

# Early Intervention in Psychosis

## Progress Report Phase 2

### April 2021 – March 2023

The aim of the Early Intervention in Psychosis (EIP) national programme is to support the development, redesign and continuous improvement of services across Scotland, to meet the needs of young people with psychosis and their families. This report follows from Phase 1 of the programme (read [here](#)).

#### Background

In Phase 2 (2021-2023) of the EIP national programme, Scottish Government funded a test phase of EIP services in the Scottish context. The commission for Healthcare Improvement Scotland (HIS) included:

- working with two pathfinder sites to design and test EIP services: NHS Tayside to design and test a 'hub' EIP service in Dundee City and NHS Dumfries & Galloway to design and test a 'bespoke' EIP service
- enabling these areas to assess whether approaches are delivering quality care, by developing and testing key quality indicator measures
- continuing to deliver a learning system, including a national network to share learning and develop practice
- design training and development to increase workforce capability, identify training needs and develop training resources, and
- engaging with people with lived experience, clinical leadership, and stakeholders.



## Our journey so far – progress in phase 2

Phase 2 of the programme so far has been met with many challenges including a national COVID-19 delay, recruitment issues and financial strain. Despite this, resilience has reigned to navigate this current climate by adapting and finding ways to design, develop and maintain an EI service within a rural context in Scotland. With service users and improvement at the centre, these new services can continue to offer a service that is well evidenced to have a positive impact on the lives of people, and their families, who experience a first episode psychosis. Some of the highlights so far include:

Programme aim: To support the redesign and continuous improvement of services to deliver better outcomes for people with first episode psychosis

### EIP delivery - Pathfinder sites

- Two new EIP services developed.
- Pathfinder sites shadowed the ESTEEM service.
- Essentials of EIP training (three sessions) delivered to pathfinder sites to test module.
- Six-weekly coaching sessions with Esteem clinical staff.
- In-person development day for pathfinder sites and the national lived experience reference group (LERG).

### Data and measurement

- Establishing a data and measurement subgroup to design and agree a national key indicator data set, currently being tested.
- Pathfinder sites submit data quarterly – three data points collected so far.
- A case study on baseline data collection has been published.

### Shared learning - learning system

- Five learning sessions focused on quality improvement and service design.
- National and international links developed with England, Ireland and Canada.
- Nine EIP National Network events.
- Three case studies highlighting the work to help guide implementation in the future.
- EIP monthly newsletter.

### Stakeholder engagement

- Developed a network of over 1100 members to continue to highlight the need and evidence of an EIP service.
- Development of a national LERG.
- Two local lived experience groups established, linking in with their local EIP service.

## Challenges and extension to programme

Wider NHS recruitment remains one of the biggest challenges including a lack of substantive medical cover and approvals of secondments. This testing phase is allowing us to adapt around these wider system pressures with the resources available.

Despite the delays impacting the development of the services, both pathfinder sites have remained committed and enthusiastic in being able to adapt and continue developing their services.

In order to allow the pathfinder sites to move from design and development into implementation, Scottish Government have agreed to a 12-month extension to continue phase 2 which will focus on continued delivery of the EIP service.

Disruption caused by COVID-19

Recruiting to key clinical posts

Current challenging staffing and financial climate



An extension beyond March 2023 will focus on both local need and national learning and will strengthen the ability of teams within NHS boards/partnerships, to more fully develop and embed EIP services.

Allows for a more robust testing period for pathfinder sites, staff, service users and families/carers

Embed activities and input of local lived experience group within new EIP services as they test and develop

Allow for key data collection and meaningful evaluation

Offers more attractive posts with longer contracts

Develop an implementation guide for other boards to develop an EIP service



## EIP delivery - pathfinder sites overview

	NHS Dumfries & Galloway	NHS Tayside
<b>Model</b>	Bespoke model	Hub model
<b>Location</b>	Rural	Urban, Dundee city centre
<b>Estimated annual caseload*</b>	30 (estimated 45 after 18 months)	40 (estimated 50 after 18 months)
<b>Current caseload (March 2023)</b>	13	6 (capped level due to recruitment challenges)
<b>Current team (as at March 2023) (whole time equivalent)**</b>	<ul style="list-style-type: none"> <li>• Team leader (0.5)</li> <li>• Consultant psychologist (0.4)</li> <li>• Assistant psychologist (1.0)</li> <li>• Occupational therapist (OT) (0.5)</li> <li>• Key worker (1.5)</li> </ul>	<ul style="list-style-type: none"> <li>• Team leader (1.0)</li> <li>• Peer support worker (1.0)</li> <li>• Key worker (1.3)</li> <li>• Admin (1.0)</li> </ul>

\*these figures are estimates from phase 1 and represent the number of people expected to experience first episode psychosis in the health board area, annually. A phased approach to reaching these numbers is expected; the recommended caseload for a 1.0WTE key worker is 15 so this may also impact the caseload number.

