FAQ update August 2017

Question: Our service often finds it difficult to complete an assessment for people with suspected first episode psychosis within one appointment. As the assessment will inform the treatment for the person (including a decision to discharge if appropriate) can we use the first assessment appointment with an EIP worker as the 'clock stop' or is a confirmation of first episode psychosis or ARMS required?

Response: Assessment by the EIP service will ascertain whether the person:

- is experiencing first episode psychosis
- is not currently experiencing first episode psychosis but may have an at risk mental state
- does not have evidence of first episode psychosis or of an at risk mental state.

A service that meets criteria set out in Chapter 3 of the guidance will stop the waiting time clock if:

- the patient has been accepted on to the caseload of an EIP service, AND
- has been allocated to and engaged with an EIP care coordinator, AND
  - has had an initial assessment, OR
  - has commenced an assessment for a suspected At Risk Mental State.

If there is any doubt about the presence of psychosis or an at risk mental state, the person should remain in the EIP service until this is clear.

Guidance outlines that services should be using the SNOMED CT Concept ID -Mental health risk indicator assessment (802551000000107) – to record the completion of an assessment.

A face to face appointment with an EIP worker who commences the assessment is used as a proxy measure for the date at which the clock stops. This is acceptable if suitably trained staff commence a thorough specialist assessment at this first appointment. Assessment appointments with staff that are not EIP care coordinators or the use of phone calls or text messages by themselves should not be used to stop the clock.

Question: When would the clock stop for a person referred with a suspected first episode of psychosis who is under the care of an existing health service (including mental health and non-mental health services -for example CAHMS, forensic services, learning disability services and community mental health teams) and who already has a care coordinator? How should the clock stop be recorded in MHSDS?

Answer: Co-morbidities are common with FEP and should not be used as a reason for exclusion from EIP services.

Under normal circumstances, where someone is already in contact with services the clock starts when FEP is first suspected and conditions for stopping the clock are the same as with a newly referred case i.e. accepted on to the caseload of an EIP service capable of providing a full package of NICE-recommended care and allocated to and engaged with an EIP care coordinator.

However, where there are significant co-morbidities, there are some rare situations when it is acceptable that an existing team continues to take lead clinical responsibility for coordinating care, however a specialised EIP worker must also be allocated and then meet with the specialist team to initiate a joint treatment plan with the patient for the 'clock to stop'.

EI services should be willing to offer their expertise and support in all FEP cases when psychotic symptoms are present, however, where the predominant need is not psychosis but another co-morbid difficulty or long term condition, overall responsibility for care may be more appropriately led by the service which is providing support for the primary difficulty.

The EIP team should record an additional assignment of a 'lead professional' within the MHS006 Mental Health Care Coordinator table in addition to their existing care coordinator. Therefore the 'clock stop' for a patient in this circumstance is as follows:

- the patient has been accepted on to the caseload of an EIP service, AND
- has been allocated to and engaged with a 'lead professional' from the EIP service, AND
    - has had an initial assessment, OR
    - has commenced an assessment for a suspected At Risk Mental State.

The MHSDS User Guidance for this table has recently been updated to clarify the appropriate recording of multiple records for Care Coordinators and Lead Professionals for the above scenario. In particular, the guidance outlines…

This table (MHS006 Mental Health Care Coordinator) should include a record for each assignment of a Mental Health Care Coordinator or Lead Professional to a patient (and not only those formally assigned on CPA.)"Where a care professional is associated with the work of more than one service or team within provider, the CARE PROFESSIONAL SERVICE OR TEAM TYPE ASSOCIATION (MENTAL HEALTH) should relate to the team on whose behalf the Care Professional is working as Care Coordinator or Lead Professional for the patient.

This data item will be used for the calculation of some waiting times. For example: Early Intervention in Psychosis waiting times, where allocation of an EIP Lead Professional forms part of the requirements signifying the end of the waiting time or 'clock stop'."

Question: A patient who has been referred for suspected FEP is currently under the care of a care coordinator who is acting as a member of a non-EIP team, but this care coordinator is also part of the EIP team. How should the clock stop be recorded in MHSDS?

Answer: The care coordinator is no longer acting in their capacity as a member of the non-EIP team, and is now acting in their capacity as a member of the EIP team. Although the care coordinator is the same person they are carrying out a different role; as such, the existing care coordinator episode should be ended, and a new episode under the EIP team should be started.

As outlined above, Table MHS006 Mental Health Care Coordinator should be used where allocation of an EIP Lead Professional forms part of the requirements signifying the end of the waiting time or 'clock stop'.