



South, Central and West
Commissioning Support Unit

Introducing the EIP Standard

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Introducing Early Implementation in Psychosis (EIP) standard data

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What is this return?

- Standard data will be collected via a monthly Unify2 collection from January 2016 covering the period from 1 December 2015.
- This is an interim collection and will run until June 2016 when the position will be reviewed in light of the reliability of data flowing and available from the Mental Health Services Dataset.
- Data required in the template is aggregate but with the expectation that each return will be underpinned by the requisite detailed patient level data.
- Providers will submit the return to Unify2 and commissioner will need to sign-off the return on the system.



Who is submitting?

Who is submitting?

- All provider organisations that are commissioned to deliver Early Intervention in Psychosis services should complete the return.
- These will mostly be NHS Mental Health Trusts and Mental Health Foundation Trusts but may also include some independent sector providers.
- These organisations should already be submitting the Mental Health Community Teams Activity Unify return (MHPrvCom) each quarter.
- For questions relating to this collection contact england.eip-data@nhs.net



Indicator Description

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- **Numerator:** The number of referrals to and within the Trust with suspected first episode psychosis (FEP) or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within 2 weeks of referral (clock stops within 2 weeks of referral)
- **Denominator:** The number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start NICE-recommended care package in the reporting period (all clock stops).
- The standard is that 50% of people experiencing first episode psychosis commence a NICE-recommended package of care within two weeks of referral



Deadlines

EIP RTT Data Collection Timetable

	13 working days after month end	5 working days after Provider Deadline	2nd Thursday of 2nd month after month end (approx 6 weeks)
Data Month	Provider Deadline	Commissioner Deadline	Finalised/Publication Date
December 2015	20th January 2016	27th January 2016	11th February 2016
January 2016	17th February 2016	24th February 2016	10th March 2016
February 2016	17th March 2016	24th March 2016	14th April 2016
March 2016	19th April 2016	26th April 2016	12th May 2016
April 2016	19th May 2016	26th May 2016	9th June 2016
May 2016	17th June 2016	24th June 2016	14th July 2016
June 2016	19th July 2016	26th July 2016	11th August 2016



Excel template

How to populate the Excel template

- Available here on Unify:

<http://nww.unify2.dh.nhs.uk/InstantForum414/Topic10147047-10009211-1.aspx>



Template



Unify website



Unify Guidance

How to use Unify website

- If you already have login details, please access Unify2 via this link: <http://nww.unify2.dh.nhs.uk/Unify/interface/homepage.aspx>
- If you are a provider organisation and have an N3 connection but you do not yet have a Unify2 login, please register via this link: <http://nww.unify2.dh.nhs.uk/Unify/AccessSecurity/Management/AccountRequest.aspx>.
- If you are a provider that does not have an N3 connection, you will not be able to access Unify2 to enter the EIP data directly.



Aim of the EIP Return

It is hoped that within 2 weeks of referral at least 50% of people with suspected First Episode Psychosis (FEP) will have been:

1. Assessed by EIP.
And, where appropriate:
2. Accepted onto the EIP caseload.
3. Allocated an EIP Care Co-ordinator who has actively engaged with the person to develop a plan of care and treatment.



Clock starts

- The waiting time or 'clock' starts when a Single Point of Access (SPA) or triage service receives a referral flagged as 'suspected FEP'
- OR
- The same team receives a referral not flagged as 'suspected FEP' but the person is assessed/triaged as such.

In both cases the clock will start on the date the SPA or triage service **receive** the referral.



Referrals

- Can be internal (e.g. inpatient ward) or external (e.g. school).
- Can come from a patient with other mental health problems or learning disabilities.
- Can be via telephone, email, letter, online or in-person.

The only referrals exempt are those where the psychotic symptoms have been confirmed as having an organic cause. E.g. Parkinson's, HIV, Dementia.



