RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

NCAP
NATIONAL CLINICAL AUDIT OF PSYCHOSIS

HQIP
Healthcare Quality Improvement Partnership

National report for Ireland
Early Intervention in Psychosis Audit

2021/22

The National Clinical Audit of Psychosis (NCAP) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage and develop the NCAPOP, comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies.
https://www.hqip.org.uk/national-programmes

In 2020 and 2021 NCAP was permitted to arrange with the Health Services Executive (HSE) to collect and report on data collected from Early Intervention in Psychosis (EIP) sites in Ireland, using tools and documents specifically developed for use in NCAP 2021/22 EIP audit, modified in accordance with advice from EIP sites in Ireland.

If citing this report, please reference it as: Royal College of Psychiatrists (2022) National Clinical Audit of Psychosis – Ireland National Report for the Early Intervention in Psychosis Audit 2021/2022. London: Royal College of Psychiatrists. Available from:
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Compiled by The National Clinical Audit of Psychosis project team

Dr Paul French, NCAP EIP Clinical Advisor
Konami Groves, Project Officer
Veenu Gupta, Service User Advisor
Aimee Morris, Programme Manager
Dr Dasha Nicholls, Clinical and Strategic Director (CCQI)
Philippa Nunn, Deputy Programme Manager
Camila Pulliza, Project Officer
Dr Alan Quirk, Head of Clinical Audit and Research (CCQI)
Professor Jo Smith, NCAP EIP Clinical Advisor

Cover image 'The Teal Tiger' by Veenu Gupta

Designed and typeset by Eve Design

Key Findings

Key findings of this audit should be considered in context of the COVID-19 pandemic over the last two years. Teams are commended for maintaining Early Intervention in Psychosis (EIP) service delivery in the context of the pandemic.

63%

6% INCREASE FROM PREVIOUS AUDIT

of people with first episode psychosis (FEP) took up cognitive behavioural therapy (CBTp)

41%

22% INCREASE FROM PREVIOUS AUDIT

of people with FEP who were **not** in work/education took up a supported employment and education programme

Caseload size has **reduced** from **27 to 19**

3/4 teams reported an **increase** in staff in post

Recording of outcome measures **increased by 5%** to 54%

Call for improvement in physical health care

24%

3% DECREASE FROM PREVIOUS AUDIT

of people with FEP received all 7 physical health screens

13%

8% DECREASE FROM PREVIOUS AUDIT

of people with FEP received all relevant physical health interventions

Contents

1. Overview

What is NCAP?

The National Clinical Audit of Psychosis (NCAP) aims to improve the quality of care that NHS mental health trusts in England, Health Boards in Wales, and organisations in Ireland provide to people with psychosis. Services are measured against criteria relating to the care and treatment they provide, so that the quality of care can be improved.

Early Intervention in Psychosis (EIP) 2021/22 audit

This report presents national and organisation-level findings on the treatment of people by teams in Ireland. Early Intervention in Psychosis (EIP) services are specialised services that aim to provide prompt assessment and evidence-based treatments to people with first-episode psychosis (FEP).

The standards for the EIP audit are based on the Implementing the Early Intervention in Psychosis Access and Waiting Time Standard guidance (**NHS England, NICE & NCCMH, 2016**), which details a National Institute for Health and Care Excellence (**NICE**) recommended package of EIP care for treating and managing psychosis (**NICE Quality Standard [QS] 80, 2015; NICE QS102, 2015**).

For this 2021-2022 round of audit, we were again invited by the Health Services Executive (HSE) to provide the audit and reporting for EIP services in Ireland.

COVID-19 pandemic

The findings of this audit report need to be interpreted in context of the COVID-19 pandemic which has severely impacted the functioning of the health sector over the last two years.

What happened during the audit?

4 organisations in **Ireland** providing EIP services took part in the audit.

Organisations identified **all eligible casenotes** and sent an anonymised list to the NCAP Team who selected a random sample of up to **100 people per team.**

Organisations **submitted data** online from **127** casenotes.

Results discussed at a focus group with **service user and carers** and feedback included in report.

Data analysed and **reports produced.**

EIP 21/22

People's casenotes were eligible to be included in the audit if:

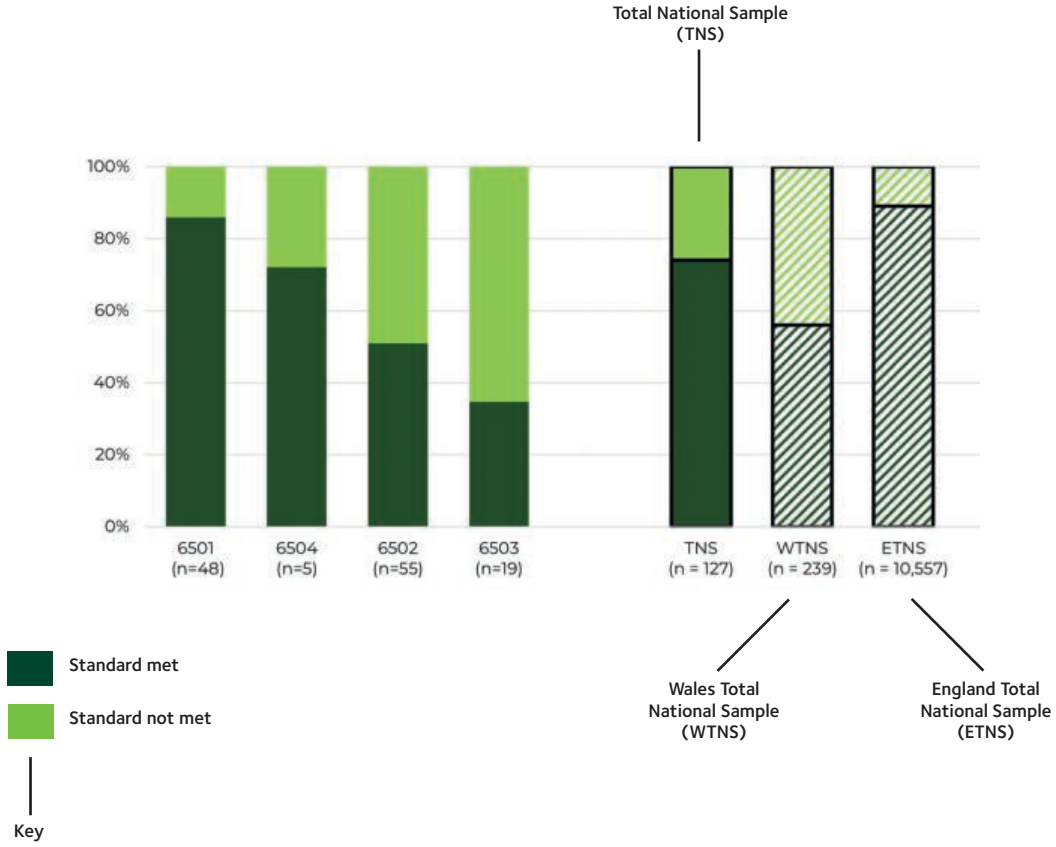
- ✓ They had first episode psychosis (FEP)
- ✓ Aged 65 years and under
- ✓ On the caseload of the EIP team or receiving treatment for FEP and open to CYPMH teams
- ✓ On the team's caseload for 6 months at the census date (1 April 2021)
- ✗ Experiencing psychotic symptoms due to an organic cause (see Appendix A)
- ✗ Spending most of their time residing in a different locality due to attendance at university

