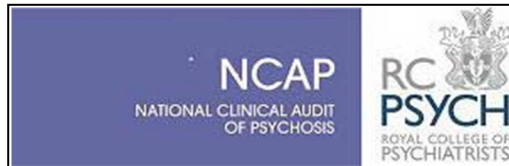


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NCAP EIP spotlight audit 2018/19

Case note audit form

Notes for completion

Audit forms should be completed by the clinician/clinical team responsible for the patient's care.

Please complete a separate audit form for each patient.

Your audit lead will tell you which of your patients have been selected. Patients have been randomly selected from all patients in your team who meet the criteria for the NCAP EIP spotlight audit. It is essential that you **do not make your own selection** of which patient to audit.

How to complete this audit form

All data must be collected by **31/10/2018** and submitted online by **30/11/2018**. Please contact your local audit lead if you are unsure how this is being managed in your Trust/Organisation/Health Board.

Please refer to the 'Guidance on the NCAP EIP spotlight audit' document for information on how to complete this tool, including definitions and guidance for each item.

Audit forms should be completed using information from the paper and/or electronic case records and clinical knowledge of the patient. There may be items for which you need to speak to a member of clinical staff who has known the patient for a longer period than yourself, e.g. EIP care coordinator or Psychiatrist.

Note: Some questions only appear based on previous answers, so not all questions will appear each time.

Further assistance and information

Please contact your local audit lead in the first instance. You may also contact the central NCAP Team on NCAP@rcpsych.ac.uk or 020 3701 2602/2756 or visit our website at www.rcpsych.ac.uk/NCAP.

All questions in this tool are mandatory.

Your local NCAP audit lead is:

The organisation ID for your local EIP team is:

Initials of data collector/clinician:

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NCAP Patient ID (To be completed by local NCAP audit lead):

(Number 1-n, assigned by local audit lead for local tracking purposes)

Patient details

Q1. Year of birth (YYYY):

Q2. Gender:
 Male
 Female
 Other

Q3. Ethnicity:

White	Black or Black British	Asian or Asian British	Mixed	Other ethnic groups
<input type="checkbox"/> British	<input type="checkbox"/> African	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Asian & white	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Black African & white	<input type="checkbox"/> Any other ethnic background
<input type="checkbox"/> Any other white background	<input type="checkbox"/> Any other black background	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Black Caribbean & white	<input type="checkbox"/> Not documented/ refused/ not stated
		<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Any other mixed background	

Q4. Was this person in work, education or training at the time of their initial assessment?

Yes
 No

Q5. Does this person have an identified family member, friend or carer who supports them?

Yes
 No

Q6. Have the following outcome measures been completed for this person?

Please note that any 'Other' outcome measures provided will NOT be included when calculating whether the standard was met for patients aged 18 and over. Information should therefore be recorded in addition to the specified measures.

	Never	Once	More than once
HoNOS/HoNOSCa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIALOG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please provide details:

Psychological and Other Interventions

Q7. 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)

	Yes	No
<i>Cognitive Behavioural Therapy for Psychosis (CBTp)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family Intervention</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supported employment Programme (such as Individual Placement and Support (IPS) or education programme)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Q8. Has this person commenced a course of antipsychotic medication?

Yes – less than 6 months ago

Yes – within the last 6-12 months

Yes – more than 12 months ago

No

Q9. Has this person had two adequate but unsuccessful trials of antipsychotic medications?

Yes

No

Q9a. Has this person been offered clozapine?

Yes

No

Q10. Has this person's carer(s) commenced a course of, or was referred to, a carer-focused education and support programme?

Yes

No

Physical health screening and interventions

Physical health screening and interventions could have been carried out at any time between **31/10/2017** and **31/10/2018**, while the person was on the EIP caseload.

Q11. Smoking status

Current smoker --> Enter number of cigarettes smoked per day:

Ex-smoker or non-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

Q12. Alcohol consumption

Yes --> Harmful or hazardous use of alcohol*

Alcohol use that is NOT harmful or hazardous

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

*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'.

