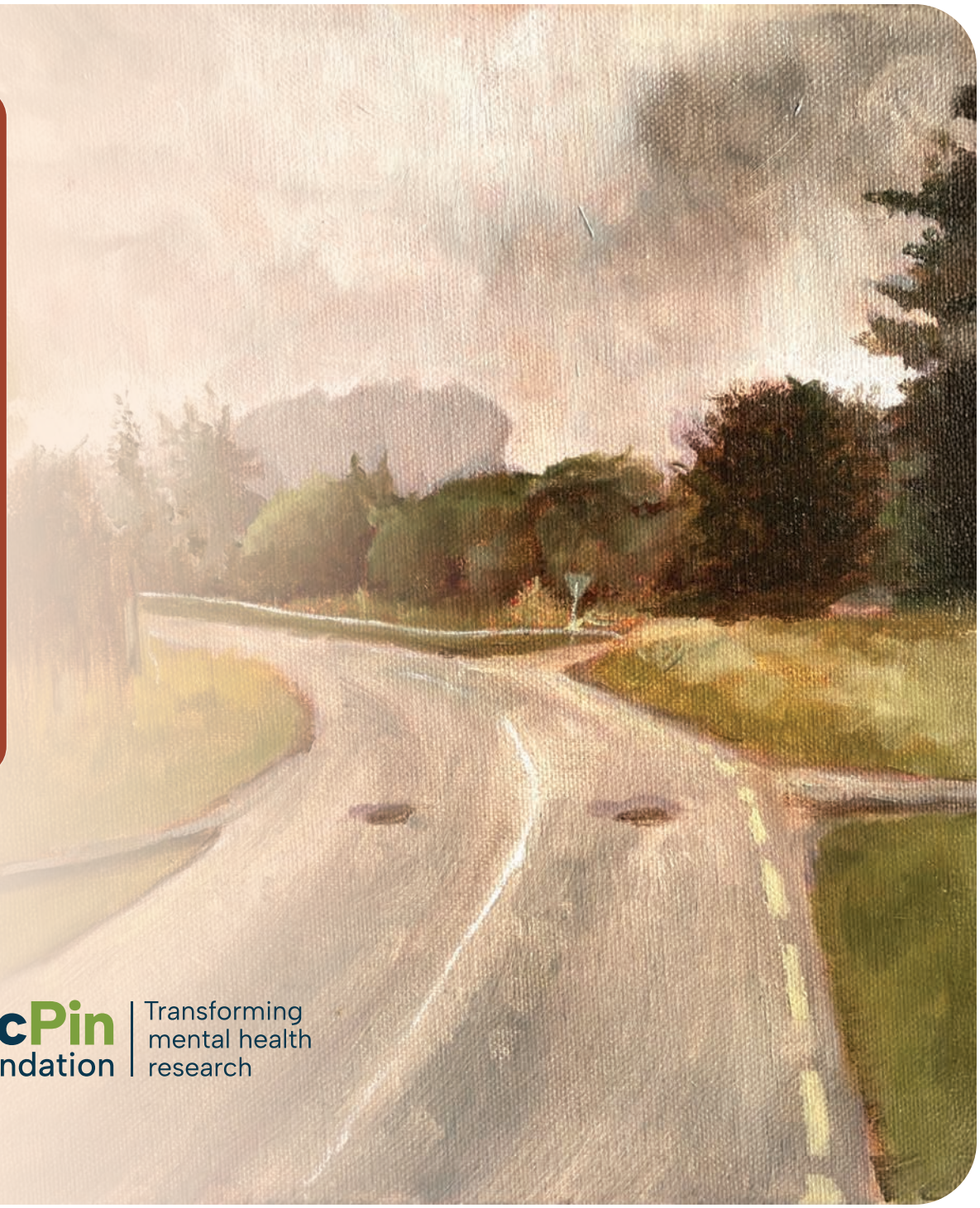
State of the Nation Report 2024

Audit of Early Intervention in Psychosis Provision in England and Wales in 2022/23 and 2023/24



HQIP
Healthcare Quality Improvement Partnership

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

NCAP
NATIONAL CLINICAL AUDIT OF PSYCHOSIS

McPin Foundation
Transforming mental health research

Publication date February 2025.

The National Clinical Audit of Psychosis 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, and the Royal College of Nursing. Its aim is to promote quality improvement in patient outcomes, and 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 (NHSE), the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies. **www.hqip.org.uk/national-programmes**

This report has been co-produced with the core National Clinical Audit of Psychosis (NCAP) team, clinical and service user advisors, the Service User and Carer Reference group (SUCRG, pictured) and a steering group of over 30 clinicians, commissioners, Improvement Cymru and NHS England staff. Recommendations were shaped in collaboration with the SUCRG and steering group.