2. How to read this report

Percentages in this report may not add up to 100% as they have been rounded (0.5 has been rounded up).

The **bar charts** in this report provide a breakdown of the organisation-level data and allow for comparisons across teams. Each bar represents the performance of an individual team, which can be identified by its unique EIP team number, found along the x-axis of the chart. The Wales total national sample (WTNS) and England total national sample (ETNS) are displayed for comparison alongside the Ireland total national sample (TNS). All three are indicated by a bold bar with block colour but are differentiated by a stripe print on the WTNS and ETNS bars.

Feedback from experts by experience the NCAP team commissioned Rethink Mental Illness to set up and run a service user and carer reference group to gather reflections on the audit data from people with lived experiences of psychosis. Feedback and quotes are included throughout the report (see Appendix A for further information).



Illustrative figure for the variation graphs used throughout the report

3. Change over time

As this is the second year Ireland have participated in the EIP audit, the table below shows the change in national performance against the audit standards over time. The yellow indicators highlight the standards where performance has improved since the first round of audit.

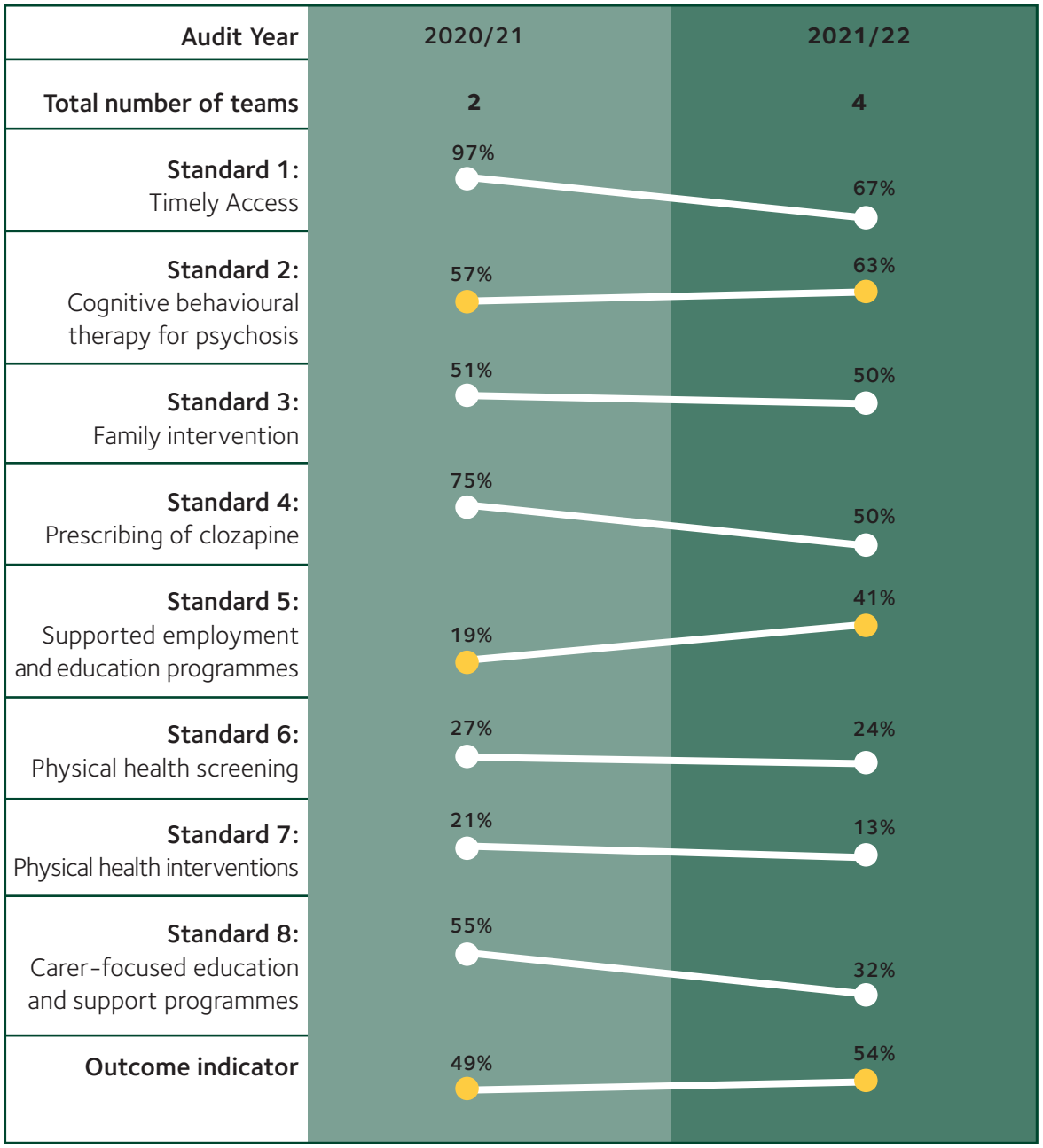


Figure 1. Audit standards and outcome indicator performance data over a two-year period

4. Organisation variation

This section of the report highlights variation in performance against the standards at team-level. These data aim to support teams in identifying areas for quality improvement (QI).

