Psychosis and schizophrenia in adults

NICE quality standard

Draft for consultation

September 2014

Introduction

This quality standard covers the treatment and management of psychosis and schizophrenia (including related psychotic disorders such as schizoaffective disorder, schizophreniform disorder and delusional disorder) in adults (18 years and older) with onset before the age of 60 years in primary, secondary and community care. For more information see the psychosis and schizophrenia in adults topic overview.

Why this quality standard is needed

Psychosis and the specific diagnosis of schizophrenia represent a major psychiatric disorder (or cluster of disorders) in which a person's perception, thoughts, mood and behaviour are significantly altered. The symptoms of psychosis and schizophrenia are usually divided into 'positive symptoms', including hallucinations (perception in the absence of any stimulus) and delusions (fixed or falsely held beliefs), and 'negative symptoms' (such as emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect). Each person will have a unique combination of symptoms and experiences.

A review of the incidence of schizophrenia and psychosis found a pooled incidence of 31.7 per 100,000 person-years for psychosis and 15 per 100,000 person-years for schizophrenia in England between 1950 and 2009 (Kirkbride 2012 Incidence of schizophrenia and other psychoses in England, 1950–2009: a systematic review and meta-analyses). Rates varied according to gender and age, generally decreasing with age (although with a second peak in women starting in the mid to late 40s). Men under 45 were found to have twice the rate of schizophrenia compared with women, but there was no difference in its incidence over this age. The rate of schizophrenia

was found to be significantly higher in people of African Caribbean and African family origin compared with the baseline population.

Within both hospital and community settings, antipsychotic drugs remain the primary treatment for psychosis and schizophrenia. There is well-established evidence for their efficacy in both the treatment of acute psychotic episodes and relapse prevention over time. However, despite this, considerable problems remain. A significant proportion of service users (up to 40%) have a poor response to conventional antipsychotic drugs and continue to show moderate to severe psychotic symptoms (both positive and negative).

Psychological and psychosocial interventions in psychosis and schizophrenia include interventions to improve symptoms and also those that address vulnerability, dependent on an individual's needs.

In the last decade, there has been a new emphasis on services for early detection and intervention, and a focus on long-term recovery and promoting people's choices about the management of their condition.

There is evidence that people can recover, although some will have persisting difficulties or remain vulnerable to future episodes. Not everyone will accept help from statutory services.

The quality standard is expected to contribute to improvements in the following outcomes:

- Severe mental illness premature mortality.
- Employment and vocational rates.
- Hospital admissions.
- Referral to crisis resolution and home treatment teams.
- Service user experience of mental health services.
- Detention rates under the Mental Health Act.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- The Adult Social Care Outcomes Framework 2014–15 (Department of Health, November 2012)
- NHS Outcomes Framework 2014–15
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, Parts 1 and 1A.

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 The Adult Social Care Outcomes Framework 2014–15

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	***Overarching measure*** 1A Social care-related quality of life** (NHSOF 2) ***Outcome measures*** **People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs** 1B Proportion of people who use services who have control over their daily life 1C Proportion of people using social care who receive self-directed support, and those receiving direct payments **Carers can balance their caring roles and maintain their desired quality of life** 1D Carer-reported quality of life** (NHSOF 2.4) **People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation** 1F Proportion of adults in contact with secondary mental health services in paid employment** (PHOF 1.8, NHSOF 2.5) 1H Proportion of adults in contact with secondary mental health services living independently, with or without support* (PHOF 1.6)
3 Ensuring that people have a positive experience of care and support	***Overarching measure*** **People who use social care and their carers are satisfied with their experience of care and support services** 3A Overall satisfaction of people who use services with their care and support 3B Overall satisfaction of carer with social services 3E Improving people's experience of integrated care** (NHSOF 4.9) ***Outcome measures*** **Carers feel that they are respected as equal partners throughout the care process** 3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for **People know what choices are available to them locally, what they are entitled to, and who to contact when they need help** 3D The proportion of people who use services and carers who find it easy to find information about support
Aligning across the health and care system * Indicator shared ** Indicator complementary	

Table 2 NHS Outcomes Framework 2014–15

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	***Overarching indicator*** 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare i Adults ***Improvement areas*** **Reducing premature death in people with serious mental illness** 1.5 Excess under 75 mortality rate in adults with serious mental illness* (PHOF 4.9)
2 Enhancing quality of life for people with long-term conditions	***Overarching indicator*** 2 Health-related quality of life for people with long-term conditions** (ASCOF 1A) ***Improvement areas*** **Ensuring people feel supported to manage their condition** 2.1 Proportion of people feeling supported to manage their condition **Enhancing quality of life for carers** 2.4 Health-related quality of life for carers** (ASCOF 1D) **Enhancing quality of life for people with mental illness** 2.5 Employment of people with mental illness** (ASCOF 1F and PHOF 1.8)
4 Ensuring that people have a positive experience of care	***Overarching indicator*** 4a Patient experience of primary care i GP services 4b Patient experience of hospital care ***Improvement areas*** **Improving people's experience of outpatient care** 4.1 Patient experience of outpatient services **Improving access to primary care services** 4.4 Access to i GP services **Improving experience of healthcare for people with mental illness** 4.7 Patient experience of community mental health services **Improving people's experience of integrated care** 4.9 People's experience of integrated care** (ASCOF 3E)
Alignment across the health and social care system * Indicator shared ** Indicator complementary	

