NCAP METHODOLOGY

ELIGIBILITY & SAMPLING GUIDANCE

National Clinical Audit of Psychosis

October 2025

Version 1

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

NCAP
NATIONAL CLINICAL AUDIT OF PSYCHOSIS

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Purpose of the document

This document outlines the methodology used by the National Clinical Audit of Psychosis (NCAP) to assess Early Intervention in Psychosis (EIP) services across England and Wales. It provides:

- The eligibility criteria for service users included in the audit.
- An overview of data extraction processes, including use of the Mental Health Services Dataset (MHSDS) in England and the NHS Wales data collection tool.
- Details of demographic mapping for England.
- A summary of NCAP standards and associated calculations used to evaluate service performance.

Method

NCAP audits Early Intervention in Psychosis (EIP) services in England and Wales against standards including psychosocial interventions, timely access, clozapine, physical health, and outcome measures. In line with other national clinical audits, NCAP has now switched methodology from previous bespoke audits to routine data collection.

Using the Mental Health Services Dataset (MHSDS), NCAP extracts data quarterly for service users treated by EIP services in England. As Wales is in the process of establishing a national mental health dataset, the Quality, Safety & Improvement Division (QS&I) within NHS Wales has led on the development of a tool to capture quarterly routine data from Welsh EIP services.

The data extracted from the MHSDS is not intended for use exclusively by NCAP, resulting in no restrictions or requirements for data entry. This may mean that some data required by NCAP is incomplete or missing. Welsh services use the tool created by NHS Wales which has built in routing and validation, preventing missing or incomplete data.

Once NCAP receives data, this information is compared against the audit metrics set out above. Results are then uploaded to our online dashboard, where teams are able to view results at the team, Trust/Health Board, and National levels, with additional information on age, gender, ethnicity, and Index of Multiple Deprivation (IMD) results.

Sampling Criteria

This section sets out the criteria used to identify service users for inclusion in NCAP audits.

To be included in NCAP, service users must meet the following criteria:

- Aged 65 years and under

- On the caseload of an NHS-funded EIP team in England or Wales
- Patient has been on the team's caseload for 1 year or more and is still on the caseload at the end of the reporting period
- Patient has first episode psychosis (FEP) or at-risk mental state (ARMS)

England data extraction details *(England only)*

This section details the specific eligibility information NCAP extracts from the MHSDS for teams in England.

Table 1: NCAP Eligibility Criteria

Eligibility criteria	Data extracted from MHSDS
Age Patient aged 65 years and under	Calculated using age at the end of the reporting period.
Caseload On NHS-funded EIP team in England **Or** NHS-funded Children and Young People's Mental Health (CYPMH) teams/Child and Adolescent Mental Health Services (CAMHS) where EIP teams do not extend their offer to CYP	`CareProfTeamLocalID` provided to NCAP by teams.
Duration On caseload ≥1 year and still on the caseload at the end of the reporting period	Check `Service Discharge Date` - a value of '**null**' in `MHS101` table indicates they have not been discharged and remain on the caseload. To confirm presence on caseload for ≥1 year, check that there is a care contact that took place at least 1 year ago.

Eligibility criteria	Data extracted from MHSDS
Diagnosis First episode psychosis (FEP) **or** At-Risk-Mental-State (ARMS) *Note:* • *If under an EIP team for at least 1 year, it is assumed that patient has FEP* • *If under a CAMHS team, the patient has a code for FEP*	**Data tables**: • `MHS101` Service Referral table • `MHS103` OtherReasonReferral **Primary reason for referral:** Code 01 - (Suspected) First episode psychosis **Data tables**: • Care Activity table `MHS202` as a finding • Primary Diagnosis `MHS604` • Presenting Complaint `MHS609` **ARMS** – using the SNOMED code 1095991000000102

MHSDS data extraction process *(England only)*

To support NCAP audit measures, data is routinely extracted from the Mental Health Services Data Set (MHSDS) for services in England.

Who manages the extraction

This process is managed by a Royal College of Psychiatrists (RCPsych) staff member working in collaboration with NHS England.

How eligible records are identified

Team codes (CareProfTeamLocalID) provided by Early Intervention in Psychosis (EIP) services are used to locate eligible service user records – see eligibility section for further detail.

Data transfer and formatting

Once identified the data is pseudonymised and securely transferred via NHS England's Secure Electronic File Transfer (SEFT) system to RCPsych. The data is then formatted to align with NCAP's audit standards.

Script testing and improvements

Although the extraction script has been tested, ongoing refinements are expected. As data volumes increase, discrepancies should reduce and reliability improve.

Summary of 2025 report extraction

For the 2025 State of the Data report, the extraction took place in July 2025, covering data up to 31 March 2025. In total, 46,819 case notes were extracted from 146 teams across 46 NHS Trusts, spanning the period from 1 April 2022 to 31 March 2025.

