

Witness Name: Professor Jonathan Benger
Statement No: WITN0111001
Dated: 10 November 2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF PROFESSOR JONATHAN BENGER CBE

I, Professor Jonathan Benger CBE, will say as follows: -

Introduction

1. I am currently the Chief Medical Officer ["CMO"], Deputy Chief Executive and Interim Director of the Centre for Guidelines ["CfG"] at the National Institute for Health and Care Excellence ["NICE"].
2. This witness statement is made to assist the Nottingham Inquiry [the "Inquiry"] with the matters set out in the Rule 9 Request dated 16 June 2025 [the "Request"]. This statement will focus on NICE's guidance that was available to health and care practitioners in the period 2019 to 13 June 2023 ["the Relevant Period"].
3. On behalf of all the staff at NICE, I would like to start by expressing my heartfelt condolences to all those affected by the devastating attacks in Nottingham in June 2023. NICE very much welcomes the work of the Nottingham Inquiry and will work with the Inquiry in an open and transparent manner.

Current roles at NICE

4. I joined NICE on 1 January 2023 as CMO and became Interim Director of CfG in March 2023, and Deputy Chief Executive in June 2024. I report directly to the Chief Executive. I am a member of the Executive Team ["ET"] and the Guidance Executive ["GE"] and I sit on the Board as an Executive Director. I am also NICE's Caldicott Guardian. The Caldicott Guardian is responsible for protecting the confidentiality of health and care information and making sure it is used properly.

5. As the CMO, I lead the Clinical Directorate that was established in April 2023. Its role is to provide end-to-end clinical oversight and support to all areas of NICE's work and oversee topic selection for NICE guidance production. The Directorate is also responsible for NICE's patient safety function and provides management support for NICE's Patient Safety Oversight Group ["PSOG"], of which I am a member, and which is chaired by Dr Peter Barry, a Consultant Clinical Adviser at NICE.
6. The CfG is responsible for developing guidelines on the promotion of good health, the prevention of ill health, the appropriate treatment and care for people with specific diseases and conditions, and social care. The Directorate also develops quality standards and indicators for health, public health and social care.

Career and experience

7. In addition to my role as the CMO for NICE, I am also Professor of Emergency Care at the University of the West of England (since April 2008) and Consultant in Emergency Medicine at University Hospitals Bristol and Weston NHS Foundation Trust (since December 2003).
8. Prior to joining NICE in January 2023, I held the following positions:
 - NHS England's ["NHSE"] Interim Chief Clinical Information Officer between June 2022 and December 2022.
 - Chief Medical Officer at NHS Digital between November 2019 and May 2022.
 - NHSE's National Clinical Director for Urgent and Emergency Care between May 2013 and July 2019.
9. I hold full registration with the General Medical Council. I am also a fellow of the Royal College of Emergency Medicine and a fellow of the Royal College of Surgeons of England.

NICE role, function and legislative basis

10. NICE, originally known as the National Institute for Clinical Excellence, was set up by the Government in 1999 as a Special Health Authority. It was then re-established as a non-departmental public body under the Health and Social Care Act 2012 ["HSC Act 2012"] and is now known as the National Institute for Health and Care Excellence to reflect a role that encompasses health care, social care and public health.

11. NICE is an Arms-length body ["ALB"] of the Department of Health and Social Care ["DHSC"]. ALBs are a specific category of central government public bodies that are administratively classified by the Cabinet Office. NICE was established to help ensure that people have equal access to clinically and cost-effective treatments, wherever they live. NICE helps practitioners and commissioners get the best care to patients, fast, while ensuring value for the taxpayer. NICE does this by:

- Producing useful and usable guidance for health and care practitioners.
- Providing rigorous, independent assessment of complex evidence for new health technologies.
- Developing recommendations that focus on what matters most and drive innovation into the hands of health and care practitioners.
- Encouraging the uptake of best practice to improve outcomes for everyone.

12. A Framework Agreement exists between NICE and the DHSC which sets out the parameters in which NICE operates and discharges its responsibilities, including the relationship between NICE and the DHSC. NICE's role is to provide guidance and support to providers and commissioners, to help them improve outcomes for people using the NHS, public health and social care services. NICE supports the health and care system by describing what good quality care looks like in the NHS, public health and social care sectors and helps promote the integration of health and social care. NICE does this by producing robust evidence-based guidance and advice, developing quality standards and providing information services for commissioners, practitioners and managers across the spectrum of health and social care.

13. NICE's statutory role and responsibilities are set out within the HSC Act 2012 and its supporting regulations (The National Institute of Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013). In its present incarnation, NICE was established by section 232 of the HSC Act 2012 and its functions are set out in Part 8 and Schedule 16 of the HSC Act 2012. As set out in section 233 of the HSC Act 2012,

(1) In exercising its functions, NICE must have regard to:

- (a) The broad balance between the benefits and costs of the provision of health services or of social care in England,
- (b) The degree of need of persons for health services or social care in England, and
- (c) The desirability of promoting innovation in the provision of health services or of social care in England.

(2) NICE must exercise its functions effectively, efficiently and economically.

14. The Secretary of State for Health and Social Care is accountable to Parliament for the health system, including NICE, with support from the DHSC. The DHSC Permanent Secretary is the Principal Accounting Officer and is accountable to Parliament for the issue of any Parliamentary funding to NICE and for matters such as monitoring NICE's activities.

15. Although NICE is established as an English public body, it has agreements in place with the devolved administrations in Wales, Northern Ireland and Scotland to enable these nations to utilise aspects of NICE guidance.

