Early Intervention in Psychosis Scoring Matrix 2023

The Scoring Matrix is a tool made in partnership with NHS England and Improvement to enable Early Intervention in Psychosis (EIP) teams to monitor their performance against objectives for EIP care set out in the **NHS Long Term Plan (LTP).** Scores are allocated for each item in the table below and an overall score is calculated based on performance across all items. This data will be collected in the EIP LTP monitoring audit 2023 as part of the National Clinical Audit of Psychosis (NCAP).

Contents

Scoring Matrix

Domains	1 Greatest need for improvement	2 Needs improvement	3 Performing well	4 Top performing
Timely access				
1 Percentage of service users with first episode psychosis that were allocated to, and engaged with, an EIP care coordinator within 2 weeks of receipt of referral[1]	<25%	≥25%	-	≥60%
Effective treatment				
2.1 Percentage of service users with first episode psychosis that took up Cognitive Behavioural Therapy for psychosis (CBTp)[2]	<12%	≥12%	≥24%	≥36%
2.2 Percentage of service users with first episode psychosis that took up supported employment and education programmes[2]	<10%	≥10%	≥20%	≥30%
2.3 Percentage of service users with first episode psychosis and their families that took up Family Interventions[2, 3]	<8%	≥8%	≥16%	≥24%
2.4 Percentage of carers that took up carer-focussed education and support programmes[2]	<25%	≥25%	≥50%	≥75%
2.5 Percentage of service users with first episode psychosis that have had a physical health review and relevant interventions in the last year[2]	<70%	≥70%	≥80%	≥90%
Recording outcome measures				
3 Percentage of service users for whom two or more outcome measures (from HoNOS/HoNOSCA, DIALOG and QPR) were recorded at least twice (assessment and one other time point)	<25%	≥25%	≥50%	≥75%

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[1] The clock for the two-week pathway starts from the date when either the central triage point ('single point of access') or the EIP service receives a referral flagged as 'suspected first episode psychosis' or is recognised as such upon receipt. The clock stops when the service user is accepted onto the caseload of an EIP service capable of providing a full package of NICE-recommended care or is allocated to and engaged with an EIP care coordinator.

[2] Thresholds vary to consider that: It may not be appropriate to offer interventions to service users/carers, e.g., those who have joined the service recently; Interventions may not be relevant to all service users/carers; Not all service users/carers offered interventions take up the interventions. Thresholds are calculated for each intervention individually based on studies into take-up of interventions.

[3] This year, only the population of people who have an identified family member, friend or carer that can be contacted/is involved in the person's care were used to calculate the Family Intervention item. Previous years have looked at the whole population of service users, regardless of whether they had an identified family member, friend, or carer, therefore results are not directly comparable.

Calculating the overall score

Each team will receive an overall score. The **overall score** is calculated based on the number of domains rated as 'top performing', 'performing well', 'needs improvement' and 'greatest need for improvement'. It does **not** include performance scores relating to the sub-matrix.

Top performing

- 'Top performing' in the effective treatment domain and the timely access domain
- 'Performing well' or higher in the recording outcome measures domain

Performing well

- 'Performing well' or higher in the effective treatment domain and 'top performing' in the timely access domain
- 'Needs improvement' or higher in the recording outcome measures domain
- If a team is rated 'greatest need for improvement' in any domain, they cannot be rated 'performing well' overall

Needs improvement

- 'Needs improvement' or higher in the effective treatment domain and the timely access domain
- Any score in the recording outcome measures domain
- Teams can be rated as 'needs improvement' overall if they do not satisfy the conditions for 'top performing', 'performing well' or 'greatest need for improvement'.

Greatest need for improvement

- 'Greatest need for improvement' in the effective treatment domain or the timely access domain

Calculating individual domain scores

The **timely access** and **recording outcome measures** domains only have one item so the rating for the item and the domain are the same.

The **effective treatment** domain has five items, therefore an overall rating for this domain needs to be calculated.

Scoring for the effective treatment domain:

Top performing

- 'Top performing' in at least three items **and**
- 'Performing well' in the others.
- If any item is rated as 'needs improvement' or 'greatest need for improvement', a team cannot be 'top performing' in this domain.

Performing well

- 'Performing well' in at least three items **or**
- 'Top performing' in at least three items and 'needs improvement' in at least 1 item **or**
- A mixture of 'performing well' or 'top performing' in three or more items. (This cannot be 'top performing' in at least three items and 'performing well' in the others, as this would qualify for 'top performing').
- If any item is rated as 'greatest need for improvement', a team cannot be 'performing well' in this domain.

