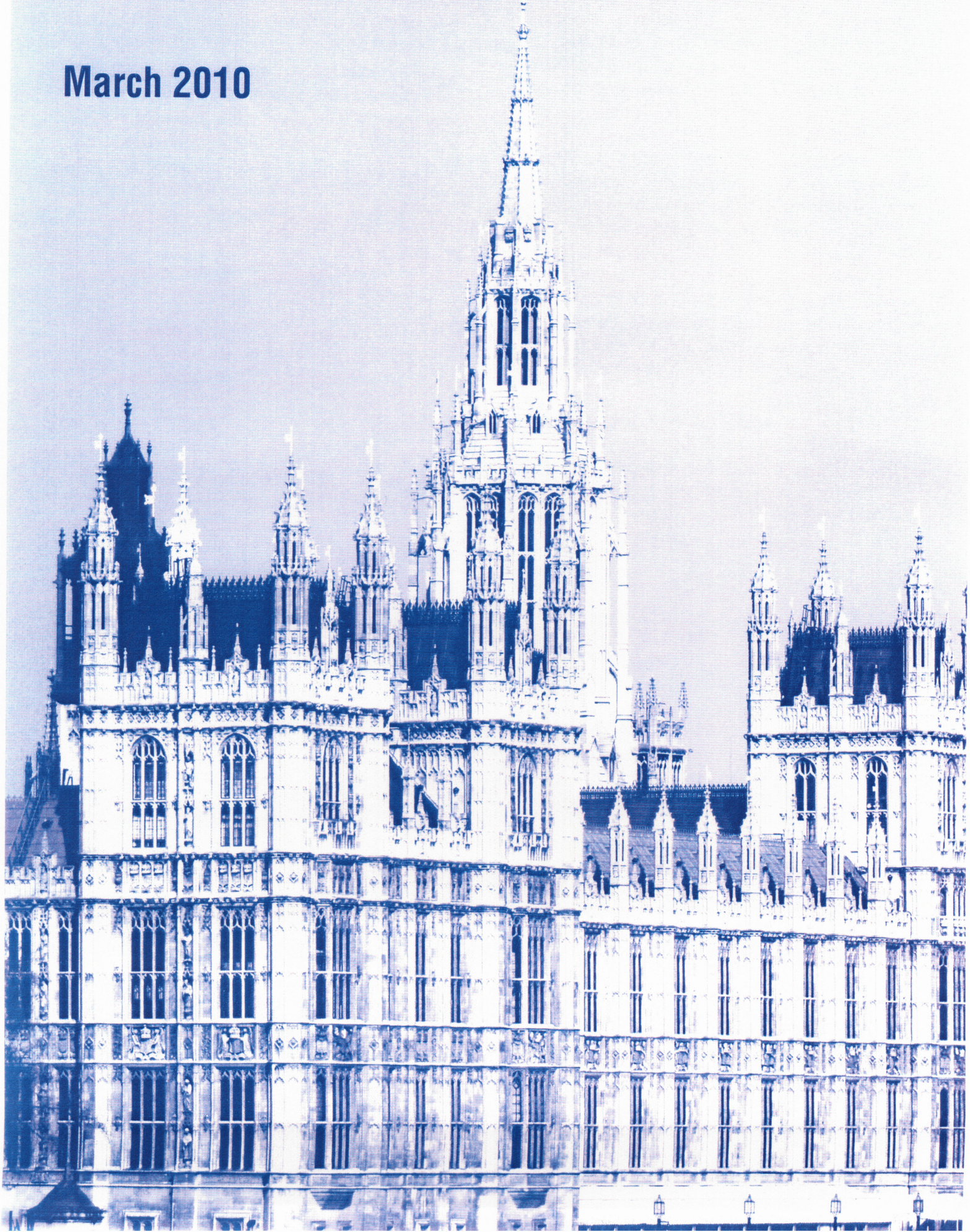
The All Party Parliamentary Group on Mental Health

Implementation of NICE Guideline on Schizophrenia

March 2010



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Introduction

The APPG on Mental Health decided to investigate the implementation of the most recent NICE Guideline on treatment of schizophrenia (CG82) following responses to parliamentary questions, which revealed that implementation was the responsibility of individual NHS organisations and progress was not monitored centrally (see appendix 1).

"Compliance with NICE clinical guidelines is a developmental standard for NHS organisations and the Government expects NHS organisations to implement them over time using available resources." Department of Health

NICE Guidelines advise on the standard and content of services that the NHS should offer for specific conditions. In the interest of assessing how well the updated guidance on the treatment of schizophrenia is being implemented, the APPG sent surveys to every Mental Health Trust in England. At the time of publication, just over half of the 73 Trusts had provided responses and this report is a summary and analysis of these responses and an assessment of the extent to which Mental Health Trusts have been able and willing to reflect the guidance in the services they offer.

The focus of the Guideline is on offering services users a more comprehensive, person-centred set of services, where informed choices about care will be made in a co-operative environment. There is also a heavy emphasis on improved access to psychological therapies for this group that has, in the past, been principally the subject of pharmacological treatment.

A copy of the questionnaire is included at the end of this report (see appendix 2). Not all of the questions are referred to in the report due to insufficient and inadequate data in regards to particular issues.