NICE core principles

16. A set of core principles underpin NICE's work. There is a structured approach to guidance development based on clearly defined processes and methods, which are published on the NICE website, regularly reviewed and consulted upon in line with the requirements in the HSC Act 2012.

17. These core principles are:

- 1) Prepare guidance and standards on topics that reflect national priorities for health and care, as identified by the DHSC and NHSE.
- 2) Describe our approach in process and methods manuals and review these regularly.
- 3) Use independent advisory committees to develop recommendations.
- 4) Take into account the advice and experience of people using services and their carers or advocates, health and social care professionals, commissioners, providers and the public.
- 5) Offer people interested in a topic the opportunity to comment on and influence recommendations.
- 6) Use evidence that is relevant, reliable and robust.
- 7) Base our recommendations on an assessment of population benefits and value for money.
- 8) Support innovation in the provision and organisation of health and social care services.
- 9) Aim to reduce health inequalities.
- 10) Consider whether it is appropriate to make different recommendations for different groups of people.
- 11) Propose new research questions and data collection to resolve uncertainties in the evidence.
- 12) Publish and disseminate our recommendations and provide support to encourage their adoption.
- 13) Assess the need to update our recommendations in line with new evidence.

18. Guidance development is informed by the experience, expertise and views of the people who will be affected. This includes patients, carers and members of the public, as well as professionals, representatives of NHS organisations, the life sciences industry and local government.

19. Guidance is developed by independent advisory committees that include experts such as clinicians, health economists, patients and carers. Consultation processes enable individuals and organisations to comment on draft recommendations.
20. NICE guidance aims to support strategies that improve population health as a whole, while offering particular benefit to the most disadvantaged. In addition to the protected characteristics in the Equality Act 2010, NICE also takes into account inequalities away from socioeconomic factors and the circumstances of certain groups of people, such as looked-after children and people who are homeless. NICE guidance aims to reduce and not increase identified health inequalities.

NICE governance and management

21. NICE is led by a unitary board ["the Board"] comprising of a Non-Executive Chairman and Non-Executive Directors ["NEDs"] appointed by the Secretary of State for Health and Social Care, and Executive Directors appointed by the NEDs.
22. Dr Sam Roberts is the Chief Executive of NICE. Dr Roberts commenced this role on 1 February 2022 following the retirement of the previous Chief Executive, Professor Gillian Leng CBE. Professor Leng joined NICE in 2001 and was appointed as Chief Executive on 1 April 2020, following the retirement of Sir Andrew Dillon CBE on 31 March 2020. Sir Andrew had been Chief Executive since NICE's formation in 1999.
23. As Chief Executive, Dr Roberts chairs the Executive Team ["ET"] and the Guidance Executive ["GE"]. The ET is responsible for providing leadership to the organisation within the authority delegated by the Board. GE's main role is to approve, on behalf of the Board, NICE guidance that has been developed by the independent advisory committees, plus other key products. The GE ensures that the published development processes and methods have been followed; the recommendations or key statements address the remit of the product and are comprehensible and internally consistent; and the product is presented in the correct format. GE also seeks to ensure that any matters that may compromise the implementation or impact of the product are addressed.

Types of NICE guidance

24. NICE guidelines are evidence-based recommendations for health and care in England. They set out the care and services suitable for most people with a specific condition or need, as well as people in particular circumstances or settings. The guidelines help health and social care professionals to:

- Prevent ill health.
- Promote and protect good health.
- Improve the quality of care and services.
- Adapt and provide health and social care services.

25. Healthcare guideline topics are commissioned by NHSE, with updates prepared by NICE based on surveillance activity identifying matters such as new evidence or national strategies.

26. NICE quality standards set out priority areas for quality improvement in health, public health and social care. They highlight areas with identified variations in current practice. Each quality standard includes a set of statements to help improve quality and information on how to measure progress. They can be used:

- For quality improvement (for example, to identify areas for improvement and when writing improvement and action plans).
- For quality assurance and monitoring (for example, when developing frameworks for quality assurance and identifying gaps in services, benchmarking and monitoring changes).
- To influence commissioning (for example, identifying support or changes needed to improve services).

The quality standards can be used by anyone (such as commissioners, service providers and practitioners), looking to improve the quality of health, public health and social care.

27. Health technology evaluations, including technology appraisals ["TA"] and highly specialised technologies ["HST"] evaluations are designed to provide

recommendations, in the form of NICE guidance, on the clinical and cost effectiveness of new and existing medicines, health technologies and treatments in the NHS. In the case of Interventional Procedures, recommendations are provided on the safety and efficacy of procedures.

28. Different types of NICE guidance have a different status within the NHS, public health and social care services.

29. Integrated care boards, NHSE, and local authorities are required to fund and resource technologies (predominantly medicines and treatments) recommended through TA and HST guidance. The legal status of this mandatory funding is set out in the NHS Constitution and the HSC Act 2012. The NHS Constitution states that patients have the right to medicines and treatments that have been recommended by NICE for use in the NHS, if the doctor responsible for the patient's care says they are clinically appropriate. When NICE recommends a treatment 'as an option' through the TA or HST guidance, the NHS must make sure it is available within 3 months (unless otherwise specified) of the guidance publication.

30. The HSC Act 2012 also states that the Secretary of State and the NHS Commissioning Board (now NHSE) should have regard to the quality standards prepared by NICE as part of their duty to secure continuous improvement in the quality of services.

31. In relation to all other NICE guidance, including the guidelines, it is expected that health and social care professionals will have regard to the recommendations to help them deliver the highest quality care. The recommendations are intended to support the professional expertise and clinical judgement of health professionals, as they discuss treatment options with their patients. It is not mandatory to apply the guideline recommendations, and the guidelines do not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Overview of NICE's relevant mental health guidance

32. Table 1 below lists the NICE guidance available to health and care practitioners during the Relevant Period and that NICE considers potentially relevant to the Nottingham Inquiry.