Thank you to everyone who has supported this audit.

NCAP Project Team

Gaia Bove (Programme Manager – maternity cover)
Aimee Morris (Programme Manager)
Carmen Chasse (Deputy Programme Manager)
Bryan Choi (Project Officer)
Dr Alan Quirk (Head of Clinical Audit and Research)
Prof Dasha Nicholls (Clinical & Strategic Director, CCQI)

NCAP Advisors

Prof Jo Smith OBE (Clinical advisor)
Dr Paul French (Clinical advisor)
Dr Veenu Gupta (Service user advisor)

Service User and Carer Reference Group

Stephen Ash (Service user member)
Jason Grant (Service user member)
Iona Edwards (Service user member)
Ros Savege (Carer member)
Janet Seale (Carer member)
Hayley Tennant (Carer member)
Dr Vanessa Pinfold (Group facilitator, McPin Foundation)
Ashley Williams (McPin Foundation)

Quality Improvement (QI) coaches

Maureen McGeorge (QI Consultant)
Sadhbh Fitzgerald (QI Coach)

February 2025

Key messages and recommendations

This audit report covers England and Wales. There are several key messages and five specific recommendations.

EIP teams are encouraged to:

- Use audit data to inform Quality Improvement (QI) initiatives to improve and counter decline in performance. National Clinical Audit of Psychosis (NCAP) offers QI training support and a learning collaborative to support teams to introduce changes in practice.
- Regularly review routine data documentation and coding to ensure it is accurate and reliable, particularly with the planned shift to routine data collection for Early Intervention in Psychosis (EIP) teams in England and Wales.
- Use coproduction – involve people with lived experience of psychosis and carers in the development, delivery, review and improvement of EIP care.

NHSE and Welsh Assembly are encouraged to:

- Consider including at-risk mental states (ARMS) in future performance metrics to reflect evolving EIP care standards.

The audit identified five recommendations for NHSE/ICBs and Welsh Health Boards to improve EIP care delivery.

1. Focus on sustaining performance; notably around timely access and addressing factors affecting delivery of NICE concordant EIP and ARMS provision across all age groups, particularly Family Intervention (FI) in England, Cognitive Behavioural Therapy for psychosis (CBTp) in Wales and CBT for ARMS in England and Wales.

2. Improve lipid measurement screening in England and referral for blood pressure treatment by an appropriate clinician in response to elevated cardiovascular risk when completing physical health checks in both England and Wales.

3. Routinely use standard nationally agreed outcome measures (DIALOG and ReQoL for Wales; DIALOG, ReQoL and GBO for England) and use of outcome measures data to evaluate EIP outcomes in England and Wales.

4. Continue to record and monitor which interventions get offered to whom. Actively seek to address health inequalities both in offer and take-up related to regional and health board variation, gender, ethnicity or age in both England and Wales.

5. Ensure the National Institute for Health and Care Excellence (NICE) recommended specialist EIP and ARMS interventions and care are available to Children and Young People (CYP) with First Episode Psychosis (FEP) and ARMS (England and Wales).

Introduction

Early Intervention in Psychosis (EIP) services provide care to people with psychosis and at-risk mental states (ARMS) by providing treatments in accordance with NICE recommended guidance.

The Royal College of Psychiatrists National Clinical Audit of Psychosis (NCAP) monitors the performance of EIP services across England and Wales against standards which cover waiting times, Cognitive Behavioural Therapy for psychosis (CBTp), education and employment support, family and carer interventions, Clozapine medication, outcome measures plus physical health screening and interventions.

NCAP began auditing EIP services in 2018 (**see past reports here**) and provides feedback to EIP services at a team, trust, regional and national level, helping shape local provision in response to data trends.

Key features of audits include:

Tracking change over time. This involves repeated data collection to monitor progress against expected standards of care.

Examination of variation by health inequalities, such as age, gender and ethnicity, and identifying where improvement efforts could reduce inequalities.

Exploring variation between different parts of the health system, e.g. making comparisons between teams, Trusts/ Health Boards and regions.

Providing Quality Improvement (QI) guidance to support initiatives to improve aspects of care measured by the audit.

In line with other National Clinical Audits, NCAP has been transitioning to using routinely collected EIP data from the NHSE Mental Health Services Data Set. Whilst this new methodology is being developed, NCAP undertook bespoke audits of EIP services to continue monitoring performance against the NHS Long Term Plan.

This summary report provides data from the 2022/23 and 2023/24 audit cycles for both England and Wales and, where appropriate, compares these findings with previous years.

In addition, this audit has specifically reviewed provision for under 18s with first episode psychosis and ARMS. Alongside the audit process, NCAP has also offered quality improvement (QI) support for EIP teams, to encourage use of audit findings to drive local improvements in EIP provision. The full data set is available as a set of slides online (**see here to access slides**).

