

Early Intervention in Psychosis Network Self-Assessment Tool

Please complete one self-assessment form per Early Intervention in Psychosis team.

All data must be collected and submitted by **30 September 2016**.

Please refer to the '**Guidance on the self-assessment tool**' document for information on how to complete this tool, including definitions and guidance for each item.

This self-assessment tool should be completed using data from all service users currently on the caseload, unless a specific sampling frame is stated.

Many of the questions are phrased as a numerator and denominator, which will be used to calculate a percentage for each item. Some questions have an additional numerator which qualifies or adds detail to the item.

An additional data collection sheet is provided to help your team collect the relevant data if required.

If you have 'cookies' enabled on your computer, it is possible to save this survey and come back to it at a later date.

If you require further assistance, please contact the EIPN project team on eipn@rcpsych.ac.uk or 0203 701 2649, or visit our website at www.rcpsych.ac.uk/eipn.

All questions in this tool are mandatory.

All responses should be completed for your individual early intervention in psychosis team and not for the Trust as a whole.

ABOUT YOUR SERVICE

The following questions relate to your individual early intervention in psychosis team and should be completed to reflect your current service provision.

Trust/organisation name

Service name

Please indicate the location of your service if this is not in your service name, for example *Early Intervention Team, Northampton* or *Early Intervention Service, Cheshire West*

Email address of person completing this form (in case of data enquiries)

Confirm email address

Service Type

Type of EIP service:

- Q1
- Stand-alone multidisciplinary EIP team
 - Hub and spoke model
 - EI function integrated into a community mental health team (CMHT)
 - Other - please specify below

Other model - please specify

What is the rationale for use of a hub and spoke model?

Has the use of this model been carefully considered to mitigate any risks and ensure the same level of care is delivered as with a stand-alone service?
Please detail the risks considered and the action taken to address these.

Does the service review access data at least annually, comparing data with local population statistics and taking action to address any inequalities of access where identified?

Q2 *Guidance: These data are used to understand who is accessing the service, identify under-represented groups, promote the service to these groups and improve the accessibility of the service.*

Yes

No

Q3 What is the total caseload of the service?

Q4 How many people on the total caseload are under 18?

Q5 How many people on the total caseload are 18 or over?

Q6 How many people on the total caseload have confirmed First Episode Psychosis (FEP)?

Q7 How many people on the total caseload have an At-Risk Mental State for Psychosis (ARMS)?

Engagement

Denominator: What is the total caseload of the service?

You entered {Q3}

Q8

Numerator: How many service users that were engaged with the service disengaged/were lost to follow-up between 5 July 2015 and 4 July 2016?

Full-time care coordinators have a caseload of no more than 15 (reduced pro-rata for part-time staff)

What is the total caseload of the service?

You entered {Q3}

Q9

How many whole time equivalent EIP care coordinators work for the service?

Child & Adolescent Mental Health Service (CAMHS) Provision

Please select the option that best describes the model of CAMHS provision in your service:

- Q10
- Specialist EIP team embedded within CAMHS
 - Adult EIP service with staff that have expertise in CAMHS
 - Adult EIP service with joint protocols with CAMHS
 - No CAMHS provision
 - Other - please specify below

Other model - please specify

Are there staff members with dedicated sessional time in the team from the following professions with competence in working with children and young people? (tick all that apply)

- Q11
- Psychiatrist
 - Psychologist
 - Nurse
 - Family therapist
 - Other

Drug and alcohol services

Can staff in your service signpost/refer service users to a specialist drug and alcohol service?

Q12 *Note: These services may be provided by the NHS, voluntary or private sectors*

- Yes
- No

Availability of Interventions

A. Cognitive Behavioural Therapy for Psychosis (CBTp)

Q13 How many hours of CBTp are delivered per week in the service?

Q14 How many whole-time equivalent staff members are trained, or are currently receiving training, to deliver CBTp?

Q15 Do staff members delivering CBTp receive clinical supervision for at least 1.5 hours per month, delivered by an appropriately trained and experienced supervisor?

Yes

No

B. Supported Employment

Please indicate the type(s) of supported employment programmes available to people that use your service:

Note: These services may be provided by the NHS, voluntary or private sectors

Q16	Provided by EIP Team	Available locally (external to EIP team)	Not available
Individual Placement and Support (IPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supported Employment Programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Placement Schemes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back to work support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment preparation programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - please specify	<input type="text"/>		

C. Family Interventions

Q17 How many hours of Family Interventions are delivered per week in the service?