Staffing & workload

75% of EIP teams reported an increase in staff in post over the last 12 months and the average number of whole time equivalent (WTE) EIP key workers per team increased by 1 WTE in the same year. Although the average caseload per WTE EIP key worker was 19, this ranged from 7-36 across the four teams.

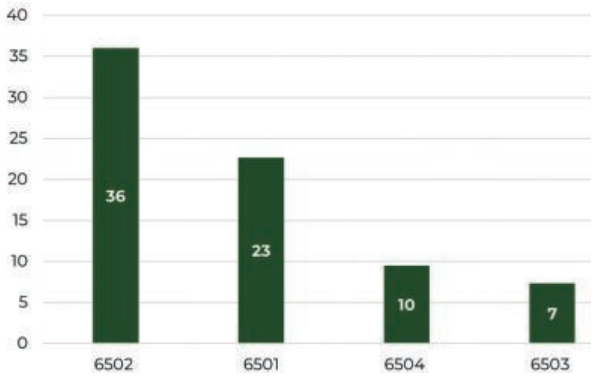


Figure 2. Caseload per whole time equivalent EIP key workers for each team

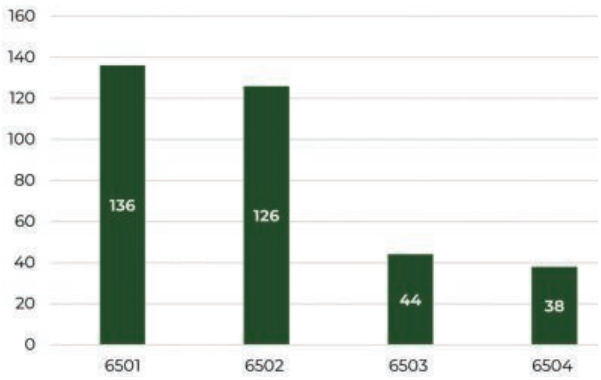


Figure 3. Total caseload for each team

WHAT THIS MEANS

Care coordination is essential for EIP care and lower key worker caseloads support more effective delivery of the full range of evidence based EIP interventions. There is wide variation in overall EIP caseload total across organisations.

IDEAS FOR LOCAL QI

- What is the optimal caseload for a EIP key worker to deliver the full range of evidence-based EIP interventions?
- Would staff benefit from having regular caseload reviews during supervision to ensure that caseloads support effective EIP care delivery?
- Do you know what the expected incidence of FEP is in your catchment population and how closely does your current team caseload reflect this?

Standard 1: Timely access

People with FEP should start treatment in EIP services within 2 weeks of referral (NHSE, 2016;2020).

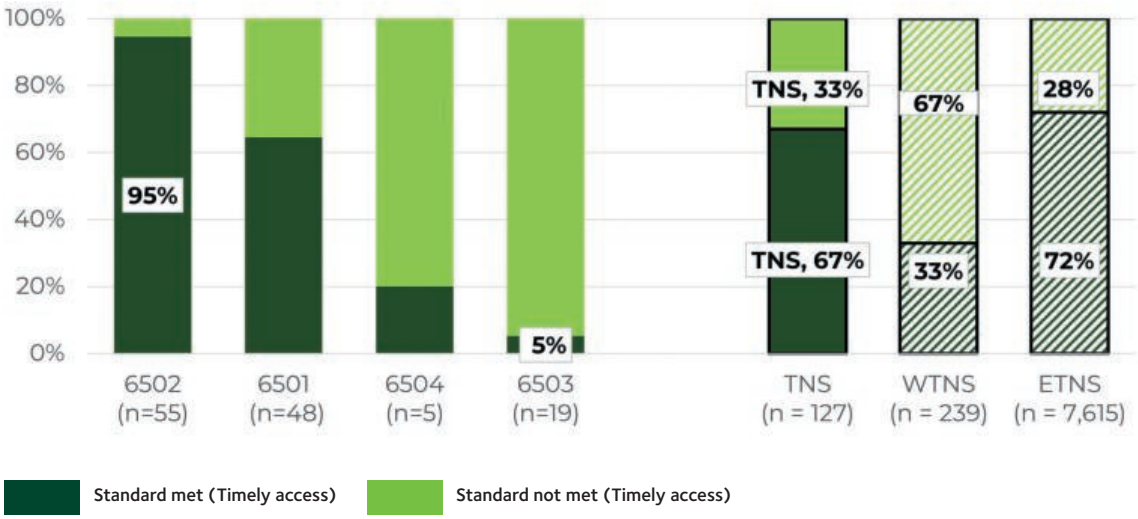


Figure 4. People with FEP who started treatment in EIP services within two weeks of referral (allocated to, and engaged with, an EIP key worker) (n=127)

WHAT THIS MEANS

There was significant variation in timely access to EIP care depending on which EIP service a person was referred to.

IDEAS FOR LOCAL QI

- Could obstacles and barriers to timely access be identified by completing a 'care pathway' assessment on a sample of new FEP cases?
- Does collecting feedback about access to EIP services from people with FEP and their carers improve understanding of issues that can delay or inhibit timely access to EIP care?