Needs improvement

- 'Needs improvement' in at least three items **or**
- 'Greatest need for improvement' in any item.

Greatest need for improvement

- 'Greatest need for improvement' in at least three items.

Sub-matrix

The sub-matrix looks at EIP service provision at team level. Please note that sub-matrix scores do not count towards the scoring matrix overall score.

Scoring sub-matrix item		1 Greatest need for improvement	2 Needs improvement	3 Performing well	4 Top performing
Service set up					
4.1	Team provides service to over 35s	No	Provides one of these services	Yes	Yes
4.2	Team provides Cognitive Behavioural Therapy (CBT) for At-Risk Mental State to service users with At Risk Mental State[4]	No		Provision for those aged under 18 and 18-35 years	Provision for all age groups
Provision for children and young people (CYP)					
5	Provision of EIP services with CYP expertise to under 18s[5]	No EIP concordant CYP provision for under 18 years	Some provision of EIP concordant services to under 18 years	Provision of EIP concordant services to under 18 years	Provision of EIP concordant services to under 18 years with shared care protocol and joint/reciprocal training events between EIP and CYPMH teams

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[4] Previous years have included provision of CBT for ARMS 'elsewhere' in 'performing well' for item 4.2 service set up. In 2023 'elsewhere' corresponds to a score of 'needs improvement', therefore scores are not directly comparable to previous years.
[5] Identifying differential diagnoses/comorbidities, safeguarding and education support are topic areas newly introduced to item 5 (previously item 4.3) in 2023, therefore performance is not directly comparable with previous years.

Calculating individual domain scores

The **service set up** domain is made up of two items therefore an overall domain score must be calculated.

The **provision for children and young people** has only one item so the item score is the same as the domain score. The score is calculated from several different sub-questions.

Please note, there is no overall score associated with the sub-matrix.

Scoring for items 4.1 and 4.2, service set up:

Top performing
- There must be a service for over 35s **and**
- a CBT for ARMS service for <u>all age groups</u> (this can be within the team or by a separate team providing ARMS assessment and intervention).

Performing well
- There must be a service for over 35s **and**
- a CBT for ARMS service for the <u>14-35 years age group</u> (this can be within the team or by a separate team providing ARMS assessment and intervention).

Needs improvement
- There must be a service for over 35s **or**
- a CBT for ARMS service for <u>at least one age group</u> (this can be within the team, elsewhere or by a separate team providing ARMS assessment and intervention).

Greatest need for improvement
- There must be no service for over 35s **and**
- no CBT for ARMS service for any age group.

Scoring for item 5 provision for children and young people (CYP):

Top performing there must be:
- Provision of services for children and young people with first episode psychosis (any model)
- A shared care protocol between the EIP and CYPMH teams
- Joint or reciprocal training events arranged at least annually between the CYPMH and EIP teams
- Medication is managed or advice is provided to teams on medication management by EI/CYP trained and experienced prescribers
- Provision of CBTp and Family Interventions

- Care coordinators specifically for CYP under 18 years either within the EIP or CYPMH team
- Staff trained who can identify and support differential diagnosis and potential co-morbidities including neurodevelopmental disorders when working with young people with first episode of psychosis
- Staff working with young people with first episode psychosis are trained in child safeguarding procedures/guidance
- Staff are competent in enabling coproduction of an educational support plan that supports re/integration and/or access to education to enable all young people with first episode psychosis to access and participate in education and/or training activities.

Performing well there must be:
- Provision of services for children and young people with first episode psychosis (any model)
- Medication is managed or advice is provided to teams on medication management by EI/CYP trained and experienced prescribers
- Provision of CBTp and FI
- Care coordinators specifically for CYP under 18 years either within the EIP or CYPMH team
- Staff trained who can identify and support differential diagnosis and potential co-morbidities including neurodevelopmental disorders when working with young people with first episode of psychosis
- Staff working with young people with first episode psychosis are trained in child safeguarding procedures/guidance
- Staff are competent in enabling coproduction of an educational support plan that supports re/integration and/or access to education to enable all young people with first episode psychosis to access and participate in education and/or training activities.

Needs improvement there must be (any of):
- Medication is not managed by and/or there is no routine access to advice from EI/CYP trained and experienced prescribers
- No provision of CBTp or Family Interventions
- No care coordinators specifically for CYP under 18 years.

Greatest need for improvement, there must be:

- No EIP concordant CYP provision for under 18 years.