NICE National Institute for Health and Care Excellence

NICE quality standard

Psychosis and schizophrenia in adults

Quality standard

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Contents

This standard is based on CG178.

This standard should be read in conjunction with QS102, QS100, QS99, QS95, QS53, QS43, QS23, QS15, QS14, QS8, QS6, QS115 and QS188.

Quality statements

Statement 1 Adults with a first episode of psychosis start treatment in early intervention in psychosis services within 2 weeks of referral.

Statement 2 Adults with psychosis or schizophrenia are offered cognitive behavioural therapy for psychosis (CBTp).

Statement 3 Family members of adults with psychosis or schizophrenia are offered family intervention.

Statement 4 Adults with schizophrenia that has not responded adequately to treatment with at least 2 antipsychotic drugs are offered clozapine.

Statement 5 Adults with psychosis or schizophrenia who wish to find or return to work are offered supported employment programmes.

Statement 6 Adults with psychosis or schizophrenia have specific comprehensive physical health assessments.

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

Statement 8 Carers of adults with psychosis or schizophrenia are offered carer-focused education and support programmes.

Quality statement 1: Referral to early intervention in psychosis services

Quality statement

Adults with a first episode of psychosis start treatment in early intervention in psychosis services within 2 weeks of referral.

Rationale

Early intervention in psychosis services can improve clinical outcomes, such as admission rates, symptoms and relapse, for people with a first episode of psychosis. They do this by providing a full range of evidence-based treatment including pharmacological, psychological, social, occupation and educational interventions. Treatment from these services should be accessed as soon as possible to reduce the duration of untreated psychosis.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that early intervention in psychosis services are in place.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

b) Evidence of local arrangements to ensure that local referral pathways are available for adults with a first episode of psychosis to start treatment in early intervention in psychosis services within 2 weeks of referral.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care pathways.

Process

Proportion of adults referred with a first episode of psychosis who receive treatment from early intervention in psychosis services within 2 weeks of referral.

Numerator – the number in the denominator who receive treatment from early intervention in psychosis services within 2 weeks.

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

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

a) Acute hospital admission rates.

Data source: National data is collected in the NHS Digital Mental health and learning disabilities data set.

b) Duration of untreated psychosis.

Data source: National data is collected in the NHS Digital Mental health and learning disabilities data set.

What the quality statement means for different audiences

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 mental health services and start treatment in an early intervention in psychosis services within 2 weeks of referral.

Health and social care practitioners are aware of local referral pathways for adults with a

first episode of psychosis and ensure that they start treatment in an early intervention in psychosis services within 2 weeks of referral.

Commissioners ensure that they commission early intervention in psychosis services and ensure that local referral pathways are in place for adults with a first episode of psychosis to start treatment in early intervention in psychosis services within 2 weeks of referral. This needs integrated commissioning.

Adults with a first episode of psychosis start treatment within 2 weeks of being referred to an early intervention service. This service provides support and treatment to help people with symptoms of psychosis. Early treatment (within 2 weeks) in these services is often successful at treating symptoms and preventing symptoms from coming back, and helps to reduce the number of people who need to be admitted to hospital.

Source guidance

- Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178 (2014), recommendation 1.3.1.1
- The 2-week timeframe is based on Achieving better access to mental health service by 2020 (2014) Department of Health and expert consensus

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 and treat people with a first episode of psychosis without delay (within 2 weeks). They aim to provide a full range of pharmacological, psychological, social, occupation and educational interventions for people with psychosis.

Early intervention in psychosis services provide care for adults with a first episode of psychosis during the first 3 years of psychotic illness. However, this may be extended if the person has not made a stable recovery from psychosis or schizophrenia.

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. [Department of Health's Achieving better access to mental health service by 2020, NICE's guideline on psychosis and schizophrenia in adults, recommendations 1.3.1.2 and 1.3.1.3, and expert consensus]

Equality and diversity considerations

Early intervention in psychosis services should ensure that culturally appropriate psychological and psychosocial treatment is provided to people from diverse ethnic and cultural backgrounds ensuring they address cultural and ethnic differences in beliefs regarding biological, social and family influences on mental states.

Quality statement 2: Cognitive behavioural therapy

Quality statement

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

Rationale

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

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that CBTp is available to adults with psychosis or schizophrenia.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

a) Proportion of adults with psychosis who receive CBTp.

Numerator – the number in the denominator who receive CBTp.

Denominator – the number of adults with psychosis.

Data source: Data can be collected using the Royal College of Psychiatrists' National audit of schizophrenia: Audit of practice tool, questions 42 and 44.

b) Proportion of adults with schizophrenia who receive CBTp.

Numerator – the number in the denominator who receive CBTp.

Denominator – the number of adults with schizophrenia.