Key Findings

- **Serious challenges to the delivery of psychological services, particularly CBT, to all service users with a diagnosis of schizophrenia, as called for by the Guideline**
- **Lack of focus on the requirements for more comprehensive services such as assistance with employment and partnerships with relevant local organisations**
- **Confusion and difficulties in providing improved physical health screening for service users with a diagnosis of schizophrenia**
- **Inconsistency in the services provided across Trusts and the potential for sharing of good practice in areas such as monitoring adherence to medication**

Analysis of Responses

Ten questions were put to the Trusts on a variety of topics. These questions fit roughly into four groups: the general procedure of implementation; issues around adherence to medication; access to psychological therapies; and suicide prevention. Although some of the questions produced responses that were easily translatable into statistics, others led to more qualitative answers and these are summarised in this section.

Process and Content of Implementation

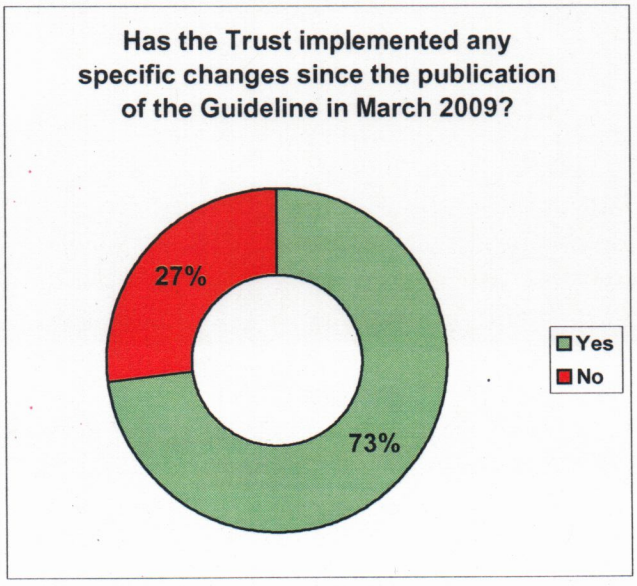
Trusts were asked about their approach to implementing the NICE Guideline and whether they were prioritising any particular elements within it. Most responded by describing permanent structures and processes in place for implementing all NICE guidance, which generally involved an analysis of how the current services compared with those required by the relevant Guideline. This was usually followed by the development of an action plan, suggesting how the gap between existing services and

what was required could be bridged. This process also generally involved publicising the guidance to staff and users.

"We assess our current practice against the 'new' items and rate our compliance: red (not compliant), amber (partially compliant), or green (compliant)"

Where specific priorities were identified, they tended to focus on three areas: improving the quantity and quality of psychological therapies; placing greater emphasis on the physical health of service users; and incorporating the updated advice on pharmacological treatments, particularly in regard to patient choice. Other identified priorities included the use of advance directives and the dissemination of the guidance to all relevant staff and users.

The second question put to the Trusts was whether they had implemented any specific changes since the publication of the Guidelines in March 2009. Almost three quarters of the respondents stated that they had. For those Trusts that had not made specific changes, this was usually due to the fact that their review of the guidance was not yet complete.

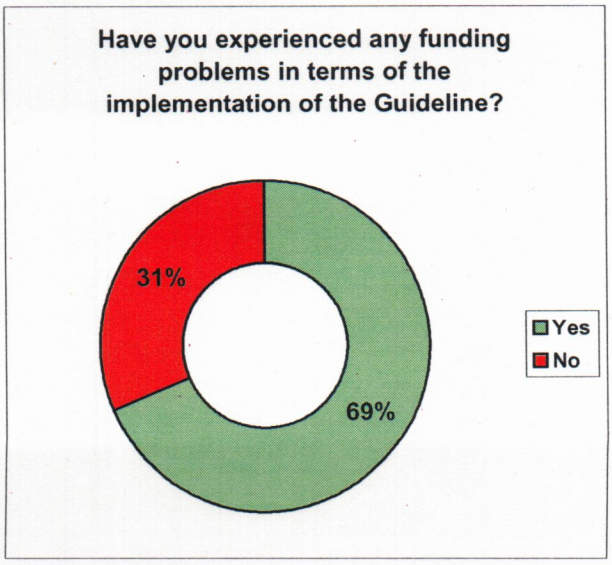


Amongst those that had already implemented changes, the content and extent of these varied greatly. Many focused on the need for greater access to psychological therapies by instigating reviews of these services and improving staff training in this area. Changes to medication codes and practice, and new or improved services relating to physical health were also common. A few Trusts mentioned work to meet the recommendations on linking with the community, increasing vocational services and developing greater sensitivity and understanding of cultural and racial contexts.

"The importance of regular physical health monitoring has been recognised within the Trust and, in the Physical Health Policy, an annual review for all community patients is encouraged"

The final question on general implementation asked if Trusts had experienced any funding problems in their efforts to comply with the guidance. 69% of responding Trusts said that they had indeed had difficulties in funding the changes that NICE was calling for in the treatment of service users with a diagnosis of schizophrenia.

Almost every one of these Trusts focused on the challenge of obtaining sufficient resources to provide the psychological services that the guidance called for, in terms of training and recruiting staff. There were also isolated mentions of the cost of medication and physical health screening but concerns about provision of psychological therapies, particularly CBT, dominated the responses to this question.