Table 1: Potentially relevant NICE guidance available during the Relevant Period

NICE guidance reference / Inquiry URN	Publication Date	Type of guidance	Guidance title
TA59 / NICE0000035	April 2003	Technology appraisal	Guidance on the use of electroconvulsive therapy
TA136 / NICE0000046	February 2008	Technology appraisal	Structural neuroimaging in first-episode psychosis
CG78 / NICE0000056	January 2009	Clinical Guideline	Borderline personality disorder: recognition and management
CG77 / NICE0000058	January 2009	Clinical Guideline	Antisocial personality disorder: prevention and management
CG120 / NICE0000004	March 2011	Clinical guideline	Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings
QS14 / NICE0000009	December 2011	Quality Standard	Service user experience in adult mental health services
CG136 / NICE0000014	December 2011	Clinical guideline	Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services
CG178 / NICE0000019	February 2014	Clinical guideline	Psychosis and schizophrenia in adults: prevention and management
QS80 / NICE0000022	February 2015	Quality Standard	Psychosis and schizophrenia in adults

NG10 / NICE0000025	May 2015	NICE guideline	Violence and aggression: short-term management in mental health, health and community settings
QS88 / NICE0000027	June 2015	Quality Standard	Personality disorders: borderline and antisocial
NG53 / NICE0000030	August 2016	NICE guideline	Transition between inpatient mental health settings and community or care home settings
NG58 / NICE0000034	November 2016	NICE guideline	Coexisting severe mental illness and substance misuse: community health and social care services
NG66 / NICE0000037	March 2017	NICE guideline	Mental health of adults in contact with the criminal justice system
QS154 / NICE0000039	June 2017	Quality Standard	Violent and aggressive behaviours in people with mental health problems
QS159 / NICE0000041	September 2017	Quality Standard	Transition between inpatient mental health settings and community or care home settings
QS163 / NICE0000043	February 2018	Quality Standard	Mental health of adults in contact with the criminal justice system
NG108 / NICE0000045	October 2018	NICE guideline	Decision-making and mental capacity
QS188 / NICE0000048	August 2019	Quality Standard	Coexisting severe mental illness and substance misuse
QS194 / NICE0000049	August 2020	Quality Standard	Decision making and mental capacity
NG181 / NICE0000052	August 2020	NICE guideline	Rehabilitation for adults with complex psychosis
NG216 / NICE0000054	May 2022	NICE guideline	Social work with adults experiencing complex needs

33. Further information on the issues covered in each publication and dates of subsequent updates during the Relevant Period are contained within the spreadsheet, exhibited as Exhibit NICE0000001.

34. The following section of the statement highlights the recommendations within this guidance most relevant to the inquiry's work.

Guidance on the diagnosis of first episode psychosis

35. NICE consider all recommendations in the guideline "CG178 Psychosis and schizophrenia in adults: prevention and management" [NICE0000019] to be relevant to this case. However, the following recommendations are most relevant to the Request.

35.1. Carry out a comprehensive multidisciplinary assessment of people with psychotic symptoms in secondary care. This should include assessment by a psychiatrist, a psychologist or a professional with expertise in the psychological treatment of people with psychosis or schizophrenia. The assessment should address the following domains:

- Psychiatric (mental health problems, risk of harm to self or others, alcohol consumption and prescribed and non-prescribed drug history).
- Medical, including medical history and full physical examination to identify physical illness (including organic brain disorders) and prescribed drug treatments that may result in psychosis.
- Physical health and wellbeing (including weight, smoking, nutrition, physical activity and sexual health).
- Psychological and psychosocial, including social networks, relationships and history of trauma.
- Developmental (social, cognitive and motor development and skills, including coexisting neurodevelopmental conditions).
- Social (accommodation, culture and ethnicity, leisure activities and recreation, and responsibilities for children or as a carer).

- Occupational and educational (attendance at college, educational attainment, employment and activities of daily living).
- Quality of life.
- Economic status. (NICE CG178 Recommendation 1.3.3.1 2014) [NICE0000019]

35.2. Structural neuroimaging techniques (either magnetic resonance imaging [MRI] or computed axial tomography [CT] scanning) are not recommended as a routine part of the initial investigations for the management of first episode psychosis. (NICE CG178 Recommendation 1.3.3.2) [NICE0000019] and NICE TA136 Recommendation 1.1 2008) [NICE0000046]

35.3. Assess for post-traumatic stress disorder and other reactions to trauma because people with psychosis or schizophrenia are likely to have experienced previous adverse events or trauma associated with the development of the psychosis or as a result of the psychosis itself. (NICE CG178 Recommendation 1.3.3.3 2014) [NICE0000019]

Guidance on the management and treatment of first episode psychosis and/or schizophrenia, both in the community, by primary and secondary care, and in hospital (whether on a voluntary or compulsory basis)

36. During the Relevant Period NICE recommended the following for the management and treatment of first episode psychosis and/or schizophrenia, both in the community, by primary and secondary care, and in hospital (whether on a voluntary or compulsory basis) from the following guidelines and quality standards: “CG178 Psychosis and schizophrenia in adults: prevention and management” [NICE0000019] and “QS80 Psychosis and schizophrenia in adults” [NICE0000022].

