

National Clinical Audit of Psychosis (NCAP)

**Early Intervention in Psychosis (EIP) Audit 2026
Casenote Audit Question Guidance (Ireland)**

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About this guidance

This guidance supports organisations to collect data for the Early Intervention in Psychosis (EIP) Audit 2026, part of the National Clinical Audit of Psychosis (NCAP).

Audit results will be published on an online dashboard. There will be no separate national or local reports. Final datasets will be available once data collection has closed and analysis has been completed by the NCAP team.

Data collection and submission

Timeline

1 June 2026	Data collection opens
17 July 2026 (5 pm)	Data collection closes
1 September 2026	Results published on the NCAP dashboard

Each team must:

- Complete **one questionnaire per eligible patient**
- Submit all data via the online SNAP survey tool

A reference copy of the questionnaire has been shared to support data collection.

Data quality and submission

- Review all entries carefully before submitting
- There will be minimal post-submission data cleaning
- You must click 'Submit' after completing each questionnaire
- Entries are not received until submitted

Casenote Question Guidance

Section 1: Demographic Information

Q1. Team ID

Enter your team ID in format EIP followed by 4 digits (e.g. EIP1234)

Your Team ID will be the same as in the 2025 audit. If you are unsure of this code, please contact the team audit lead.

Q2. Patient ID (NCAP ID)

Enter the pseudonymised ID assigned to the patient during sampling (e.g. NCAP01).

Do not enter:

- Name
- NHS number/ Individual Health Identifier (IHI)
- Initials
- Any identifiable data

Important: Do not send any lists linking pseudonymised IDs to identifiable patient information to the NCAP team, as this may constitute a **breach of patient confidentiality**.

Q3. Gender

Select from the dropdown options.

Q4. Age

Eligibility rule:

- Patients must be ≤ 65 years at start of sampling (1 July 2026).

Q5. Ethnicity

Select from the list.

Use 'other ethnic group - any other ethnic background' if not listed.

Q6. Employment status

Select current status.

Q7. Family members, friends, and carers

Select:

- Yes = recorded
- No = not recorded

Q8-8b. Outcome measures

Accepted tools:

- HONOS/HONOSCa
- DIALOG
- QPR
- GBO
- ReQoL-10
- Other

Record:

- Frequency:
 - Once
 - More than once
 - N/A – please select this option if no outcome measure was recorded.
- Which measure was used

Note:

- If a patient is under 18, and DIALOG or QPR are not suitable, an alternative tool measuring general functioning should be recorded
- If selecting “Other”, specify the outcome measure used

Section 2: Interventions

Response definitions (apply to all interventions)

- Took up = attended ≥ 1 session
- Declined = offered but refused
- Not offered = not offered
- Waiting = offered but not started
- Referral to another service = referred to another service

Q9. Psychosocial interventions

CBT for psychosis (CBTp)

The person delivering CBTp must have the appropriate skills, experience and supervision, as outlined below.

1. Core training and specialism

- **Core CBT training:**
 - Postgraduate diploma level CBT training or equivalent
(e.g. IAPT high intensity training/clinical psychology training programmes)
- **CBTp specialism:**
 - Additional CBTp training
 - Or currently undertaking CBTp training with regular clinical supervision.

Note:

Generic CBT training or psychosocial intervention training alone is not sufficient to meet CBTp standards.

2. Supervision requirements

- CBTp therapists should receive regular clinical supervision
- Supervision must be provided by a clinician with appropriate CBTp competencies
- Minimum of 1 hour per month

3. Training standards

- CBTp training should be aligned with curricula derived from the national competence framework

If a patient is receiving a psychological intervention as part of a research trial, these sessions can be counted as meeting the standard, provided it is delivered as part of their care and constitute a genuine therapeutic intervention.

Family Intervention (FI)

The person delivering FI must have the **appropriate skills, experience and supervision**, as outlined below.