This is the last report from the NCAP team using bespoke data. From 2025, the audit will be moving to using routine data in both England and Wales. The audit team hopes this 2024 State of the Nation report will be useful to commissioners, clinicians, service users and carers and those supporting the audit process going forward.

Methods

Participation

2024

In England

10,386 casenotes were submitted by **156 teams**

In Wales

239 casenotes were submitted by **8 teams**

2023

In England

10,196 casenotes were submitted by **145 teams**

In Wales

212 casenotes were submitted by **7 teams**

The standards for the audit are based on the **Implementing the EIP Access and Waiting Time Standard guidance** (NHS England, 2023), which details a NICE recommended package of EIP care for treating and managing psychosis (**NICE Quality Standard [QS] 80, 2015**, **NICE QS102, 2015**). There are eight key standards for this audit relating to timely access to care, provision of evidence-based interventions, physical health monitoring and interventions, and outcome measurement (see here for further information). All NHS-funded EIP teams in England are expected to take part in the audit.

Eligibility Criteria

Service users who were aged 65 and under, had first episode psychosis (FEP) and had been on the caseload for 6 months or more. Service users experiencing psychotic symptoms due to organic causes, or who spend most of their time in a different locality, such as students, were excluded.

Data Collection

EIP teams were asked to provide eligible samples from which the NCAP team randomly selected 100 casenotes for the audit. For teams with less than 100 cases, all were included. Data collection was through the CaseCapture platform; EIP teams submitted service user level data as well as team level data using the online audit tool and during 2022–24 this focused on CYP EIP provision. A paper version of the tool can be found on the **NCAP resource page**.

Data analysis

Results were aggregated at regional, Trust/Health board, and team level. Access and Waiting time (AWT) data are an exception; data were provided directly by NHSE and not from the casenote audit. Given the difference in sample sizes, NCAP advises against direct comparison of England and Wales audit findings.

Dashboard Reporting

The NCAP online dashboard allows EIP teams to access charts based on data against NCAP standards as well as charts representing results against the Scoring Matrix. **The Scoring Matrix** is a tool made in partnership with NHSE to enable EIP teams in England to monitor their performance against objectives for EIP care set out in the **NHS Long Term Plan** (LTP). Based on audit data, the Scoring Matrix rates teams both overall and on individual standards as follows;Level 1 = Greatest Need for Improvement, Level 2 = Needs Improvement, Level 3 = Performing Well, Level 4 = Top Performing.

The NHS LTP set a target of 60% of people being seen by EIP services within 2 weeks (e.g. the AWT Standard) and 95% of teams reaching an overall performance score of Level 3 or more. The Scoring Sub-Matrix looks at EIP service provision at team level. It includes service set up, with scores for provision of care by age and for at-risk mental states (ARMS) and it includes CYP provision, with scores for provision of specialist EIP services for CYP. Scoring Sub-Matrix items do not count towards the overall score. For more information on CYP items and scoring please see **slide 5 of the supplementary slide set**. Both England and Wales are audited against the NCAP standards, but the Scoring Matrix applies only to England.

Performance improvements over time in England and Wales

Why improvements in care matters

"Good mental health care means we're not facing things alone. It's about having the support and tools we need to stay well, feel connected, and keep moving forward with confidence and independence." Service User and Carer Reference Group (SUCRG)

England and Wales

Improvements in performance have been seen since the start of the audit in 2018/19 on the majority of the NICE quality standards, except **Access and Waiting Times** (AWT) in England and provision of **Cognitive Behavioural Therapy for Psychosis** (CBTp) in Wales.

England

- **Greatest improvement** is in outcome measurement and recording: **Up from 22% in 2018/19 to 66% in 2023/24**.
- **Marked improvements** in offer and uptake of family intervention (FI): **Up from 21% in 2021/22 to 29% in 2023/24**.
- **Marked improvement** in offer and uptake of carer focused education and support: **Up from 52% in 2021/22 to 62% in 2023/24**.
- **Marked improvements** in physical health screening **up from 64% in 2018/19 to 85% in 2023/24** and referral for physical health interventions from **55% to 79%** over the same period.

Wales

- **Improvement** in geographical inequalities of provision in terms of access to an EIP team across health boards: **Increase from 6 teams in 2021/22 to 8 EIP teams in 2023/24**.
- **Marked improvement** in offer of Clozapine **from 55% in 2018/19 to 87% in 2023/24**.
- **Marked improvements** in physical health screening **up from 15% in 2018/19 to 77% in 2023/24** and referral for physical health Interventions **from 12% in 2018/19 to 71% in 2023/24**.
- **Marked improvements** in offer/uptake of carer education and support programmes: **Up from 23% in 2020/21 to 45% in 2023/24**.

