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 and QS115.

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. It will not cover adults with transient psychotic symptoms. 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 2012 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[1]. 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 aged under 45 years had a schizophrenia rate twice as high as that for women, but there was no difference in incidence over this age. The rate of schizophrenia was significantly higher in people of African–Caribbean and African family origin than in the baseline population.

In both hospital and community settings, antipsychotic drugs are the primary treatment for psychosis and schizophrenia. There is well-established evidence for their efficacy in both treating acute psychotic episodes and preventing relapse over time in conjunction with psychological interventions. 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 to address vulnerability, dependent on the person's needs.

In the past 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 managing their condition.

There is evidence that people can recover, although some will have persisting difficulties or remain vulnerable to future episodes. Most people with persisting difficulties receive their care from both primary and specialist mental health care. However, about 30% of people will be well enough to be cared for solely by primary care[2]. There will also be a small number of people who may not 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 in 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:

- NHS Outcomes Framework 2015–16 (Department of Health, December 2014)
- The Adult Social Care Outcomes Framework 2015–16 (Department of Health, November 2014)
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, Parts 1 and 1A (Department of Health, November 2013).

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

Table 1 NHS Outcomes Framework 2015–16

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 mental illness** 1.5 i Excess under 75 mortality rate in adults with serious mental illness* (PHOF 4.9) iii *Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services** (PHOF 4.10)*
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 i Employment of people with mental illness** (ASCOF 1F and PHOF 1.8) ii *Health-related quality of life for people with mental illness*

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 *Indicators are in development*	

Table 2 The Adult Social Care Outcomes Framework 2015–16

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 *Placeholder 3E Effectiveness 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 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	

Service user experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to psychosis and schizophrenia in adults.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services and service user experience in adult mental health services (see the NICE pathways on patient experience in adult NHS services and service user experience in adult mental health services), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that impact on service user experience and are specific to the topic are considered during quality statement development.

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 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. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

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 and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

[1] Kirkbride JB, Errazuriz A, Croudace TJ et al. Incidence of schizophrenia and other psychoses in England, 1950–2009: a systematic review and meta-analyses. PLoS ONE 7(3): e31660

[2] Reilly S, Planner C, Hann M, Reeves D, Nazareth I et al. (2012) The Role of Primary Care in Service Provision for People with Severe Mental Illness in the United Kingdom. PLoS ONE 7(5): e36468. doi:10.1371/journal.pone.0036468

List of 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

Structure

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

Data source: Local data collection

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: Local data collection

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: Local data collection.

Outcome

a) Acute hospital admission rates.

Data source: Local data collection. National data are collected in the Health and Social Care Information Centre Mental health and learning disabilities data set.

b) Duration of untreated psychosis.

Data source: Local data collection. National data are collected in Health and Social Care Information Centre Mental health and learning disabilities data set.

What the quality statement means for service providers, 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 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 (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 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.

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

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 (2014) NICE guideline CG178, recommendation 1.3.1.1 (key priority for implementation).
- 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. [Achieving better access to mental health service by 2020 (Department of Health), Psychosis and schizophrenia in adults (NICE guideline CG178) 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

Structure

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

Data source: Local data collection.

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

Outcome

Relapse rates of psychosis and schizophrenia in adults.

Data source: Local data collection.

What the quality statement means for service providers, 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 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 (such as clinical commissioning groups, NHS England local area teams and local authorities) commission CBTp services and ensure that referral pathways are in place for adults with psychosis or schizophrenia to be referred to these services.

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

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 (2014) NICE guideline CG178, 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

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 Psychosis and schizophrenia in adults (NICE guideline CG178) 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

Structure

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

Data source: Local data collection.

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: Local data collection. 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: Local data collection. 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: Local data collection.

What the quality statement means for service providers, 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 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 (such as clinical commissioning groups, NHS England local area teams and local authorities) 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.

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

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 (2014) NICE guideline CG178, 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 and family members who the person with psychosis or schizophrenia lives with or is in close contact with. [Psychosis and schizophrenia in adults (NICE guideline CG178)]

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. [Psychosis and schizophrenia in adults (NICE guideline CG178) 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

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: Local data collection.

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: Local data collection.

Outcome

Relapse rates of schizophrenia in adults.

