

FOI Request Response information

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| FOI request reference: | 2017/246 |
| Date request received: | 04/08/2017 |
| Date request responded to: | 25/08/2017 |
| Category: | Service delivery |
| Tags: | EIP, early intervention psychosis, budget, referrals, age, investment, waiting time, CBT, smoking, cessation |

Request Detail:

1. What was your annual Early Intervention in Psychosis (EIP) budget for (a) 2016-17 and (b) 2017-18?
2. (a) How many people accessed EIP services in 2016-17; (b) How many people are estimated to access EIP services in 2017-18?
3. (a) What was the average EIP investment per patient in 2016-17; (b) What is the estimated EIP investment per patient in 2017-18?
4. What age range has your EIP service been commissioned to cover in 2017-18?
5. What eligibility criteria/restrictions does your EIP service have in place for referrals over the age of 35?
6. What was the (a) mean and (b) longest waiting time from referral to treatment in your EIP service in 2016-17?
7. a) Of those accessing EIP in 2016-17, what percentage received cognitive behavioural therapy for psychosis (CBTp)? b) Of those who received CBTp, what was the average number of sessions received?
8. Of those accessing EIP in 2016-17, what percentage of individuals and their families received Family Interventions?
9. Of those accessing EIP in 2016-17, what percentage of patients received a comprehensive physical health check?
10. Of those accessing EIP in 2016-17, what percentage of those who were reported to be smokers were referred to Smoking Cessation services?
11. Of those accessing EIP in 2016-17, what percentage of those who were not in employment or education received Individual Placement and Support?

12. Is your EIP team able to deliver the full NICE-concordant packages of care, in accordance with national guidelines, to all patients referred to the EIP service?

Response Detail:

The Trust response to your recent FOI request is in the attached PDF document.

Please click on the paperclip symbol, on the left hand toolbar, to see additional attachments.