\*\* due to recruitment issues, both sites have had consultant psychiatry input from the Community Mental Health Teams (CMHT). We intend to move to sessional time in the 2023/24 period. Tayside experienced internal challenges with job descriptions for psychology posts which has stalled recruitment. However they have had access to a psychologist for formulation and other advice until the full time post starts in April 2023.

*“People are really keen and really happy that we're here and you can see that there's a gap, it's a needed service. I think we didn't know about [third sector services] either. You know, we knew bits, we all had our own little kind of niches of knowledge about what was there, but it was the first month that we really then learned about who was there, what they offered, the opportunities that were available - because there's loads.”* **Peer Support Worker, NHS Tayside**

*“Patients, carers and the other teams and services involved have appreciated face to face conversations with myself and my EIP colleagues to increase knowledge and understanding of EIP. Prior to our team going live we spent time visiting all the services we could think of in the region that sharing knowledge of EIP would be useful for. We also designed an EIP leaflet with info including our contact details. Individuals on our current caseload and their families have appreciated that we have taken the time to share information and be able to contact us with any further questions they may have. Fortunately, starting with a small caseload has meant I can be pretty flexible with my time and can get back to people promptly.”* **EIP Key Worker, NHS Dumfries & Galloway**

## EIP delivery – pathfinder site timeline

Apr 21 – Sept 21

At the start of phase 2, the EIP national programme focused on planning and pathfinder site recruitment. Once the pathfinder sites were confirmed, recruitment was undertaken to establish a local design and implementation group consisting of a wide range of stakeholders.

Oct 21 – June 22

Pathfinder sites start their quality improvement and service design journey by focusing on creating the conditions. They attended a series of learning and coaching sessions led by HIS, undertook an 'Essentials of EIP' training and shadowed the ESTEEM service in NHS Greater Glasgow and Clyde.

The timeline of pathfinder sites activities after the services have launched can be seen below.

### NHS Dumfries & Galloway

- **June:** Service launched
- First team formulation completed
- LERG starts meeting
- Branching Out – outdoors therapy sessions begin
- CBTp delivery starts
- Both sites attend the in-person EIP development day
- Links made with local colleges/universities
- Service leaflets begin development with assistance of LERG
- Services begins offering Behavioural Family Therapy
- Links made with third sector employability agency
- Training: directorate wide service awareness with inpatient staff; CPD sessions with psychology and psychiatry

Jun – Aug 22

Sept – Oct 22

Nov – Dec 22

Jan – Mar 23

### NHS Tayside – CONNECT service

- **July:** Service launched; opened for referrals in August
- LERG starts meeting
- Links made with key stakeholders (University/college, 3<sup>rd</sup> sector and all existing mental health services)
- Nursing staff begin offering psychosocial interventions
- First family support session held
- **Capped caseload** (due to recruitment challenges); continuing conversation with other mental health areas with referrals
- Both sites attend the in-person EIP development day
- LERG holds in-person development day
- Links made with third sector employability agency
- Draft referral and service/family leaflets agreed
- First physical health review clinic
- Review meeting with family and physical health reviews start
- **Caseload cap raised**

## Data and measurement

An EIP data and measurement plan to facilitate data collection in pathfinder sites has been developed in collaboration with the EIP data and measurement subgroup. This group includes clinicians, academics, people with lived and living experience and data experts.

Both pathfinder sites submit quarterly data to give a picture of current progress. Baseline data has been gathered from each site for 12 patients prior to the services going live. The data analysis results will be made available once more data points have been collected.

	Access Data	Quality Data	Outcome Data
	Pathfinder sites have completed the journey of the last 12 patients with experience of psychosis, prior to the EIP service going live. Their experience collecting this data has been captured in a <a href="#">case study</a> .	In collaboration with clinical leads, a fidelity tool has been developed for use by pathfinder sites. The fidelity tool is in line with SIGN guidelines, EIP fidelity measures, and the Phase 1 HIS report. Continuous improvement methods are being used to define how best to score this tool.	To understand the impact of EIP services and identify a data set that can be used in other boards, including measures for clinical, patient reported, and quality of life indicators.
<b>Data collected</b>	<ul style="list-style-type: none"><li>• Duration of untreated psychosis</li><li>• Number of days from referral to EIP treatment</li><li>• Engagement with services</li></ul>	<ul style="list-style-type: none"><li>• Fidelity tool self-assessment.</li></ul> <p>The fidelity tool, developed in phase 1 of the programme, outlines 15 of the core components of an EIP service and how many people being treated in the service are receiving core components of EIP.</p>	<ul style="list-style-type: none"><li>• Clinical outcomes (for example the Brief Psychiatric Rating Scale)</li><li>• Patient reported outcomes (for example the Process of Recovery Questionnaire and EQ5D)</li><li>• Quality of life measures (for example employment, education, training status)</li><li>• Inpatient bed days</li></ul>