Standard 2: Cognitive behavioural therapy for psychosis (CBTp)

People with FEP should take up cognitive behavioural therapy for psychosis (CBTp) (NICE QS80, NICE QS102). To meet this standard people had to receive at least one session of a course of CBTp delivered by a person with the relevant skills, experience and competencies.

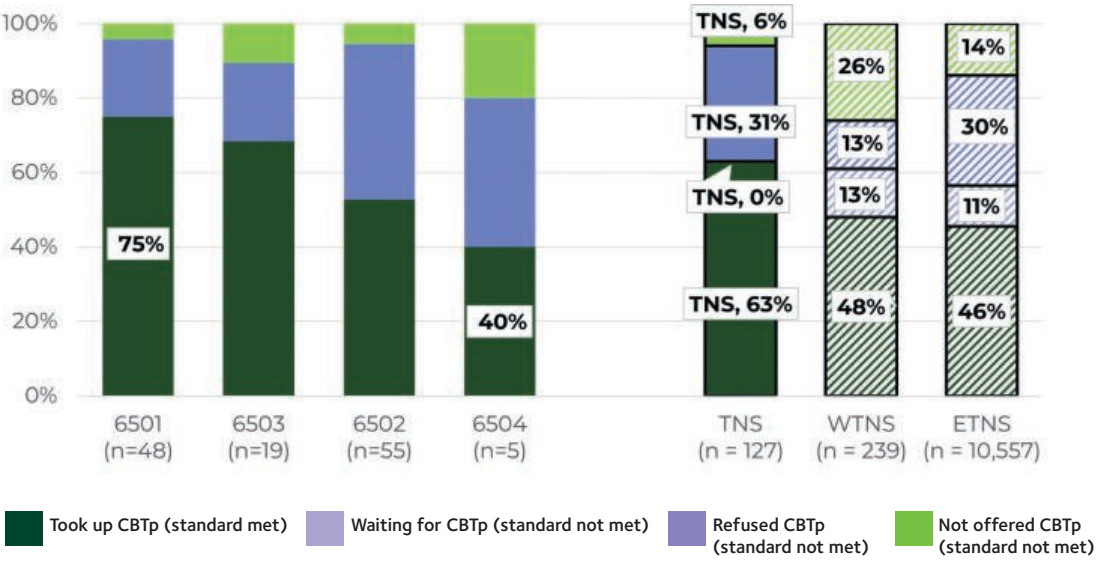


Figure 5. Proportion of people with FEP who took up CBTp (n=127)

WHAT THIS MEANS

Most people were offered CBTp as recommended. However, a significant proportion refused the intervention.

FEEDBACK FROM EXPERTS BY EXPERIENCE

CBTp is not always suitable and the timing of this intervention is important.

"You can't always think yourself out of psychosis".

"I have autism and found it difficult to engage with CBTp".

IDEAS FOR LOCAL QI

- Does offering CBTp more than once improve uptake?
- Can including the offer of CBTp in the care planning reviews increase uptake?
- Would more/better promotion of CBTp involving people with FEP who found it helpful talking about their experiences increase engagement of those who are hesitant?

Standard 3: Family intervention (FI)

People with FEP and their families should take up FI (NICE QS80, NICE QS102). To meet this standard people had to have received at least one FI session **delivered by a person with the relevant skills, experience, and competencies**[1].

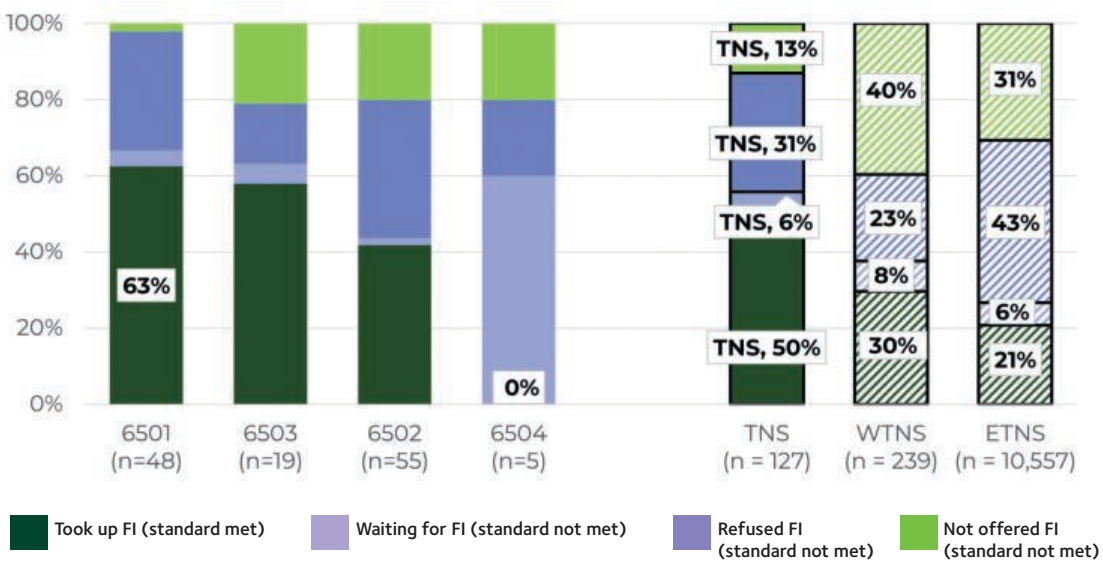


Figure 6. Proportion of people with FEP and their families who took up family intervention (n=127)

WHAT THIS MEANS

Many people with FEP and their families were offered FI. However, FI was not always available in a timely way and a significant number refused family interventions.

FEEDBACK FROM EXPERTS BY EXPERIENCE

"[Family intervention] was offered but I was in the middle of a psychotic episode, so I was like no. It was never offered again...."