Q13. 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

Q14. BMI/Weight

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

Yes (please enter value below)

Not documented

Documented 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

Person was pregnant/ gave birth within last 6 weeks (weight not measured)

BMI (Body Mass Index) (**Kg/m²**)

.

Q14a. Weight recorded before and after commencing antipsychotic medication

Yes (please enter both values below)

Not documented

Documented 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

Person was pregnant/ gave birth within last 6 weeks (weight not measured)

Weight before commencing antipsychotic medication (**Kg**)

.

Most recent weight measurement (**Kg**)

.

Q15. Blood pressure

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

Systolic (**mmHg**)

and/or

Diastolic (**mmHg**)

Q16. Glucose

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

Person was pregnant/ gave birth within last 6 weeks (glucose screening not carried out)

Glycated haemoglobin or HbA1c (**mmol/mol**) .

and/or

Fasting plasma glucose (**mmol/l**) .

and/or

Random plasma glucose (**mmol/l**) .

Q17. Cholesterol

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

Total cholesterol (**mmol/l**) .

and/or

Non-HDL cholesterol (**mmol/l**) .

and/or

QRISK-2 score (%) .

INTERVENTIONS

Physical health interventions could have been carried out at any time between **31/10/2017** and **31/10/2018**, while the person was on the EIP caseload.

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

Please tick all that apply:

Q18. Interventions for smoking cessation

- Brief intervention*
- Referral to smoking cessation service*
- Combined NRT (nicotine replacement therapy) and/or varenicline/bupropion*
- Individual/group behavioural support*
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision*
- No intervention needed*
- Not documented*

Q19. Interventions for harmful alcohol use

- Brief intervention and advice*
- Motivational interviewing*
- Referral to psycho-education programme*
- Individual/group behavioural support*
- Pharmacological intervention for harmful use of alcohol commenced or reviewed (acamprosate, disulfiram or naltrexone)*
- Referral to specialist service*
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision*
- No intervention needed*
- Not documented*

Q20. Interventions for substance misuse

- Brief intervention/advice*
- Referral to detoxification programme*
- Referral to psycho-education programme*
- Motivational interviewing*
- Referral to specialist service*
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision*
- No intervention needed*
- Not documented*

Q21. Interventions for weight gain/obesity

- Mental health medication review with respect to weight (e.g. antipsychotic)*
- Advice or referral about diet*
- Advice or referral about exercise*
- Referral to structured lifestyle education programme*
- Pharmacological intervention for obesity commenced or reviewed*
- Referral to primary or secondary care physician*
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision*
- No intervention needed*
- Not documented*

Q22. Interventions for hypertension

- Mental health medication review with respect to high blood pressure (e.g. antipsychotic)*
- Advice or referral about diet/ salt intake*
- Advice or referral about exercise*
- Anti-hypertensive drug treatment commenced or reviewed*
- Referral to primary or secondary care physician*
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision*
- No intervention needed as repeat blood pressure reading normal*
- No intervention needed*
- Not documented*

Q23. Interventions for diabetes/high risk of diabetes

- Mental health medication review with respect to glucose regulation (e.g. antipsychotic)*
- Advice or referral about diet*
- Advice or referral about exercise*
- Pharmacotherapy for diabetes commenced or reviewed (e.g. metformin, insulin, acarbose or exenatide)*
- Referral to structured lifestyle education programme*
- Referral to primary or secondary care physician*
- Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision*
- No intervention needed*
- Not documented*

Q24. Interventions for dyslipidaemia

Mental health medication review to lower blood lipids (e.g. antipsychotic)

Advice or referral about diet

Advice or referral about exercise

Lipid modification medication (e.g. statin)

Referral to primary or secondary care physician

Documented evidence of refusing intervention after it is assured that the person has been given the information on which to make an informed decision

No intervention needed

Not documented

END OF AUDIT FORM
Thank you for completing this audit form for this patient