

Yorkshire and the Humber Adult Mental Health
Clinical Network

Early Intervention in Psychosis Network

EIP and COVID-19 Sharing Webinar

15 May 2020

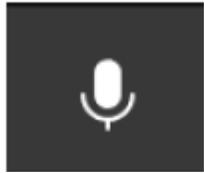


Early Intervention in Psychosis
Achieving *Ordinary Lives*

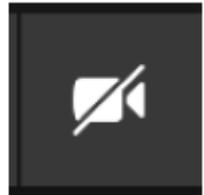
NHS England and NHS Improvement



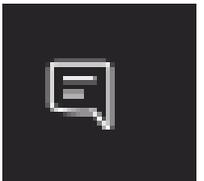
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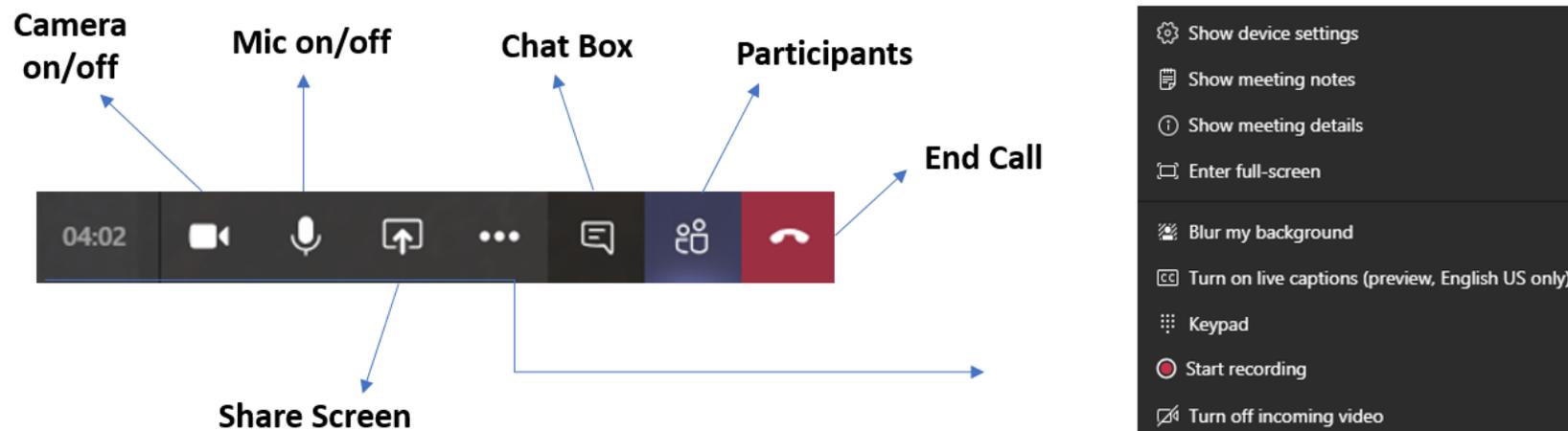
Please remain on mute throughout the session, unless invited to speak – thank you.



You are welcome to use the video function, however this occasionally causes bandwidth problems so you may wish to turn it off.



Whilst we will have an open conversation, please *feel free to use the chat box function* to ask questions or make comments.



Feedback from NHSE EIP National Programme

Key principles for delivering EIP services in the context of COVID-19.

Critical Core Community Service

- EIP teams continue to have a critical role in providing specialist care, preventing relapse and supporting individuals to manage their mental and physical health
- Stratify individuals into risk groups, to ensure the most vulnerable individuals and their families are supported and to ensure continuity of care
- Maximise use of digital channels to support individuals, families/carers and MDT meetings
- Some individuals will still require face to face support from the EIP team.
- Where this need is identified, staff should don the appropriate PPE
- Take time to explain the purpose of this equipment to reduce the risk of additional trauma for the individual.
- Regional teams and clinical networks to continue to support services and to share good practice.
- Continue to flow MHSDS data on the two-week referral to treatment standard
- ⁴ Guidance on this year's NCAP audit will be provided at a later date.

Key principles for delivering EIP in the context of COVID 19



Individuals with psychosis are some of the **most vulnerable members of society**. A concerted effort should be made to ensure that individuals, their families and carers **receive the care and support they need to support recovery, prevent relapse and lead fulfilling lives**



It is **vital that critical core community service are maintained during the pandemic** and any changes made to service configurations are reviewed regularly with the view to restoring to full service provision at the earliest possible opportunity



Where it is not possible to provide face to face interventions safely, EIP teams should provide **interventions and support digitally**

Access Standard (14-days RTT)

- Services should continue to flow data to the MHSDS (*'where this is not burdensome to do so'*)
- During Q1 2019/20 regional and national NHSE/I will not request any assurance information from systems regarding the standard for access to EIP services.
- Data flowed during this period will provide key insights to service demand during the pandemic
- Clock-stop re-defined
 1. Telephone
 2. Face to face communication
 3. Telemedicine (e.g. Skype, MS teams)
 4. Talk type for a person unable to speak

- IRIS will continue to provide a portal for EIP specific policies and good practice.