## Evaluation of EIP National Programme

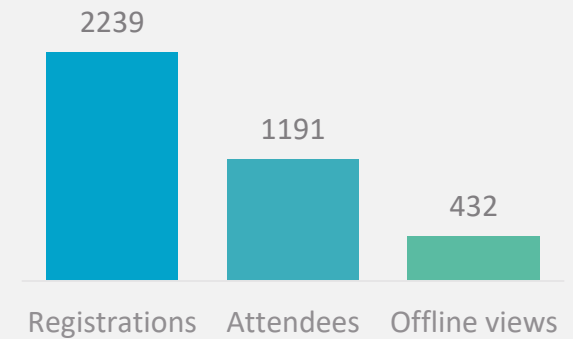
An evaluation framework has been created by Evidence and Evaluation for Improvement Team (EEvIT) colleagues, with the aim of supporting learning and improvement at a national level. The evaluation has been done continuously throughout Phase 2. Specifically, the evaluation seeks to provide useful information to the EIP team about:

- Engagement with the programme and reaction to activities.
- Local learning and testing of a EIP delivery model in the two pathfinder sites.
- National learning about how to deliver or test an EIP service delivery model.

## Shared Learning - Learning system

### National Network Events

- Nine national network events organised from December 2021 to March 2023.
- Over 1750 people have registered for events, over 950 have attended, and over 400 viewed the events offline.
- Invited guest speakers for EIP National Network Events include: clinical psychologists, psychiatrists, community psychiatric nurses, youth employability coaches, academics, child and adolescent mental health services and third sector representatives.
- Links have been established with international EIP communities in England, Ireland, and Canada to learn from their experiences in the rural context.



A series of case studies has been published, sharing learning from pathfinder sites with stakeholders and other health boards:

- [Understanding systems: collecting baseline data](#)
- [Understanding systems: engaging with stakeholders](#)
- [In progress]: Engaging with families

### November 2021 – November 2022:

Monthly newsletter sent to EIP stakeholders sharing updates, news and resources relevant to EIP. The newsletter was read monthly by around 300 people.

### December 2022 – Present

Quarterly newsletter sent on behalf of the MHIP.



**Coaching sessions** are shorter sessions to review progress and share learning between the national team, clinical leads, and pathfinder sites. Eight coaching sessions have been delivered so far as part of Phase 2.

**Learning sessions** were extended meetings to support the design and delivery of the pathfinder site EIP services prior to the launching.

- Three quality improvement sessions
- Two service design sessions



## Stakeholder Engagement



### Engagement

- Local lived experience groups have met at least monthly, with Tayside meeting fortnightly. These groups have been well attended by pathfinder site representatives, third sector representatives and supported by HIS.
- The second case study produced by the EIP national programme identified some of the facilitators and challenges experienced when engaging with stakeholders (e.g. people with lived experience, third sector organisations), and the ways in which these were met by the pathfinder sites. ([Link to case study here](#))

### Change Mental Health (formerly Support in Mind Scotland)

HIS extended the commission with Change Mental Health to provide:

- lived experience co-chair for the expert reference group
- lived experience advice and support to the national LERG
- advice and support to pathfinder sites establishing local LERGs



### Training and Development

Part of the delivery of this work was to develop a training and development programme, working closely with NHS National Educations for Scotland (NES). This work was lead by a commission with ESTEEM to develop and test an online module, titled 'Essentials of EIP' training. This module was developed, delivered and evaluated in three parts: parts one and two by Esteem staff, and part three by the EIP lived experience reference group. Resources will be further developed by NES, following feedback, into an online module. An evaluation was carried out on participants of the Essentials of EIP training; this work will continue to evaluate the training needs of staff delivering an EI service, such as cognitive behavioural therapy for psychosis (CBTp) and behavioural family therapy (BFT).



## Next steps 2023-2024

The extended year ahead will allow HIS to:

1

Develop the interactive implementation guide for NHS boards across Scotland to assess their current service and resources and identify the potential to develop their own EIP service.

2

Test service models with only sessional input from psychiatry.

3

Test the key quality indicators and the implementation guide with another health board area.

4

Keeping a person-centered approach by evaluating and capturing the important difference that the service has had on people, their families and carers who have received support.

5

Test and refine the key quality indicators for NHS Scotland-wide data.

6

Develop exit strategies for the pathfinder sites considering longer term roll out and how other sectors, such as third sector, can be embedded and be central to the treatment and recovery.

7

The pathfinder sites will be able to build on their current capacity by increasing staff numbers, hours and case loads to more fully test models of EIP delivery.

8

Work in collaboration with NES to ensure 'Essentials of EIP' training is developed and a training needs analysis is carried out with pathfinder sites.

## Acknowledgments

Healthcare Improvement Scotland would like to acknowledge the support of key stakeholders who contributed to this work so far:

- Pathfinder site staff within NHS Tayside and NHS Dumfries & Galloway
- National lived experience reference group
- National expert reference group
- Change Mental Health (Hamish Kidd)
- Esteem clinical leads (Dr Suzy Clark and Dr Rajeev Krishnadas)

We extend our appreciation also to the third sector groups and the carers and service users of these new services who have been engaging and willing in supporting our learning system and case studies.

## Keep in touch



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