IDEAS FOR LOCAL QI

- Does offering FI more than once improve uptake?
- Would including the offer of FI in the care planning reviews increase uptake?
- Would having a champion on FI improve the uptake of family interventions?

1 The Model of Care for EIP in Ireland states that families should be offered family intervention **or** carer support programmes depending on their needs and preferences. Teams are expected to prioritise family intervention and offer carer support programmes if the resources are available.

Standard 4: Prescribing of clozapine

People with FEP who have not responded adequately to or tolerated treatment with at least two antipsychotic drugs should be offered clozapine (NICE QS80). This analysis was conducted on people who were identified as having had treatment with at least two antipsychotic drugs and not having responded adequately to or tolerated them (n=18).

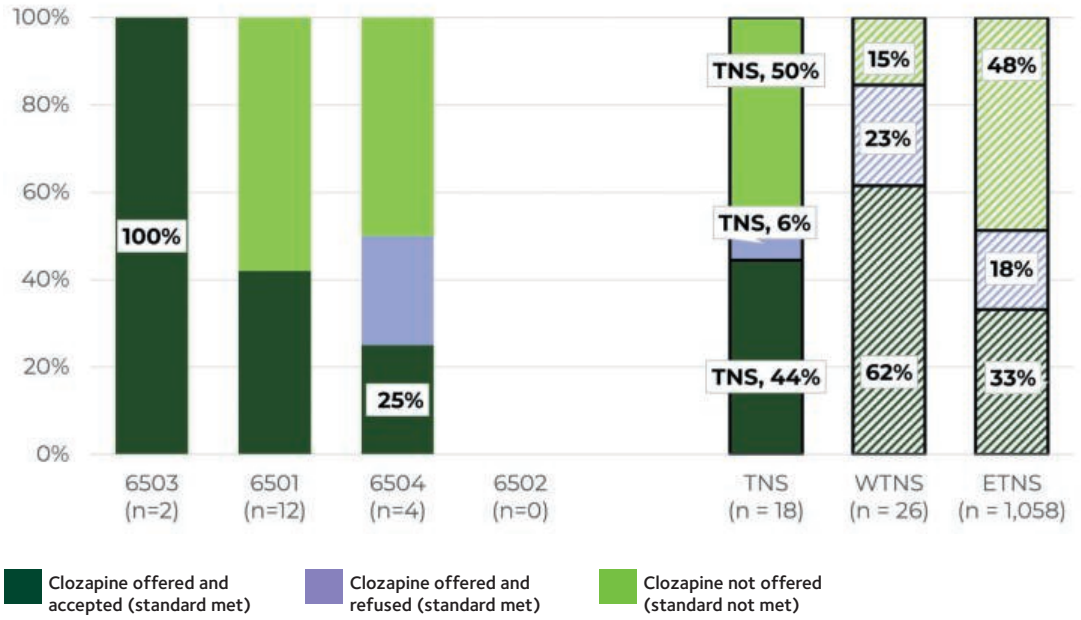


Figure 7. Proportion of people with FEP who were offered clozapine after not responding adequately to or tolerating at least 2 other antipsychotic drugs (n=18)

WHAT THIS MEANS

The uptake of clozapine across the national sample was 44%. The proportion of people eligible for clozapine (18/127) was in line with other national samples.

IDEAS FOR LOCAL QI

- Would involving a mental health pharmacist to identify individuals who may be eligible for clozapine increase the number who may be offered clozapine where appropriate?
- If clozapine consideration was routinely included as a prompt question in medical and care planning reviews, would this increase the number of individuals who are eligible for clozapine being offered it?

Standard 5: Supported employment and education programmes

People with FEP should take up supported employment and education programmes (NICE QS80, NICE QS102). This analysis was carried out on responses from people who were identified from their casenotes as not being in work, education, or training at the time of their initial assessment (n=73).

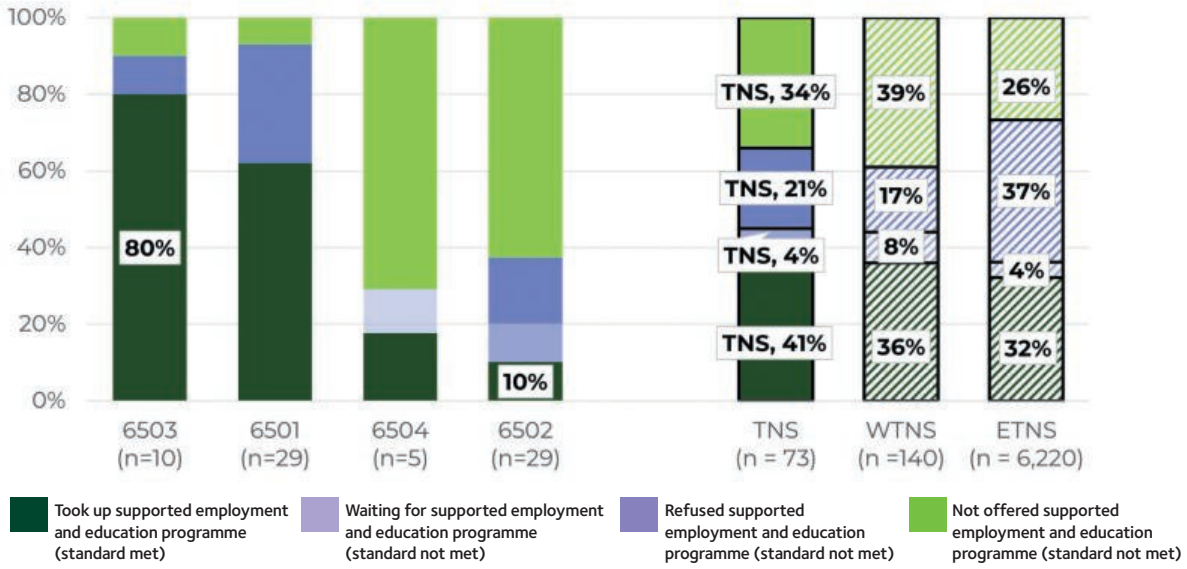


Figure 8. Proportion of people with FEP who were not in work, education or training who had taken up supported employment and education programmes (n=73)

WHAT THIS MEANS

There is significant variation across services in terms of the likelihood of patients with FEP being offered and taking up supported employment and education programmes.