36.1. People presenting to early intervention in psychosis services should be assessed without delay. If the service cannot provide urgent intervention for people in a crisis, refer the person to a crisis resolution

and home treatment team (with support from early intervention in psychosis services). Referral may be from primary or secondary care (including other community services) or a self- or carer-referral. (NICE CG178 Recommendation 1.3.1.2 2014) [NICE0000019]

36.2. Adults with a first episode of psychosis start treatment in early intervention in psychosis services within 2 weeks of referral. (NICE QS80 Statement 1 2015) [NICE0000022]

36.3. Offer crisis resolution and home treatment teams as a first-line service to support people with psychosis or schizophrenia during an acute episode in the community if the severity of the episode, or the level of risk to self or others, exceeds the capacity of the early intervention in psychosis services or other community teams to effectively manage it. (NICE CG178 Recommendation 1.4.1.1 2014) [NICE0000019]

36.4. If a person with psychosis or schizophrenia needs hospital care, think about the impact on the person, their carers and other family members, especially if the inpatient unit is a long way from where they live. If hospital admission is unavoidable, ensure that the setting is suitable for the person's age, gender and level of vulnerability. (NICE CG178 Recommendation 1.4.1.4 2014) [NICE0000019]

37. If patients have coexisting severe mental illness (psychosis) and substance misuse NICE consider all recommendations in the guideline “CG120 Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings” [NICE0000004] to be relevant to this case. However, the following recommendations are most relevant to the Request.

37.1. In primary care, refer all adults and young people with psychosis or suspected psychosis, including those who are suspected of coexisting substance misuse, to either secondary care mental health services or CAMHS for assessment and further management. (NICE CG120 Recommendation 1.3.1 2011) [NICE0000004]

37.2. Healthcare professionals in all settings, including primary care, secondary care mental health services, CAMHS (Child and Adolescent Mental Health Services) and accident and emergency departments, and those in prisons and criminal justice mental health liaison schemes, should routinely ask adults and young people with known or suspected psychosis about their use of alcohol and/or prescribed and non-prescribed (including illicit) drugs. If the person has used substances ask them about all of the following:

- Particular substance(s) used.
- Quantity, frequency and pattern of use.
- Route of administration.
- Duration of current level of use.

In addition, conduct an assessment of dependency and also seek corroborative evidence from families, carers or significant others, where this is possible and permission is given. (NICE CG120 Recommendation 1.2.1 2011) [NICE0000004]

37.3. For most adults with psychosis and coexisting substance misuse, treatment for both conditions should be provided by healthcare professionals in secondary care mental health services such as community-based mental health teams. (NICE CG120 Recommendation 1.4.5 2011) [NICE0000004]

37.4. If a person with psychosis and coexisting substance misuse requires planned detoxification from either drugs or alcohol, this should take place in an inpatient setting. (NICE CG120 Recommendation 1.4.8 2011) [NICE0000004]

37.5. Delivery of care and transfer between services for adults and young people with psychosis and coexisting substance misuse should include a care coordinator and use the Care Programme Approach. (NICE CG120 Recommendation 1.4.9 2011) [NICE0000004]

Guidance on assessing capacity and/or risk in a patient presenting with psychosis and/or schizophrenia

38. During the Relevant Period NICE recommended the following for assessing capacity and/or risk in a patient presenting with psychosis and/or schizophrenia from the following guidelines and quality standards: “CG178 Psychosis and schizophrenia in adults: prevention and management” [NICE0000019]; “QS80 Psychosis and schizophrenia in adults” [NICE0000022]; “CG120 Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings” [NICE0000004]; and “NG10 Violence and aggression: short-term management in mental health, health and community settings” [NICE0000025].

- 38.1. Adults with psychosis or schizophrenia have specific comprehensive physical health assessments. (NICE QS80 Statement 6 2015) [NICE0000022]
- 38.2. A consultant psychiatrist or a trained specialist with experience in at-risk mental states should carry out the assessment. (NICE CG178 Recommendation 1.2.2.1 2014) [NICE0000019]
- 38.3. Trusts should ensure compliance with quality standards on the monitoring and treatment of cardiovascular and metabolic disease in people with psychosis or schizophrenia through board-level performance indicators. (NICE CG178 Recommendation 1.1.2.6 2014) [NICE0000019]
- 38.4. Monitor the physical health of adults and young people with psychosis and coexisting substance misuse. Pay particular attention to the impact of alcohol and drugs (prescribed and non-prescribed) on physical health. Monitoring should be conducted at least once a year or more frequently if the person has a significant physical illness or there is a risk of physical illness because of substance misuse. (NICE CG120 Recommendation 1.3.3 2011) [NICE0000004]

- 38.5. When assessing adults and young people with psychosis and coexisting substance misuse, be aware that low levels of substance use that would not usually be considered harmful or problematic in people without psychosis, can have a significant impact on the mental health of people with psychosis. (NICE CG120 Recommendation 1.4.13 2011) [NICE0000004]
- 38.6. GPs and other primary healthcare professionals should monitor the physical health of people with psychosis or schizophrenia when responsibility for monitoring is transferred from secondary care, and then at least annually. The health check should be comprehensive, focusing on physical health problems that are common in people with psychosis and schizophrenia. A copy of the results should be sent to the care coordinator and psychiatrist, and put in the secondary care notes. (NICE CG178 Recommendation 1.5.3.2 2014) [NICE0000019]
- 38.7. Develop and use practice case registers to monitor the physical and mental health of people with psychosis or schizophrenia in primary care. (NICE CG178 Recommendation 1.5.3.1 2014) [NICE0000019]
- 38.8. Carry out risk assessments with the service user and, if they agree, their carer. If this finds that the service user could become violent or aggressive, set out approaches that address:
- Service user related domains in the framework.
 - Contexts in which violence and aggression tend to occur.
 - Usual manifestations and factors likely to be associated with the development of violence and aggression.
 - Primary prevention strategies that focus on improving quality of life and meeting the service user's needs.
 - Symptoms or feelings that may lead to violence and aggression, such as anxiety, agitation, disappointment, jealousy and anger, and secondary prevention strategies focusing on these symptoms or feelings.