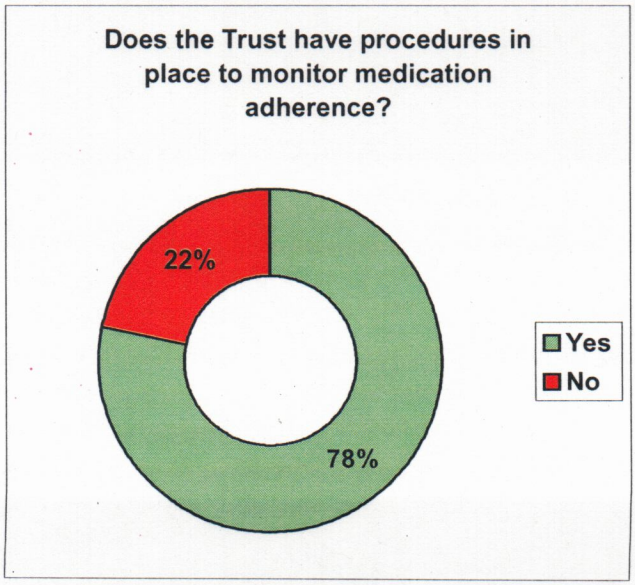
Adherence to Medication

One element in the treatment of service users with a diagnosis of schizophrenia discussed in the Guideline is adherence to medication. A number of questions in the survey focused on this issue.

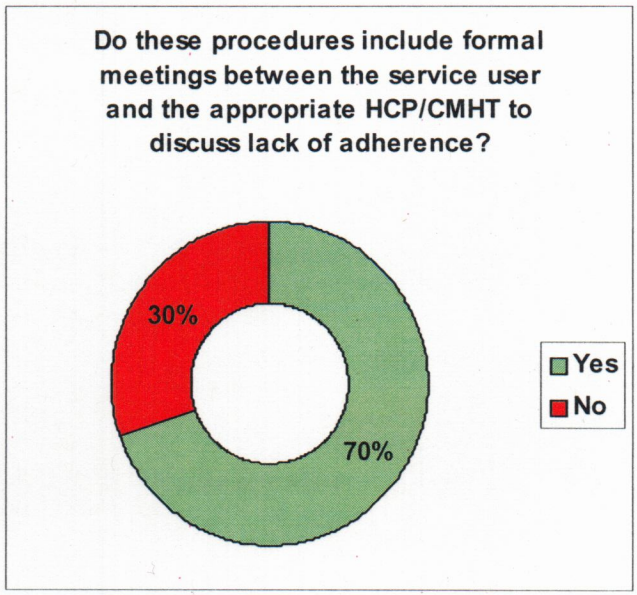
An attempt was made to assess the scale of any problems in this area through asking what proportion of service users the Trust would expect to be non-adherent, partially adherent, and fully adherent. However, 27 of the 37 respondents were unable to provide specific figures and most of those that could emphasised that these data were estimates. It was also not always clear whether these data referred specifically to service users with a diagnosis of schizophrenia. Meaningful analysis of these figures was therefore not possible.

"Our 'Re-Prescribing in Primary Care' model actively engages clients with services including the community pharmacist and has an early warning system for non-adherence"

Next, the Trusts were asked if they had procedures in place to monitor medication adherence, to which 78% of respondents gave an affirmative answer. Generally when the answer was no, this was accompanied by an explanation that formal procedures did not exist but that adherence was monitored as part of their standard clinical care.



From those that did have procedures in place, further details were sought beginning with whether formal meetings were held between the service user and the appropriate Health Care Professional or Community Mental Health Team to discuss lack of adherence. 70% of these respondents said that meetings like this took place. Once again, amongst the respondents that said no the caveat was offered that equivalent meetings took place as part of common procedure.

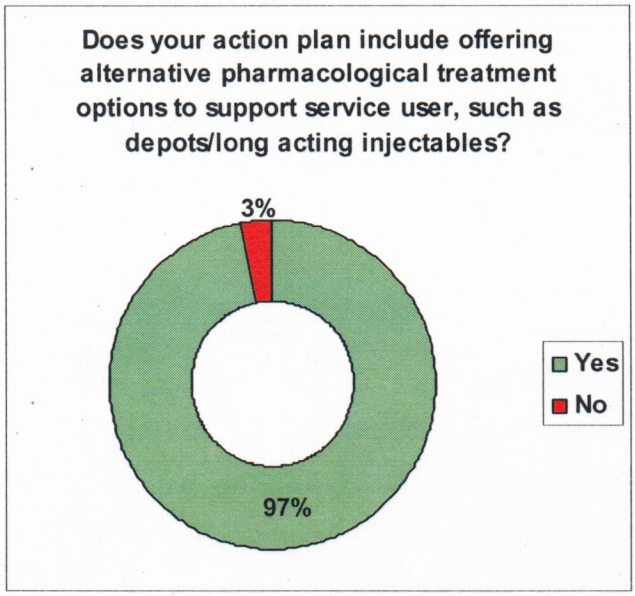


This emphasis on adherence monitoring along less rigid lines was repeated when those Trusts that did carry out such formal meetings were asked about times between notice of adherence and the meeting taking place. It was argued by almost all of these respondents that this needed to be judged on a case-by-case basis, dependent on the clinical setting, the circumstances of the service user and the potential risks to themselves and others.