NOTE: This infographic summary compares performance data from both 2022/23 and 2023/24 audit cycles for England and Wales with published performance data from earlier years.

England EIP Teams Performance 2018–2024

Table 1: England EIP team performance against each audit standard and across time

Change over time (%)							
Audit Year	Performing Well (L3 Target)	2018/19 (n=9,527)	2019/20 (n=10,560)	2020/21 (n=10,033)	2021/22 (n=10,557)	2022/23* (n=10,196)	2023/24 (n=10,386)
Total Number of Trusts		57	55	55	54	52*	54
Standard 1: Timely Access	≥60%	76	74	72	72	73	70
Standard 2: Cognitive behavioural therapy for psychosis	≥24%	46	49	46	46	49	50
Standard 3: Family intervention	≥16%	22	21	21	21	29	29
Standard 4: Prescribing of Clozapine	N/A	54	52	50	52	60	60
Standard 5: Supported employment and education programmes	≥20%	28	31	31	32	38	39
Standard 6: Physical health screening	N/A	64	75	70	80	88	85
Standard 7: Physical health interventions	≥80%	55	63	61	71	85	79
Standard 8: Carer-focused education and support programmes	≥50%	55	58	53	52	63	62
Outcome measures recording	≥50%	22	41	55	60	65	66

* In 2023, some Trusts were excluded from the national averages due to the care notes outage.

Change over time data for England shows EIP teams have met the 'performing well' threshold for many of the standards since 2018/19, an impressive achievement in the context of Covid-19 challenges and post-pandemic pressures.

Greatest improvement since 2018/19 has been in outcome measures, physical health interventions and physical health screening. Since 2021/2022, EIP team performance has generally been maintained or improved, the only exception being AWT (dropping from 72% to 70%, but still consistently exceeding the AWT 60% standard).

Physical health screening and interventions are the main reason why teams in England failed to perform well on the combined 'effective treatment' performance score. Lipid measurement screening and blood pressure interventions have the lowest offer rates.

EIP and ARMS provision is not uniform across age groups, with some teams not providing EIP care and CBT for ARMS to under 18s and/or over 35s. Information explaining how standards are measured in England can be found on **slide 2 of the supplementary slide set**.

Why EIP improvement matters

"For me, it is about giving people a chance to participate in life. Experiencing a psychotic episode is not a joke and many people do not make it back from that experience. So, if we can improve services incrementally over time, more people will be able to find meaning and purpose after psychosis." Jason

Wales EIP Teams Performance 2018-2024

Table 2: Wales EIP team performance against each audit standard and across time

Change over time (%)						
Audit Year	**2018/19 (n=247)**	**2019/20 (n=205)**	**2020/21 (n=248)**	**2021/22 (n=239)**	**2022/23* (n=212)**	**2023/24 (n=239)**
Total Number of Teams	6	6	6	6	7	8
Standard 1: Timely Access	N/A	33	36	33	36	51
Standard 2: Cognitive behavioural therapy for psychosis	43	51	52	48	43	37
Standard 3: Family intervention	22	24	25	30	21	26
Standard 4: Prescribing of Clozapine	55	66	61	85	80	87
Standard 5: Supported employment and education programmes	17	18	25	36	26	35
Standard 6: Physical health screening	15	21	24	51	66	77
Standard 7: Physical health interventions	12	12	13	30	59	71
Standard 8: Carer-focused education and support programmes	29	44	23	25	37	45
Outcome measures recording	0	5	7	15	17	16

Over the last 2 years, comparing to 2021/22, Wales EIP team performance has improved across most standards except for CBTp (which is currently lower than when auditing started in 2018/19) and, to a lesser extent, FI. Supported education and employment dropped in 2022/23 but improved in 2023/24 so that performance differences overall from 2021/22 were negligible. Greatest improvements were in AWT, physical health screening and interventions, and carer education and support. Although AWT improved, only half of individuals with FEP currently are referred and start NICE approved EIP care within 2 weeks. Outcome measurement and recording remains low and there is wide variability in outcome measures employed (most common is DIALOG). There is no EIP service provision for over 35s with FEP in any Health Board and, in two thirds of EIP teams, no CBT for ARMS provision across all age groups. Information explaining how standards are measured in Wales can be found on **slide 2 of the supplementary slide set**.

Why EIP improvement matters

"It's good to see that Wales is steadily improving on most indicators, but it's concerning that CBT has gone down that much. It makes me wonder if they're offering it or not. I wasn't offered it [CBTp] when I was under the service. It's about knowing what is available." Stephen

"Family intervention was a safe space for us all where we could explore issues that were too hard to talk about at home, it helped us to better understand the challenges of living with psychosis. Without it I don't think we would have made it through the first year." Ros

Regional variations in England and Wales

Moving on from national data summaries to also look at regional performance, figure 1 highlights performance against the NHS Long Term Plan (LTP) standards at a national and regional level in England.

