provider code. If you need to check your ODS provider code, please follow the link in the above point.

About your service

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

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

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

  Type of EIP service:
  - **Stand-alone multidisciplinary EIP team**: The service is provided through a stand-alone specialist team which works independently from other generic Community Mental Health Teams (CMHTs). All staff work predominantly for the team and have a shared task to provide EIP services.

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

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

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

- **Q5 Model of provision for children and young people**
  Please specify how early intervention in psychosis support for children and young people is provided within your team.

- **Q6 EIP care coordinators**
  This should be completed for your individual team, and not the Trust/Organisation/Health Board as a whole. This should include the total number of whole time equivalent staff in the service that are care coordinators for EIP.

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

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

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

- **Q8 Provision of Cognitive Behavioural Therapy (CBT) for At-Risk Mental State (ARMS)**
  Please ensure that you only answer that CBT for ARMS can be provided within the team if the person delivering the treatment had the relevant skills, experience and competencies defined as:
  <u>Cognitive Behavioural Therapy for Psychosis</u>
  - Postgraduate diploma level training in generic CBT or equivalent (e.g. IAPT high intensity training or some clinical psychology training programmes), plus

additional specialised CBTp training. Those who have completed generic training in CBT and are currently undertaking specialist CBTp training with regular clinical supervision can be included.

- Early cohorts of practitioners involved in developing CBTp may have undertaken a different route to competence. This might have involved:
  - Being a therapist in a CBTp research trial with supervision from an expert in the field;
  - Evidence of attending CBTp conferences (after receiving generic CBT training), with regular supervision from an expert in the field).
- CBTp therapists should also be receiving regular clinical supervision from a supervisor with appropriate CBTp competencies, for a minimum of an hour per month, based on expert consensus.
- Training in generic psychosocial interventions (PSI), generic CBT alone or short training courses in CBTp alone are not considered sufficient to deliver NICE recommended CBTp.
- CBTp courses should follow curricula derived from the national competence framework.

Caseload

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

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

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

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

Online data submission

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

Support and guidance from the NCAP team

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

Contact information

For queries about the data collection process please contact:

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