"The Personalisation and Choice agenda encourages staff to actively engage service users in considering and agreeing treatment options and choices including medication"

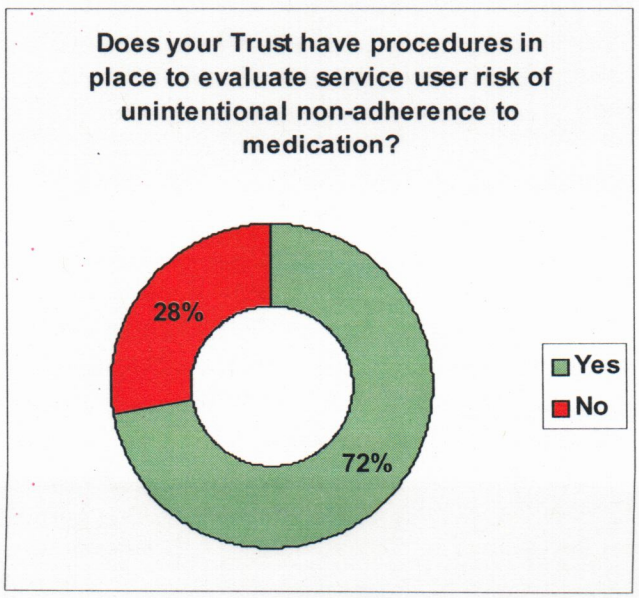
Trusts were also asked whether they offered alternative pharmacological treatment options, such as depots or long acting injectables to service users. Only one of the 35 Trusts who responded to this

question said that they did not offer this service.



Finally, the Trusts were asked if they have procedures in place to evaluate the risk of service users unintentionally not adhering to their prescribed medication. Almost three quarters of Trusts did have such procedures. The quarter that responded negatively tended to suggest that, although they did not have specific formal processes in this area, the issue was covered by routine clinical practice.

When asked about the details of their procedures, those who had answered yes responded with a variety of measures: risk assessments and treatment plans; checking up on prescriptions, consumed medication and even plasma levels; aids to remembering such as dosette boxes; and text, telephone or email reminders.



Psychological Therapies

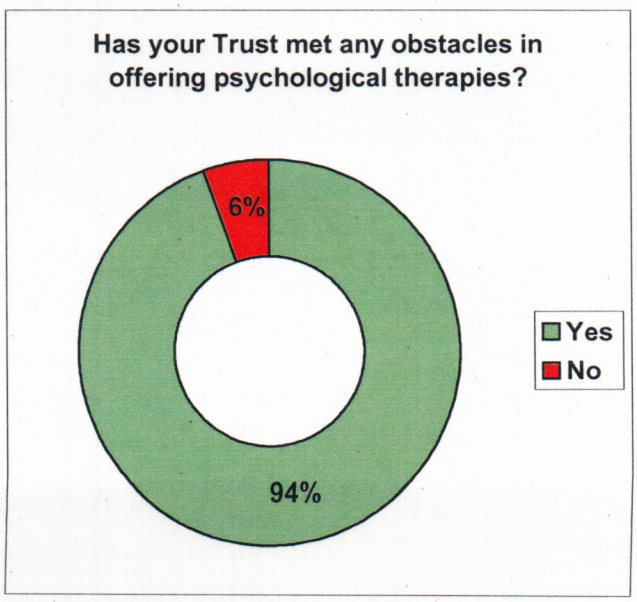
An important shift in the emphasis of NICE guidance on treating schizophrenia has been the use of psychological therapies, and in particular CBT. The Guideline recommends that CBT be offered to all people with schizophrenia, and arts or family therapies in many situations. The Trusts were asked how they had responded to this recommendation.

In light of these recommendations, about a third of Trusts are currently undertaking reviews or audits of their services in this area. Many said that they are engaged in recruiting and training in this area. However this training was often at a basic level to allow existing staff to offer some kind of therapy.

A large proportion of Trusts were able to demonstrate some progress towards meeting the guidance. The most common response from Trusts, however, was to state that they were unable to fully meet this requirement due to a lack of resources.

"There appear to be insufficient numbers of staff who have specialist accredited CBT skills to offer appropriate intervention"

The difficulties in implementing this aspect of the guidance were emphasised by the answers to the second question on psychological therapies, which asked whether the Trusts had met any obstacles in offering these services. Only two of the 35 respondents were able to answer 'no'.

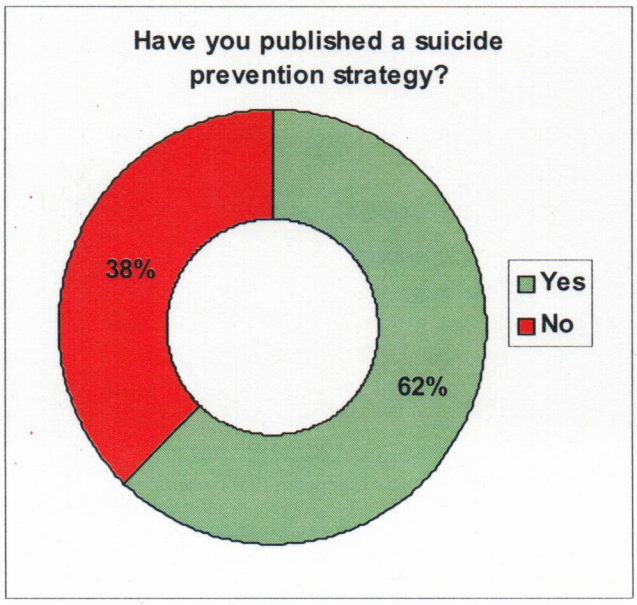


The principle reason cited by those who answered yes was simply a lack of resources to recruit or employ enough staff to provide this service. Another concern mentioned by two Trusts was the lack of clarity over the standards of skills required for these services and hence confusion over what training or recruitment was necessary.

"Staff offer psychosocial therapies but not always CBT as there is a shortage of trained staff, there is also a shortage of Arts/Family Therapy provision"

Suicide Prevention

The Trusts were asked whether they had published a suicide prevention strategy. Although 38% of Trusts had not done so, they had generally adopted an area-wide scheme or were part of a joint scheme and were able to provide documentation that was comparable in detail to the specific strategies that others enclosed. Others were in the process of formulating a strategy or they dealt with suicide prevention through other mechanisms such as general risk assessment strategies.



