

NCAP EIP Audit 2026 Ireland Casenote audit

Please login with the username and password provided by the NCAP team. If you require your login details to be resent, please contact a member of the project team at NCAP@rcpsych.ac.uk

Username

Password

NCAP EIP Audit 2026 Ireland

Casenote audit

How to complete this audit form:

- Complete one audit form for each patient
- All questions in this tool are mandatory
- All data must be collected by **17/07/2026**.
- Please refer to the guidance document for more detailed information

Save: This will allow you to return and complete the questionnaire at a later date. To resume please log back into the survey.

Reset: Clears your answers on the current page.

Submit: Once you have answered all of the questions please click submit to send the data to the NCAP team.

Queries:

If you require any further assistance, please contact the NCAP project team on NCAP@rcpsych.ac.uk

Demographic information

Q1 ID for your local EIP team (i.e. EIPXXXX)

Q2 NCAPID (i.e. NCAP0000)

Q3 Gender

- Male (including trans man)
- Female (including trans woman)
- Non-binary
- Other
- Not known (not recorded)
- Not stated (person asked but declined to provide a response)

Q4 Age

Q5 Ethnicity

- | | | |
|---|---|---|
| <input type="radio"/> White - British | <input type="radio"/> Asian or Asian British - Bangladeshi | <input type="radio"/> Mixed - Black Caribbean and white |
| <input type="radio"/> White - Irish | <input type="radio"/> Asian or Asian British - Indian | <input type="radio"/> Mixed - Any other mixed background |
| <input type="radio"/> White - Any other white background | <input type="radio"/> Asian or Asian British - Pakistani | <input type="radio"/> Other ethnic groups - Chinese |
| <input type="radio"/> Black or Black British - African | <input type="radio"/> Asian or Asian British - Any other Asian background | <input type="radio"/> Other ethnic groups - Any other ethnic background |
| <input type="radio"/> Black or Black British - Caribbean | <input type="radio"/> Mixed - Asian and white | <input type="radio"/> Not stated |
| <input type="radio"/> Black or Black British - Any other Black background | <input type="radio"/> Mixed - Black African and white | <input type="radio"/> Not known |

Q6 Employment status

- Employed
- Unemployed and actively seeking work
- Undertaking full (at least 16 hours per week) or part time (less than 16 hour per week) education or training as a student and not working or actively seeking work
- Long-term sick or disabled, those receiving government sickness and disability benefits
- Looking after the family or home as a homemaker and not working or actively seeking work
- Not receiving government sickness and disability benefits and not working or actively seeking work
- Unpaid voluntary work and not working or actively seeking work
- Retired
- Not stated (person asked but declined to provide a response)

Q7 Does this person have an identified family member, friend or carer who supports them?

- Yes
- Yes, but the patient does not wish for this person to be contacted
- No

Q8 Have any outcome measures been completed for this person?

- Yes
- No

Q8a How many times have the outcome measures been completed?

- | | | | |
|-------------------|-----------------------|-----------------------|-----------------------|
| | Once | More than once | N/a |
| Outcome measure 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Outcome measure 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outcome measure 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outcome measure 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outcome measure 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outcome measure 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8b Please specify the outcome measures referred to above

Outcome measure 1	<input type="text"/>
Outcome measure 2	<input type="text"/>
Outcome measure 3	<input type="text"/>
Outcome measure 4	<input type="text"/>
Outcome measure 5	<input type="text"/>
Outcome measure 6	<input type="text"/>

Interventions

Q9 Has this person commenced a course* of any the following treatment(s), delivered by a person with relevant skills, experience and competencies?

**Received at least one session of a course. Please note that in order to count as 'took up' for CBTp, the session received should be a CBTp therapy session, and not just part of the initial assessment - initial CBTp assessment appointments do not count.*

	Took up*	Declined	Not offered	Waiting	Referral to another service
Cognitive Behavioural Therapy for Psychosis (CBTp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carer-focused education and support programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supported employment programme (such as Individual Placement and Support (IPS) or education programmes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 Number of CBTp sessions

Q11 Number of Family intervention sessions

Q12 Number of Carer-focused support and education sessions

Q13 Number of Supported employment sessions

Q14 Has this person had two adequate but unsuccessful trials of antipsychotic medications?

- Yes
 No

Q14a Has this person been offered clozapine?

- Took up
- Waiting
- Declined clozapine
- Not offered

Physical health screening

The following questions relate to evidence of screening and interventions carried out between in the 12 months prior to the start of data sampling (01/06/2026), while the service user was on the EIP caseload. If the service user was accepted onto the caseload over a year ago, only screening and interventions that took place between in the 12 months prior to the start of data sampling (01/06/2026) are accepted. If this is not present, please tick 'not documented'.

Q15 Smoking status

- Current smoker
- Non-smoker/Ex-smoker
- Not documented
- Documented evidence of refusal to provide information on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

Q16 Alcohol consumption

- Yes - harmful
- Yes - not harmful
- Does not drink
- Not documented
- Documented evidence of refusal to provide information on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

**Identification of harmful or hazardous use of alcohol is described in NICE guideline CG115 <https://www.nice.org.uk/guidance/cg115>. It may be assessed using structured measures such as the 'AUDIT' or based on enquiring about quantity, frequency and any health or social consequences of alcohol consumption.*

Where there is a record of drinking that is neither harmful nor hazardous e.g. 'rarely drinks'/'drinks in moderation' this should be recorded as 'Alcohol use that is NOT harmful or hazardous'.