Table 3 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicators
1 Improving the wider determinants of health	***Objective*** Improvements against wider factors which affect health and wellbeing and health inequalities ***Indicators*** 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are on contact with secondary mental health services** (NHSOF 2.5 and ASCOF 1F)
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities ***Indicators*** 4.3 Mortality rate from causes considered preventable** (NHSOF 1a) 4.4 Under 75 mortality rate from all cardiovascular disease (including heart disease and stroke)* (NHSOF 1.1) 4.9 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5) 4.10 Suicide rate
Alignment across the health and social care system * Indicator shared ** Indicator complementary	

Coordinated services

The quality standard for psychosis and schizophrenia in adults specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole psychosis and schizophrenia care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to adults with psychosis and schizophrenia.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or

providing a high-quality psychosis and schizophrenia services are listed in Related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing, caring for and treating adults with psychosis and schizophrenia should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting adults with psychosis and schizophrenia. If appropriate, health, public health and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. Adults with a first episode of psychosis are referred to early intervention in psychosis services.

Statement 2. Adults with an acute episode of psychosis or schizophrenia that exceeds the capability of community based services are offered care by crisis resolution and home treatment teams.

Statement 3. Adults with psychosis or schizophrenia are assessed for coexisting psychiatric conditions.

Statement 4. Adults with psychosis or schizophrenia are offered cognitive behavioural therapy (CBT).

Statement 5. Family members of adults with psychosis or schizophrenia are offered family interventions.

Statement 6. Adults with schizophrenia that has not responded adequately to at least 2 anti-psychotics drugs are offered clozapine.

Statement 7. Adults with psychosis or schizophrenia who wish to find or return to work are offered supported employment programmes.

Statement 8. Adults with psychosis or schizophrenia have their physical health routinely monitored.

Statement 9. Adults with psychosis or schizophrenia are offered combined healthy eating and physical activity programmes, and help to stop smoking.

Statement 10. Carers of adults with psychosis or schizophrenia are offered a carer-focused education and support programmes.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 For each quality statement what do you think could be done to support improvement and help overcome barriers?

Quality statement 1: Referral to early intervention in psychosis services

Quality statement

Adults with a first episode of psychosis are referred to early intervention in psychosis services.

Rationale

Early intervention in psychosis services can improve clinical outcomes such as admission rates, symptoms and relapse. They do this by providing a full range of evidence-based treatment including pharmacological, psychological, social, occupation and educational interventions.

Quality measures

Structure

Evidence of local arrangements to ensure that early intervention in psychosis services are in place and local referral pathways are available for adults with a first episode of psychosis.

Data source: Local data collection.

Process

Proportion of adults with a first episode of psychosis who are referred to early intervention in psychosis services.

Numerator – the number in the denominator who are referred to early intervention in psychosis services.

Denominator – the number of adults with a first episode of psychosis.

Data source: Local data collection.

Outcome

Acute hospital admission rates.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as GPs, community health services, mental health services and drug and alcohol misuse services) ensure that systems and protocols are in place for people with a first episode of psychosis to be referred to early intervention in psychosis services.

Health and social care practitioners are aware of local referral pathways for adults with a first episode of psychosis and ensure that they are referred to early intervention in psychosis services.

Commissioners (such as clinical commissioning groups, NHS England local area teams and local authorities) ensure that they commission early intervention in psychosis services and ensure that local referral pathways are in place to refer adults with a first episode of psychosis to early intervention in psychosis services. This requires a need for integrated commissioning.

What the quality statement means for patients, service users and carers

Adults with a first episode of psychosis are referred to an early intervention service, which provides support and treatment for people with symptoms of psychosis.

Source guidance

- Psychosis and schizophrenia in adults (NICE clinical guideline 178), recommendation 1.3.1.1 (key priority for implementation).

Definitions of terms used in this quality statement

Early intervention in psychosis services

Early intervention in psychosis services are multidisciplinary community mental health teams that assess people with a first episode of psychosis without delay, and aim to provide a full range of pharmacological, psychological, social, occupation and

educational interventions for people with psychosis. [NICE clinical guideline 178, recommendations 1.3.1.2 and 1.3.1.3]

Early intervention in psychosis services provide care for adults with a first episode of psychosis during the first 3 years of psychotic illness. They may consider extending this availability if the person has not made a stable recovery from psychosis or schizophrenia after 3 years. [Adapted from NICE clinical guideline 178, recommendation 1.3.1.4]

Services should also take into account the 'negative' symptoms of psychosis and schizophrenia (such as emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect), and ensure services are accessible for people with these symptoms.

Equality and diversity considerations

Early intervention in psychosis services should ensure that culturally appropriate treatment is provided to people from diverse ethnic and cultural backgrounds.

Quality statement 2: Crisis resolution and home treatment teams

Quality statement

Adults with an acute episode of psychosis or schizophrenia that exceeds the capability of community based services are offered care by crisis resolution and home treatment teams.

Rationale

Crisis resolution and home treatment teams provide home-based care services that can prevent admissions to acute services in hospitals. This improves service users' experience by retaining their autonomy and social functioning as well as improving their ability to cope with a future crisis in the community.