According to the Office for National Statistics, suicide rates nationally have fallen steadily over the last decade, which would suggest that mental health services have improved their skills and knowledge in this area and will continue to do so.

Points for Discussion

From this analysis of the questionnaire responses, as well as a general assessment of the tone and content of the answers given by Trusts, a number of points and issues seem to require further discussion. These include: the challenge of providing psychological therapies; the requirement for more comprehensive services; the monitoring of physical health; and the consistency of the responses.

Delivering on Psychological Therapies

It was clear from the answers provided by the Trusts, to both specific questions on this subject and more general inquiries about the guidance, that the recommendations on psychological therapies, and particularly CBT, are the cause of most concern. The inability to supply these therapies in sufficient quantities and to an appropriate standard is an important and worrying issue.

Difficulties in this area are clearly multi-faceted; it isn't simply the case that Trusts cannot afford the services. Funding does play a key part, however: there are issues around both recruiting sufficient staff and training existing staff to an adequate standard. These problems are made all the more challenging, Trusts pointed out, by the overarching emphasis of many other NICE Guidelines on mental health conditions to provide therapies like CBT.

"A clear service model that details the expected staffing required to fully meet the collective recommendations for CBT for all NICE mental health guidelines would be helpful"

Even if sufficient funds were to be made available, a number of Trusts expressed concern about exactly what type of qualifications were necessary for this specific application of these therapies. Some Trusts spoke of a number of psychologists having accredited specialist qualifications in CBT for psychosis up to Masters level, whilst others only made mention of sending staff for basic CBT training to shore up their supply. Whilst

a variety of specialised and general expertise is necessary, it is far from clear that an adequate skills-base is in place

"A significant obstacle with regards to cognitive behavioural therapy for psychosis has been the absence of identified competences required to deliver this within the guidance"

It therefore seems that there are two vital imperatives in terms of offering the type of services that NICE recommends. The first is that Trusts are provided with more detailed information about what specific skills and levels of training are required to offer effective treatment in this area. The second is that resources are made available for Trusts to train or recruit to a sufficient extent to meet these requirements.

More Comprehensive Services

A significant feature of the updated Guideline is that Mental Health Trusts should be linking up with other organisations that can help in the transition of service users with a diagnosis of schizophrenia back into the community and towards leading an independent life.

"Mental health services should work with local stakeholders, including those representing BME groups, to enable people with mental health problems, including schizophrenia, to access local employment and educational opportunities."
NICE Guideline

However, only a handful of Mental Health Trusts made mention of steps to implement these recommendations. This is not necessarily indicative that efforts in this area are not taking place, as this specific guidance was not referred to directly in the questionnaire. Nonetheless, the fact that some Trusts talked of progress in this area when discussing general implementation, whilst many others made no mention of this type of work at all, does suggest that this may be a neglected feature of the Guideline.

"Users, carers and 3rd sector organisations have been enabled to gain a meaningful foothold on acute general psychiatry wards, to liaise with and be involved in developing meaningful care plans with in-patients well before discharge into the community takes place"

Furthermore, there were specific references from some Trusts to the difficulty of implementing policies like this that require non-clinical knowledge and skills. Several suggested that, since NICE is clearly looking at mental health issues in a broader context, it would be helpful to the Trusts to have greater support in branching out from a more traditional, medical focus to one that incorporates issues such as community, ethnicity and employment.

"There are key recommendations which are harder to implement and difficult to audit such as collaborative engagement, racial and cultural sensitivity, and partnerships (including access to work)"

Monitoring Physical Health

Another requirement put forward by the Guideline is that the physical health of service users with a diagnosis of schizophrenia should be monitored more closely. This is in part due to a high risk of cardiovascular disease within this group.

"GPs and other primary healthcare professionals should monitor the physical health of people with schizophrenia at least once a year"
Nice Guideline

Besides the concerns expressed by some Trusts about the cost and practicalities of monitoring physical health, there also seemed to be some debate over how this should be done. Whilst the guidance states that these checks are the responsibility of "GPs and other primary healthcare

professionals", there was not uniform agreement amongst Trusts that this approach alone was an adequate solution.

"Greater communications and joint working between the GP and the CMHT are to be encouraged as the GP holds the responsibility for monitoring and assessing physical health"

"A number of the CMHTs run physical health clinics to monitor the service user's physical health as many service users do not attend a GP surgery"

Clarification and additional support in this area may therefore be useful to ensure that this requirement is consistently met.

Achieving Consistency

The same NICE Guidelines go out to all Trusts, but each find themselves in vastly different circumstances in terms of the resources available to them, dependant on the demographics in their area and the specific problems and conditions of their service users. As such, it is no surprise that each will respond to the guidance they receive in different ways. Indeed, this variation is vital in order to tailor services to local needs.

However, the responses demonstrated a lack of consistency and an apparent disparity in standards of implementation that was very stark. It is important to recognise that a sparsely worded response does not equate to a sparsely implemented Guideline, but some Trusts were able to offer much more content and detail about their progress than others.

There are two complementary responses to this inconsistency that could help Trusts in their efforts to implement NICE guidance and to ensure that the standard of services on offer is uniformly high, even though the details and style of these services will inevitably differ.

The first would be to develop networks through which Trusts (or other relevant organisations) can share best practice and offer advice to one another. A good example of where this might be effective is the area of adherence to medication. A vast variety of schemes, programmes and policies were mentioned by the Trusts in response to questions on this topic. Although this represents commendable individual innovation and creativity, it is also an opportunity for Trusts to learn from each other's ideas and experiences in order to offer the best possible service.