- De-escalation techniques that have worked effectively in the past.
- Restrictive interventions that have worked effectively in the past, when they are most likely to be necessary and how potential harm or discomfort can be minimised. (NICE NG10 Recommendation 1.2.10 2015) [NICE0000025]

39. If patients are exhibiting mental health symptoms and are in contact with the criminal justice system, NICE consider all recommendations in the guideline “NG66 Mental health of adults in contact with the criminal justice system” [NICE0000037] to be relevant to this case. However, the following recommendations are most relevant to the Request.

39.1. Perform a risk assessment for all people in contact with the criminal justice system when a mental health problem occurs or is suspected. (NICE NG66 Recommendation 1.4.1 2017) [NICE0000037]

39.2. When assessing people in contact with the criminal justice system all practitioners should:

- Recognise potential barriers to accessing and engaging in interventions and methods to overcome these at the individual and service level.
- Be aware that people may have negative expectations based on earlier experiences with mental health services, the criminal justice system, or other relevant services. (NICE NG66 Recommendation 1.3.14 2017) [NICE0000037]

39.3. All practitioners should take into account the following issues in risk assessments for people in contact with the criminal justice system:

- Risk to self, including self-harm, suicide, self-neglect, risk to own health and degree of vulnerability to exploitation or victimisation.
- Risk to others that is linked to mental health problems, including aggression, violence, exploitation and sexual offending.
- Causal and maintaining factors.

- The likelihood, imminence and severity of the risk.
- The impact of their social and physical environment
- Protective factors that may reduce risk. (NICE NG66 Recommendation 1.4.2 2017) [NICE0000037]

39.4. During a risk assessment the practitioner doing the assessment should explain to the person that their behaviours may need to be monitored.

This may include:

- External monitoring of behaviours that may indicate a risk to self or others.
- Self-monitoring of risk behaviours to help the person to identify, anticipate and prevent high-risk situations. (NICE NG66 Recommendation 1.4.3 2017) [NICE0000037]

39.5. If indicated by their risk assessment, the practitioner doing the assessment should develop a risk management plan for a person. This should:

- Integrate with or be consistent with the mental health assessment and plan.
- Take an individualised approach to each person and recognise that risk levels may change over time.
- Set out the interventions to reduce risk at the individual, service or environmental level.
- Take into account any legal or statutory responsibilities which apply in the setting in which they are used.
- Be shared with the person (and their family members or carers if appropriate) and relevant agencies and services subject to permission from the person where necessary.
- Be reviewed regularly by those responsible for implementing the plan and adjusted if risk levels change. (NICE NG66 Recommendation 1.4.4 2017) [NICE0000037]

39.6. All practitioners should ensure that any risk management plan is:

- Informed by the assessments and interventions in relevant NICE guidance for the relevant mental health disorders.
- Implemented in line with agreed protocols for safeguarding vulnerable people and the provision of appropriate adults.
- Implemented in line with agreed protocols in police custody, prisoner escort services, prison, community settings and probation service providers. (NICE NG66 Recommendation 1.4.5 2017) [NICE0000037]

39.7. Ensure that the risk management plan is integrated with, and recorded in, the relevant information systems; for example, the ACCT procedure in prisons, the Offender Assessment System (OASys) and SystemOne and Multi-Agency Risk Assessment Conference (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA). (NICE NG66 Recommendation 1.4.6 2017) [NICE0000037]

Guidance on medication for psychosis and/or schizophrenia, including the use of Depot medication

40. During the Relevant Period NICE recommended the following for medication for psychosis and/or schizophrenia, including the use of Depot medication from the following guidelines: “CG178 Psychosis and schizophrenia in adults: prevention and management” [NICE0000019]; “QS80 Psychosis and schizophrenia in adults” [NICE0000022]; “CG120 Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings” [NICE0000004]; and “NG181 Rehabilitation for adults with complex psychosis” [NICE0000052]. NG181 only had recommendations from August 2020 onwards.

40.1. For people with first episode psychosis offer oral antipsychotic medication in conjunction with psychological interventions. (NICE CG178 Recommendation 1.3.4.1 2014) [NICE0000019]

40.2. Before starting antipsychotic medication, offer the person with psychosis or schizophrenia an electrocardiogram (ECG) if:

- Specified in the summary of product characteristics (SPC),
- A physical examination has identified specific cardiovascular risk (such as diagnosis of high blood pressure),
- There is a personal history of cardiovascular disease, or
- The service user is being admitted as an inpatient. (NICE CG178 Recommendation 1.3.6.2 2014) [NICE0000019]

40.3. Do not start antipsychotic medication for a first presentation of sustained psychotic symptoms in primary care unless it is done in consultation with a consultant psychiatrist. (NICE CG178 1.3.2.1 2014) [NICE0000019]

40.4. Do not offer antipsychotic medication:

- To people considered to be at increased risk of developing psychosis, or
- With the aim of decreasing the risk of or preventing psychosis. (NICE CG178 Recommendation 1.2.3.2 2014) [NICE0000019]

40.5. The choice of antipsychotic medication should be made by the service user and healthcare professional together, taking into account the views of the carer if the service user agrees. Provide information and discuss the likely benefits and possible side effects of each drug, including:

- Metabolic (including weight gain and diabetes).
- Extrapyrmidal (including akathisia, dyskinesia and dystonia).
- Cardiovascular (including prolonging the QT interval).
- Hormonal (including increasing plasma prolactin).
- Other (including unpleasant subjective experiences). (NICE CG178 Recommendation 1.3.5.1 2014) [NICE0000019]

40.6. When prescribing medication for adults and young people with psychosis and coexisting substance misuse:

- Take into account the level and type of substance misuse, especially of alcohol, as this may alter the metabolism of

prescribed medication, decrease its effectiveness and/or increase the risk of side effects.