1. Core training and specialism

- **Family intervention training**
 - Specific training in family intervention for psychosis
(*e.g. training aligned to [NICE CG178 recommendations](#)*)
- **Competency framework alignment**
 - Training and delivery should reflect the [Competence Framework for Psychological Interventions for People with Psychosis and Bipolar Disorder](#)

2. Supervision requirements

- Practitioners delivering FI should receive regular clinical supervision
- Supervision must be provided by a clinician with appropriate FI competencies
- Minimum of 1 hour per month when actively working with families

3. Training standards

FI training should:

- Be specific to psychosis
- Typically involves a structured course of at least 5 days duration

(e.g. Meriden Family Intervention training for EIP or equivalent)

If FI is delivered as part of a research trial, these sessions can be counted as meeting the standard, provided it is delivered as part of the patient's care and constitute a genuine therapeutic intervention.

Carer-focused education and support programme

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

- One-to-one advice and information
- Carer education and support groups
- Access to recovery college courses
- Evidence-based digital (web/app) programmes

Note: Carers' assessments alone are not sufficient to meet this standard.

Supported employment and education programmes

The person delivering employment or education support must have the **appropriate skills, experience and competencies**, as outlined below.

1. Core training and specialism

- Staff should have:
 - Relevant experience and skills in vocational or educational support
 - Specialist training (e.g. Individual Placement and Support (IPS) or similar)

2. Delivery requirements

Support may be provided by:

- A specialist within the EIP team
(e.g. vocational specialist or occupational therapist)
- A specialist/service provided elsewhere within the Trust, or
- An external provider

(e.g. voluntary or private sector services)

Q10-Q13. Number of intervention sessions

The following questions will only be displayed if the corresponding intervention in Q9 was recorded as "Took up".

Q10. Total number of CBTp sessions

Enter the number of CBTp sessions received.

Q11. Total number of family intervention sessions

Enter the number of FI sessions received.

Q12. Total number of carer-focused education and support sessions

Enter the number of sessions received by the patient's carer

Q13. Total number of education and/or employment support sessions

Enter the number of sessions received

Q14. Two adequate but unsuccessful trials of antipsychotic medications

Select whether the patient has completed two adequate but unsuccessful trials of antipsychotic medications.

Definition of an adequate trial:

- Medication prescribed at a therapeutic dose
- Given for an adequate duration
- Evidence of adherence
- A comprehensive clinical review of non-response undertaken

(e.g. intolerance to side effects, misdiagnosis, untreated co-morbidities)

If a patient's illness has not responded to two or more sequential antipsychotic medications, they should be offered clozapine.

Q14a. Clozapine

If applicable, select:

- Took up = patient accepted and received clozapine
- Waiting = offered clozapine and waiting to commence
- Declined = offered but refused
- Not offered = not offered

This question will only appear if Q14 = Yes.

Section 3: Physical Health screening and intervention

To determine whether an intervention is required based on physical health screening, refer to the [Lester Tool](#). Intervention questions will only appear where screening indicates that an intervention is required.

All screening and interventions should relate to the 12 months prior to the start of the sampling date (01/06/2026), while the service user was on the EIP caseload.

- If the patient has been on the caseload for more than 12 months, only include screening and interventions that took place in the 12 months prior to the start of data sampling (01/06/2026).
- If there is no record of screening or intervention within this timeframe, select 'not documented'
- Please tick all interventions that apply. Interventions can include attending services which the person has been signposted to.

Q15. Smoking status

Select the patient's smoking status.

Note: Do not include e-cigarette use.

Q16. Alcohol use status

Select the patient's alcohol use status.

Harmful or hazardous use should be identified in line with [NICE guideline CG115](#), using:

- Structured tools (e.g. AUDIT), or
- Clinical assessment (quantity, frequency, impacts)

Where alcohol use is recorded as moderate (e.g. "rarely drinks"), record as: Alcohol use that is NOT harmful or hazardous

Q17. Substance misuse status

Select whether the patient misuses substances.

Definition: Substance misuse includes the excessive or illegal use of drugs.

Q18. BMI/Weight

Enter whether BMI is recorded.

If recorded:

- Enter one decimal place (e.g. 26.8)

Note:

- Enter BMI, not weight in kilograms
- If height is unavailable, demi-span may be used to estimate height (see: http://www.bapen.org.uk/pdfs/must/must_explan.pdf)

Q19. Rapid weight gain and Antipsychotic medication

Select whether rapid weight gain has occurred.

Definition: greater than 5% increase in weight (approx. 3–4kg) within 4 weeks of starting a new antipsychotic, as defined by the [Lester Tool](#).