The second response, to return to the original impetus for this report, would be improved monitoring of how well relevant organisations were implementing NICE Guidelines. The important issues arising from this audit of the implementation of just one specific Guideline demonstrate how productive such monitoring could be. It was suggested by one Trust that this monitoring could centre on the planned Quality Standards that NICE will produce to accompany Guidelines, which will identify key standards that relevant bodies should be meeting in providing services.

General Comments on Guidance

In general, the response from Trusts to the Guideline tended to be positive and seemed to reflect confidence in the expertise of NICE to offer advice that, if followed, will improve the outlook and experience of service users. There seemed to be a consensus that the progressive ideas put forward by NICE could lead to much improved prognoses for service users with a diagnosis of schizophrenia.

"The recovery focused, person centred nature of the Guidance is welcome, in particular how it challenges traditional expectations of individuals who have been given this diagnosis"

The only negativity towards the guidance seemed to come from a sense of regret that limited funds meant that full implementation was often a long way off and may even seem to be an unrealistic endeavour.

Conclusions

The current difficult economic climate means that the next government will need to make very tough choices over where to allocate scarce resources. Mental health has been one of the areas that has often seen cuts during tight financial periods. The responses from Mental Health Trusts to the APPG's survey suggest that if such cuts occur again they could be hugely damaging to the prospects for delivering the type of services for the treatment of schizophrenia that the NICE Guideline is calling for.

Clearly, proponents of all areas of government spending could highlight how damaging financial cuts to relevant services could be. But the case for sustaining, if not improving the resources allocated to mental health, and particularly psychological therapies, is especially compelling and requires serious attention from policy-makers.

The cost to the country of mental illness, in terms of treatment and economic impacts, is immense. The Sainsbury Centre for Mental Health has put an estimate on the annual cost of around £77 billion. The social and personal impact of mental illness is less easily quantified but is clearly devastating. A well-equipped and effective mental health service could therefore save huge amounts of money and prevent a great deal of suffering in the long-term. The Government has explicitly recognised the benefits of such an approach.

"There is now increasing evidence that investment in particular interventions – in psychological therapies, for example – can produce much greater savings over time."
Department of Health - New Horizons

NICE Guidelines present an ideal model of service in a particular area of treatment, based on the best experience, knowledge and evidence available at the time. It is inevitable that Mental Health Trusts and other NHS bodies will struggle to fully meet all the recommendations that NICE presents. However, the uniformity of the difficulties that Trusts are facing in providing the type of psychological service, which could be so vital in improving the prospects for service users with a diagnosis of schizophrenia, is deeply worrying.

The Government has promoted these therapies through the Increased Access to Psychological Therapy (IAPT) programme. This scheme has so far only focused on service users with diagnoses of anxiety and depression. But with a growing evidence base for the use of these therapies in the treatment of an increasing number of conditions the scope of these efforts needs to be widened. ~~Indeed, one of the Trusts pointed out the potential for specific efforts in this area.~~ Psychological therapies should be commissioned in the same way as new medications covered by NICE technology appraisals. There needs to be clarity as to which therapies need to be delivered by trained psychologists and the circumstances in which other staff who have received training can deliver therapies. Minimum standards need to be set around the level of training and supervision.

"The IAPT strategy provides an opportunity for psychologists to refocus their activity on meeting also the needs of people with severe illnesses such as schizophrenia. This opportunity would benefit from targeted support"

Over recent years, the NHS has increasingly focused on offering 'patient choice'. Whilst perhaps an admirable endeavour, this expansion of services for physical conditions appears decadent when contrasted with the difficulties mental health service users face in simply accessing what should be basic treatment. With the development of psychological services at a crucial stage and, arguably, requiring more impetus than ever before in order to meet the needs of service users, it would be disastrous to jeopardise this process through funding cuts.

As the Government's 'New Horizons' programme rightly points out, mental health care should be a comprehensive service, focusing on prevention as well as treatment, and rehabilitation rather than simply symptom management. The type of guidance offered by NICE is reflective of this shift to a more comprehensive and holistic mental health care service. But it seems to be the most progressive elements of this sort of guidance that NHS organisations are struggling to implement. Impressive rhetoric from the government needs to be matched by specific improvements at a grassroots level.

As pointed out by a number of Trusts, Commissioners play a key role in the organisation of services and the allocation of resources. This research did not focus on Commissioners due to the fact that they are the subject of separate NICE Commissioning Guides. As such, understanding the role of Commissioners in this process will be vital in improving services on a macro level and research into this would be welcome.

It is clear from this research, however, that greater support needs to be provided in order to allow Mental Health Trusts and other bodies to effectively implement the vital recommendations made by NICE. Such guidance is potentially priceless in the endeavour to offer top-class services, but is greatly devalued if it is not backed up by sufficient resources and if implementation is not adequately monitored.