- Warn the person about potential interactions between substances of misuse and prescribed medication.
- Discuss the problems and potential dangers of using non-prescribed substances and alcohol to counteract the effects or side effects of prescribed medication. (NICE CG120 Recommendation 1.4.25 2011) [NICE0000004]

40.7. Treatment with antipsychotic medication should be considered an explicit individual therapeutic trial. Include the following:

- Discuss and record the side effects that the person is most willing to tolerate.
- Record the indications and expected benefits and risks of oral antipsychotic medication, and the expected time for a change in symptoms and appearance of side effects.
- At the start of treatment give a dose at the lower end of the licensed range and slowly titrate upwards within the dose range given in the British national formulary (BNF) or SPC.
- Justify and record reasons for dosages outside the range given in the BNF or SPC.
- Record the rationale for continuing, changing or stopping medication, and the effects of such changes.
- Carry out a trial of the medication at optimum dosage for 4 to 6 weeks. (NICE CG178 Recommendation 1.3.6.3 2014) [NICE0000019]

40.8. The secondary care team should maintain responsibility for monitoring service users' physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements. (NICE CG178 Recommendation 1.3.6.5 2014) [NICE0000019]

40.9. Monitor and record the following regularly and systematically throughout treatment, but especially during titration:

- Response to treatment, including changes in symptoms and behaviour.
- Side effects of treatment, taking into account overlap between certain side effects and clinical features of schizophrenia (for example, the overlap between akathisia and agitation or anxiety) and impact on functioning.
- The emergence of movement disorders.
- Weight, weekly for the first 6 weeks, then at 12 weeks, at 1 year and then annually (plotted on a chart).
- Waist circumference annually (plotted on a chart).
- Pulse and blood pressure at 12 weeks, at 1 year and then annually.
- Fasting blood glucose or HbA1c, and blood lipid levels at 12 weeks, at 1 year and then annually.
- Adherence.
- Overall physical health. (NICE CG178 Recommendation 1.3.6.4 2014) [NICE0000019]

40.10. Adults with schizophrenia that has not responded adequately to treatment with at least 2 antipsychotic drugs are offered clozapine. (NICE QS80 Statement 4 2015) [NICE0000022]

40.11. For people with complex psychosis whose symptoms have not responded adequately to an optimised dose of clozapine alone, consider augmenting clozapine with the following, depending on target symptoms:

- An antipsychotic, for example aripiprazole for schizophrenia and related psychoses **and/or**
- A mood stabiliser for psychosis with significant affective symptoms **and/or**

- An antidepressant if there are significant depressive symptoms in addition to the psychotic condition.

Be aware of potential drug interactions and note that not all combinations of treatments may be in accordance with UK marketing authorisations. Any off-licence prescribing should be communicated in writing with the person's GP. Seek specialist advice if needed, for example from another psychiatrist specialising in treatment-resistant symptoms or a specialist mental health pharmacist. (NICE NG181 Recommendation 1.9.7 2020) [NICE0000052]

40.12. Optimise the dosage (as tolerated) of medicines used to manage complex psychosis according to the BNF and therapeutic plasma levels in the first instance. (NICE NG181 Recommendation 1.9.8 2020) [NICE0000052]

40.13. Only use multiple medicines, or doses above BNF or summary of product characteristics limits, to treat complex psychosis:

- If this is agreed and documented by the multidisciplinary team and the person (and their family, carer or advocate, as appropriate).
- As a limited therapeutic trial, returning to conventional dosages or monotherapy after 3 months, unless the clinical benefits of higher doses or combined therapy clearly outweigh the risks.
- If the medicines are being used to treat specific symptoms that are disabling or distressing.
- After taking into account drug interactions and side effects, for example be cautious when adding an antidepressant to clozapine for someone who has experienced symptoms of mania.
- If systems and processes are in place for monitoring the person's response to treatment and side effects (monitoring may include physical examination, ECG and appropriate

haematological tests). (NICE NG181 Recommendation 1.9.9 2020) [NICE0000052]

40.14. Regularly review medicines used to manage complex psychosis and monitor effectiveness, adverse effects and drug interactions, including monitoring for constipation for those taking clozapine. (NICE NG181 Recommendation 1.9.10 2020) [NICE0000052]

40.15. Monitor drug levels to check adherence and guide dosing:

- At least annually and as needed for clozapine and mood stabilising anti-epileptic medicines.
- Every 3 to 6 months for people established on lithium. (NICE NG181 Recommendation 1.9.12 2020) [NICE0000052]

40.16. Do not use a loading dose of antipsychotic medication (often referred to as 'rapid neuroleptisation'). (NICE CG178 Recommendation 1.3.6.9 2009) [NICE0000019]

40.17. Do not initiate regular combined antipsychotic medication, except for short periods (for example, when changing medication). (NICE CG178 Recommendation 1.3.6.10 2009) [NICE0000019]

40.18. If prescribing chlorpromazine, warn of its potential to cause skin photosensitivity. Advise using sunscreen if necessary. (NICE CG178 Recommendation 1.3.6.11 2009) [NICE0000019]

40.19. Consider offering depot/long-acting injectable antipsychotic medication to people with psychosis or schizophrenia:

- Who would prefer such treatment after an acute episode.
- Where avoiding covert non-adherence (either intentional or unintentional) to antipsychotic medication is a clinical priority within the treatment plan. (NICE CG178 Recommendation 1.5.5.3 2014) [NICE0000019]

40.20. When initiating depot/long-acting injectable antipsychotic medication:

- Take into account the service user's preferences and attitudes towards the mode of administration (regular intramuscular injections) and organisational procedures (for example, home visits and location of clinics).
- Take into account the same criteria recommended for the use of oral antipsychotic medication, particularly in relation to the risks and benefits of the drug regimen.
- Prescribe according to the procedures set out in the BNF or SPC. (NICE CG178 Recommendation 1.5.6.1 2022).