The screenshot shows the home page of the iris website. At the top, there is a purple header with the iris logo and the text 'Early Intervention in Psychosis Achieving Ordinary Lives'. Below the header is a navigation menu with links for HOME, ABOUT IRIS, POLICY & PRACTICE, RESOURCES, FIND A TEAM, LINKS, and TWITTER. The main content area is divided into three columns. The left column has a 'Home' section with a welcome message and a 'Welcome to the new IRIS website.' section. The middle column has a 'Twitter Feed' section with a search bar and a list of tweets. The right column has a 'Blog: Clozapine, Covid-19, blood counts and balancing risks. A family carers perspective.' section.

The screenshot shows the documents page of the iris website. At the top, there is a purple header with the iris logo and the text 'Early Intervention in Psychosis Achieving Ordinary Lives'. Below the header is a navigation menu with links for HOME, ABOUT IRIS, POLICY & PRACTICE, RESOURCES, FIND A TEAM, LINKS, and TWITTER. The main content area is divided into three columns. The left column has a 'DOCUMENTS' section with a search bar and a list of documents. The middle column has a 'Twitter Feed' section with a search bar and a list of tweets. The right column has a 'Blog: Clozapine, Covid-19, blood counts and balancing risks. A family carers perspective.' section.

Supporting Physical Health

Individuals on the EIP caseload will have physical health needs that will still need to be met during this time. For example, those who are on certain antipsychotic medication will still require regular blood tests and these should be carefully coordinated between primary and secondary care.

Where appropriate, services are encouraged to explore digitally enabled care to discuss issues relating to the promotion of good physical health. Services should also seek to ‘make every contact count,’ maximising opportunities to promote and discuss good physical health.

(Beth McGeever, NHSE/I Programme Manager, Adult Mental Health)

For further detail please see the latest webinar on physical health for severe mental illness which can be accessed on the NHSFutures website here:

<https://future.nhs.uk/MHLDAcovid19/view?objectId=20286352>

Options for EIP Audit 2020/21

Preferred Option



Option	Detail	Advantages	Disadvantages
<p>Proceed as normal and undertake full audit.</p>	<ul style="list-style-type: none"> • Complete audit as planned for 2020/2021 and collect case note data in October/November 2020. • Normal sample size of 100 patients per team. • Build in review windows and temperature checks with teams prior to start of sampling in September. • Undertake further engagement to understand if/how we could apply scoring of NICE concordance to data collected. 	<ul style="list-style-type: none"> • Would provide services with detailed benchmarking data on interventions and care they deliver. • Would provide commissioners with granular data on what their investment is providing for their population. • Would enable us to highlight to the system that EIP remains a priority. • Would enable us to track progress against our LTP deliverable. 	<ul style="list-style-type: none"> • We may reach the start of the data collection period and additional pressures on teams mean that we cannot continue with the collection. • Potential that due to covid-19, data may not be an accurate reflection of teams ability and performance.

Options for EIP Audit 2020/21

Back Up Options



<p>Collect data at Trust level rather than team</p>	<ul style="list-style-type: none"> • Complete audit as planned for 2020/2021 and collect case note data in October/November 2020. • Provide option to trusts to submit team level data or trust level data. • Therefore some trusts could provide data on a sample of 100 patients per Trust rather than 100 patients per team • Build in review windows and temperature checks with teams prior to start of sampling in September. • Undertake further engagement to understand if/how we could apply scoring of NICE concordance to data collected. 	<ul style="list-style-type: none"> • Would provide some individual services and trusts with detailed benchmarking data on interventions and care they deliver. • Would enable us to highlight to the system that EIP remains a priority. • Would enable us to track progress against our LTP deliverable. 	<ul style="list-style-type: none"> • Some CCGs commission EIP services at the team level and therefore would not be able to draw conclusions from Trust level data. Trust level data may mask inequitable service delivery across the individual team level. • Potential that due to covid-19, data may not be an accurate reflection of teams ability and performance.
<p>Do not collect case note audit data and do optional organisational survey of EIP teams and service users and carers</p>	<ul style="list-style-type: none"> • To stop collecting case note data in 2020/21. • Request routine MHSDS data from NHS Digital to track the quality of care that patients receive. • In addition: • Organisational survey of EIP teams to focus on how teams are adapting their services to meet the challenges of the pandemic. Survey will take no longer than 30 mins to complete. • Optional service user and carer survey. Provide materials and support to services to collect data from up to 20 service users and 10 carers of people with First Episode Psychosis. Survey to be based on 2019 service user and care survey and include items on: the impact of the pandemic including physical health, occupational activities and support for carers. 	<ul style="list-style-type: none"> • Enable identification and sharing examples of good practice which could be used to support service improvement. • Allows us to understand the scale and the quality of MHSDS data in preparation for using the data for future iterations of the audit and scoring. 	<ul style="list-style-type: none"> • The quality of MHSDS data may not be an accurate reflection of care provided in all teams. • This option would not allow us to formally score EIP teams against NICE concordance in 2020/21.

National EIP Good Practice Webinars

The National Team are hoping to schedule some good practice webinars over the coming weeks. The purpose of these will be to showcase good practice in EIP delivery across the regions.

The National Team think there is interest in hosting two webinars initially on:

- 1) delivering interventions digitally and**
- 2) delivering care safely – including face to face care.**

And are currently holding two dates for these:

- 27 May 2020, 10:30- 12:00
- 16 June 2020, 12:30- 14:00

Please get in touch with jaynairn@nhs.net if you're aware of colleagues who'd be interested in sharing their experiences on webinars focussed on the above topics.