Nationally **65%** of EIP teams are performing well and top performing (L3+), but this is still some way off the 2023/24 LTP target of **95%** achieving Level 3 NICE concordance which was not met by any region or at a national level. There is wide regional variation in the delivery of EIP NICE concordant care, with East of England returning **93%** of teams performing well compared to **21%** in the South West.

Most regions have seen their performance decrease since 2022/23 (**see slide 12 of the supplementary slide set for more details**).

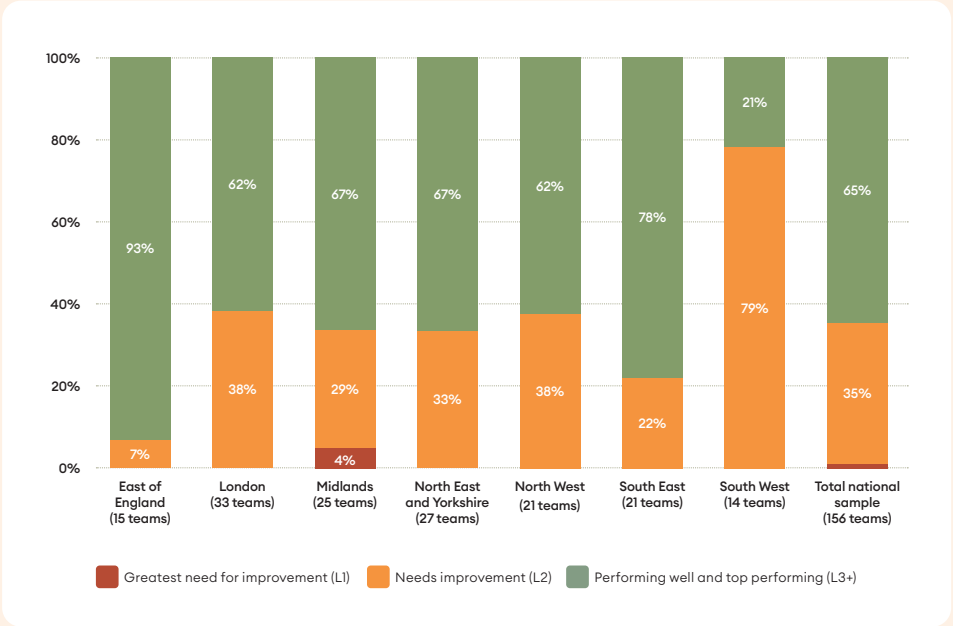


Figure 1: Delivering NICE concordant care in EIP across England – 2023/24

When considering the individual components of care, variation can be seen. For example, CBT for psychosis (CBTp) in England has a 'performing well' target that equates to **24%** of service users being offered and accepting therapy.

The audit found each region meets the target but there is variation, including that CBTp is offered in **80%** of cases in the Midlands, compared to **93.5%** of cases in London.

Regional variation is also evident in waiting for CBTp where the South East has the highest percentage of cases waiting for therapy to begin, **14%**. Regional variations in offer, take up, refusal and performance were observed across all the standards and, for many standards, differences between regions were quite marked.

Wales is not aligned to the NHS LTP and therefore does not measure performance in the same way as England, however, variation by health board was identified in Wales as well. Taking CBTp as an example again, in two health boards, only **12%** of cases accessed NICE recommended CBTp. Health Board variations across all standards were quite marked.

Why regional differences matter

"I feel that waiting times should be reduced across the country, enabling us to access appropriate therapies like CBT as soon as possible. Availability of CBT shouldn't be dependent on where you live and should be offered to as many service users as possible as soon as we need it." Iona

Health inequalities in England

Health inequalities exist in many different forms, for this report the audit team structured their findings around gender, ethnicity and age (see figures 2, 3, 4 and 5) as examples. More information is available from **slide 21 of the supplementary slide set**.

GENDER

Audit data in Figure 2 highlights that women are more likely to take up CBTp: **56%** compared to men at **46%** and men have a higher percentage of declining the offer of CBTp **31%** compared to women at **23%**.

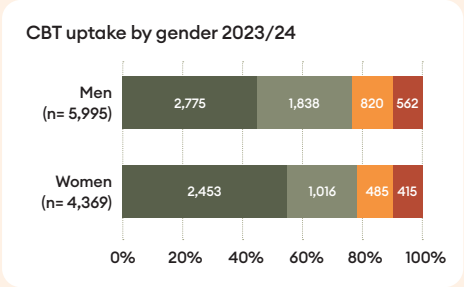


Figure 2

ETHNICITY

Overall, it appears the differences in take up across the interventions in 2023/24 for people from different ethnic backgrounds are small. Figure 3 shows Supported Employment and Education. The Black population had the highest rate of take-up (**45%**) and was also the population with the lowest rate of not offered. Take up in the White population was **37%** and in the Asian population was **39%**.