Data source: Data can be collected using the Royal College of Psychiatrists' National audit of schizophrenia: Audit of practice tool, questions 42 and 44.

Outcome

Relapse rates of psychosis and schizophrenia in adults.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

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 CBTp. They should ensure that practitioners have appropriate competencies to deliver CBTp and have access to training.

Healthcare professionals ensure that they offer CBTp to adults with psychosis or schizophrenia.

Commissioners commission CBTp services and ensure that referral pathways are in place for adults with psychosis or schizophrenia to be referred to these services.

Adultswith psychosis or schizophrenia are offered a psychological therapy called 'cognitive behavioural therapy for psychosis' (sometimes shortened to CBTp). This

involves meeting a healthcare professional on their own to talk about their feelings and thoughts, which can help them to find ways to cope with their symptoms.

Source guidance

Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178 (2014), recommendations 1.3.9.1, 1.4.2.1 and 1.4.4.1

Definitions of terms used in this quality statement

Cognitive behavioural therapy for psychosis (CBTp)

CBTp 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 functioning
  - the re-evaluation of people's perceptions, beliefs or reasoning relates to the target symptoms
- also include at least 1 of the following components:
  - people monitoring their own thoughts, feelings or behaviours about their symptoms or recurrence of symptoms
  - promoting alternative ways of coping with the target symptom
  - reducing distress
  - improving functioning.

[Adapted from NICE's guideline on psychosis and schizophrenia in adults, 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 3: Family intervention

Quality statement

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

Rationale

Family intervention can improve coping skills and relapse rates of adults with psychosis and schizophrenia. Family intervention should involve the person with psychosis or schizophrenia if practical, and form part of a broad-based approach that combines different treatment options tailored to the needs of individual service users.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

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

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

a) Proportion of adults with psychosis whose family members receive family intervention.

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

Denominator – the number of adults with psychosis who live with or are in close contact with family members.

Data source: Data can be collected using the Royal College of Psychiatrists' National audit of schizophrenia: Audit of practice tool, questions 43 and 44.

b) Proportion of adults with schizophrenia whose family members receive family intervention.

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

Denominator – the number of adults with schizophrenia who live with or are in close contact with family members.

Data source: Data can be collected using the Royal College of Psychiatrists' National audit of schizophrenia: Audit of practice tool, questions 43 and 44.

Outcome

Relapse rates of psychosis and schizophrenia in adults.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

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 to be offered family intervention. They should receive this intervention from practitioners with appropriate competencies to deliver it and who have access to training.

Healthcare professionals ensure that they offer family intervention to family members of adults with psychosis or schizophrenia.

Commissioners commission family intervention services and ensure that referral pathways

are in place for family members of adults with psychosis or schizophrenia to be referred to this service.

Family members of adultswith psychosis or schizophrenia are offered psychological therapies called family intervention. These help support families to work together to help adults with psychosis and schizophrenia cope and to reduce stress.

Source guidance

Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178 (2014), recommendations 1.3.9.1, 1.4.2.1 and 1.4.4.2

Definitions of terms used in this quality statement

Family members

Family members include carers and family members who the person with psychosis or schizophrenia lives with or is in close contact with. [NICE's guideline on psychosis and schizophrenia in adults]

Family intervention

Family intervention is a psychological therapy that 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's guideline on psychosis and schizophrenia in adults, recommendation 1.3.7.2]

Equality and diversity considerations

For adults with psychosis or schizophrenia or members of their family 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 4: Treatment with clozapine

Quality statement

Adults with schizophrenia that has not responded adequately to treatment with at least 2 antipsychotic 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 licensed only for use in service users whose schizophrenia has not responded to, or who are intolerant of, conventional antipsychotic drugs.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

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

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

Proportion of adults with schizophrenia that has not responded adequately to treatment with at least 2 antipsychotic drugs (at least 1 of which should be a non-clozapine

second-generation antipsychotic) who receive clozapine.

Numerator – the number in the denominator who receive clozapine.

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

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Relapse rates of schizophrenia in adults.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

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 treatment with at least 2 antipsychotic drugs (at least 1 of which should be a non-clozapine second-generation antipsychotic).

Healthcare professionals ensure that adults with schizophrenia that has not responded adequately to treatment with at least 2 antipsychotic drugs (at least 1 of which should be a non-clozapine second-generation antipsychotic) are offered clozapine.

Commissioners monitor rates of prescribing of clozapine and commission services only from providers who can demonstrate that they have procedures and protocols in place to monitor this prescribing.

Adults with schizophrenia that has not improved after treatment with at least 2 different antipsychotic drugs are offered an antipsychotic drug called clozapine to try and improve

their symptoms.

