1. THE NEW ACCESS & WAITING TIME

FROM REFERRAL TO TREATMENT

TWO WEEKS

TREATMENT DELIVERED IN ACCORDANCE WITH NICE GUIDELINES
Anyone (children, young people, adults) with a first episode of psychosis start treatment in early intervention in psychosis services within 2 weeks of referral.

The standard is ‘two-pronged’. Both conditions must be met:

1. A maximum wait of two weeks from referral to the Trust to start of treatment; AND
2. Treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia

Commencing treatment means that someone:

- has had an initial assessment, AND
- is allocated to and engaged by an EIP care co-ordinator, AND
- is in an EIP service able to provide the full package of NICE-concordant care for psychosis or an at-risk mental state.
2. WHY IS EIP IMPORTANT?

IMPROVED QUALITY OF LIFE

REDUCED COSTS ACROSS SERVICES
The costs of early intervention in psychosis

There is a wealth of evidence which shows that EIP teams significantly improve people’s prospects of recovery, education, employment and reduces the likelihood of them relapsing or taking their own life. Numerous peer reviewed economic studies have shown average savings of £7,447 per person seen by EIP team per year. In September 2015, there were 4,205 people with first episode psychosis who were accessing EIP teams in the South of England giving the health economy a saving of £31 million in the next 1-3 years.

The table shows the annual savings compared to standard care due to 100% EI provision. This is based on a one-year cohort 6900 patients (the estimated incidence of psychosis in England) receiving care. The savings in service costs are based on our earlier work (McCrone et al, 2009). Clearly, more savings will accumulate as EI is used in subsequent years. Savings are reduced beyond three years because we have conservatively assumed that admission rates are then the same for EI and standard care.

### Potential annual savings from EI compared to standard care services

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<th>Short-term (1-3yrs)</th>
<th>Long-term (4-10yrs)</th>
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<tr>
<td>Per person savings</td>
<td>£7,447 (5,360 reduced service costs, £2,087 reduced lost productivity)</td>
<td>£3,124 (2,087 reduced lost productivity, £957 reduced suicides, £80 reduced homicide)</td>
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<tr>
<td>Annual savings</td>
<td>£51.4 million</td>
<td>£21.6 million</td>
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3. WHAT IS A NICE CONCORDANT EIP SERVICE?

OFFER THE RANGE OF NICE RECOMMENDED TREATMENTS FOR PSYCHOSIS

DELIVER TREATMENT TO >50% OF PEOPLE WITHIN 14 DAYS
A NICE concordant EIP service is able to offer and deliver the following NICE recommended treatments to >50% of people within 14 days of referral:

- Cognitive Behavioral Therapy for psychosis
- Family interventions
- Clozapine (if 2 antipsychotics have proven ineffective)
- Physical health assessments
- Wellbeing Support (eat healthily, physical activity, stop smoking)
- Carer focused education & support
- Education & employment support
4. **How will the EIP Standards be assessed**

- Teams record delivery of NICE recommended treatments
- NHS England to accredit EIP teams against this evidence
NHS England will be undertaking a programme to accredit EIP teams that can evidence the ability and capacity to deliver the NICE recommended treatments for psychosis.
5. WHAT DO YOU NEED TO PREPARE FOR THE EIP ACCESS & WAITING TIME STANDARDS BEFORE APRIL 2016?

- WORK TOGETHER
- RECRUIT AND TRAIN EIP STAFF
Providers and commissioners need to involve people who use their services and work together to ensure the EIP teams have resources to be able to provide NICE recommended packages of care.

Together, we must recruit and train EIP staff so that people with first episode psychosis can access EIP services that can allocate to an EIP Care Coordinator within 14 days of referral AND deliver:

- CBT for Psychosis (CBTp)
- Individual Placement Support (IPS) for education and employment
- Family Interventions
- Medicines management
- Comprehensive physical assessments
- Support with diet, physical activities and smoking cessation
- Carer-focused education and support programmes