APPENDIX 1: Parliamentary Questions on monitoring of implementation of NICE Guidelines on treatment of schizophrenia:

Resource type - Parliamentary Question [UID: 1451921]

Key Information

Type:	Written Parliamentary Question (WPQ)
Date of Answer:	19.10.2009
Column References:	497 c1265W
Member Tabling Question:	Jones, Lynne
Topic:	National Institute for Health and Clinical Excellence
Question:	To ask the Secretary of State for Health what mechanisms are in place for monitoring compliance with (a) National Institute for Health and Clinical Excellence (NICE) clinical guidelines and (b) NICE technology appraisals.
Answering Department:	Dept of Health
Member Answering Question:	O'Brien, Mike
Answer:	In 2008-09, national health service organisations were asked to assess themselves against a core standard that incorporates compliance with the National Institute for Health and Clinical Excellence's (NICE) technology appraisals. These self-assessments were independently validated by the Care Quality Commission and showed that 95.2 per cent, of NHS organisations could provide evidence of compliance with this standard. Clinical guidelines relate to a whole pathway of care and can make a large number of recommendations spanning all stages of care from diagnosis to treatment of a condition. In view of their complexity and because of the different states of readiness for implementation in the NHS, clinical guidelines are not subject to the same performance management assessment as NICE'S technology appraisals. Compliance with NICE'S clinical guidelines is a developmental standard for NHS organisations and the Government expect NHS organisations to implement them over time using available resources. Use of NICE technology appraisals and clinical guidelines to prioritise investment and promote quality improvement is one of the ways in which primary care trusts can demonstrate progress towards becoming world class commissioners under the world class commissioning assurance framework.
Question Number:	293875
Date Tabled:	13.10.2009
Date for Answer:	15.10.2009
Legislature:	House of Commons (HoC)
Chamber/Committee:	Commons Chamber
Status:	Answered
Session:	08-09
Notes:	

Resource type - Parliamentary Question [UID: 1444094]

Key Information

Type:	Written Parliamentary Question (WPQ)
Date of Answer:	12.10.2009
Column References:	497 c750-1W
Member Tabling Question:	Jones, Lynne
Topic:	Schizophrenia
Question:	To ask the Secretary of State for Health (1) what proportion of mental health NHS provider organisations are implementing the National Institute for Health and Clinical Excellence clinical guideline update for Schizophrenia;
Answering Department:	Dept of Health
Member Answering Question:	Hope, Phil
Answer:	We welcome the National Institute for Health and Clinical Excellence's (NICE) updated guidance on schizophrenia and expect it to help further improve the quality of treatment and care for people with schizophrenia. It is for NICE to publicise the release of its guidance to the national health service and it is for the NHS to implement it. NICE publishes implementation tools to help the NHS implement its guidance locally. Clinicians are responsible for deciding on the most appropriate form of treatment for their patients, and in doing so they are expected to take NICE guidance fully into account. The Department does not become involved in clinical decisions, nor does it collect data on implementation levels of this NICE guidance among NHS organisations. NICE issues both technology appraisals (TAs) and clinical guidelines (CGs) and the schizophrenia guidance issued this March is a CG. Clinicians are expected to consider treatments outlined in CGs when considering prescribing options, but are not obliged to prescribe these. As CGs are very broad in approach and can contain 100 or more recommendations, health bodies should implement the guidance as and when resources permit.
Question Number:	290314
Date Tabled:	21.07.2009
Date for Answer:	12.10.2009
Legislature:	House of Commons (HoC)
Chamber/Committee:	Commons Chamber
Status:	Answered
Session:	08-09

Resource type - Parliamentary Question [UID: 1444096]

Key Information

Type:	Written Parliamentary Question (WPQ)
Date of Answer:	12.10.2009
Column References:	497 c750-1W
Member Tabling Question:	Jones, Lynne
Topic:	Schizophrenia
Question:	(3) what (a) support and (b) guidance has been made available to healthcare professionals to facilitate adherence to the National Institute for Health and Clinical Excellence clinical guideline update on schizophrenia; and whether he has put in place ongoing monitoring to assess the implementation of the guidance by healthcare professionals.
Answering Department:	Dept of Health
Member Answering Question:	Hope, Phil
Answer:	We welcome the National Institute for Health and Clinical Excellence's (NICE) updated guidance on schizophrenia and expect it to help further improve the quality of treatment and care for people with schizophrenia. It is for NICE to publicise the release of its guidance to the national health service and it is for the NHS to implement it. NICE publishes implementation tools to help the NHS implement its guidance locally. Clinicians are responsible for deciding on the most appropriate form of treatment for their patients, and in doing so they are expected to take NICE guidance fully into account. The Department does not become involved in clinical decisions, nor does it collect data on implementation levels of this NICE guidance among NHS organisations. NICE issues both technology appraisals (TAs) and clinical guidelines (CGs) and the schizophrenia guidance issued this March is a CG. Clinicians are expected to consider treatments outlined in CGs when considering prescribing options, but are not obliged to prescribe these. As CGs are very broad in approach and can contain 100 or more recommendations, health bodies should implement the guidance as and when resources permit.
Question Number:	290316
Date Tabled:	21.07.2009
Date for Answer:	12.10.2009
Legislature:	House of Commons (HoC)
Chamber/Committee:	Commons Chamber
Status:	Answered
Session:	08-09

Resource type - Parliamentary Question [UID: 1444095]