Source guidance

Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178 (2014), recommendation 1.5.7.2

Definitions of terms used in this quality statement

Schizophrenia that has not responded adequately to treatment

Schizophrenia that has not improved 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's guideline on psychosis and schizophrenia in adults, recommendation 1.5.7.2]

Quality statement 5: 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% to 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 adults with psychosis or schizophrenia.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

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: Contained within the Royal College of Psychiatrists' National audit of schizophrenia.

Outcome

Employment rates for adults with psychosis or schizophrenia.

Data source: National data are collected in the NHS Digital Mental health and learning disabilities data set.

What the quality statement means for different audiences

Service providers (such as GP practices, community health services and mental health services) 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 ensure that they commission services that offer supported employment programmes and ensure that referral pathways are in place for adults with psychosis or schizophrenia who wish to find or return to work.

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

Source guidance

Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178 (2014), 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, are 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 last less than 1 month and not involve work placement in a sheltered setting, training or transitional employment. [NICE's full guideline on psychosis and schizophrenia in adults]

Equality and diversity considerations

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

Services should make reasonable adjustments to help adults with learning disabilities and psychosis or schizophrenia stay in work or education or find new employment, volunteering and educational opportunities.

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

Quality statement 6: Assessing physical health

Quality statement

Adults with psychosis or schizophrenia have specific comprehensive physical health assessments.

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, that can be exacerbated by the use of antipsychotics. Comprehensively assessing physical health will enable health and social care practitioners to offer physical health interventions if necessary.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that adults with psychosis or schizophrenia receive comprehensive physical health assessments.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

a) Proportion of adults having treatment for first episode of psychosis who receive a

comprehensive physical health assessment within 12 weeks.

Numerator – the number in the denominator who receive a comprehensive physical health assessment within 12 weeks.

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

Data source: Data can be collected 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 and the Royal College of Psychiatrists' National audit of schizophrenia: Audit of practice tool, questions 30 to 39.

b) Proportion of adults having treatment for first episode of psychosis who have a comprehensive physical health assessment 1 year after starting treatment.

Numerator – the number in the denominator who have a comprehensive physical health assessment 1 year after starting treatment.

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

Data source: Data can be collected using NHS England's CQUIN indicator Improving physical healthcare to reduce premature mortality in people with severe mental illness, indicator 1 and the Royal College of Psychiatrists' National audit of schizophrenia: Audit of practice tool, questions 30 to 39.

c) Proportion of adults with psychosis and schizophrenia who have an annual comprehensive physical health assessment.

Numerator – the number in the denominator who have an annual comprehensive physical health assessment.

Denominator – the number of adults with psychosis or schizophrenia.

Data source: Data can be collected using NICE Quality and Outcomes Framework menu indicators IND82 to IND84.

Outcome

Premature mortality of adults with psychosis or schizophrenia.

Data source: Contained within the NHS Outcomes Framework.

What the quality statement means for different audiences

Service providers (such as GPs, community health services and mental health services) ensure that protocols are in place to carry out comprehensive physical health assessments in adults with psychosis or schizophrenia, and share the results (under shared care arrangements) when the service user is in the care of primary and secondary services.

Health and social care practitioners ensure that they carry out comprehensive physical health assessments in adults with psychosis or schizophrenia, and share the results (under shared care arrangements) when the service user is in the care of primary and secondary services.

Commissioners ensure that they commission services that can demonstrate they are carrying out comprehensive physical health assessments in adults with psychosis or schizophrenia, and include this requirement in continuous training programmes. They should also ensure that shared care arrangements are in place when the service user is in the care of primary and secondary services, to ensure that the results of assessments are shared.

Adults with psychosis or schizophrenia should have a regular health check (at least once a year) that includes taking weight, waist, pulse and blood pressure measurements and blood tests. This checks for problems such as weight gain, diabetes, and heart, lung and breathing problems that are common in adults with psychosis or schizophrenia and often related to treatment. The results should be shared between their GP surgery and mental health team.

Source guidance

Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178 (2014), recommendations 1.5.3.2 and 1.5.3.3

Definitions of terms used in this quality statement

Comprehensive physical health assessments

Comprehensive physical health assessments for adults with psychosis or schizophrenia should focus on physical health problems common in people with psychosis and schizophrenia by monitoring the following:

- weight (plotted on a chart) – weekly for the first 6 weeks, then at 12 weeks, at 1 year and then annually
- waist circumference annually (plotted on a chart)
- pulse and blood pressure at 12 weeks, at 1 year and then annually
- fasting blood glucose or HbA1c and blood lipid levels at 12 weeks, at 1 year and then annually
- overall physical health.