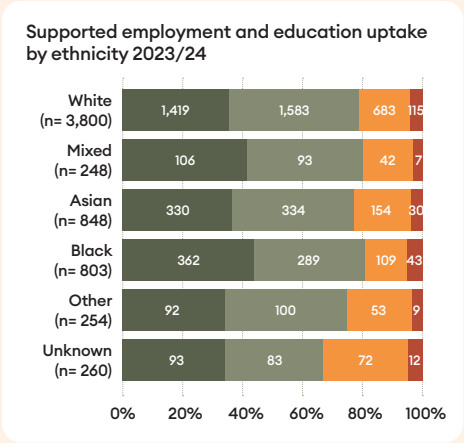


Figure 3

AGE

Whilst the overall standard is met, for people receiving CBTp there is an age differential in people being offered this important intervention. The data in Figure 4 shows **29%** of under 18s, **12%** of 18–35 year-olds, and **12%** of those age 36 and over, were *not offered* CBTp. This is a considerable difference for younger people accessing EIP care.

A similar picture exists for Supported Employment and Education (see Figure 5) where there is again a high percentage of young people who are not in employment or education, who are *not being offered* these important interventions: under 18s **40%**, 18–35 year-olds **16%**, and **20%** of those age 36 and over.

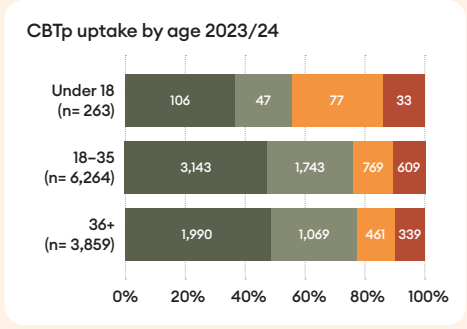


Figure 4

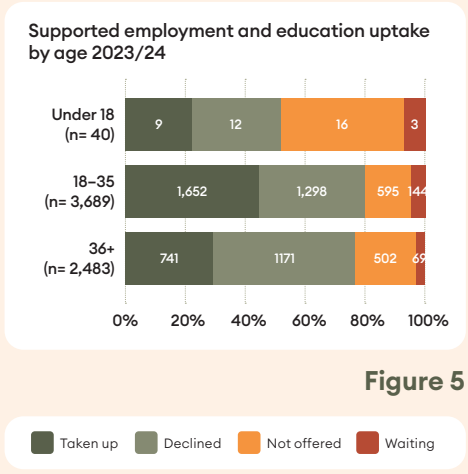


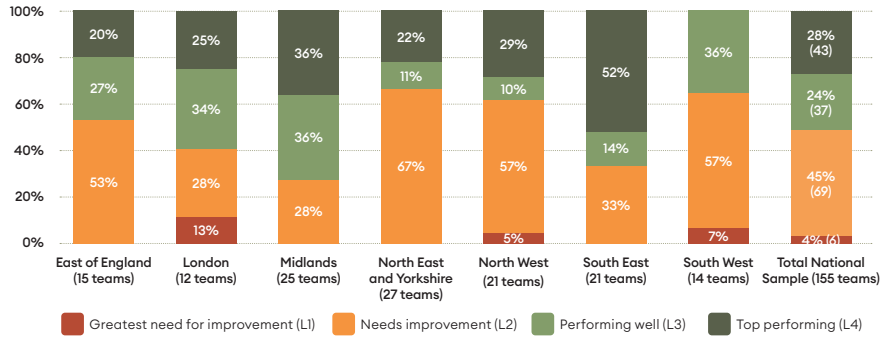
Figure 5

Why measuring health inequalities matters: **"It's important the audit measures these health inequalities because then service providers can respond by encouraging equitable access to services across those from different intersections."** Veenu

Children and Young People (CYP)

In 2023/24, in relation to EIP and ARMS provision for CYP, **28%** of teams **in England** were top performing, but **45%** of teams 'need improvement'. In 4 regions, over **50%** of teams require improvement. In England **4%** of teams are in 'greatest need of improvement' with no EIP provision for CYP. Most common service models were Children and Young People's Mental Health Services (CYPMHS) service support from an adult EIP service (**48%**) or a combined adult and CYP EIP service (**29%**).

