RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | NCAP NATIONAL CLINICAL AUDIT OF PSYCHOSIS

National Clinical Audit of Psychosis

Early Intervention in Psychosis Audit 2026

Question guidance:
Contextual Questionnaire

Contents

About this guidance

This guidance has been provided to assist your Organisation in collecting data for the Early Intervention in Psychosis (EIP) audit of the National Clinical Audit of Psychosis (NCAP) 2026.

There will be no national or local reports for this audit, results will be displayed on an online dashboard. Final datasets will be available through a secure data sharing platform once data collection has closed and the NCAP team has completed data analysis.

Timeline

1 June 2026	Data collection opens on SNAP
17 July 2026, 5pm	Data collection closes
1 September 2026	Reporting of results on NCAP dashboard

Data collection

Each team is asked to complete:

- One Casenote Audit Questionnaire **per eligible service user** on your team's caseload;
- One Contextual Audit Questionnaire

A paper version of the casenote questionnaire and the contextual questionnaire will be emailed to the audit leads for your reference only. NCAP will not accept filled out paper questionnaires. All casenote questionnaires must be submitted online by **17th July 2026 at 5pm** via the SNAP survey tool link provided to the audit contact by the NCAP project team.

Please ensure you review your submissions to check that the data is correct, as there will be **no data cleaning**. Once you have finished entering data for a service user, you must click 'submit' at the bottom of the form to ensure the NCAP team receives your submission.

Contextual Questionnaire

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

About your service

Q1. Type of EI services
This question relates to the type of EI services offered by your individual EIP team and not the Trust/Organisation 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.

Q2a. EIP care coordinators
This should be completed for your individual team, and not the organisation 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. You can find the definition of a care coordinator on page 21 of the Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance. (Please note that this is the person who provides EIP care, and may be known by other terms in your organisation i.e. key worker/EIP specialist worker.)

Q2b. EIP care coordinators specifically for CYP under 18
Please identify within the overall total care co-ordinator staffing, the whole time equivalent staffing who have a specific remit for care co-ordination for under CYP aged under 18 years. (This is the potential time available - the time allocated may not be fully utilised in practice.)

Q3. 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. Please speak to the EIP team manager if you need help with this question.

Q4. Total caseload of the team
This should be completed for your individual team, and not the organisation 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.

Q5. Caseload age ranges
Please specify the number of people in the current EIP caseload that fall into each age range for those on the caseload with First Episode Psychosis. 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 Q4. 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).

Provision for Children and Young People

Q6. The main model of provision for children and young people
If CYP with psychosis are treated by a separate team in your area, please do liaise with your local team, where appropriate, before completing this section of the questionnaire.

Q7. Shared care protocols between the EIP team and the wider CYP mental health service
Shared care protocols should be jointly agreed and implemented between the EIP team, irrespective of age range, and the wider CYP mental health service.

Q8. Regular joint or reciprocal training between the EIP team and the wider CYP mental health service
Joint or reciprocal training should be at least annual.

Q9. Medication management for CYP
Medication management may involve medical and non-medical prescribers from EIP and/or CYP mental health teams. This question addresses the training and support available to the respective practitioners.

Q10. Availability of Cognitive Behavioural Therapy for Psychosis (CBTp) and Family Intervention (FI) for CYP
Please ensure that the person who delivers the following treatments has the relevant skills, experience and competencies defined as:

Cognitive Behavioural Therapy for Psychosis (CBTp):

- 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.
- 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.

Family Intervention (FI):

- The competencies required to deliver FI are described in "Competence Framework for Psychological Interventions for People with Psychosis and Bipolar Disorder".
- Practitioners delivering this approach require specific FI training focused on psychosis (based on recommendations in NICE guidelines CG178), lasting five days or more (e.g. Meriden's 5 day "Early Intervention in Psychosis Behavioural Family Therapy Training" or equivalent).
- All staff delivering FI should receive clinical supervision for at least one hour per month if they are actively seeing families, and supervisors must have received training in a FI course and be experienced in providing FI.

Q11-14. Availability of care coordinators specifically for CYP

You can find the definition of a care coordinator on page 21 of the Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance.