

Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Helpful Resources

Early Intervention
in Psychosis

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH

Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Resource Pack

Version number: 1

First published: April 2016

Prepared by: NHS England, the National Collaborating Centre for Mental Health and the National Institute for Health and Care Excellence

Classification: OFFICIAL

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1 Purpose of this resource pack

This resource pack is intended to accompany the Implementing the [Early Intervention Access and Waiting Time Standard Guidance](#) and provide commissioners and providers with helpful resources to support implementation.

1.1 EIP positive practice examples

[Section 2](#) provides positive practice examples from EIP services with a particular focus on delivery of one or more of the key statements from the [Psychosis and Schizophrenia in Adults NICE quality standard](#). All of the services cited are undertaking further development work to ensure the requirements of the new access and waiting time standard are met, building upon the positive practice already in place.

1.2 Regional leads for the EIP preparedness programme

[Section 3](#) provides contact details for the leads of the regional EIP preparedness programmes. These programmes have focused in the last year on:

1. Raising awareness of the requirements of the new standard.
2. Bringing together local experts and establishing quality improvement networks, ensuring effective linkage with strategic clinical networks.
3. Understanding levels of demand in constituent CCGs and any inequities in access relative to the levels and patterns of psychosis incidence in the population.
4. Understanding baseline performance and undertaking a gap analysis.
5. Optimising referral to treatment pathways, engaging all of the likely referral sources.

6. Preparing for the new data collection requirements and providing support for EIP service and information leads.
7. Supporting local workforce development programmes.

1.3 Other helpful web-based resources

[Section 4](#) provides a large number of links to helpful web-based resources including:

- National guidance
- Regional preparedness tools
- NICE and SCIE guidance
- Tools to support analysis of local demand
- Early detection resources
- EIP resources
- Psychosis pathway exemplars
- Competencies for psychological therapists
- Other resources to support quality improvement.

As noted in section 4.3.4 of the [guidance](#) the College Centre for Quality Improvement will be launching a [quality assessment and improvement programme](#) in early May 2016 which will be an ongoing source of helpful information and positive practice examples.

2 EIP positive practice examples

This section provides positive practice examples from EIP services with a particular focus on delivery of one or more of the key statements from the [Psychosis and Schizophrenia in Adults NICE quality standard](#).

1. Adults with a first episode of psychosis start treatment in early intervention in psychosis services within two weeks of referral.
2. Adults with psychosis or schizophrenia are offered cognitive behavioural therapy for psychosis (CBTp).
3. Family members of adults with psychosis or schizophrenia are offered family intervention.
4. Adults with schizophrenia that has not responded adequately to treatment with at least two antipsychotic drugs are offered clozapine.
5. Adults with psychosis or schizophrenia who wish to find or return to work are offered supported employment programmes.
6. Adults with psychosis or schizophrenia have specific comprehensive physical health assessments.
7. Adults with psychosis or schizophrenia are offered combined healthy eating and physical activity programmes, and help to stop smoking.
8. Carers of adults with psychosis or schizophrenia are offered carer-focused education and support programmes.

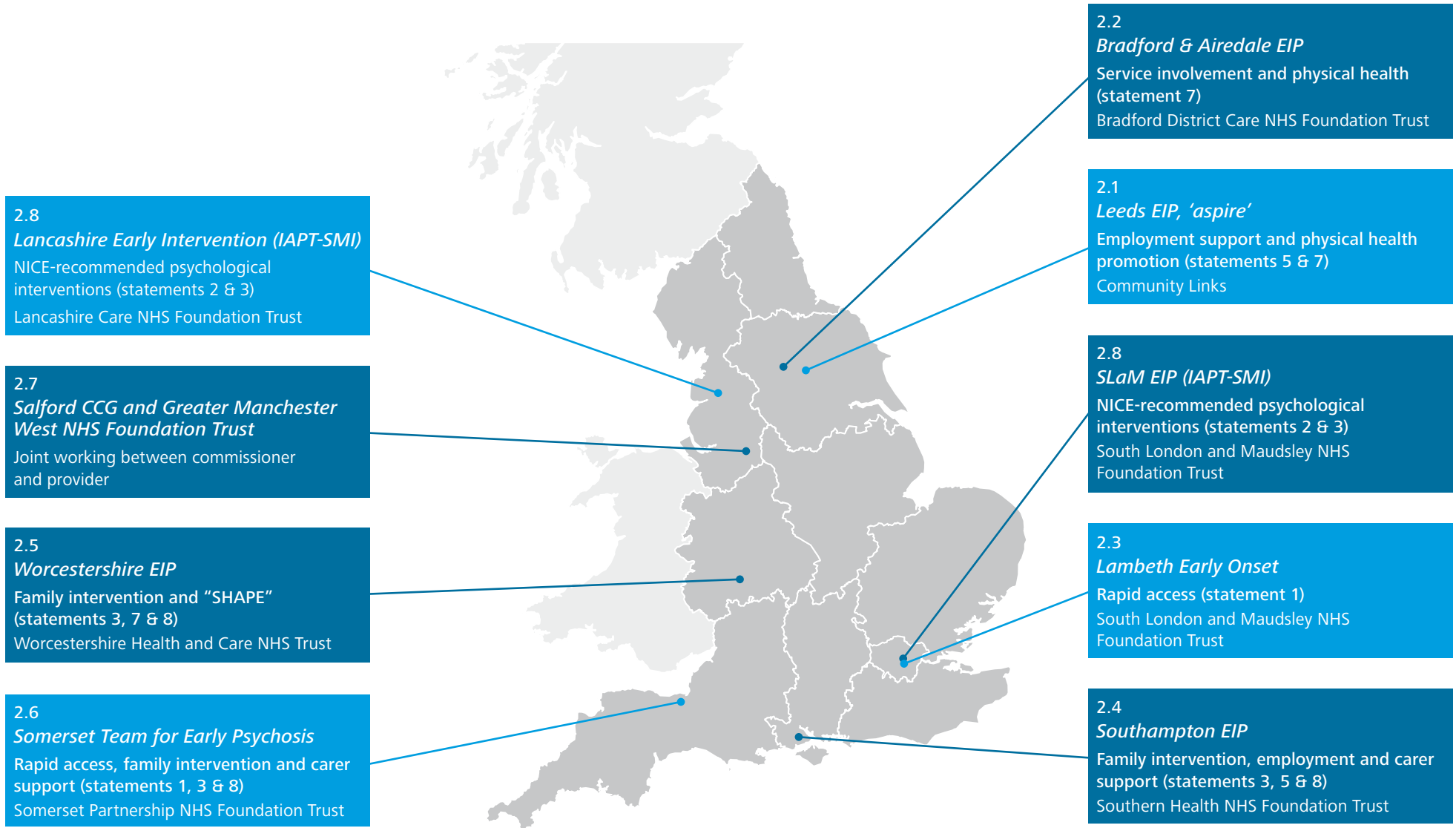
The content has been provided by the relevant services. All of the services cited are undertaking further development work to ensure the requirements of the new access and waiting time standard are met, building upon the positive practice already in place.

The population data, for individuals aged 16–64 years, have been gathered from the [2011 census](#) or the local council websites and the predicted case per year and incidence per 100,000 person years is from the [Fingertips tool](#). Fingertips uses an estimated incidence and services will experience different levels of incidence locally.

The England-wide [Early Intervention in Psychosis Audit](#), due to be published in early May 2016 will provide a baseline service-level assessment of levels of adherence to the quality standard; it will enable services to identify their strengths as well as the areas of improvement they have to work towards.

Figure 1: Map of EIP positive practice examples

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2.1 The Leeds EIP service, 'aspire'

Demonstrating positive practice in relation to statements 5 and 7 of the [Psychosis and Schizophrenia in Adults NICE quality standard](#):

5. Adults with psychosis or schizophrenia who wish to find or return to work are offered supported employment programmes.
7. Adults with psychosis or schizophrenia are offered combined healthy eating and physical activity programmes, and help to stop smoking.

Table 1: Leeds population, incidence and workforce data for 16–64 year olds

Approximate population	513,295
Predicted cases per year (from Fingertips data)	126
Incidence per 100,000 person years (from Fingertips data)	24.6
Service model	'Stand alone' EIP service
Workforce	8 senior EIP practitioners (band 6), 9 EIP practitioners (band 5) and 6 EIP recovery workers, all of whom care coordinate. In addition: 1 part-time service manager, 2 team leaders, 1 clinical psychologist (0.8 WTE), 2 part-time consultant psychiatrists (1.1 WTE), 1 part-time systemic family therapist, 1 employment worker, 1 support, time and recovery worker, and 1 part-time volunteer link worker.
Commissioner	Leeds North CCG Leeds South and East CCG Leeds West CCG
Provider	Community Links
Website	http://www.commlinks.co.uk/sites/aspire

The Leeds EIP service, 'aspire', is aimed at young people aged 14–35 who are experiencing first episode psychosis. The key principles of the service are engagement, hope and recovery. The service, which is delivered by [Community Links](#), is a rare example of a third sector provider. While allowing increased flexibility and creativity, this also introduces new challenges such as the ease of accessing NHS infrastructure (including informatics and pathology).

The service is currently meeting the referral to treatment element of the new access and waiting time standard. Monitoring, which occurs on a regular basis, is being improved through the expansion of monthly data checks. This will include formalised criteria for auditing when NICE-recommended care begins. Although a range of interventions are available, the service is not currently resourced to provide these to the full caseload. A recent audit suggested that while 65% of people on the caseload would seek specialist psychological therapy, only 25% have been able to access it.

There is a strong commitment to collaborative work to improve referrals and access to care (40% of service users have a duration of untreated psychosis of less than three months). Working relationships have been established with a range of internal and external sources, including the local NHS trust, acute services, CAMHS, the police and voluntary youth organisations. As part of this, increased effort is being made to connect with hard-to-engage communities. In an attempt to address the diverse needs of different groups, the service has specialists who work with the south-east Asian and African/African-Caribbean communities (the two largest black and minority ethnic groups in Leeds) and from the lesbian, gay, bisexual and transgender communities.

'aspire' also promotes involvement and social recovery through a support, time and recovery worker and offers social goal-orientated events. In keeping with quality statement 5, this includes facilitating return to employment. Since 2012, 'aspire' has achieved this for 77 of its service users, with 38 currently in permanent positions.

The service, in line with quality statement 7, also places a strong emphasis on healthy living. Service users have access to a bespoke healthy eating plan. There is regular input from a consultant psychiatrist to ensure that monitoring is in line with the Lester tool.

Training to ensure the provision of NICE-recommended care

- All care coordinators have weekly peer supervision groups, which are alternately facilitated by a clinical psychologist and a systemic family therapist.
- The therapists in the team provide regular training and individual consultation for psychological and other family interventions.
- A proportion of care coordinators have completed training in psychosocial interventions, CBT and systemic family interventions. One care coordinator is about to become a qualified family therapist and another will soon qualify as a CBT therapist.
- Two members of staff are trained in nutritional/healthy living interventions and in-house training is being set up for all other care coordinators.
- Some staff members are also trained in dual diagnosis/motivational interviewing, completing level 2 and level 3 modules provided by the local specialist addiction services in partnership with Leeds University.

Contacts

Fiona Ball, aspire Team Leader
fiona.barber@commlinks.co.uk

Emma Carpenter, aspire Team Leader
emma.carpenter@commlinks.co.uk

2.2 Bradford and Airedale EIP service

Demonstrating positive practice in relation to statement 7 of the [Psychosis and Schizophrenia in Adults NICE quality standard](#):

7. Adults with psychosis or schizophrenia are offered combined healthy eating and physical activity programmes, and help to stop smoking.

Table 3: Bradford population, incidence and workforce for 16–64 year olds

Approximate population	338,143
Predicted cases per year (from Fingertips data)	91
Incidence per 100,000 person years (from Fingertips data)	26.8
Service model	'Stand alone' EIP service
Workforce	For a caseload of 292: psychiatrists (2.2 WTE), a consultant psychologist (1.0 WTE), a family therapist (0.8 WTE), a CBT therapist (1.0 WTE), an assistant psychologist (0.4 WTE), employment specialists (4.0 WTE, 2 social workers and 2 experienced mental health workers), care coordinators (18 WTE, 7 community psychiatric nurses, 3 occupational therapists, and 8 social workers), team managers (2.5 WTE), support workers (7.2 WTE), service user development workers (3.4 WTE) and an administrator (1.0 WTE).
Commissioner	Airedale, Wharfedale and Craven CCG Bradford City CCG Bradford Districts CCG
Provider	Bradford District Care NHS Foundation Trust
Website	http://www.bdct.nhs.uk/ei

The Bradford EIP service provides assessment and support for people aged 14–35 experiencing first episode psychosis. It is committed to service user involvement. This is achieved through the employment of four service user development workers and other staff members who have previously accessed mental health services. As part of promoting recovery, service users are also encouraged to develop their own recovery stories. With permission, these are shared with other service users to encourage further learning.

In order to ensure an effective and efficient service, a strong emphasis is placed on improving and streamlining the referral process. This includes the introduction of a new assessment tool and clinics for those referred. Data collection is key to the successful implementation of the access and waiting time standard and the service regularly collects and reviews a large amount of data including clinician and patient-rated outcome measures and patient-rated experience measures. This information is then used to develop actions to target areas for improvement.

Currently, the team is focused on improving the physical health of service users, which is in keeping with quality statement 7. New plans include increased monitoring and the introduction of new opportunities to promote physically active lifestyles, such as badminton, walking and football. Through working

collaboratively with Bradford College, the service has also developed a health assessment and intervention package with health trainer students and service users working on a one-to-one basis.

As part of continued improvement, the Bradford EIP service has drafted a bid for additional funding to extend the service to an ageless one, while also strengthening key aspects of the service, such as the psychological competencies and skills of the workforce.

Training to ensure the provision of NICE-recommended care

- There is an in-service training programme, which includes sessions tailored to the needs of the workforce (as informed by NICE).
- There is a positive recruitment policy with an eye to wider workforce development, including an appraisal process to rationalise and fund skills development.

Contact

Anita Brewin,
Consultant Clinical Psychologist/Clinical Lead
anita.brewin1@bdct.nhs.uk

2.3 Lambeth Early Onset service

Demonstrating positive practice in relation to statement 1 of the [Psychosis and Schizophrenia in Adults NICE quality standard](#):

1. Adults with a first episode of psychosis start treatment in early intervention in psychosis services within two weeks of referral.

Table 4: London borough of Lambeth population, incidence and workforce for 16–64 year olds

Approximate population	228,068
Predicted cases per year (from Fingertips data)	122
Incidence per 100,000 person years (from Fingertips data)	53.5
Service model	'Stand alone' EIP service
Workforce	The community team includes: care coordinators (registered nurses, occupational therapists and social workers), a vocational worker, psychologists and psychiatrists.
Commissioner	Lambeth CCG
Provider	South London and Maudsley NHS Foundation Trust
Website	http://www.slam.nhs.uk/our-services/service-finder-details?CODE=SU0043

The Lambeth Early Onset service is part of South London and Maudsley (SLaM) NHS Foundation Trust and provides support to people aged 18–35 years who are living in the London borough of Lambeth and are experiencing first episode psychosis.

The Lambeth EIP service comprises: the community team; a dedicated EIP inpatient unit; and the Outreach and Support in South London Service (OASIS), a specialist service for people at high risk of psychosis. The community team includes: care coordinators (registered nurses, occupational therapists and social workers), a vocational worker, psychologists and psychiatrists.

The OASIS service and the EIP inpatient unit have now expanded to cover the additional boroughs of Southwark, Lewisham and Croydon and work closely with the community teams there.

In line with quality statement 1, SLaM places a strong emphasis on the ethos of rapid access. The SLaM EIP pathway works across boroughs, helping teams to share good practice through regular training and development events, and benefits from close ties with King's College London as part of the King's Health Partnership Academic Health Science Centre. Through the provision of GP training and direct access to community teams, these services reduce the delays in accessing specialist assessment and treatment.

Contacts:

Claude Jousselin, SLaM Early Intervention Clinical Service Lead

Claude.jousselin@slam.nhs.uk

Matthew Taylor, Associate Clinical Director

matthew.j.taylor@kcl.ac.uk

2.4 Southampton EIP service

Demonstrating positive practice in relation to statement 3, 5 and 8 of the [Psychosis and Schizophrenia in Adults NICE quality standard](#):

- 3. Family members of adults with psychosis or schizophrenia are offered family intervention.
- 5. Adults with psychosis or schizophrenia who wish to find or return to work are offered supported employment programmes.
- 8. Carers of adults with psychosis or schizophrenia are offered carer-focused education and support programmes.

Table 5: Southampton population, incidence and workforce for 16–64 year olds

Approximate population	167,297
Predicted cases per year (from Fingertips data)	48
Incidence per 100,000 people aged 16-64 years (from Fingertips data)	28.4
Service model	'Stand alone' EIP service
Workforce	The team is multidisciplinary, consisting of a team leader (1.0 WTE), a consultant psychiatrist (0.85 WTE), a qualified psychologist (0.5 WTE), community psychiatric nurses (3.0 WTE), social workers (1.8 WTE), occupational therapists (1.6 WTE), support, time and recovery workers (2.8 WTE), a carer support worker (1.0 WTE) and an administrator (0.5 WTE).
Commissioner	Southampton CCG West Hampshire CCG North Hampshire CCG South Eastern Hampshire, Fareham and Gosport CCG
Provider	Southern Health NHS Foundation Trust
Website	http://www.southernhealth.nhs.uk/services/mental-health/adult/eip/

The Southampton EIP service is one of the four EIP services provided by Southern Health NHS Foundation Trust. The service covers the city of Southampton and southern parishes and also provides support for a large university population.

Working towards quality statement 1, the Southampton EIP service places a strong emphasis on improving referrals. All urgent cases are co-worked with the crisis team and there is a 10-day waiting time for routine assessment through a single point of entry. Support is also offered throughout the evening and weekends.

The service offers a range of additional services tailored to both the service user and their carer. The Southampton EIP service is also continuing to work to improve its interface with CAMHS. Link workers regularly liaise with CAMHS to promote communication and encourage future referrals through promoting awareness of the psychosis pathway. Additional support is also offered in the form of youth groups, which promote self-esteem, confidence and communication and a carer support worker, who offers behavioural family therapy (quality statement 3). Extended from this, in order to ensure that the needs of carers are met (quality statement 8), [healios](#) provide assistance and clinical guidance, including web-based carer support and family interventions. This also includes an app to assist in the early detection of relapse.

In order to promote employment (quality statement 5) vocational work and basic English and maths classes are run in conjunction with City Limits and Southampton City College. Art and restoration projects and football training are also supported by the city council and Southampton FC respectively. Finally, as part of making services more accessible, future plans include increasing psychoeducation at schools and universities.

Training to ensure the provision of NICE-recommended care

- Teams regularly receive supervision. Care coordinators trained in psychological interventions are supervised by clinical psychologists.
- All care coordinators receive family work training and supervision.
- Nurse prescribers are supervised by the team psychiatrist who is a BABCP-accredited cognitive therapist.

Contact

Paul Jones, Team Manager

Paul.Jones3@southernhealth.nhs.uk

2.5 Worcestershire EIP service

Demonstrating positive practice in relation to statement 3, 7 and 8 of the [Psychosis and Schizophrenia in Adults NICE quality standard](#):

3. Family members of adults with psychosis or schizophrenia are offered family intervention.
7. Adults with psychosis or schizophrenia are offered combined healthy eating and physical activity programmes, and help to stop smoking.
8. Carers of adults with psychosis or schizophrenia are offered carer-focused education and support programmes.

Table 6: Worcestershire county population, incidence and workforce for 16–64 year olds

Location	Worcestershire County	Bromsgrove	Malvern Hill	Redditch	Worcester City	Wychavon	Wyre Forest
Approximate population	363,450	59,231	45,262	56,819	66,783	73,486	61,889
Predicted cases per year (from Fingertips data)	Not reported	10	7	13	14	12	10
Incidence per 100,000 people aged 16-24 years (from Fingertips data)	Not reported	16.4	15.2	20.1	20.6	15.7	16.6
Service model	'Stand alone' EIP service						
Workforce	The service is multidisciplinary with a varied skill mix, including community mental health nurses, occupational therapists, social workers, nurses who are also non-medical prescribers, psychiatrists and clinical psychologists.						
Commissioner	South Worcestershire CCG Redditch and Bromsgrove CCG Wyre Forest CCG						
Provider	Worcestershire Health and Care NHS Trust						
Website	http://www.hacw.nhs.uk/service-directory/adult-mental-health/worcestershire-early-intervention-service/						

Worcestershire EIP service comprises two teams covering north and south Worcestershire. There is also a project underway to recruit a number of peer support workers. This skill mix is in keeping with that recommended for delivery of NICE-recommended care (see section 3.6 of the [guidance document](#)). In addition to addressing the needs of people aged 14–35 with first episode psychosis, the service also offers a time-limited intervention to young people with an at risk mental state.

Worcestershire EIP service places a strong emphasis on carer support. In line with quality statements 3 and 8, the service is committed to providing families and friends with information about psychosis and support. A range of services are also provided to meet these needs, including family and carer support, behavioural family therapy and carer support groups. Recent service data from 2014 indicates that from a sample of 102 service users 80.4% had their families involved in their care.

In line with offering a combined healthy eating and physical activity programme (quality statement 7) the service is also piloting the Supporting Health and Promoting Exercise (SHAPE) physical health intervention programme, which uses the expertise of nutritionists, exercise physiologists and health trainers. It is a structured and intensive 12-week course with follow-up over 12 months, which includes a group educational programme and individually tailored exercises sessions.

In order to meet the needs of young people under the age of 18 effectively (see section 3.7.4 of the [guidance document](#)), Worcestershire EIP service works in close liaison with CAMHS. For the under-16s, medical responsibility for this group lies with the CAMHS psychiatrist but EIP psychiatrists are able to discuss cases with CAMHS colleagues and provide advice on diagnosis and prescribing. EIP nurses, social

workers, occupational therapists and clinical psychologists are able to liaise with CAMHS colleagues regarding therapeutic approaches and interventions that may be useful (but do not take responsibility for case management or care coordination for those under the age of 16.) Regarding 16–18 year olds with early psychosis, bipolar I disorder or an at risk mental state, following a period of assessment by the EIP service – and in close liaison with CAMHS colleagues – young people in this age group are able to make the transition from the care of CAMHS to the EIP service. If a specific piece of therapeutic work or assessment is ongoing then full transfer to EIP may be delayed and the transition more gradual. Medical responsibility will then be transferred from the CAMHS psychiatrist to the EIP psychiatrist. Any nursing, social work, occupational therapy or psychological interventions will then be provided by the EIP service and an EIP case manager will be allocated to the young person. The EIP case manager will act as care coordinator and the young person may be supported through the Care Programme Approach.

Training to ensure the provision of NICE-recommended care

- All care coordinators are trained in and are delivering family intervention.
- Training is offered by the SHAPE physical health programme.
- Through training the service is also ensuring that there is adequate provision of CBT for psychosis and there are adequate numbers of staff to assess and monitor cardiometabolic health and to provide alternative educational and occupational activities.

Contact

Tony Gillam, Clinical Manager
tony.gillam@hacw.nhs.uk

2.6 Somerset Team for Early Psychosis (STEP)

Demonstrating positive practice in relation to statement 1, 3 and 8 of the [Psychosis and Schizophrenia in Adults NICE quality standard](#):

1. Adults with a first episode of psychosis start treatment in early intervention in psychosis services within two weeks of referral.
3. Family members of adults with psychosis or schizophrenia are offered family intervention.
8. Carers of adults with psychosis or schizophrenia are offered carer-focused education and support programmes.

Table 7: Somerset county population, incidence and workforce for 16–64 year olds

Location	County	South Somerset	Taunton Deane	West Somerset	Sedgemoor	Mendip
Approximate population	330,799	99,834	69,677	20,130	71,793	69,185
Predicted cases per year (from Fingertips data)	Not reported	16	12	3	12	11
Incidence per 100,000 person years (from Fingertips data)	Not reported	16.2	16.8	15.5	16.2	15.8
Service model	'Hub and spoke' EIP service					
Workforce	The 'hub' consists of a consultant psychologist (0.2 WTE), team manager (0.4 WTE), clinical psychologist (0.2 WTE), assistant psychologist (1 WTE) and an administrator (0.6 WTE). There are four 'spokes': Somerset Coast (care coordinators, 1.8 WTE and support worker, 1.0 WTE); Mendip (care coordinators, 2.4 WTE); Taunton (care coordinator, 2.0 WTE); and South Somerset (care coordinator, 2.0 WTE and support worker, 0.4 WTE).					
Commissioner	Somerset CCG					
Provider	Somerset Partnership NHS Foundation Trust					
Website	http://www.sompar.nhs.uk/what-we-do/mental-health/early-intervention-in-psychosis-step/					

STEP utilises a 'hub and spoke' model. As stated in section 3.7.2 of the [guidance document](#), such models may be necessary in sparsely populated rural areas. The STEP team provides support for people either at risk of or experiencing first episode psychosis. In line with NICE guidelines and the access and waiting time standard, the team accepts anyone suspected of experiencing first episode psychosis regardless of their age.

A strong emphasis is placed on access. A recent audit from Year 8 Evaluation (September 2013 to August 2014) found that the service currently meets quality statement 1 with an average time from referral to the service user attending their first appointment being seven days (median: four days, n = 89). To streamline this process, STEP's information department is changing its electronic records system (RiO) to enable staff to capture new information as part of assessment screens.

In keeping with quality statements 3, 5 and 8, STEP emphasises the importance of working with families and supporting service users to access employment. The 2013–2014 data show that 64.3% of families were invited to the initial assessment, 41.1% of families received regular separate support and that 58.9% of service users were in employment or education.

Training to ensure the provision of NICE-recommended care

- In-house workshops are provided to staff in the following areas: assessment, motivational interviewing, CBT and CBT for psychosis skills and Triangle of Care (family inclusive practice).
- Working with Plymouth University, STEP runs a one-year accredited family intervention course.

Contacts

Tim Reed, STEP Manager
tim.reed@sompar.nhs.uk

Dr Frank Burbach, Lead for Early Intervention
frank.burbach@sompar.nhs.uk

2.7 Salford CCG and Greater Manchester West Mental Health NHS Foundation Trust

Demonstrating positive practice in relation to:

Joint working between commissioner and provider to prepare for implementation of the new access and waiting time standard.

In preparing to meet the access and waiting time standard, it is essential for commissioners and providers to develop a shared understanding of EIP service demand and current provision so that they can together agree and implement a joint service development and improvement plan (see section 5 of the [guidance document](#)).

Recognising the importance of the new access and waiting time standard and the opportunity to change the lives of people with emerging psychosis in Salford, the CCG invited representatives from Greater Manchester West Mental Health NHS Foundation Trust to discuss current levels of service provision and performance relative to the standard at the earliest possible opportunity. This was quickly followed up by site visits from the CCG to the local EIP team to hear about challenges they were experiencing and how the CCG could help the team to deliver against the new standard from April 2016. A key element of this included joint work between the CCG and the EIP team with a group of service users, seeking their perspectives as to how the EIP team had supported them and what the CCG

and the trust could do to ensure good quality care. The CCG was also keen to understand the outcomes that people using services wanted to achieve to ensure that these became integral to delivery of the local service development and improvement plan.

The result of this activity led to Salford CCG inviting a business case to support the development of the EIP service, with the aim of ensuring that high-quality NICE-recommended care is available to Salford residents. In the interim, the CCG has recognised the importance of providing dedicated medical input to the team (something echoed by the service users, carers and members of EIP staff) and funding for a dedicated psychiatrist has been agreed.

Contacts

Judd Skelton, Interim Head of Integrated Commissioning – Adults and Older People
judd.skelton@salford.gov.uk

Tom Tasker, Clinical Lead for Mental Health, Salford CCG
tom.tasker@nhs.net

2.8 Improving Access to Psychological Therapies for Severe Mental Illness (IAPT-SMI) EIP demonstration sites

Demonstrating positive practice in relation to statement 2 and 3 of the [Psychosis and Schizophrenia in Adults NICE quality standard](#):

2. Adults with psychosis or schizophrenia are offered cognitive behavioural therapy for psychosis (CBTp).
3. Family members of adults with psychosis or schizophrenia are offered family intervention.

Table 8: Demonstration site population and incidence for 16–64 year olds

Location	South London and Maudsley NHS Foundation Trust	Lancashire Care NHS Foundation Trust
Approximate population	1,230,700	1,461,000
Predicted cases per year*	89.4 – 120.5	5.3 – 23.9
Incidence per 100,000 people aged 16-64 years*	37.3 – 53.5	15.1 – 25.4

*range across the trust

The IAPT-SMI EIP demonstration sites aim to increase access to NICE-recommended psychological therapies for psychosis. One site is located within South London and Maudsley (SLaM) NHS Foundation Trust and the other is in Lancashire Care NHS Foundation Trust. The sites provide CBT for psychosis and family intervention, treatments that are in line with quality statements 2 and 3. Sessions are implemented in accordance with NICE recommendations and are provided by staff with the appropriate competencies; these competencies are outlined on the [University College London website](#) and include factors relating to both general therapeutic and specific CBT competencies.

Another essential component of the provision of high-quality NICE-recommended care is protected time to prepare for sessions,

see service users and receive close clinical supervision. In order to achieve this, the SLaM EIP service uses a job plan template to determine expected caseloads and the amount of direct clinical time required. The typical job plan for a 1.0 WTE band 8a EIP psychologist includes six sessions of direct clinical work and one session for administration. Clinical work includes up to 15 weekly therapy slots (including two to three service users and up to two families and one group per session, depending on task and travel time). A psychologist is expected to see 30 people annually; this includes assessments, short-term interventions, indirect work and CBT for psychosis and family intervention.

Lancashire Early Intervention Service has implemented a three-tier, matched care model. Tier 1 provides CBT-informed case management

and carer support; Tiers 2 and 3 provide CBT and family intervention. In Tier 2, the level of intervention refers to formulation-based work, targeted at problems such as anxiety disorders or depression, or where there is a discrete need. In Tier 3 provision is for service users with multiple or more complex needs. Therapists work across the tiers, providing either supervision (Tier 1 and 2) or direct clinical work (Tier 3); typically a band 7 therapist would provide six clinical sessions and a band 8a therapist would deliver five. Therapists also contribute to service development; psychosocial interventions training and a number of other projects (thereby reducing the amount of direct clinical sessions that they are able to offer).

As part of successful implementation of the NICE quality standard, both sites are also committed to gathering routine outcome data (see section 4.4 of the [guidance document](#)).

These include patient-reported clinical outcomes, service user experience and service utilisation data. Routine outcome measures from the SLaM site have indicated that service users within the EIP pathway who completed therapy reported significantly higher levels of wellbeing and functioning and lower levels of distress and symptomatology. This was accompanied by a reduction in the frequency and duration of admissions to inpatient services and crisis teams (during therapy). Furthermore, 32 out of 45 service users from the Lancashire site improved over the course of therapy. Strong service user involvement and satisfaction were also reported for the two demonstration sites, with 84% and 100% of Lancashire and SLaM site service users, respectively, saying that they would recommend the service to a family or friend.

The project leads from both the SLaM and Lancashire sites also identified a number of key learning points that facilitated the successful running of the demonstration sites. These include:

- **Dedicated, ring-fenced, funding and time.** This has been essential both for recruiting new therapists and for enabling the therapists to deliver high quality psychological therapies (including time for regular and frequent clinical supervision

and service user contact). As part of this, the right 'service context' (the existing critical mass of staff, appropriate care and referral pathways, supervision, and support at managerial, clinical, administrative and business/finance levels) needs to be in place to ensure that these resources can translate rapidly into increased delivery.

- **The routine measurement of outcomes.** This includes sessional outcomes, which are feasible and acceptable provided that they are brief and are applicable to the population.

The SLaM site also recommends the use of independent assessors in outcome measures, such as psychology assistants. As well as being cost-effective (compared with using therapist time), the process ensures assessment completion is prioritised and enables detailed feedback reports for GPs and teams. For the service users there is also an opportunity to provide feedback in an independent manner, removed from therapists' demands.

The Lancashire site also recommends the use of technology, particularly mobile tablet devices, to facilitate the collection of data in sessions with service users. As well as facilitating the sessions (in terms of goal setting, engagement and rapid feedback of scores in sessions), the process also allows effective data extraction and reporting when communicating with performance/reporting departments in the trusts.

Further information about the IAPT-SMI demonstration sites can be found on the [IAPT website](#).

Contacts

Dr James Kelly, Project Manager
James.Kelly@lancashirecare.nhs.uk

Louise Johns, IAPT-SMI Project Lead
louise.johns@kcl.ac.uk

3 Regional leads for the EIP preparedness programme

Regional programme websites

[The London regional programme](#) [The South regional programme](#) [The North Regional Programme](#)

Table 9: Regional programme contacts

Region	Role	Name	Job Title	Email
North	Chair of the North EIP Clinical Reference Group	Jane Dunning	Deputy Director of Clinical Strategy, NHS England North Mental Health Team	jane.dunning1@nhs.net
North	Regional Programme Manager	Kim Thompson	Regional Medical Manager, NHS England North Mental Health Team	kim.thompson6@nhs.net
North	Regional Clinical Lead – Cumbria & North East	Guy Dodgson	Consultant Clinical Psychologist in EIP, Northumberland, Tyne and Wear NHS Foundation Trust	guy.dodgson@ntw.nhs.uk
North	Regional Clinical Lead – North West	Paul French	Associate Director, Greater Manchester West NHS Mental Health Trust; Clinical Lead for Mental Health, Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network; Honorary Professor, Institute of Psychology Health and Society, University of Liverpool	paul.french@gmw.nhs.uk
North	Regional Clinical Lead – Yorkshire & Humber	Stephen McGowan	National Lead, IRIS Early Intervention in Psychosis Network	stephen.mcgowan@swyt.nhs.uk