- 50 teams (32%) had **no CYP EIP care coordinators**.
- 8 teams (5%) had **no CBTp** and 5 (3%) teams had **no FI provision**.
- 25 teams (16%) **lacked training** in or access to specialist prescribing advice.
- 43 teams (28%) had **no CBT for ARMS provision**.
- 2 teams (1%) without staff trained in **child safeguarding**.
- 25 teams (16%) without staff trained in **differential diagnosis and co-morbidities**, including neurodevelopmental disorders.
- 23 teams (15%) **did not feel competent** to produce an educational support plan.



In England, there were a total of n=263 CYP with FEP on EIP team caseloads in 2023/24.

Figure 6: EIP Provision for Children and Young People in England

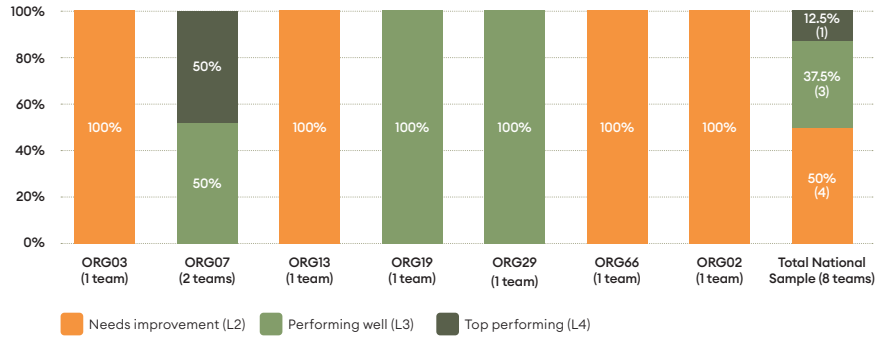
In 2023/24 **in Wales**, there were no teams without CYP FEP provision. One team was 'top performing' but **50%** of teams 'need improvement'.

Most common service models were an adult EIP team working with CYPMH services (**50%**) or an adult and CYP EIP service (**25%**).
Of concern:

- One team had **no CYP EIP care co-ordinator provision**.
- 2 teams (25%) had **no CBTp provision**.
- 5 (63%) teams had **no CBT for ARMS provision**.

Why CYP EIP matters

"Supporting children and young people experiencing psychosis is so important. It starts with awareness – from schools, Universities, GPs – but the next step is timely access to EIP services. Without timely, skilled support, the path to recovery can become far more difficult." Ros



In Wales, there were a total of n=6 CYP with FEP on EIP team caseloads in 2023/24.

Figure 7: EIP Provision for Children and Young People in Wales

Quality Improvement Coaching Initiative

All EIP teams in England and Wales were invited to join the Quality Improvement (QI) initiative. A key feature in applying to join the initiative was active lived experience involvement in each team's QI plan. Teams could choose which area of provision to focus upon.

1st QI collaborative
(Feb 2023 – Feb 2024)

- **12 EIP teams**, including one from Wales, received direct 1:1 QI coaching, primarily focusing on improving family intervention (FI) access and uptake.
- **3 online shared learning sessions**, open to all EIP teams, facilitated progress-sharing and ideas exchange with on average 78 people attending each session.
- **All 12 participating teams achieved their primary aims**, and noted significant cultural shifts using self-report feedback processes.

2nd QI collaborative
(May 2024 – May 2025)

- **Expanded access to QI initiative** for all EIP/CYP teams treating first episode psychosis (FEP), including monthly coaching, 'Pocket QI' training, online resources, and 4 shared learning events.
- **4 EIP teams** joined an Enhanced 1:1 QI coaching Programme.
- **55 people attended** the first shared learning session in July 2024.

Impact: Supporting EIP teams to become QI teams

A central goal of the NCAP QI programme was to support EIP services in becoming QI teams, embedding QI methods in team processes and culture. The positive practice and shifts in staff attitudes among participating teams provided in feedback reports suggest that meaningful cultural change may play a key role in aspects of their 2023/24 performance.

"There is definitely a shift in culture... I am seeing more and more staff offering FI as part of the EIP package of care."
Service Lead EIP Southampton. Participant in 1st QI collaborative

"The buzz, energy and motivation has increased for [our team]."
Anonymous, Worcestershire. Participant in 1st QI collaborative