[NICE0000019] Please note that from 2009 until November 2022 this bullet point used to read: "initially use a small test dose as set out in the BNF or SPC."

40.21. Warn people with psychosis or schizophrenia who are taking bupropion or varenicline that there is an increased risk of adverse neuropsychiatric symptoms and monitor them regularly, particularly in the first 2 to 3 weeks. (NICE CG178 Recommendation 1.1.2.4 2014) [NICE0000019]

Guidance on other treatments and therapies for psychosis and/or schizophrenia

41. During the Relevant Period NICE recommended the following for other treatment and therapies for psychosis and/or schizophrenia from "CG178 Psychosis and schizophrenia in adults: prevention and management" [NICE0000019].

41.1. For people with first episode psychosis offer psychological interventions (family intervention and individual CBT). (NICE CG178 Recommendation 1.3.4.1 2014) [NICE0000019]

41.2. Healthcare professionals providing psychological interventions should:

- Have an appropriate level of competence in delivering the intervention to people with psychosis or schizophrenia.

- Be regularly supervised during psychological therapy by a competent therapist and supervisor. (NICE CG178 Recommendation 1.3.9.1 2009) [NICE0000019]

41.3. Trusts should provide access to training that equips healthcare professionals with the competencies required to deliver the psychological therapy interventions. (NICE CG178 Recommendation 1.3.9.2 2009) [NICE0000019]

41.4. When providing psychological interventions, routinely and systematically monitor a range of outcomes across relevant areas, including service user satisfaction and, if appropriate, carer satisfaction. (NICE CG178 Recommendation 1.3.8.1 2009) [NICE0000019]

41.5. CBT should be delivered on a one-to-one basis over at least 16 planned sessions and:

- Follow a treatment manual (with evidence of efficacy from a clinical trial, if possible) so that:
 - People can establish links between their thoughts, feelings or actions and their current or past symptoms, and/or functioning.
 - The re-evaluation of people's perceptions, beliefs or reasoning relates to the target symptoms.
- Also include at least one of the following components:
 - People monitoring their own thoughts, feelings or behaviours with respect to their symptoms or recurrence of symptoms.
 - Promoting alternative ways of coping with the target symptom.
 - Reducing distress.
 - Improving functioning. (NICE CG178 Recommendation 1.3.7.1 2009) [NICE0000019]

41.6. Discuss any non-prescribed therapies the service user wishes to use (including complementary therapies) with the service user, and carer if

appropriate. Discuss the safety and efficacy of the therapies, and possible interference with the therapeutic effects of prescribed medication and psychological treatments. (NICE CG178 Recommendation 1.3.6.6 2009) [NICE0000019]

41.7. Healthcare teams working with people with psychosis or schizophrenia should identify a lead healthcare professional within the team whose responsibility is to monitor and review:

- Access to and engagement with psychological interventions.
- Decisions to offer psychological interventions and equality of access across different ethnic groups. (NICE CG178 Recommendation 1.3.8.2 2009) [NICE0000019]

41.8. Routinely monitor for other coexisting conditions, including depression, anxiety and substance misuse particularly in the early phases of treatment. (NICE CG178 Recommendation 1.3.3.4 2014) [NICE0000019]

41.9. Do not routinely offer counselling and supportive psychotherapy (as specific interventions) to people with psychosis or schizophrenia. However, take service user preferences into account, especially if other more efficacious psychological treatments, such as CBT, family intervention and arts therapies, are not available locally. (NICE CG178 Recommendation 1.4.4.6 2009) [NICE0000019]

41.10. Do not offer adherence therapy (as a specific intervention) to people with psychosis or schizophrenia. (NICE CG178 Recommendation 1.4.4.7 2009) [NICE0000019]

41.11. Do not routinely offer social skills training (as a specific intervention) to people with psychosis or schizophrenia. (NICE CG178 Recommendation 1.4.4.8 2009) [NICE0000019]

41.12. Electroconvulsive therapy (ECT) is not recommended for general use in managing schizophrenia. (NICE CG178 Recommendation 1.5.7.4)

[NICE0000019] and (NICE TA59 Recommendation 1.9 2009)
[NICE0000035]

Guidance on managing patients who are non-engaging and/or not concordant with medication

42. During the Relevant Period NICE recommended the following for managing patients who are non-engaging from the following guidelines: “CG178 Psychosis and schizophrenia in adults: prevention and management” [NICE0000019] and “NG58 Coexisting severe mental illness and substance misuse: community health and social care services” [NICE0000034].