Key Information

Type:	Written Parliamentary Question (WPQ)
Date of Answer:	12.10.2009
Column References:	497 c750-1W
Member Tabling Question:	Jones, Lynne
Topic:	Schizophrenia
Question:	(2) what steps he is taking to (a) publicise and (b) implement the recommendations of the updated National Institute for Health and Clinical Excellence clinical guideline update for schizophrenia;
Answering Department:	Dept of Health
Member Answering Question:	Hope, Phil
Answer:	We welcome the National Institute for Health and Clinical Excellence's (NICE) updated guidance on schizophrenia and expect it to help further improve the quality of treatment and care for people with schizophrenia. It is for NICE to publicise the release of its guidance to the national health service and it is for the NHS to implement it. NICE publishes implementation tools to help the NHS implement its guidance locally. Clinicians are responsible for deciding on the most appropriate form of treatment for their patients, and in doing so they are expected to take NICE guidance fully into account. The Department does not become involved in clinical decisions, nor does it collect data on implementation levels of this NICE guidance among NHS organisations. NICE issues both technology appraisals (TAs) and clinical guidelines (CGs) and the schizophrenia guidance issued this March is a CG. Clinicians are expected to consider treatments outlined in CGs when considering prescribing options, but are not obliged to prescribe these. As CGs are very broad in approach and can contain 100 or more recommendations, health bodies should implement the guidance as and when resources permit.
Question Number:	290315
Date Tabled:	21.07.2009
Date for Answer:	12.10.2009
Legislature:	House of Commons (HoC)
Chamber/Committee:	Commons Chamber
Status:	Answered
Session:	08-09
Notes:	

Resource type - Parliamentary Question [UID: 1444097]

Key Information

Type:	Written Parliamentary Question (WPQ)
Date of Answer:	12.10.2009
Column References:	497 c751-2W
Member Tabling Question:	Jones, Lynne
Topic:	Schizophrenia
Question:	To ask the Secretary of State for Health how the Care Quality Commission is monitoring adherence to the National Institute for Health and Clinical Excellence clinical guideline update on schizophrenia; and what steps it will take in respect of NHS organisations found to be non-compliant.
Answering Department:	Dept of Health
Member Answering Question:	Hope, Phil
Answer:	There are no plans for the Care Quality Commission to monitor adherence with the clinical guideline on schizophrenia published by the National Institute for Health and Clinical Excellence (NICE).ICE clinical guidelines support national health service commissioning and best practice in service provision, but compliance with these are not direct indicators of levels of safety and quality. The Department expects NHS organisations to work towards full implementation of NICE clinical guidelines over a reasonable period of time using available resources.
Question Number:	290317
Date Tabled:	21.07.2009
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Notes:	

APPENDIX 2: Original Survey sent out to Trusts

Survey on the implementation of the 'Schizophrenia: core interventions in the treatment and management of schizophrenia in adults in primary and secondary care (update)' NICE guideline

NHS Trust:

_____

Would you be agreeable to be contacted to provide additional information/clarification if needed to the APPGMH?

☐ Yes ☐ No

If yes, please fill in contact details below:

*Please note that contact details will remain private and will not be contained in any subsequent reports.

Contact details

*Name: _____

*Position: _____

*Contact number: _____ Email: _____

Once completed, please return this survey to:

Lynne Jones MP
House of Commons
London
SW1A 0AA

Or alternatively download a version from the APPG website http://www.appg-mentalhealth.org.uk/ and send via electronic mail to davidsoni@parliament.uk

*** For ease of response, should you already have an existing policy document that covers your answer to a question, we would be happy for you to provide a link and relevant page number(s) or enclose this document, indicating the relevant section, rather than spend time writing a specific answer for us.**

I would be grateful if you could please return the questionnaire by **4th January 2010**, or let us know if you need longer in order to complete it. Thank you.

_____

1. What is your approach to implementing the Schizophrenia NICE Guideline (update) and are you prioritising any elements within it? Please specify below.

2. Has the Trust implemented any specific changes since the publication of the Guideline in March 2009?

☐ Yes ☐ No

If yes, please give details:

3. Have you experienced any funding problems in terms of the implementation of the Guideline?

☐ Yes ☐ No

If yes, please give details:

4. One facet of the Guideline is adherence to medication. Does the Trust have procedures in place to monitor medication adherence?

☐ Yes ☐ No

If yes, does your action plan include:

a) Formal meetings between the service user and the appropriate HCP/CMHT to discuss lack of adherence?

☐ Yes ☐ No

i. If yes, what is the period between notice of non-adherence and meeting date?

_____

b) Offering alternative pharmacological treatment options (alternatives to standard oral medication) to support service user, such as depots/long acting injectables?

☐ Yes ☐ No

Please provide any further details of the procedures in place:

5. Regarding adherence to medication amongst service users, what proportion would you expect to be:

a) non-adherent?_____

b) partially adherent?_____

c) fully adherent?_____

d) don't know_____

6. Does your Trust have procedures in place to evaluate service user risk of covert (non-intentional) non-adherence to medication?

☐ Yes ☐ No

If yes, please specify what measures you have in place to assess risks of covert/non-intentional non adherence to medication?:

7. What number of the following serious untoward events have occurred amongst mental health service users in your Trust since January 2009 and what proportion of your user population does this comprise?

   a) relapse including hospitalisation_____

   b) harm to self, including suicide_____

   c) harm to others, including criminal behaviour_____

8. The guideline recommends that CBT be offered to all people with schizophrenia, and arts or family therapies in many situations. How has your Trust responded to this?

9. Has your Trust met any obstacles in offering psychological therapies?

   ☐ Yes ☐ No

   If yes, please provide details:

10. Have you published a suicide prevention strategy?

    ☐ Yes ☐ No

    If yes, please provide the strategy as a separate document, and provide any additional comments below:

11. Please use the area below for any other comments regarding the Guideline and surrounding issues you wish to make.

Thank you for your time.

NOTE:

All responses to the survey will be pooled, anonymised and compiled into an All Party Parliamentary Group on Mental Health report that may be published and made available in the public domain at the discretion of the group*.

*Disclosure: Janssen-Cilag Limited have provided administrative and logistical support to the APPG on Mental Health with this survey. Janssen-Cilag will not have any access to raw data, which will be the property of the APPGMH.