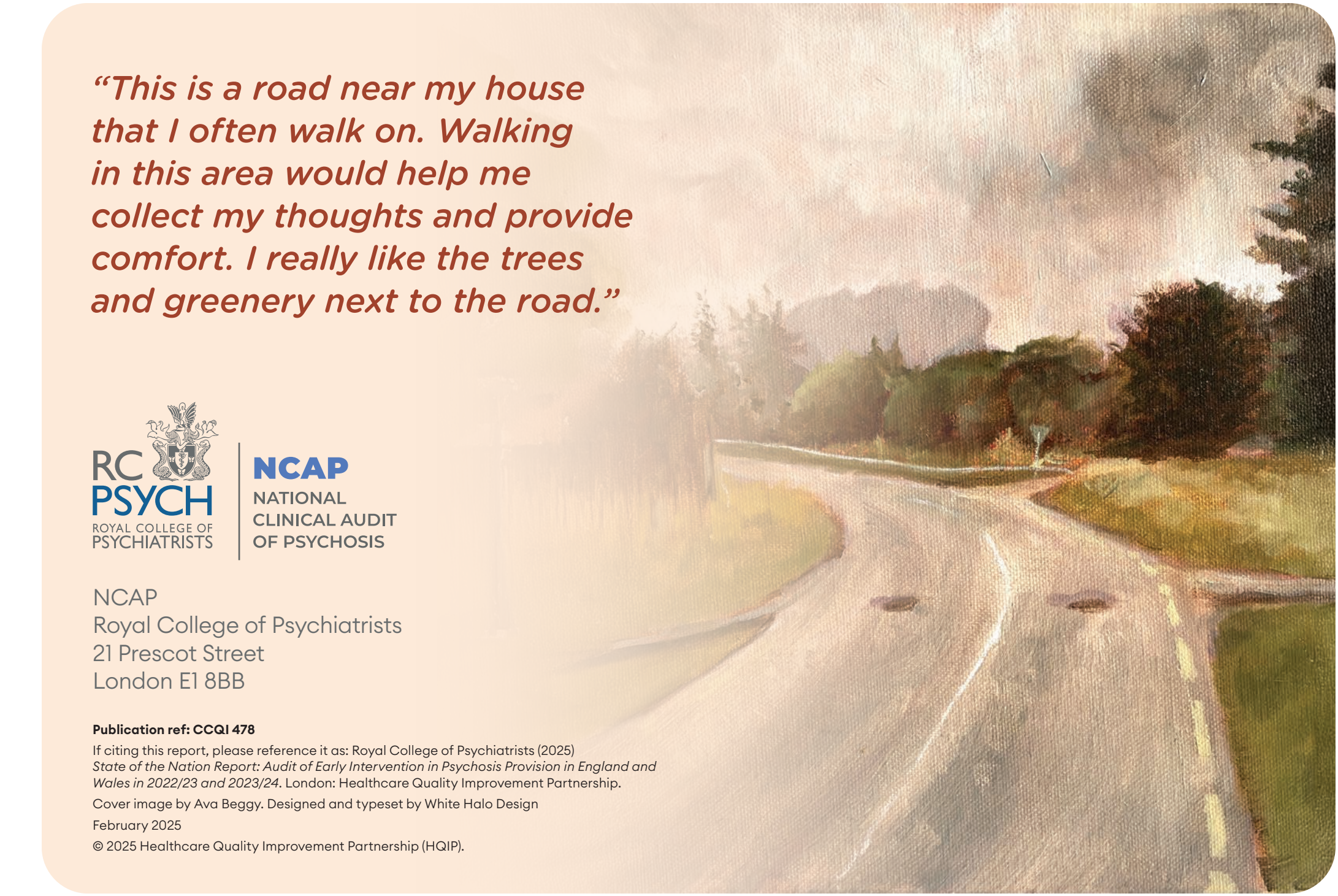
Case Study
Improving uptake of Family Intervention

The NAVIGO team in Grimsby has transformed their approach to FI through participation in the 2nd QI Collaborative. Initially reluctant to join due to the anticipated workload, the team quickly saw the benefits: "I didn't want to do it," one member admitted, "but actually... it has made such a difference."

Key elements of the QI program, notably the structured meetings and regular guidance from their NCAP QI consultant, helped the team reframe FI as a core element of provision rather than an "add-on" service. QI consultant feedback helped them refine their language and create service menus that communicated directly to families' specific challenges. Additionally, they doubled their number of staffed trained in FI and reinstated peer supervision as protected time, making it a core part of team practice.

This success led to a neighbouring mental health team joining their peer supervision sessions, demonstrating the potential of this QI work to inspire change beyond the initial team. The team has begun to foster a motivating culture of FI work, resulting in greater family engagement and a sustainable model for continued improvement.

"This is a road near my house that I often walk on. Walking in this area would help me collect my thoughts and provide comfort. I really like the trees and greenery next to the road."



RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

NCAP
NATIONAL CLINICAL AUDIT OF PSYCHOSIS

NCAP
Royal College of Psychiatrists
21 Prescot Street
London E1 8BB

Publication ref: CCQI 478

If citing this report, please reference it as: Royal College of Psychiatrists (2025) *State of the Nation Report: Audit of Early Intervention in Psychosis Provision in England and Wales in 2022/23 and 2023/24*. London: Healthcare Quality Improvement Partnership.

Cover image by Ava Beggy. Designed and typeset by White Halo Design

February 2025