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 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 (such as NHS England area teams and clinical commissioning groups) 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.

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 are offered an antipsychotic drug called clozapine to try and improve their symptoms.

Source guidance

- Psychosis and schizophrenia in adults (2014) NICE guideline CG178, recommendation 1.5.7.2 (key priority for implementation).

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. [Psychosis and schizophrenia in adults (NICE guideline CG178) 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 5–15% 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

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. Contained within the Royal College of Psychiatrists' National Audit of Schizophrenia.

Outcome

Employment rates for adults with psychosis or schizophrenia.

Data source: Local data collection. National data are collected in the Health and Social Care Information Centre Mental health and learning disabilities data set.

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

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 (such as NHS England area teams and clinical commissioning groups) 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.

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 an employment scheme that supports them to find or return to work quickly.

Source guidance

- Psychosis and schizophrenia in adults (2014) NICE guideline CG178, recommendation 1.5.8.1 (key priority for implementation).

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. [Psychosis and schizophrenia in adults (NICE guideline CG178) full guideline]

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

Structure

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

Data source: Local data collection.

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: Local data collection. 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: Local data collection. 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.

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: Local data collection. Data can be collected using NICE Quality and Outcomes Framework menu indicators NM15, NM16, NM17, NM18 and NM42.

Outcome

Premature mortality of adults with psychosis or schizophrenia.

Data source: Local data collection. Contained within the NHS outcomes framework.

What the quality statement means for service providers, 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 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 (such as NHS England local area teams and local authorities) 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.

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 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 (2014) NICE guideline CG178, 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, HbA_{1c} 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 lipid modification, preventing type 2 diabetes, obesity, hypertension, prevention of cardiovascular disease and physical activity. [Adapted from Psychosis and schizophrenia in adults (NICE guideline CG178) recommendations 1.1.3.2, 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 Psychosis and schizophrenia in adults (NICE guideline CG178) 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

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 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: Local data collection. 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: Local data collection. 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: 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. 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 service providers, 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.

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 (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.

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 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 (2014) NICE guideline CG178, 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 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[3] 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 2–3 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. [Psychosis and schizophrenia in adults (NICE guideline CG178)]

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.

[3] At the time of publication of Psychosis and schizophrenia in adults NICE guideline CG178 (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.

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

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: Local data collection.

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: Local data collection.

Outcome

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

Data source: Local data collection.

What the quality statement means for service providers, 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 to carers of adults with psychosis or schizophrenia.

Commissioners (such as clinical commissioning groups and NHS England local area teams) 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.

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

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 (2014) NICE guideline CG178, recommendation 1.1.5.7.

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 [Psychosis and schizophrenia in adults (NICE guideline CG178)]

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 Psychosis and schizophrenia in adults (NICE guideline CG178) 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), they may need additional support.

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

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.

Information for commissioners

NICE has produced support for commissioning that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

Information for the public

NICE has produced information for the public about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

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.

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 (2014) NICE guideline CG178

Policy context

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

- Royal College of Psychiatrists (2014) Report of the National Audit of Schizophrenia (NAS) 2014
- Department of Health (2012) No health without mental health: implementation framework
- The Schizophrenia Commission (2012) The abandoned illness

Definitions and data sources for the quality measures

- Department of Health (2014) Achieving better access to mental health service by 2020
- 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 (2014) NICE quality standard 53
- Smoking cessation: supporting people to stop smoking (2013) NICE quality standard 43
- Drug use disorders (2012) NICE quality standard 23
- Patient experience in adult NHS services (2012) NICE quality standard 15
- Service user experience in adult mental health (2011) NICE quality standard 14
- Depression in adults (2011) NICE quality standard 8
- Diabetes in adults (2011) NICE quality standard 6

In development

- Personality disorders (borderline and antisocial). Publication expected May 2015
- Bipolar disorder in adults. Publication expected June 2015
- Cardiovascular risk assessment. Publication expected September 2015
- Lipid modification. Publication expected September 2015
- Physical activity: encouraging activity in all people in contact with the NHS (staff, patients and carers). Publication to be confirmed

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 (children and young people)
- 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

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:

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Update information

Minor changes since publication

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.

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 on 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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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

- Rethink Mental Illness
- Royal College of General Practitioners
- Royal College of Nursing