Quality measures

Structure

Evidence of local arrangements and written clinical protocols to ensure that adults with an acute episode of psychosis or schizophrenia in the community that exceeds the capacity of early intervention in psychosis services or other community teams are offered care by crisis resolution or home treatment teams.

Data source: Local data collection.

Process

Proportion of adults with an acute episode of psychosis or schizophrenia in the community that exceeds the capacity of early intervention in psychosis services or other community teams, who receive care from crisis resolution and home treatment teams.

Numerator – the number in the denominator who receive care from crisis resolution and home treatment teams.

Denominator – the number of presentations of an acute episode of psychosis or schizophrenia in the community that exceeds the capacity of early intervention in psychosis services or other community teams.

Data source: Local data collection.

Outcome

a) Acute hospital admission rates.

Data source: Local data collection.

b) Patient experience of care in a crisis.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as GPs, community health services, mental health services and drug and alcohol misuse services) ensure that systems and teams are in place to offer care by crisis resolution and home treatment teams to adults with an acute episode of psychosis or schizophrenia in the community that exceeds the capacity of early intervention in psychosis services or other community teams.

Health and social care practitioners ensure that they are aware of local crisis resolution and home treatments teams and offer care by these teams to adults with an acute episode of psychosis or schizophrenia in the community that exceeds the capacity of early intervention in psychosis services or other community teams.

Commissioners (such as clinical commissioning groups) work with providers to ensure that they continue to commission crisis resolution and home treatment teams and ensure care pathways are in place to refer to crisis resolution and home treatment teams when necessary.

What the quality statement means for patients, service users and carers

Adults who have a severe episode of psychosis or schizophrenia are offered support and treatment from a team who see them at home, in a crisis house (an alternative to hospital that helps people keep their independence during a crisis) or day hospital.

Source guidance

- Psychosis and schizophrenia in adults (NICE clinical guideline 178), recommendation 1.4.1.1.

Definitions of terms used in this quality statement

Capability

An acute episode of psychosis or schizophrenia where the severity of the episode, or the level of risk to self or others, exceeds the capability of community based services to manage it. [Adapted from NICE clinical guideline 178, recommendation 1.4.1.1]

Community based services

Early intervention in psychosis services or other community teams.

Crisis resolution and home treatment teams

Multidisciplinary teams usually comprised of nurses, psychiatrists and non-professional mental health staff such as support workers that provide the following services:

- assessing all patients being considered for admission to acute psychiatric wards
- initiating a programme of home treatment with frequent visits (usually at least daily) for all patients for whom this appears a feasible alternative to hospital treatment
- continuing home treatment until the crisis has resolved and then transferring people to other services for any further care they may need
- facilitating early discharge from acute wards by transferring inpatients to intensive home treatment. [NICE clinical guideline 178: full guideline]

Equality and diversity considerations

The workforce across agencies should, as far as possible, reflect the local community. Practitioners should have training to ensure that they have a good understanding of the culture of families they are working with. Interpreters should be provided if no practitioner is available who speaks a language in which the family members can communicate easily.

Quality statement 3: Identifying coexisting psychiatric conditions

Quality statement

Adults with psychosis or schizophrenia are assessed for coexisting psychiatric conditions.

Rationale

Adults with psychosis or schizophrenia are likely to have coexisting psychiatric conditions, such as anxiety, depression, post-traumatic stress disorder (and other reactions to trauma) and risk of harm to self or others. Identifying these conditions is essential to tailor care for individuals and improve physical and mental health outcomes.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with psychosis or schizophrenia are assessed to for coexisting psychiatric conditions.

Data source: Local data collection.

Process

Proportion of adults with psychosis or schizophrenia who are assessed for coexisting psychiatric conditions.

Numerator – the number in the denominator who have an assessment for coexisting psychiatric conditions.

Denominator – the number of adults with psychosis or schizophrenia.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (mental health services) ensure that systems are in place so that adults with psychosis or schizophrenia are assessed for coexisting psychiatric conditions.

Health and social care practitioners are aware that adults with psychosis or schizophrenia may have coexisting psychiatric conditions and assess them to identify these.

Commissioners (such as NHS England local area teams and local authorities) ensure that they commission services that make sure adults with psychosis or schizophrenia receive an assessment for coexisting psychiatric conditions.

What the quality statement means for patients, service users and carers

Adults with psychosis or schizophrenia should receive an assessment to check for any other mental health problems, such as post-traumatic stress disorder, depression, anxiety, and problems with drugs or alcohol, that may need treatment.

Source guidance

- Psychosis and schizophrenia in adults (NICE clinical guideline 178), recommendation 1.3.3.1.

Definitions of terms used in this quality statement

Assessment for coexisting psychiatric conditions

An assessment to identify any coexisting psychiatric conditions should be carried out by a multidisciplinary team including a psychiatrist, a psychologist or a professional with expertise in the psychological treatment of people with psychosis or schizophrenia. [Adapted from NICE clinical guideline 178, recommendation 1.3.3.1]

Equality and diversity considerations

Assessments should be culturally sensitive, use suitable explanatory models of coexisting psychiatric disorders and address any cultural and ethnic needs. Relevant

information, including cultural or other individual characteristics that may be important in subsequent care, should be identified during this assessment.

Quality statement 4: Cognitive behavioural therapy

Quality statement

Adults with psychosis or schizophrenia are offered cognitive behavioural therapy (CBT).