FEEDBACK FROM EXPERTS BY EXPERIENCE

"Employment stats rest heavy with me as these are crucial elements to work with an individual to help them rebuild their life, albeit it may be a different life following psychosis".

IDEAS FOR LOCAL QI

- How can education and employment support be offered to everyone who is not in education, work, or training?
- Would reviewing education and employment support offers routinely in clinical team meetings increase the offer of these interventions?
- Does including this as a routine question to be asked during care planning and medical reviews increase uptake?

Standard 6: Physical health screening

People should receive a physical health review annually which includes smoking status; alcohol intake; substance misuse; BMI; blood pressure; glucose and cholesterol (NICE QS80, NICE QS102). To meet this standard people must have been screened on all seven measures, this includes people who were offered but refused screening[2].

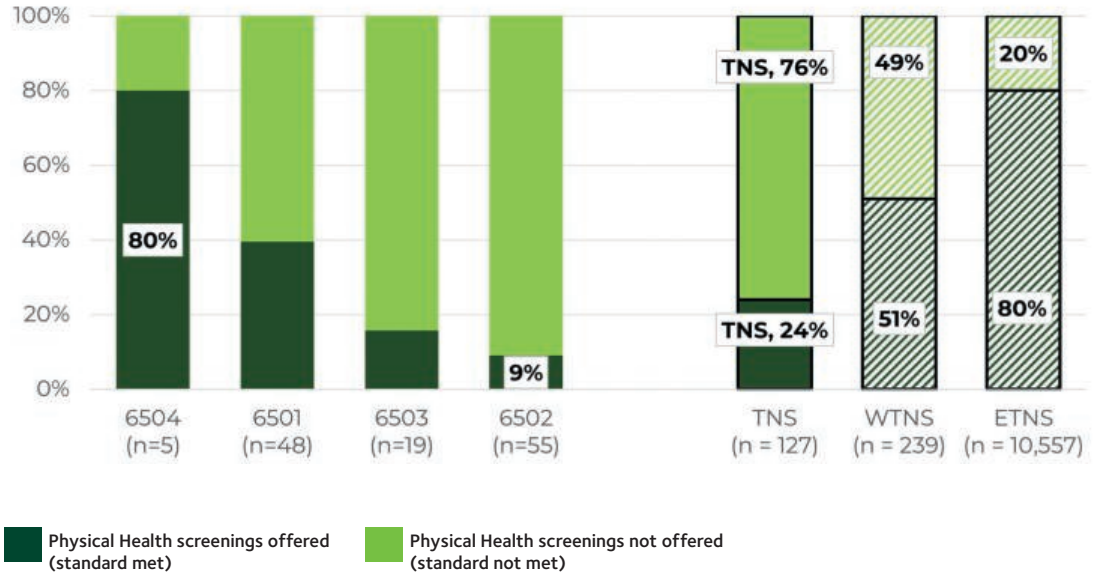


Figure 9. Proportion of people with FEP who were offered all 7 physical health measures across EIP teams in the past 12 months (n=127)

WHAT THIS MEANS

Physical health screening in people with FEP is poor in all but one service.

IDEAS FOR LOCAL QI

- Do prompts built into the initial assessment, medical review, and care planning processes increase the number of routine physical health screens carried out?

2 Physical health tests for cholesterol and glucose may have been impacted by the global shortage of blood specimen tubes which was announced by NHSE in August 2021.

Standard 7: Physical health interventions

People must have been offered all relevant interventions where screening indicated a risk level requiring intervention, within the last 12 months (**Lester UK Adaption Tool, Shiers et al., 2014; NICE CG115** and **NICE CG120**).

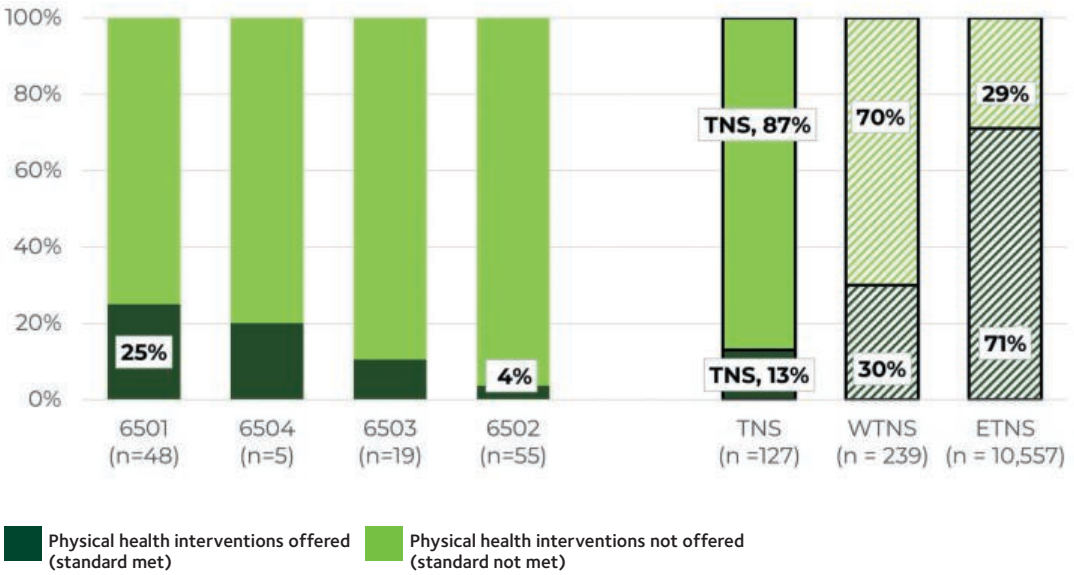


Figure 10. All 7 physical health screenings offered, and interventions offered where applicable (n=127)

WHAT THIS MEANS

Physical health interventions were offered in a minority of cases across all services.

'Don't just screen - intervene!' (The Lester UK Adaption Tool, 2014)

IDEAS FOR LOCAL QI

- Would reviewing the process for how, when and by whom screening data for an individual is examined lead to more interventions being offered when a risk is identified?
- Can the offer of relevant interventions be increased by improving the process for review of blood results?
- Does having the Lester tool (2014) easily available for team members to review individual screening results against increase the number of physical health interventions that are offered in response to identified risks?

Standard 8: Carer-focused education and support programmes

Carers should take up carer-focused education and support programmes (CESP) (NICE QS80, NICE QS102). This analysis was carried out on all people in the sample who had an identified carer (n=124)[3].

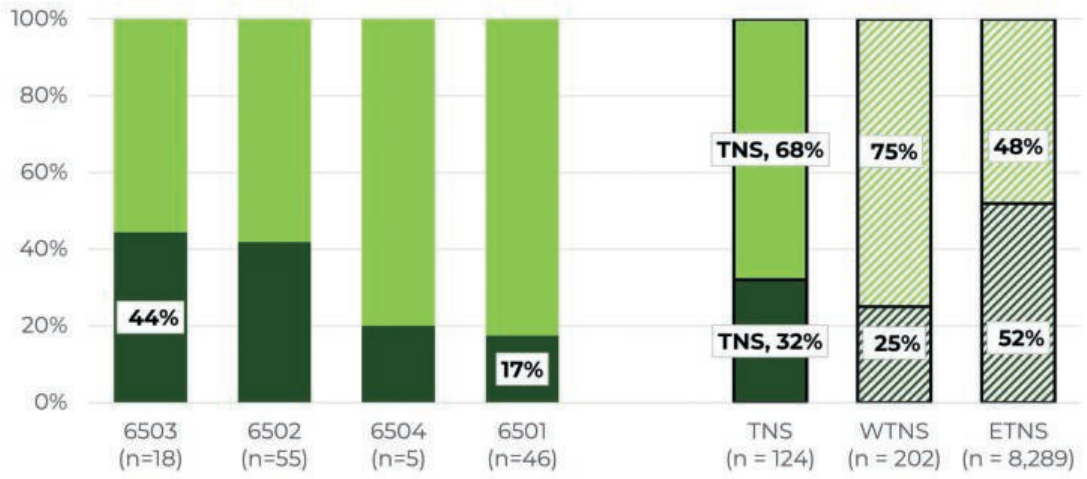


Figure 11. Proportion of people with FEP whose identified family member, friend or carer has taken up carer-focused education and support programmes (n=124)

WHAT THIS MEANS

A minority of carers take up carer-focused education and support programmes across all EIP services.

FEEDBACK FROM EXPERTS BY EXPERIENCE

"We're always left out of it; we don't know how to deal with things" (Carer).

IDEAS FOR LOCAL QI

- Would take up of CESP interventions be increased through promotional leaflets for carers listing what support is available and how to access it?
- Would partnering with another organisation improve the availability of local CESP for EIP carers?
- Would reviewing carer support needs in case formulations, clinical team meetings and routine care planning review processes improve the offer and take up of CESP?

3 The Model of Care for EIP in Ireland states that families should be offered family intervention **or** carer support programmes depending on their needs and preferences. Teams are expected to prioritise family intervention and offer carer support programmes if the resources are available.

Outcome indicator

For people with FEP, two or more clinical outcome measures should be recorded at least twice, once on assessment and at one other time point. The outcome measures that received the most follow-up assessments were: the Birchwood Insight Scale (71%), the Scale for the Assessment of Negative/Positive Symptoms (59%), and the Mental Illness Research, Education, and Clinical Centre/Global Assessment of Functioning (57%).

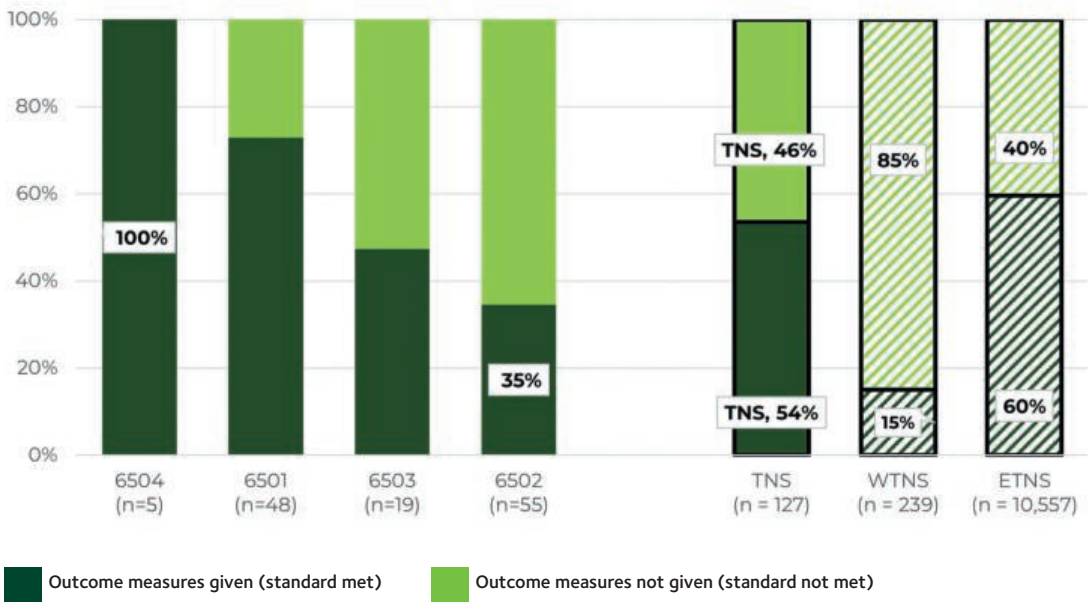


Figure 12. Proportion of people with FEP with clinical outcome measurement data recorded at least twice (n=127)

WHAT THIS MEANS

Outcome measurement at two or more timepoints was reasonable across EIP services but they are using a broad range of different outcome measures.