Q20. Blood pressure

Enter whether blood pressure is recorded.

If recorded:

- Enter systolic and/or diastolic values in NNN mmHg format (e.g. 120)

Q21. Glucose

Enter whether glucose is recorded.

If recorded:

- Enter in N.N format (e.g. 6.7 mmol/mol)

Note:

- Ensure correct units are used (mmol/l or mmol/mol)
- Convert from mg/dl if required - <http://www.diabetes.co.uk/blood-sugar-converter.html>.

Q22. Cholesterol

Enter whether cholesterol is recorded in the patient's notes.

If recorded, enter one of the following:

- Total cholesterol – enter in format N.N (e.g. 7.5 mmol/L)
- QRISK percentage score – enter in format NN.N% (e.g. 14.3%)
- Total cholesterol:HDL ratio – enter in format NN.N (e.g. 4.5)
- Non-HDL cholesterol – enter in format N.N (e.g. 1.5)
- Triglycerides – enter in format N.N (e.g. 15.0)

Note:

- Ensure the correct units are used
- A total cholesterol: HDL ratio should only be recorded where another cholesterol measure is also available (e.g. total cholesterol, non-HDL cholesterol, Triglycerides, or QRISK score).

Q23-Q36 Physical health interventions

For each question, select all interventions that apply where interventions are needed based on screening results.

If an intervention was:

- Provided - select 'yes – intervention was provided'*
- Offered but declined - select 'Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision'
- Required but not offered or not recorded - select 'Not documented'
- Not required – select 'No intervention needed'

*Please note that if you have selected 'yes – an intervention was provided', a further question will appear asking you to indicate the specific intervention that was delivered.

Q23-24. Interventions for smoking cessation

Q25-26. Interventions for hazardous alcohol use

Q27-28. Interventions for substance misuse

Q29-30. Interventions for weight gain/obesity

An intervention is required based on the BMI thresholds in the [Lester Tool](#). Use this to determine whether to select *Intervention provided*, *Documented evidence of refusing intervention*, *Not documented*, or *No intervention needed*:

Ethnicity group	BMI threshold for intervention
White / Other / Not stated	≥25
Black / Asian / Mixed	≥23

Please note these thresholds vary for children and adolescents. Please see the table below for adolescent specific thresholds, divided by age and gender:

Girls		Boys	
Age	BMI threshold for intervention	Age	BMI threshold for intervention
14	≥23.5	14	≥22.5
15	≥24.5	15	≥23.5
16	≥25	16	≥24
17	≥25.5	17	≥24.5

Q31-32. Interventions for hypertension

Please note these thresholds vary for children and adolescents. Please see the table below for adolescent specific thresholds, divided by age and gender:

Girls		Boys	
Age	BMI threshold for intervention	Age	BMI threshold for intervention
14	≥122 systolic or ≥78 diastolic	14	≥125 systolic or ≥78 diastolic
15	≥123 systolic or ≥79 diastolic	15	≥127 systolic or ≥79 diastolic

Q33-34. Interventions for diabetes/high risk of diabetes

Q35-36. Interventions for dyslipidaemia

Section 4: Timely Access

Q37. Date referral received by EIP service or secondary care mental health services

Enter the date the referral was received for the condition leading to EIP involvement.

- Do not include date for previous referrals for unrelated mental health conditions

- If there is a central triage point, record the date the referral was received there
- If not, record the date received by the EIP service

Referrals may come from:

- Internal sources (e.g. CAMHS, CMHT, inpatient wards, prison or forensic services)
- External sources (e.g. GP, self-referral, carers, schools)

Q38. Was the patient allocated to an EIP service care coordinator?

Select Yes/No

- If yes, enter the date the patient was allocated to a care coordinator

Q39. Was the patient engaged by an EIP service care coordinator?

Select Yes/No

Definition of engagement:

- A therapeutic professional relationship has begun and
- Treatment has started

If yes, enter the date the engagement with the care coordinator began

Note: Engagement by the care coordinator is expected to begin as soon as possible after allocation, but delays may occur in practice.

Contact information

For queries about the data collection process, please contact the NCAP team:

NCAP@rcpsych.ac.uk