Rationale

CBT in conjunction with antipsychotic medication, or on their own if medication is declined, can improve outcomes such as psychotic symptoms. CBT should form part of a broad-based approach that combines different treatment options tailored to the needs of individual service users.

Quality measures

Structure

Evidence of local arrangements to ensure that CBT are available to adults with psychosis or schizophrenia.

Data source: Local data collection.

Process

Proportion of adults with psychosis or schizophrenia who receive CBT.

Numerator – the number in the denominator who receive CBT.

Denominator – the number of adults with psychosis or schizophrenia.

Data source: Local data collection.

Outcome

Symptoms of psychosis and schizophrenia.

Data source: Local data collection.

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What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as GPs, community health services and mental health services) ensure that systems are in place for adults with psychosis or schizophrenia to be offered CBT. They should receive these interventions by practitioners with appropriate competencies to deliver these interventions and who have access to training.

Health and social care practitioners ensure that they offer CBT to adults with psychosis or schizophrenia.

Commissioners (such as clinical commissioning groups, NHS England local area teams and local authorities) commission CBT services and ensure that adults with psychosis or schizophrenia are referred to these services for CBT.

What the quality statement means for patients, service users and carers

Adults with psychosis or schizophrenia are offered psychological therapies called cognitive behavioural therapy (which involves meeting with a healthcare professional on their own to talk about their feelings and thoughts).

Source guidance

- Psychosis and schizophrenia in adults (NICE clinical guideline 178), recommendations 1.3.9.1, 1.4.2.1 and 1.4.4.1 (key priority for implementation).

Definitions of terms used in this quality statement

CBT

CBT should be delivered over at least 16 planned sessions and:

- follow a treatment manual so that:
  - people can establish links between their thoughts, feelings or actions and their current or past symptoms, and/or functioning
  - the re-evaluation of people's perceptions, beliefs or reasoning relates to the target symptoms

- also include at least one of the following components:
  - people monitoring their own thoughts, feelings or behaviours with respect to their symptoms or recurrence of symptoms
  - promoting alternative ways of coping with the target symptom
  - reducing distress
  - improving functioning. [NICE clinical guideline 178, recommendation 1.3.7.1]

Equality and diversity considerations

For adults with psychosis or schizophrenia who have a learning disability or cognitive impairment, methods of delivering treatment and treatment duration should be adjusted if necessary to take account of the disability or impairment, with consideration given to consulting a relevant specialist.

Quality statement 5: Family interventions

Quality statement

Family members of adults with psychosis or schizophrenia are offered family interventions.

Rationale

Family interventions can help to improve family member's quality of life and carer burden as well improving coping skills and relapse rates of adults with psychosis and schizophrenia. Family interventions should form part of a broad-based approach that combines different treatment options tailored to the needs of individual service users.

Quality measures

Structure

Evidence of local arrangements to ensure that family interventions are available to family members of adults with psychosis or schizophrenia..

Data source: Local data collection

Process

Proportion of adults with psychosis or schizophrenia whose family members receive family interventions.

Numerator – the number in the denominator whose family members receive family interventions.

Denominator – the number of adults with psychosis or schizophrenia.

Data source: Local data collection.

Outcome

Relapse rates of psychosis and schizophrenia in adults

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as GPs, community health services and mental health services) ensure that systems are in place for family members of adults with psychosis or schizophrenia are offered family interventions. They should receive these interventions by practitioners with appropriate competencies to deliver these interventions and who have access to training.

Health and social care practitioners ensure that they offer family interventions to family members of adults with psychosis or schizophrenia.

Commissioners (such as clinical commissioning groups, NHS England local area teams and local authorities) commission family intervention services and ensure that family members of adults with psychosis or schizophrenia are referred to these services for family interventions.

What the quality statement means for patients, service users and carers

Family members of adults with psychosis or schizophrenia are offered psychological therapies called family interventions (interventions that help support their family to work together).

Source guidance

- Psychosis and schizophrenia in adults (NICE clinical guideline 178), recommendations 1.3.9.1, 1.4.2.1 and 1.4.4.2 (key priority for implementation).

Definitions of terms used in this quality statement

Family members

Family members include carers, family members the person with psychosis or schizophrenia lives with and those in close contact.

Family interventions

Family interventions should:

- include the person with psychosis or schizophrenia if practical
- be carried out for between 3 months and 1 year
- include at least 10 planned sessions
- take account of the whole family's preference for either single-family intervention or multi-family group intervention
- take account of the relationship between the main carer and the person with psychosis or schizophrenia
- have a specific supportive, educational or treatment function and include negotiated problem solving or crisis management work. [NICE clinical guideline 178, recommendation 1.3.7.2]

Equality and diversity considerations

For adults with psychosis or schizophrenia who have a learning disability or cognitive impairment, methods of delivering treatment and treatment duration should be adjusted if necessary to take account of the disability or impairment, with consideration given to consulting a relevant specialist.

The workforce across agencies should, as far as possible, reflect the local community. Practitioners should have training to ensure that they have a good understanding of the culture of families they are working with. Interpreters should be provided if no practitioner is available who speaks a language in which the family members can communicate easily.

Quality statement 6: Use of clozapine

Quality statement

Adults with schizophrenia that has not responded adequately to at least 2 anti-psychotics drugs are offered clozapine.

