

Key messages



1. Access varies depending on where you live

Access to NICE-recommended interventions for psychosis varies widely across England and Wales. This means people's care still depends on where they live.



2. Inequalities in care persist

People's access to care for psychosis differs by ethnicity, age, gender and deprivation. People from Black and Black British backgrounds are less likely to receive key interventions such as cognitive behavioural therapy for psychosis (CBTp), family intervention and carer support.



3. Young people may not be accessing EIP services early enough

Very few people in EIP services are under-18. Almost one quarter of teams had no under-18s on their caseload, raising concerns about whether young people are being identified and getting the right care early enough.



4. Gaps in data limit what we can understand (England only)

Routine data provides a broader and more timely view of EIP services. However, missing or incomplete data still limits understanding of care delivery and inequalities.



5. Relationships matter for recovery

Improving access to care is essential, but equal access does not always translate into equal opportunities for recovery. People with lived experience emphasise the importance of trusting relationships, particularly with care coordinators, alongside peer support, social activities, meaningful involvement, and care that feels personalised. These factors help people make the most of available treatments and support positive outcomes.

Recommendations for EIP care



1. Reduce unwarranted variation in EIP care

Department of Health and Social Care (DHSC), Local Health Boards¹, commissioners and providers should support EIP services identified as requiring improvement. This includes addressing workforce capacity, service configuration, equitable access, and local barriers to delivery of NICE-recommended interventions.



2. Reduce inequalities in access and outcomes

Commissioners should ensure providers of EIP services routinely monitor access and outcomes by ethnicity, age, gender and deprivation and take targeted action where inequalities are identified. Particular attention should be given to children and young people. This includes improving referral pathways and transitions to ensure timely and equitable access to evidence-based EIP care. Providers should refer to existing national guidance on reducing health inequalities, including [NHS England Core20PLUS5](#).



3. Improve the quality and completeness of routine data

DHSC and Local Health Boards¹ should improve the completeness and



4. Establish clear leadership and accountability for EIP care

Each Integrated Care Board (ICB) in England and Health Board in Wales should identify a named lead responsible for implementing EIP standards and recommendations and improving coordination across services. This role should work across organisational boundaries to ensure consistent and equitable access to care in line with national specifications and quality standards.



5. Help people make the most of support

Commissioners should support providers of EIP services to strengthen connection and sustain engagement for the duration of EIP care. This includes recognising that people may face different barriers to accessing support depending on their age, ethnicity, culture, and personal circumstances. EIP services should adapt support to meet individual needs in all communities.

¹ Local Health Boards are the NHS organisations responsible for planning and delivering healthcare services in Wales.