Audit standards and calculations

This section outlines the nine standards used by NCAP to evaluate the performance of EIP services across England and Wales. Each standard is assessed using a consistent calculation method, typically comprising a **numerator** (the number of people meeting the standard) and a **denominator** (the total number of eligible people). Where direct data is unavailable, **proxy measures** are applied based on previous audit samples. The standards cover key areas including access and waiting times, psychosocial interventions, prescribing practices, physical health monitoring, and clinical outcome measures.

Timely Access

People with FEP should start treatment in EIP services within two weeks of referral.

England:

Numerator: Number of people with FEP referred to an EIP pathway who enter treatment within two weeks.

Denominator: Total number of people with FEP who enter treatment.

Wales:

Numerator: Number of people with FEP that are allocated to, and engage with an EIP care coordinator within two weeks of referral.

Denominator: Total number of people with FEP.

Psychosocial Interventions

Cognitive Behavioural Therapy for Psychosis (CBTp)

People with FEP should take up CBTp.

Numerator: Number of people with FEP who take up CBTp (at least one session).

Denominator: Total number of people with FEP.

Cognitive Behavioural Therapy (CBT) for at Risk Mental States (ARMS)

People with ARMS should take up CBT for ARMS.

Numerator: Number of people with ARMS who take up CBT for ARMS (at least one session).

Denominator: Total number of people with ARMS.

Family Intervention (FI)

People with FEP and their families should take up family intervention.

Numerator: People with FEP who have a contactable caregiver and take up family intervention (at least one session).

Denominator: Total number of people with FEP who have a contactable identified family member, friend or carer who supports them.

Note for England: As the MHSDS does not currently capture whether a person has a carer, a proxy measure is used for England. Based on previous audit samples, 74.8% of people with FEP are assumed to have a contactable caregiver. Caregivers included here are those who can be contacted about care.

Employment and/or education support

People with FEP who are unemployed and actively seeking employment should take up supported employment and/or education programmes.

Numerator: Number of people FEP who are unemployed and actively seeking employment and take up supported employment and/or education programmes (at least one session).

Denominator: Total number of people with FEP who are unemployed and actively seeking employment.

Carer-focused education and support programmes

Carers of people with FEP should take up carer focused education and support programmes.

Numerator: Number of people with FEP whose carer takes up focused education and support programmes (at least one session).

Denominator: Total number of people with FEP who have an identified family member, friend, or carer who supports them.

Note for England: As the MHSDS does not currently capture whether a person has a family member, friend, or carer, a proxy measure is used for England. Based on previous audit samples, 79.5% of people with FEP are assumed to have a caregiver. Caregivers included here are those who can be contacted about care, as well as those who are not allowed to be contacted and instead receive general support.

Clozapine prescribing

People with FEP who have not responded adequately to or tolerated treatment with at least two antipsychotic drugs should be offered clozapine.

Numerator: Number of people with FEP who are offered clozapine (presence of any of the codes listed in the table above for taken up, waiting, or declined).

Denominator: Total number of people with FEP who have not responded adequately to or tolerated treatment with at least 2 antipsychotic drugs.

Note for England: The MHSDS does not currently include information on whether individuals have had an inadequate response to or have not tolerated treatment with at least two antipsychotic drugs. As a result, in England reporting is currently limited to whether clozapine was offered, which serves as a proxy measure for this standard. To ensure continued alignment with NICE guidance (NICE QS80), the standard has been retained in its current form. In the absence of relevant MHSDS data, a proxy denominator 'Total number of people with FEP' has been introduced to enable ongoing reporting against this metric, while alternative options, such as the introduction of a new SNOMED code, are explored.

Physical Health

Physical health monitoring

People with FEP should be offered a physical health review annually which includes:

- Smoking status
- Alcohol intake
- Substance misuse
- BMI
- Blood pressure
- Glucose
- Cholesterol

Numerator: Number of people with FEP who were offered all seven physical health screenings.

Denominator: Total number of people with FEP.

Physical health interventions

People with FEP must have been offered all relevant interventions where screening indicated a risk level requiring intervention, within the last 12 months.

To meet this standard, service users must have been offered screening on all seven measures and been offered an intervention if the screening outcome indicated need. Service users who decline screening are included as meeting the standard.

Numerator: Number of people with FEP who were offered all seven physical health screenings and offered interventions where the outcome of a screening indicated one was needed.

Denominator: Total number of people with FEP.

Clinical Outcome Measures

People with FEP or ARMS should have two or more nationally mandated clinical outcome measures (HoNOS/HoNOSCA, DIALOG, QPR, GBO, REQoL-10) recorded at least twice - once at initial assessment and once at a later point.

Numerator: Number of people with FEP or ARMS who have at least two outcome measures recorded more than once.

Denominator: Total number of people with FEP or ARMS.