Rationale

Clozapine is the only drug with established efficacy in reducing symptoms and the risk of relapse for adults with treatment-resistant schizophrenia. It is only licensed for use in adults whose schizophrenia has not responded to at least 2 antipsychotics including 1 second-generation drug.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with schizophrenia that has not responded adequately to at least 2 anti-psychotics drugs treatment are offered clozapine (at least 1 of the drugs should be a non-clozapine second-generation antipsychotic).

Data source: Local data collection.

Process

Proportion of adults with schizophrenia that has not responded adequately to at least 2 anti-psychotics drugs and psychological treatment are offered clozapine.

Numerator – the number in the denominator who receive clozapine.

Denominator – the number of adults with schizophrenia that has not responded adequately to at least 2 anti-psychotics drugs and psychological treatment (at least 1 of the drugs should be a non-clozapine second-generation antipsychotic).

Data source: Local data collection.

Outcome

Rates of remission.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as GP practices, community health services, mental health services and hospitals) ensure that there are procedures and protocols in place to monitor the prescribing of clozapine for adults with schizophrenia that has not responded adequately to at least 2 anti-psychotics drugs and psychological treatment (at least 1 of the drugs should be a non-clozapine second-generation antipsychotic)..

Healthcare professionals ensure that adults with schizophrenia that has not responded adequately to at least 2 anti-psychotics drugs and psychological treatment are offered clozapine.

Commissioners (such as NHS England area teams and clinical commissioning groups) monitor rates of prescribing of clozapine and only commission services from providers who can demonstrate that they have procedures and protocols in place to monitor this prescribing.

What the quality statement means for patients, service users and carers

Adults with schizophrenia that has not improved after treatment with at least 2 different antipsychotic drugs and psychological therapy are offered a further antipsychotic drug called clozapine.

Source guidance

- Psychosis and schizophrenia in adults (NICE clinical guideline 178), recommendation 1.5.7.2.

Definitions of terms used in this quality statement

Not responded adequately to least 2 anti-psychotics drugs

Schizophrenia that has not responded despite the sequential use of adequate doses of at least 2 different antipsychotic drugs. At least 1 of the drugs should be a non-

clozapine second-generation antipsychotic. [NICE clinical guideline 178, recommendation 1.5.7.2]

Quality statement 7: Supported employment programmes

Quality statement

Adults with psychosis or schizophrenia who wish to find or return to work are offered supported employment programmes.

Rationale

Supported employment programmes can increase employment rates in adults with psychosis or schizophrenia. It is estimated that just 5–15% of people with schizophrenia are in employment and people with severe mental illness (including psychosis and schizophrenia) are 6 to 7 times more likely to be unemployed than the general population. Unemployment can have a negative effect on the mental and physical health of people with psychosis or schizophrenia.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with psychosis or schizophrenia who wish to find or return to work are offered supported employment programmes.

Data source: Local data collection.

Process

Proportion of adults with psychosis or schizophrenia who wish to find or return to work who receive supported employment programmes.

Numerator – the number in the denominator who receive supported employment programmes.

Denominator – the number of adults with psychosis or schizophrenia who wish to find or return to work.

Data source: Local data collection.

Outcome

Employment rates for adults with psychosis or schizophrenia.

Data source: Local data collection. Mental health minimum data set 2011–12 to 2012–13, Health and Social Care Information Centre (2013).

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers ensure that systems are in place for adults with psychosis or schizophrenia who wish to find or return to work to be offered supported employment programmes.

Health and social care practitioners ensure that they are aware of local referral pathways to supported employment programmes and offer these to adults with psychosis or schizophrenia who wish to find or return to work.

Commissioners commission services that make sure supported employment programmes and referral pathways to these programmes are in place for adults with psychosis or schizophrenia who wish to find or return to work are offered supported employment programmes.

What the quality statement means for patients, service users and carers

Adults with psychosis or schizophrenia who wish to find or return to work are offered a place on employment schemes that support them to find work quickly.

Source guidance

- Psychosis and schizophrenia in adults (NICE clinical guideline 178), recommendation 1.5.8.1.

Definitions of terms used in this quality statement

Supported employment programmes

Supported employment programmes, sometimes referred to as individual placement and support, is any approach to vocational rehabilitation that attempts to place

service users in competitive employment immediately. Supported employment can begin with a short period of preparation, but this has to be less than 1 month in duration and not involve work placement in a sheltered setting, training or transitional employment. [Full NICE clinical guideline 178]

Equality and diversity considerations

Services should work in partnership with local stakeholders including those representing black, Asian and minority ethnic groups to enable these groups to stay in work or education and to access new employment, volunteering and educational opportunities.

Services should make reasonable adjustment in order to help adults with learning disabilities and psychosis or schizophrenia gain access to new employment, volunteering and educational opportunities.

Some adults may be unable to work or unsuccessful in finding employment. In these cases, consider other occupational or education activities, including pre-vocational training.

Quality statement 8: Monitoring physical health

Quality statement

Adults with psychosis or schizophrenia have their physical health routinely monitored.