Q18 How many whole-time equivalent staff members are trained, or are currently receiving training, to deliver Family Interventions?

Q19 Do staff members delivering Family Interventions receive clinical supervision for at least 1.5 hours per month, delivered by an appropriately trained and experienced supervisor?

Yes

No

Service users referred with suspected first episode psychosis receive an initial assessment within 2 weeks of receipt of referral

Q20 Denominator: How many people with suspected first episode of psychosis were referred to your service between 1 April and 30 June 2016?

Q21 Numerator: Of those, how many received an assessment within 2 weeks of referral?

Q22 Additional: Of those, how many were triaged (if the EIP team triages referrals) or assessed and consequently found not to be suitable for EIP?

Service users with first episode psychosis are allocated to, and engaged with, an Early Intervention in Psychosis (EIP) care coordinator within 2 weeks of receipt of referral

These data are submitted to Unify. Please enter the data you submitted for the most recent 3 months, where the data meets the definitions outlined in the EIPN Self Assessment Tool Guidance.

Q23 Denominator: How many people with first episode psychosis were allocated and engaged with an EIP care coordinator during this period?

Q24 Numerator: Of those, how many were allocated and engaged with an EIP care coordinator within 2 weeks of referral?

Service users with first episode psychosis are offered Cognitive Behavioural Therapy for Psychosis (CBTp)

Denominator: How many people on the total caseload have confirmed First Episode Psychosis?

You entered: {Q6}

Q25 Numerator: How many service users with FEP currently on the caseload have been offered CBTp?

Q26 Numerator: Of those, how many took up CBTp?

Service users with first episode psychosis are offered supported employment programmes

Guidance: These may include programmes such as Individual Placement Support (IPS), employment placements, back to work support, employment preparation programmes, and educational support programmes.

Q27 How many people with First Episode Psychosis who were not in work, education or training at the point of assessment are there on the caseload?

Q28 Numerator: Of those, how many have been offered a supported employment or education programme?

Q29 Additional: Of those, how many took up a supported employment or education programme?

Service users with first episode psychosis and their families are offered Family Interventions

Q30 Denominator: How many people with FEP who are in contact with their family are there on the caseload?

Q31 Numerator: Of those, how many have been offered Family Interventions?

Q32 Additional: Of those, how many peoples' families took up Family Interventions?

Service users with first episode psychosis are offered antipsychotic medication

Denominator: How many people on the total caseload have confirmed First Episode Psychosis?

You entered: {Q6}

Q33 Numerator: How many service users with FEP currently on the caseload have been offered antipsychotic medication?

Q34 Additional: How many service users with FEP currently on the caseload took up antipsychotic medication?

If a service user's illness does not respond to an adequate trial of 2 different antipsychotic medicines given sequentially, the service user is offered clozapine

Denominator: How many people with FEP on the caseload have had two adequate but unsuccessful trials of antipsychotic medications?

Q35a *Guidance: Each medicine should be given in a treatment dose for an adequate duration of time and with objective evidence of adherence. A comprehensive review of reasons for a non-response (e.g. misdiagnosis, untreated comorbidities) is undertaken*

Q35b Numerator: Of those, how many have been offered clozapine?

Please answer the following questions using data on those service users who are currently receiving treatment for an at risk mental state (ARMS) for psychosis only.

Service users referred with, but found not to have first episode psychosis, are offered a specialist ARMS assessment within 2 weeks of receipt of the original referral

Q36 Denominator: How many people were referred to your service with suspected first episode psychosis, but found to have an At Risk Mental State (ARMS) between 1 April and 30 June 2016?

Q37 Numerator: Of those, how many commenced a specialist ARMS assessment within 2 weeks of referral?

Service users with an at-risk mental state for psychosis (ARMS) are offered Cognitive Behavioural Therapy (CBT) for their at risk mental state.

How many people on the total caseload have an At-Risk Mental State for Psychosis (ARMS)?

You entered: {Q7}

Q38 Numerator: How many service users with ARMS currently on the caseload have been offered CBT for their at-risk mental state?

Q39 Additional: Of those, how many took up CBT for their at-risk mental state?