Q17 Substance misuse

- Yes
- No
- Not documented
- Documented evidence of refusal to provide information on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

Q18 Is information about weight/BMI recorded in the patient's notes?

Yes (please enter value below)

Not documented

Documented as evidence of refusal to be weighed/measured on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

Please enter BMI value

BMI value (kg/m²)

Q19 Has the patient displayed rapid weight gain, particularly after new anti-psychotic initiation?

Yes

No

Not documented

Q20 Is information about blood pressure recorded in the patient's notes?

Yes (please enter at least one value below)

Not documented

Documented evidence of refusal to take blood pressure on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

Please enter both values below

Systolic (mmHg)

Diastolic (mmHg)

Q21 Is information about glucose recorded in the patient's notes?

Yes (please enter at least one value below)

Not documented

Documented evidence of refusal of blood test on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

Please enter at least one value below

Glycated
haemoglobin or
HbA1c (mmol/mol)

Fasting plasma
glucose (mmol/l)

Random plasma
glucose (mmol/l)

Q22 Is information about cholesterol recorded in the patient's notes?

Yes (please enter at least one value below)

Not documented

Documented evidence of refusal of blood test on more than one occasion after it is assured that the person has been given the information on which to make an informed decision

Please enter at least one value below

Total cholesterol
(mmol/l)

Non-HDL cholesterol
(mmol/l)

QRISK score (%)

Total cholesterol:
HDL ratio
measurement

Triglycerides

Physical health interventions

To ascertain if an individual requires an intervention based on their physical health screening, please refer to the Lester UK Adaptation of the Positive Cardiometabolic Health Resource.

Q23 Was a smoking intervention provided?

- Yes - intervention was provided
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision
- Not documented
- No intervention needed

Q24 Interventions for smoking cessation (*select all that apply*)

- Smoking cessation education
- Smoking cessation therapy
- Referral to smoking cessation service
- Brief intervention for smoking cessation
- Smoking cessation behaviour support
- Nicotine replacement therapy
- Varencline therapy

Q25 Was an alcohol use intervention provided?

- Yes - intervention was provided
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision
- Not documented
- No intervention needed

Q26 Interventions for harmful alcohol use (*select all that apply*)

- Education about alcohol consumption
- Referral to alcohol misuse service
- Motivational interviewing
- Referral to alcohol brief intervention service
- Referral to psycho-educational group
- Disulfiram
- Naltrexone
- Drug addiction maintenance therapy - naltrexone

Q27 Was a substance misuse intervention provided?

- Yes - intervention was provided
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision
- Not documented
- No intervention needed

Q28 Interventions for substance misuse (*select all that apply*)

- Substance use education
- Referral to substance misuse service
- Brief intervention for substance misuse
- Drug rehabilitation and detoxification care management
- Referral to psycho-educational group
- Motivational interviewing

Q29 Was an obesity intervention provided?

- Yes - intervention was provided
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision
- Not documented
- No intervention needed

Q30 Interventions for weight gain/obesity (*select all that apply*)

- Combined healthy eating and physical education programme
- Referral for combined healthy eating and physical education programme
- Lifestyle education regarding risk of diabetes
- Referral for lifestyle education regarding risk of diabetes
- Weight management programme
- Refer to weight management programme
- Referral for lifestyle education
- Mental health medication review
- Antipsychotic medication review
- Advice about diet
- Referral to dietitian
- Advice about exercise
- Referral for exercise therapy
- Bariatric surgery
- Assessment for bariatric surgery

Q31 Was a hypertension intervention provided?

- Yes - intervention was provided
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision
- Not documented
- No intervention needed

Q32 Interventions for hypertension (*select all that apply*)

- Referral to general practice service
- Referral for antihypertensive therapy
- Antihypertensive therapy
- Mental health medication review
- Antipsychotic medication review
- Advice about diet
- Referral to dietitian
- Advice about exercise
- Referral for exercise therapy
- Referral to specialist/secondary care physician

Q33 Was a diabetes intervention provided?

- Yes - intervention was provided
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision
- Not documented
- No intervention needed

Q34 Interventions for diabetes/high risk of diabetes (*select all that apply*)

- Referral for diabetic care
- Diabetic care
- Referral to general practice service
- Diet modification
- Metformin therapy
- Mental health medication review
- Antipsychotic medication review
- Referral to specialist/secondary care physician
- Advice about exercise
- Referral to exercise on referral programme
- Referral for lifestyle education
- Lifestyle education
- Assessment for bariatric surgery
- Bariatric operative procedure

Q35 Was a dyslipidaemia intervention provided?

- Yes - intervention was provided
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision
- Not documented
- No intervention needed

Q36 Interventions for dyslipidaemia (*select all that apply*)

- Lipid lowering therapy
- Referral for lipid lowering therapy
- Mental health medication review
- Antipsychotic medication review
- Advice about diet
- Referral to dietitian
- Advice about exercise
- Referral for exercise therapy
- Referral to exercise on referral programme
- Referral to general practice service
- Referral to primary care service
- Referral to specialist/secondary care physician

Referral to treatment

Q37 Date referral received by EIP service or secondary care mental health services (DD/MM/YYYY)

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

- Yes
 No

Please enter the date the service user was allocated to a care coordinator

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

- Yes
 No

Please enter the date the service user was engaged by a care coordinator

End of the casenote audit tool
Thank you for completing