Rationale

Life expectancy for adults with psychosis or schizophrenia is between 15 and 20 years less than for people in the general population. This may be because people with psychosis or schizophrenia often have physical health problems, including cardiovascular and metabolic disorders such as type 2 diabetes, which can be exacerbated by the use of antipsychotics. Routinely monitoring physical health will enable health and social care practitioners to direct physical health interventions if necessary.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with psychosis or schizophrenia are routinely monitored for high blood pressure, abnormal lipid levels, obesity or risk of obesity, diabetes or risk of diabetes, and physical inactivity.

Data source: Local data collection.

Process

a) Proportion of adults having treatment for a first episode of psychosis who have their blood pressure, fasting blood glucose, HbA_{1c} and blood lipid levels monitored and recorded at 12 weeks and then annually.

Numerator – the number in the denominator who have their blood pressure, fasting blood glucose, HbA_{1c} and blood lipid levels monitored and recorded at 12 weeks and then annually.

Denominator – the number of adults having treatment for a first episode of psychosis.

Data source: Local data collection. Data can be collection using NHS England's Commissioning for Quality Innovation (CQUIN) indicator Improving physical healthcare to reduce premature mortality in people with severe mental illness, indicator 1. Data can also be collected using NICE QOF menu indicators NM17, NM18 and NM42.

b) Proportion of adults having treatment for a first episode of psychosis who have their weight monitored and recorded weekly for the first 6 weeks, then at 12 weeks and then annually.

Numerator – the number in the denominator who have their weight monitored and recorded weekly for the first 6 weeks, then at 12 weeks and then annually.

Denominator – the number of adults having treatment for a first episode of psychosis.

Data source: Local data collection. Data can be collection using NHS England's Commissioning for Quality Innovation (CQUIN) indicator Improving physical healthcare to reduce premature mortality in people with severe mental illness, indicator 1. Data can also be collected using NICE QOF menu indicator NM16.

c) Proportion of adults having treatment for a first episode of psychosis who have their waist circumference plotted annually.

Numerator – the number in the denominator who have their waist circumference annual plotted.

Denominator – the number of adults having treatment for a first episode of psychosis.

Data source: Local data collection.

d) Proportion of adults with psychosis and schizophrenia transferred from secondary care to primary care whose physical health is monitored at the point of transfer and then at least annually.

Numerator – the number in the denominator whose physical health is monitored at the point of transfer and then at least annually.

Denominator – the number of adults with psychosis and schizophrenia transferred from secondary care to primary care.

Data source: Local data collection. Data can be collected using NICE QOF menu indicators NM16 and NM42.

Outcome

Premature mortality of adults with psychosis or schizophrenia.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as GPs, community health services and mental health services) ensure that protocols are in place to routinely monitor for high blood pressure, abnormal lipid levels, obesity or risk of obesity, diabetes or risk of diabetes, and physical inactivity in adults with psychosis or schizophrenia.

Health and social care practitioners ensure that they routinely monitor for high blood pressure, abnormal lipid levels, obesity or risk of obesity, diabetes or risk of diabetes, and physical inactivity in adults with psychosis or schizophrenia.

Commissioners (such as NHS England local area teams and local authorities) ensure that they commission services that can demonstrate they are routinely monitoring for high blood pressure, abnormal lipid levels, obesity or risk of obesity, diabetes or risk of diabetes, and physical inactivity in adults with psychosis or schizophrenia and include this requirement in continuous training programmes.

What the quality statement means for patients, service users and carers

Adults with psychosis or schizophrenia should have a regular health check (at least once a year) that includes weight, waist, pulse and blood pressure measurements, and blood tests, to check for weight gain, diabetes, and heart, lung and breathing problems.

Source guidance

- Psychosis and schizophrenia in adults (NICE clinical guideline 178), recommendations 1.3.6.4, 1.5.3.2 and 1.5.3.3.

Definitions of terms used in this quality statement

Physical health monitoring

Physical health monitoring for adults with psychosis or schizophrenia includes monitoring to identify high blood pressure, abnormal lipid levels, obesity or risk of obesity, diabetes or risk of diabetes, and physical inactivity [NICE clinical guideline 178, recommendation 1.5.3.3]

Routine monitoring

Secondary care teams should monitor service user's physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, monitoring may be transferred to primary care under shared care arrangements and should take place at least annually. [NICE clinical guideline 178, recommendation 1.3.6.5]

Quality statement 9: Promoting healthy eating, physical activity and smoking cessation

Quality statement

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

Rationale

Rates of obesity and type 2 diabetes in adults with psychosis or schizophrenia have increased above rates in the general population. There are also high rates of tobacco smoking in people with psychosis and schizophrenia. These factors contribute to premature mortality. Offering combined healthy eating and physical activity programmes as well as offering help to stop smoking can reduce these rates and improve physical and mental health.

Quality measures

Structure

a) Evidence of local arrangements to ensure that adults with psychosis or schizophrenia are offered combined healthy eating and physical activity programmes.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that adults with psychosis or schizophrenia who smoke are offered help to stop smoking.

Data source: Local data collection.

Process

a) Proportion of adults with psychosis or schizophrenia who receive combined healthy eating and physical activity programmes.

Numerator – the number in the denominator who receive combined healthy eating and physical activity programmes.

Denominator – the number of adults with psychosis or schizophrenia.

Data source: Local data collection.

b) Proportion of adults with psychosis or schizophrenia who smoke who receive help to stop smoking.

Numerator – the number in the denominator who receive help to stop smoking.