Please answer the following questions using data from all service users

Service users are supported to develop a personal recovery plan using a structured tool

Guidance: The plan focuses on the persons' strengths, self-awareness, sustainable resources, support systems and distress tolerance skills and should reference the management of transitions.

Denominator: What is the total caseload of the service?

You entered **{Q3}**

Q40 Numerator: How many service users currently on the caseload have been supported to develop a personal recovery plan using a structured tool (as above)?

Service users are supported to develop a structured safety and staying well (crisis and relapse prevention) plan in collaboration with their family, friend or carer (where appropriate), which is shared with primary care and other organisations involved in their care, with their consent

Denominator: What is the total caseload of the service?

You entered **{Q3}**

Q41 Numerator: How many service users currently on the caseload have been supported to develop a structured safety and staying well (crisis and relapse prevention) plan in collaboration with their family, friend or carer (where appropriate)? The plan should be shared with primary care and other organisations involved in their care, with their consent.

Service users have a physical health review at the start of treatment (baseline), at 3 months and then annually (or 6 monthly for young people) unless a physical health abnormality arises.

This includes:

- *A personal/family history (at baseline and annual review);*
- *Lifestyle review (at every review);*
- *Weight (at every review) and height (baseline and every 6 months for young people);*
- *Waist circumference (at baseline and annual review for adults; at baseline and 6 monthly for young people);*
- *Blood pressure (at every review);*
- *Fasting plasma glucose/HbA1c (glycated haemoglobin) (at every review);*
- *Lipid profile (at every review)*

Please note these requirements align with the CQUIN for Physical Health of People with Serious Mental Illness (PSMI)

Denominator: What is the total caseload of the service?

You entered **{Q3}**

Q42 Numerator: How many service users currently on the caseload had a physical health assessment including all the elements listed above, between 5 July 2015 and 4 July 2016?

Do all service users have a physical health assessment at the following intervals as a minimum:

Q43	Yes	No
3 months after starting treatment?	<input type="radio"/>	<input type="radio"/>
Annually after starting treatment (or 6 monthly for under 18s)?	<input type="radio"/>	<input type="radio"/>

Service users are offered physical health interventions, including advice and/or signposting to healthy eating, physical activity and smoking cessation services

Weight management

Q44 How many service users currently on the caseload have been identified as needing a physical health intervention for weight management?

Q45 Numerator: Of those, how many have been offered physical health interventions, including advice and/or signposting to combined healthy eating and physical activity services?

Q46 Numerator: Of those, how many took up physical health interventions, including advice and/or signposting to combined healthy eating and physical activity services?

Smoking

Q47 How many service users currently on the caseload have been identified as needing a physical health intervention for smoking?

Q48 Numerator: Of those, how many have been offered advice and/or signposting to smoking cessation services?

Q49 Numerator: Of those, how many took up advice and/or signposting to smoking cessation services?

Carers are offered carer-focussed education and support programmes

Q50 Denominator: How many service users currently on the caseload of the service have an identified carer?

Q51 Numerator: Of those, how many service users' carers have been offered carer-focussed education and support programmes?
Note: if a service user has more than one carer, please count this as one

Q52 Additional: Of those, how many service users' carers took up carer-focussed education and support programmes?
Note: if a service user has more than one carer, please count this as one

Clinical outcome measurement data is collected at assessment, after 6 months, 12 months and then annually until discharge

Denominator: What is the total caseload of the service?
You entered **{Q3}**

Q53 Numerator: How many service users currently on the caseload have two or more clinical outcome measures (from HONOS/HONOSCa, DIALOG or QPR) recorded at least twice (assessment and one other time point)?

Q54 Are outcome measures recorded on an electronic care record system?
 Yes
 No

Q55 Are outcome measures used to inform supervision and service user reviews?
 Yes
 No

The service offers an optimum treatment package of 3 years, with consideration of service user need

Q56 Please state the length of treatment in months, to the nearest month, of the last 10 service users diagnosed with First Episode Psychosis discharged from the service:

Service user 1 (months)

Service user 2 (months)

Service user 3 (months)

Service user 4 (months)

Service user 5 (months)	<input type="text"/>
Service user 6 (months)	<input type="text"/>
Service user 7 (months)	<input type="text"/>
Service user 8 (months)	<input type="text"/>
Service user 9 (months)	<input type="text"/>
Service user 10 (months)	<input type="text"/>

Thank you for completing this survey. Please press 'Submit' to send your data to the EIP Network team.