Region	Role	Name	Job Title	Email
North	Regional EIP Clinical Lead – Psychiatry	Iain Macmillan	Consultant Psychiatrist, Northumberland, Tyne and Wear NHS Foundation Trust	iain.macmillan@ntw.nhs.uk
North	National Clinical Advisor for SMI (IAPT) & North Region EIP Clinical Advisor	Alison Brabban	National Clinical Advisor for SMI (IAPT), NHS England	alison.brabban@nhs.net
South	Chair of the South EIP Clinical Reference Group	Belinda Lennox	Clinical Senior Lecturer, Department of Psychiatry, Oxford University	belinda.lennox@psych.ox.ac.uk
South	Regional Programme Manager	Sarah Amani	Senior Program Manager, Oxford Academic Health Science Network	sarah.amani@earlyintervention.oxfordahsn.org
London	Chair of the London EIP Clinical Reference Group	Philippa Garety	Professor of Clinical Psychology, Department of Psychology, Institute of Psychiatry, Psychology and Neuroscience, King's College London	philippa.garety@kcl.ac.uk
London	Regional Programme Manager	David Monk	Partner and Co-founder, Symmetric	davidmonk@symmetricpartnership.co.uk
Midlands and East	Regional Clinical Manager	Mary Parfitt	Regional Quality Assurance Manager, Midlands and East	maryparfitt@nhs.net

4 Other helpful web-based resources

4.1 National guidance

[Achieving Better Access to Mental Health Services by 2020](#)

[Guidance to Support the Introduction of Access and Waiting Time Standards for Mental Health Services in 2015/16](#)

[Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21](#)

[Technical Guidance for CYP-ED and EIP](#)

4.2 Regional preparedness tools

[Self-Assessment Readiness Tool: London](#)

[Self-Assessment Readiness Tool: South](#)

4.3 NICE and SCIE guidance

[Psychosis and Schizophrenia in Adults \(NICE quality standard 80\)](#)

[Psychosis and Schizophrenia in Adults: Treatment and Management \(NICE clinical guideline 178\)](#)

[Psychosis and Schizophrenia in Adults \(NICE information for the public\)](#)

[Psychosis and Schizophrenia in Children and Young People: Recognition and Management \(NICE clinical guideline 155\)](#)

[Psychosis and Schizophrenia in Children and Young People \(NICE information for the public\)](#)

[Psychosis and Schizophrenia NICE Pathway](#)

[Psychosis with Coexisting Substance Misuse: Assessment and Management in Adults and Young People \(NICE clinical guideline 120\)](#)

[Bipolar Disorder, Psychosis and Schizophrenia in Children and Young People \(NICE quality standard 102\)](#)

[Bipolar Disorder in Adults \(NICE quality standard 95\)](#)

[Bipolar Disorder: the Assessment and Management of Bipolar Disorder in Adults, Children and Young People in Primary and Secondary Care \(NICE clinical guideline 185\)](#)

[Depression in Adults \(NICE quality standard 8\)](#)

[Depression in Adults: the Treatment and Management of Depression in Adults \(NICE clinical guideline 90\)](#)

[Depression in Children and Young People \(NICE quality standard 48\)](#)

[Depression in Children and Young People: Identification and Management in Primary, Community and Secondary Care \(NICE clinical guideline 28\)](#)

[NICE Support for Commissioning Using the Quality Standard for Psychosis and Schizophrenia in Adults](#)

[SCIE Guide 51: Co-production in Social Care: What It Is and How to Do It](#)

[SCIE Guide 44: Mental Health Service Transitions for Young People](#)

[Service User Experience in Adult Mental Health Services \(NICE quality standard 14\)](#)

[Service User Experience in Adult Mental Health \(NICE clinical guideline 136\)](#)

4.4 Understanding demand

[PsyMaptic website](#)

[Fingertips tool](#)

4.5 Early detection

[Report on Early Detection and Intervention for Young People at Risk of Psychosis](#)

[GP Guidance: Early Detection of Emerging Psychosis – What You Need to Know](#)

4.6 Early intervention in psychosis

[IRIS guidelines](#)

[The Abandoned Illness: a Report by the Schizophrenia Commission](#)

[Lost Generation: Why Young People with Psychosis are Being Left Behind, and What Needs to Change](#)

[Investing in Recovery: Making the Business Case for Effective Interventions for People with Schizophrenia and Psychosis](#)

[Mental Health Promotion and Mental Illness Prevention: the Economic Case](#)

[Mental Health Policy Implementation Guide](#)

4.7 Psychosis pathways

Wessex Academic Health Science Network:

[Pathway to recovery](#)

[Psychosis care pathway](#)

[Southern Health care pathway – pilot](#)

[Improving Care for People with Psychosis in North West London](#)

4.8 Competencies for psychological therapists

[IAPT-SMI competencies](#)

[Supervision of Psychological Therapies](#)

4.9 Other useful resources to support quality improvement

[CQUIN toolkit \(physical health\)](#)

[Nation Audit of Schizophrenia Round 2 Action planning toolkit](#)

[The Lester UK Adaption of the Positive Cardiometabolic Health Resource](#)

[Working Together to Safeguard Children](#)