Denominator – the number of adults with psychosis or schizophrenia who smoke.

Data source: Local data collection.

Outcome

a) Type 2 diabetes rates in adults with psychosis or schizophrenia.

Data source: Local data collection.

b) Obesity rates in adults with psychosis or schizophrenia.

Data source: Local data collection.

c) Smoking rates in adults with psychosis or schizophrenia.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (mental health services) ensure that systems are in place for adults with psychosis or schizophrenia to be offered combined healthy eating and physical activity programmes and help to stop smoking (if they smoke) even if previous attempts have been unsuccessful.

Health and social care practitioners ensure that they are aware of local healthy eating and physical activity programmes and offer these to adults with psychosis or schizophrenia. They should also offer them help to stop smoking (if they smoke), even if previous attempts have been unsuccessful.

Commissioners (such as NHS England local area team and local authorities) ensure that they commission services that make sure adults with psychosis or schizophrenia are offered combined healthy eating and physical activity programmes, and help to stop smoking (if they smoke), and include these requirements in continuous training programmes.

What the quality statement means for patients, service users and carers

Adults with psychosis or schizophrenia are offered help with healthy eating and physical activity to help prevent weight gain, diabetes and other health problems, and help to stop smoking, if they smoke.

Source guidance

- Psychosis and schizophrenia in adults (NICE clinical guideline 178), recommendations 1.1.3.1 and 1.1.3.3.

Definitions of terms used in this quality statement

Help to stop smoking

Health and social care practitioners should consider one of the following to help people stop smoking, even if previous attempts have been unsuccessful:

- nicotine replacement therapy (usually a combination of transdermal patches with a short-acting product such as an inhalator, gum, lozenges or spray) for people with psychosis or schizophrenia **or**
- bupropion[1] for people with a diagnosis of schizophrenia **or**
- varenicline for people with psychosis or schizophrenia.

Warn people taking bupropion or varenicline that there is an increased risk of adverse neuropsychiatric symptoms and monitor them regularly, particularly in the first 2–3 weeks. [NICE clinical guideline 178, recommendation 1.1.3.4]

[1] At the time of publication (February 2014), bupropion was contraindicated in people with bipolar disorder. Therefore, it is not recommended for people with psychosis unless they have a diagnosis of schizophrenia.

Health and social care practitioners should be aware of the potential significant impact of reducing cigarette smoking on the metabolism of other drugs, particularly clozapine and olanzapine. [NICE clinical guideline 178, recommendation 1.1.3.3]

Equality and diversity considerations

When referring people to services, health and social care practitioners should take into account the 'negative' symptoms of psychosis and schizophrenia (such as emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect), and ensure services are accessible for people with these symptoms.

Health and social care practitioners should be aware of the impact of social factors, such as inadequate housing, lack of access to affordable physical activity, poor cooking skills and limited budget for food, on continued healthy eating and physical activity.

Quality statement 10: Carer-focused education and support

Quality statement

Carers of adults with psychosis or schizophrenia are offered a carer-focused education and support programmes.

Rationale

Carers of adults with psychosis or schizophrenia have specific needs, as well as being involved in the initial process of assessment and engagement. Providing carer-focused education and support reduces carer burden and psychological distress, and may improve the carer's quality of life.

Quality measures

Structure

Evidence of local arrangements to ensure that carers of adults with psychosis or schizophrenia are offered a carer-focused education and support programme at the earliest appropriate opportunity.

Data source: Local data collection.

Process

Proportion of adults with psychosis or schizophrenia whose carers receive a carer-focused education and support programme at the earliest appropriate opportunity.

Numerator – the number in the denominator whose carers receive a carer-focused education and support programme at the earliest appropriate opportunity.

Denominator – the number of adults with psychosis or schizophrenia.

Data source: Local data collection.

Outcome

Carer of adults with psychosis or schizophrenia quality of life.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as community health services and mental health services) ensure that systems are in place for carers of adults with psychosis or schizophrenia to be offered a carer-focused education and support programme.

Health and social care practitioners ensure that they are aware of the role of carers and offer a carer-focused education and support programme for carers of adults with psychosis or schizophrenia.

Commissioners (such as clinical commissioning groups and NHS England local area teams) ensure that the appropriate referral pathways are in place and that community and mental health teams are able to work collaboratively with education and support programmes.

What the quality statement means for patients, service users and carers

Carers of adults with psychosis or schizophrenia are offered education and support (which may be part of a family intervention).

Source guidance

- Psychosis and schizophrenia in adults (NICE clinical guideline 178), recommendation 1.1.5.7.

Definitions of terms used in this quality statement

Carer-focused education and support programme

Carers can be anyone who has regular close contact with adults with psychosis and schizophrenia, including advocates, friends or family members, although some family members may choose not to be carers.

A carer-focused education and support programme may be part of a family intervention for psychosis and schizophrenia and should be offered as soon as possible. The programme should be available as needed and offer a positive message about recovery. [NICE clinical guideline 178, recommendation 1.1.5.7]

Equality and diversity considerations

If a person does not have access to specialist training or support near their homes, and has difficulty travelling long distances (because of the financial cost or other reasons), support may be needed to help them.

Equality of language and capability in training carers require consideration.

