North East and Yorkshire and the Humber
Early Intervention in Psychosis Network
Minutes
15 August 2019, 12.30-16.30
York

No.	AGENDA ITEMS	Action By
1.	**Welcome, Introductions & Housekeeping, Sarah Boul, Quality Improvement Manager, Yorkshire and the Humber Clinical Networks** Sarah Boul welcomed everyone to the first meeting of the North East and Yorkshire and the Humber EIP Networks and thanked them for attending. Sarah Boul encouraged attendees to network and to tweet about the meeting using #yhmentalhealth.	
2.	**Regional EIP Work Programme Update and Developing Business Cases for Level 3 - Moggie McGowan, Co-Chair, Clinical Advisor (Y&H IRIS & NHS England North)** Moggie McGowan presented to the attendees giving an update on the regional EIP work programme. Items discussed included the NCAP results (current and trajectories), what has been learned so far and details of the support available from the Network. Moggie McGowan concluded his presentation with the latest news from EIP, which included the Long Term Plan, the updated IRIS website, service mapping, y-QUIT, Sailing to Recovery and a research project being led by Miriam Kinkaid, a researcher from Canada conducting a global study on EIP services. Miriam Kinkaid then skyped into the meeting from Canada where she is a researcher at McGill University. Miriam advised the attendees that she is developing a fidelity research survey, which will collect information about how EIP services are being delivered across England. This information will be used to describe EIP fidelity nationally (i.e.. how closely EIP services across England adhere to the intended EIP model), examine whether EIP services have reduced suicide and hospitalisations in people with FEP, and assess whether 'fidelity' to the EIP model of care influences this relationship. Volunteers were sought to test the pilot survey. Please see the presentation slide pack for more information. **Action: Please contact Moggie McGowan – stephen.mcgowan@swyt.nhs.uk – as a matter of urgency if you think the current and trajectory NCAP results are incorrect for your Trust.** **Action: Please contact Moggie McGowan – stephen.mcgowan@swyt.nhs.uk – if you would like to volunteer to test Miriam's survey and provide feedback.** **Action: Please visit the IRIS website - www.iris-initiative.org.uk – for more information on Sailing to Recovery and to check the details for your service on the "Find A Team" tab.**	**All** **All** **All**
3.	**Using Outcomes in EIP Services – Alison Brabban, Expert Advisor to AMH Programme, NHS England and Sally Milne, Senior Project Manager, NHS England**	

	Sally Milne and Alison Brabban presented to the attendees on measuring and reporting patient/clinician reported outcomes in EIP services. The presentation included an introduction to outcome measures, QPR, DIALOG and HoNOS, an overview of the EIP Triangulation tool, using the data and useful tips, hints and resources around outcome measures in EIP. Please see the presentation slide pack for more information. **Action: Please contact c.money@nhs.net to request access to the EIP Triangulation Tool (accessible to both providers and commissioners).** **Questions and Answers**: Q. My understanding of HoNOS is that when HoNOS starts to show improvements it can then change where a patient is clustered so HoNOS feels like a cluster code only rather than an outcome measure and it can cause issues within the Trust with the data team. How do we move forward to using HoNOS successfully as an outcomes measure? A. Alison Brabban acknowledged that there are issues with HoNOS as an outcome measure and noted that there is a problem with the reliability of the scores, which is a key issue with all the tools and the important thing is to work collaboratively to resolve issues and standardize how the measures are used and outcomes reported. Work needs to be undertaken nationally to ensure there is full training available and work needs to be undertaken with Trust performance teams to provide more information about the outcome measures. Q. Are there any recommended tools that could be utilized to improve physical health in SMI? A. Moggie McGowan recommend the Lester Tool and Steve Wright added that there is lots of learning to take from the physical health CQUIN too. Steve Wright stated that the ambition is to keep it simple and focus on the key outcomes such as weight reduction, smoking cessation etc. Alison Brabban also recommended considering broader information on outcomes that can be extracted from Trust systems, such as employment rates. Q. Is there any work being undertaken on how to make outcome measures really relevant to clinicians, so people use them to maximum effect? A. Alison Brabban advised that this is being considered nationally and that lessons could be learned from the national IAPT programme, which uses outcome measures effectively with patients. Alison Brabban continued that Prof Kathy Greenwood is currently conducting a study into the use of QPR in EIP. Sally Milne added that NHS England is also in the process of appointing analysts to consider the outcomes data from MHSDS and will be conducting some work around reliable change indexes.	**All**
4.	**Group Discussion - Real EIP: What are the unintended consequences of the current quality framework and how can we address these? - Dr Steve Wright, Consultant Psychiatrist, TEWV** Dr Steve Wright introduced the group discussion session focussing on what are the unintended consequences of the current quality framework and how can we address these? Steve asked attendees to focus on the following topic areas: • What did AWT standards ever do for us (service users and carers)? • The benefits and side effects. • What else happened? Steve Wright asked the attendees to discuss, share best practice and capture	

	feedback on the forms provided. Steve Wright advised the attendees that the feedback captured from each discussion topic would be consolidated and typed up by the Clinical Network.	
5.	**Feedback from the Group Discussion** Steve Wright asked each table to feedback one comment, to the room, from their discussion. The feedback was as follows: 1. The team focus is much more on access and waiting times, perhaps to the detriment of quality. For example, if a clinician has any spare time this will be allocated to conducting assessments rather than running a family intervention group to ensure the access and waiting times are met. 2. Service focus is strongly on access and waiting times and family interventions and ARMS are not receiving optimal attention and are perhaps seen as less meaningful in terms of team performance. 3. Increasing numbers of referrals has meant that care co-ordinator time is spent on assessments and potentially redirecting rather than being spent on getting to know patients. 4. Outcome measures could be seen as restricting the service offer – services should offer an inclusive service to people with complex needs but perhaps the service is now exclusive. 5. As the focus is so tightly on access and waiting times if services are meeting these targets in some ways it disadvantages them as CCGs are not keen to invest further money, which could be spent on the quality aspects of the service. 6. The ARMS pathway has meant that therapists are now care co-ordinating. Higher caseloads have meant that formulation has dipped and care co-ordinators and are unhappy about this. Family work has also decreased. 7. The extension of the age range and the introduction of an extended assessment pathway could lead to a danger that patients are on the ARMS pathway for too long without being appropriately transferred to EI or to other teams. 8. In some ways the ethos of EI has been lost, as there is much less focus on social recovery. Steve Wright thanked the attendees for their initial thoughts and advised that the written feedback would be collated by the Clinical Network and shared with the attendees. **<u>Action:</u> Carole Tarff to collate written feedback from table top discussions, type and share with Network.**	**Carole Tarff**
6.	**Next Steps, Evaluation and Close - Dr Steve Wright, Consultant Psychiatrist, TEWV** **<u>Evaluation</u>** Steve Wright asked the attendees to complete their evaluation forms and leave them on the tables for collation by the network. **<u>Closing Remarks</u>** Steve Wright thanked the presenters, all attendees and the Clinical Network. Steve Wright also advised that if anyone had suggestions for the next meeting to please get in touch.	
	ITEMS FOR INFORMATION	

	Future Meetings: EIP Network Meeting – Autumn 2019 - Venue and date to be confirmed.	