Clock Stops and Counted

If the referral is confirmed as having FEP, suspected FEP or an At Risk Mental State (ARMS) the clock stops when:

- Experiencing FEP** – the person has been accepted on to caseload, an EIP care coordinator has been allocated and a NICE concordant package of care commenced. **All of these conditions must have been met.**
- Possible ARMS** - the person has been accepted on to caseload, an EIP care coordinator has been allocated and a specialist ARMS assessment commenced by an appropriately qualified EIP clinician. **All of these conditions must have been met.**

If there is any doubt about the presence of psychosis or an ARMS the person should remain in the EIP service until the diagnosis is clear.



Clock Stops for Non-Treatment

The waiting time clock stops for non-treatment when:

- a. A clinical decision has been made that FEP/ARMS is not evident following assessment and the patient is discharged back to primary care.
- b. If there is a suspicion of a different condition they should be referred to the appropriate service. If the receiving service has an access and waiting time standard then the clock will continue.
- c. The person declines assessment/treatment having been offered it and the decision is made to discharge back to the referrer/GP. The discharge of someone who the team is unable to assess, must follow engagement and disengagement best practice guidelines



Delays, Cancellations and DNAs

- The indicator will not take into consideration pauses for patient choice delays.
- The clock does not stop if the person accepts the appointment but this is later cancelled.
- If the person enters an acute pathway (mental or physical health) before assessment, then the clock does not stop.
- The clock does not stop if the patient does not attend (DNA).

Every effort should be made to engage with a person who persistently DNAs. However if they continue to decline treatment they should be referred back to their GP or appropriate healthcare professional. The clock should be stopped and nullified.



Complete and Incomplete Pathways

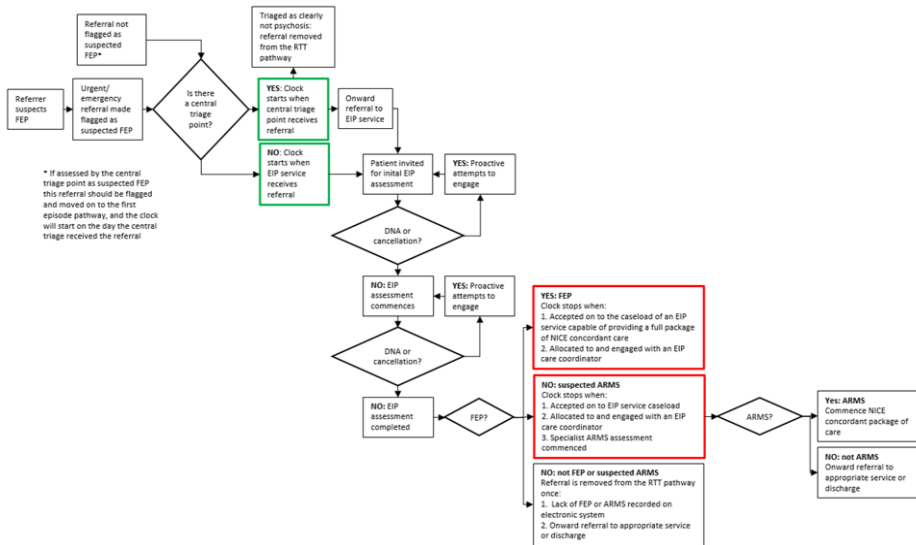
The return measures the waiting time for both complete and incomplete pathways.

- **Completed** pathways occurs when the patient has been assessed and is receiving appropriate treatment.
- **Incomplete** pathways occur when the patient has been referred but is still awaiting treatment.

If the patient is assessed as not experiencing FEP or ARMS and is discharged from the EIP service then they should be removed from the data collection.



EIP Referral Pathways



Help and guidance

- Should providers have any queries on the Early Intervention in Psychosis (EIP First Episode Psychosis) RTT Pathways Collection or the process itself, then please contact the EIP mailbox at; england.eip-data@nhs.net
- See all the guidance documents



Discussion...