Status of this quality standard

This is the draft quality standard released for consultation from 8 September to 6 October 2014. It is not NICE's final quality standard on psychosis and schizophrenia in adults. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 6 October 2014. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from February 2015.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health, public health and social care practitioners and adults with psychosis and schizophrenia is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Adults with psychosis and schizophrenia should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide on the NICE website.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Psychosis and schizophrenia in adults. NICE clinical guideline 178 (2014).

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2012) No health without mental health: implementation framework.
- Royal College of Psychiatrists (2012) Report of the National Audit of Schizophrenia (NAS) 2012.
- The Schizophrenia Commission (2012) The abandoned illness.

Definitions and data sources for the quality measures

- NHS England (2014) Commissioning for Quality and Innovation (CQUIN) 2014/15 Guidance.
- NICE menu: NM16 (2014) The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 15 months.
- NICE menu: NM17 (2014) The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 15 months.
- NICE menu: NM18 (2014) The percentage of patients aged 40 and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol: hdl ratio in the preceding 15 months.
- NICE menu: NM42 (2014) The percentage of patients aged 40 and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose level in the preceding 15 months.
- Health and Social Care Information Centre (2013) Mental health minimum data set 2011–12 to 2012–13.

Related NICE quality standards

Published

- Anxiety disorders. NICE quality standard 53 (2014).
- Smoking cessation: supporting people to stop smoking. NICE quality standard 43 (2013).
- Drug use disorders. NICE quality standard 23 (2012).
- Patient experience in adult NHS services. NICE quality standard 15 (2012).
- Service user experience in adult mental health. NICE quality standard 14 (2011).
- Depression in adults. NICE quality standard 8 (2011).
- Diabetes in adults. NICE quality standard 6 (2011).

In development

- Personality disorders (borderline and antisocial). Publication date May 2015.
- Physical activity: encouraging activity in all people in contact with the NHS (staff, patients and carers). Publication date January 2015.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Bipolar disorder (adults).
- Bipolar disorder (children and young people).
- Lipid modification.
- Medicines optimisation (covering medicines adherence and safe prescribing).
- Mental health problems in people with learning disability.
- Obesity (adults).
- Obesity – prevention and management in adults.
- Recognition and management of psychosis in children and young people.
- Risk assessment of modifiable cardiovascular risk factors.

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1. Membership of this committee is as follows:

Mr Lee Beresford
Director of Strategy and System Development, NHS Wakefield Clinical Commissioning Group

Dr Gita Bhutani
Professional Lead, Psychological Services, Lancashire Care NHS Foundation Trust

Mrs Jennifer Bostock
Lay member

Dr Helen Bromley
Locum Consultant in Public Health, Cheshire West and Chester Council

Dr Hasan Chowhan
GP, NHS North East Essex Clinical Commissioning Group

Mr Phillip Dick
Psychiatric Liaison Team Manager, West London Mental Health Trust

Ms Phyllis Dunn
Clinical Lead Nurse, University Hospital of North Staffordshire

Dr Nourieh Hoveyda
Consultant in Public Health Medicine, London Borough of Richmond Upon Thames

Dr Ian Manifold
Consultant Oncologist, Quality Measurement Expert, National Cancer Action Team

Dr Colette Marshall
Consultant Vascular Surgeon, University Hospitals Coventry and Warwickshire

Mr Gavin Maxwell
Lay member

Mrs Juliette Millard
UK Nursing and Health Professions Adviser, Leonard Cheshire Disability

Ms Robyn Noonan
Lead Commissioner Adults, Oxfordshire County Council

Ms JoAnne Panitzke-Jones
Quality Assurance and Improvement Lead, South Devon and Torbay Clinical Commissioning Group

Dr Bee Wee (Chair)
Consultant and Senior Clinical Lecturer in Palliative Medicine, Oxford University Hospitals NHS Trust and Oxford University

Ms Karen Whitehead
Strategic Lead Health, Families and Partnerships, Bury Council

Ms Alyson Whitmarsh
Programme Head for Clinical Audit, Health and Social Care Information Centre

Ms Jane Worsley
Chief Operating Officer, Advanced Childcare Limited

Dr Arnold Zermansky
GP, Leeds

The following specialist members joined the committee to develop this quality standard:

Dr Alison Brabban
Consultant Clinical Psychologist/Clinical Lead: Early Intervention for Psychosis Service, Tees, Esk & Wear Valleys NHS Foundation Trust

Mr Tom Lochhead

Mental Health Professional Lead for Social Work, Bath & North East Somerset Council

Dr Jonathon Mitchell

General Adult Psychiatrist, East Glade CMHT, Sheffield Health and Social Care NHS Foundation Trust

Dr David Shiers

GP Adviser National Audit of Schizophrenia, CCQI of Royal College of Psychiatrists

Dr Clive Travis

Lay member

Mr Norman Young

Nurse Consultant and Associate Lecturer, Cardiff and Vale UHB and Cardiff University

NICE project team

Dylan Jones

Associate Director

Shirley Crawshaw

Consultant Clinical Adviser

Michael Mellors

Consultant Social Care Adviser

Rachel Neary-Jones

Programme Manager

Stephanie Birtles

Technical Adviser

Shaun Rowark

Lead Technical Analyst

Esther Clifford
Project Manager

Lee Berry and Lisa Nicholls
Coordinator

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE pathway for psychosis and schizophrenia.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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