Interventions should be offered in line with NICE guidelines on cardiovascular disease, preventing type 2 diabetes, obesity, hypertension, prevention of cardiovascular disease and physical activity. [Adapted from NICE's guideline on psychosis and schizophrenia in adults, recommendations 1.1.2.2, 1.5.3.2 and 1.5.3.3]

Shared care arrangements

Secondary care teams should assess the 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, assessments may be transferred to primary care under shared care arrangements and should take place at least annually. Service users may no longer be under the care of shared care arrangements if they are discharged from secondary care services. [Adapted from NICE's guideline on psychosis and schizophrenia in adults, recommendation 1.3.6.5]

Quality statement 7: 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 are higher than those for the general population. Rates of tobacco smoking are also high in people with psychosis or schizophrenia. These factors contribute to premature mortality. Offering combined healthy eating and physical activity programmes and help to stop smoking can reduce these rates and improve physical and mental health.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

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

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

a) Proportion of adults with psychosis or schizophrenia who received combined healthy eating and physical activity programmes within the past 12 months.

Numerator – the number in the denominator who received combined healthy eating and physical activity programmes within the past 12 months.

Denominator – the number of adults with psychosis or schizophrenia.

Data source: Data can be collected using the Royal College of Psychiatrists' National audit of schizophrenia: Audit of practice tool, question 40.

b) Proportion of adults with psychosis or schizophrenia who smoke who received help to stop smoking within the past 12 months.

Numerator – the number in the denominator who received help to stop smoking within the past 12 months.

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

Data source: Data can be collected using the Royal College of Psychiatrists' National audit of schizophrenia: Audit of practice tool, question 40.

Outcome

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

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Obesity rates in adults with psychosis or schizophrenia.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

c) Smoking rates in adults with psychosis or schizophrenia.

Data source: Data can be collected using the Royal College of Psychiatrists' National audit of schizophrenia: Audit of practice tool, question 31.

What the quality statement means for different audiences

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.

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.

Commissioners 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.

Adults with psychosis or schizophrenia are offered help with healthy eating and physical activity to help prevent weight gain, diabetes and other health problems that are common in adults with psychosis or schizophrenia and often related to treatment. Smoking is also common in adults with psychosis or schizophrenia and those who smoke should be offered help to stop smoking.

Source guidance

Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178 (2014), recommendations 1.1.2.1 and 1.1.2.3

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

with psychosis or schizophrenia 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 for people with a diagnosis of schizophrenia **or**
- varenicline for people with psychosis or schizophrenia.

They should 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 to 3 weeks.

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's guideline on psychosis and schizophrenia in adults]

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 8: Carer-focused education and support

Quality statement

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

Rationale

Providing carer-focused education and support reduces carer burden and psychological distress, and may improve the carer's quality of life. As part of the initial process of assessment and engagement, carer-focused education and support programmes can also help carers of adults with psychosis or schizophrenia to be able to identify symptoms of concern.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

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

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

Proportion of adults with psychosis or schizophrenia whose carers receive a carer-focused education and support programme.

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

Denominator – the number of adults with psychosis or schizophrenia with an identified carer.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Quality of life for carers of adults with psychosis or schizophrenia.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

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 to carers of adults with psychosis or schizophrenia.

Commissioners ensure that carer-focused education and support programmes are available and that the appropriate referral pathways are in place for carers of adults with psychosis or schizophrenia. They should also ensure that community and mental health teams are able to work collaboratively with education and support programmes.

Carers of adults with psychosis or schizophrenia are offered an education and support programme, which provides information, mutual support and discussion. This can help carers to cope and give them information, such as which symptoms of concern they should look out for.

Source guidance

Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178 (2014), recommendation 1.1.4.4

Definitions of terms used in this quality statement

Carers

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. [NICE's guideline on psychosis and schizophrenia in adults]

Carer-focused education and support programme

A carer-focused education and support programme should be offered as soon as possible. Such groups provide information, mutual support and open discussion to carers through voluntary participation. The programme should be available as needed and offer a positive message about recovery. [Adapted from NICE's guideline on psychosis and schizophrenia in adults, recommendation 1.1.4.4]

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), they may need additional support.

Equality of language and capability in training carers, needs to be considered.

Update information

Minor changes since publication

August 2024: Changes have been made to the source guidance recommendation references to align with updated NICE guidelines on mental health. The guidelines were simplified by removing recommendations on general principles of care that are covered in other NICE guidelines.

February 2022: The definition of comprehensive physical health assessments in statement 6 was amended to be clear that either fasting blood glucose or glycosylated haemoglobin (HbA1c) can be used to assess for diabetes, in line with NICE's 2021 exceptional surveillance of testing for diabetes.

December 2016: Data source updated for statements 5 and 6.

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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this

quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

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.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Royal College of Occupational Therapists (RCOT)
- Rethink Mental Illness
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)