IDEAS FOR LOCAL QI

- Would monitoring who has or has not completed outcome measures at baseline and at 12-month reviews increase the recording of outcome measures?
- Is baseline and follow up data routinely collected and used to support a review of the impact of EIP on symptoms, functioning, life domains and satisfaction and the experience of EIP at an individual level?
- Does including outcome measure data within care planning reviews increase recording of outcome measures?

5. Health inequalities

This section of the report looks at disparities in EIP care between different groups of people with FEP to highlight inequalities and to guide EIP services in addressing them[4]. The audit highlighted:

- **3/4** teams still do not have a written strategy to identify and address mental health inequalities.

The audit reports findings on the provision of EIP care for over 35s however, we acknowledge that Ireland EIP policy guidance does not specifically identify the need for EIP services to be commissioned for this age group.

Age

EIP Services

Only one team provides an EIP service to under 18s, while all teams provide an EIP service to the other age groups.

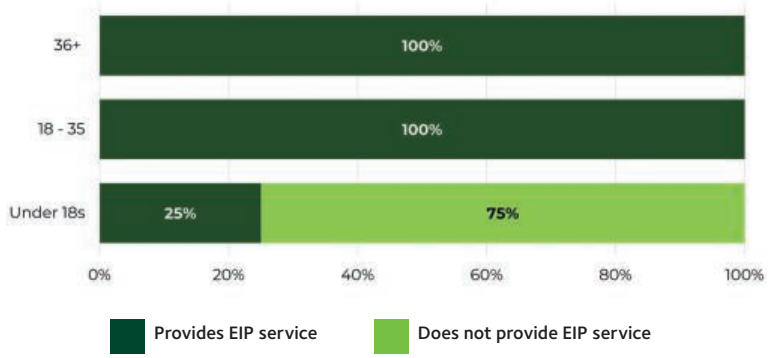


Figure 13. Proportion of teams that provide EIP services for different age groups (n=4)

EIP key workers

3/4 teams do not have EIP key workers specifically for children and young people under the age of 18.

CBT for ARMS

Prior to an episode of psychosis many people will experience a period of symptoms/experiences described as having an 'at risk mental state' (ARMS). Most teams do not provide CBT for ARMS either within or outside the team across all age groups.

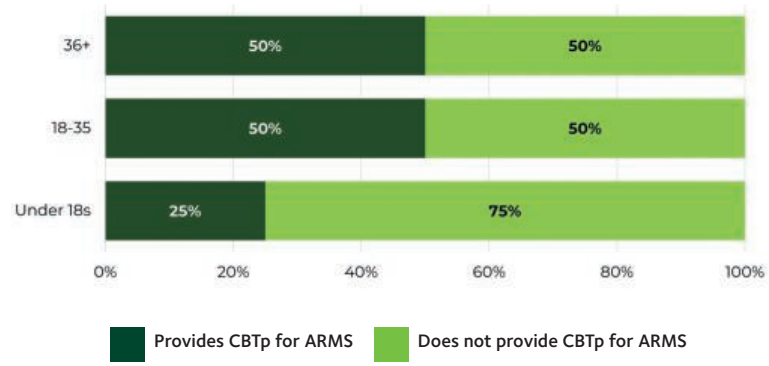


Figure 14. Proportion of teams that provide CBT for ARMS, either within or outside the team, in different age groups (n=4)

4 Statistical analyses were performed on each standard to identify any existing inequalities. Due to small sample sizes, we were unable to draw accurate conclusions in relation to age, gender and ethnicity.

6. Recommendations

1. Screen and intervene

EIP teams should review physical health processes to ensure people with first episode psychosis (FEP) are screened and relevant interventions are offered where required as this is a high-risk group for CVD, diabetes, and early mortality. Failure to screen for risks and to intervene when risks are identified are serious health and safety concerns. This should include collecting information about pregnancy/maternity status as this is a particular risk issue when prescribing medication.

2. Think Family and carers

EIP teams should employ quality improvement activities to understand the barriers affecting the offer and take up of carer education support programmes and family intervention. This includes:

- Recording whether a person has an identified family member, friend or carer who supports them.
- Ensuring that communication about support options available to families and carers is understandable and accessible.
- Ensuring that the offer of interventions to families and carers is repeated and not a one-off event.

3. Equitable access

Organisations should review local and national data to develop a strategy to identify and address mental health inequalities in access to or uptake of interventions for people with FEP and to ensure equitable access to EIP care.

The Health Services Executive (HSE) should review EIP policies in relation to:

- Improving access and waiting times.
- Addressing unmet need in areas where there is no EIP provision, or no EIP provision for children and young people (CYP) under 18.
- Addressing shortfalls in EIP provision and CBTp for ARMS.
- Sharing learning and good practice between high and low performing organisations and identifying areas for local quality improvement to redress disparities in provision by postcode.

4. Outcomes focused

HSE should provide clarity on which specific routine outcomes measures all EIP teams in Ireland should use for a minimum dataset collection. This would ensure there were consistent datasets across EIP teams to allow meaningful comparison and demonstrate EIP care outcomes at a national level.

5. Education and Employment Programmes

EIP teams should systematically review their caseload to identify all individuals with FEP who are not in education, employment or training and they should be offered a supported education or employment programmes.

7. List of figures and tables

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21 Prescot Street
London
E1 8BB

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