42.1. Consider intensive case management for people with psychosis or schizophrenia who are likely to disengage from treatment or services. (NICE CG178 Recommendation 1.5.1.2 2009) [NICE0000019]

42.2. Explore with the person why they may stop using services that can help them. This may include:

- Fragmented care or services.
- Inflexible services (for example, not taking into account that the side effects the person may experience from medication may affect their attendance at appointments).
- Inability to attend because, for example, services are not local, transport links are poor, or services do not provide childcare.
- Not being allowed to attend, for example because they have started misusing substances again.
- Fear of stigma, prejudice or being labelled as having both mental health and [substance misuse](#) problems.
- Feeling coerced into using treatments or services that do not reflect their preferences or their readiness to change.
- Previous poor relationships with practitioners.
- Other personal, cultural, social, environmental or economic reasons. (NICE NG58 Recommendation 1.6.2 2016)
[NICE0000034]

- 42.3. Help those who may find it difficult to engage with services to get into and stay connected with services. Start and maintain contact using proactive, flexible approaches. (NICE NG58 Recommendation 1.6.3 2016) [NICE0000034]
- 42.4. Recognise that people with coexisting severe mental illness and substance misuse are at higher risk of not using, or losing contact with, services. There are specific populations who are more at risk. These include men, young people, older people and women who are pregnant or have recently given birth. It also includes:
- People who are homeless.
 - People who have experienced or witnessed abuse or violence.
 - People with language difficulties.
 - People who are parents or carers who may fear the consequences of contact with statutory services. (NICE NG58 Recommendation 1.6.4 2016) [NICE0000034]
- 42.5. Ensure any loss of contact or non-attendance at any appointment or activity is viewed by all practitioners involved in the person's care as a matter of concern. Follow-up actions could include:
- Contacting the person to rearrange an appointment.
 - Visiting the person at home.
 - Contacting any other practitioners involved in their care, or family or carers identified in the person's care plan.
 - Contacting the person's care coordinator within mental health services in the community immediately if there is a risk of self-harm or suicide, or at least within 24 hours if there are existing concerns. (NICE NG58 Recommendation 1.6.5 2016) [NICE0000034]
- 42.6. Consider offering depot/long-acting injectable antipsychotic medication to people with psychosis or schizophrenia:
- Who would prefer such treatment after an acute episode.

- Where avoiding covert non-adherence (either intentional or unintentional) to antipsychotic medication is a clinical priority within the treatment plan. (NICE CG178 Recommendation 1.5.5.3 2014) [NICE0000019]

42.7. Advise people who want to try psychological interventions alone that these are more effective when delivered in conjunction with antipsychotic medication. If the person still wants to try psychological interventions alone:

- Offer family intervention and CBT.
- Agree a time (1 month or less) to review treatment options, including introducing antipsychotic medication.
- Continue to monitor symptoms, distress, impairment and level of functioning (including education, training and employment) regularly. (NICE CG178 Recommendation 1.3.4.2 2014) [NICE0000019]

42.8. If a person asks to be discharged from the service, offer follow-up appointments and the option to self-refer in the future. Ask the person's GP to continue monitoring changes in their mental state. (NICE CG178 Recommendation 1.2.4.2 2014) [NICE0000019]

43. During the Relevant Period NICE recommended the following for managing patients who are non-concordant with medication from the following guidelines: "CG178 Psychosis and schizophrenia in adults: prevention and management" [NICE0000019] and "NG181 Rehabilitation for adults with complex psychosis" [NICE0000052]. NG181 only had recommendations from August 2020 onwards.

43.1. If pharmacological treatment is not effective, consider stopping the medicine:

- Following a thorough review of treatment.
- After agreeing and documenting the decision at a meeting with a multidisciplinary team and the person (and their family, carer or advocate, as appropriate).

- With caution, particularly if the person has been on the medicine for many years.
- By reducing the dose slowly and closely monitoring the person for symptoms of relapse. (NICE NG181 Recommendation 1.9.11 2020) [NICE0000052]

43.2. Do not use targeted, intermittent dosage maintenance strategies (use of antipsychotic medication only during periods of incipient relapse or symptom exacerbation) routinely. However, consider them for people with psychosis or schizophrenia who are unwilling to accept a continuous maintenance regimen or if there is another contraindication to maintenance therapy, such as side-effect sensitivity. (NICE CG178 Recommendation 1.5.5.2 2009) [NICE0000019]

Guidance on sharing of information of mental health patients with family/carers

44. During the Relevant Period NICE recommended the following for sharing information of mental health patients with family/carers from the following guidelines: “CG136 Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services” [NICE0000014]; “CG178 Psychosis and schizophrenia in adults: prevention and management” [NICE0000019]; and “NG58 Coexisting severe mental illness and substance misuse: community health and social care services” [NICE0000034].

44.1. Work in partnership with people using mental health services and their families or carers. Offer help, treatment and care in an atmosphere of hope and optimism. Take time to build trusting, supportive, empathic and non-judgemental relationships as an essential part of care. (NICE CG136 Recommendation 1.1.1 2011) [NICE0000014]

44.2. Discuss with the person using mental health services if and how they want their family or carers to be involved in their care. Such discussions should take place at intervals to take account of any changes in circumstances, and should not happen only once. As the involvement

of families and carers can be quite complex, staff should receive training in the skills needed to negotiate and work with families and carers, and also in managing issues relating to information sharing and confidentiality. (NICE CG136 Recommendation 1.1.14 2011) [NICE0000014]

- 44.3. If the person using mental health services wants their family or carers to be involved, encourage this involvement and:
- Negotiate between the service user and their family or carers about confidentiality and sharing of information on an ongoing basis.
 - Explain how families or carers can help support the service user and help with treatment plans.
 - Ensure that no services are withdrawn because of the family's or carers' involvement, unless this has been clearly agreed with the service user and their family or carers. (NICE CG136 Recommendation 1.1.15 2011) [NICE0000014]
- 44.4. If the person using mental health services wants their family or carers to be involved, give the family or carers verbal and written information about:
- The mental health problem(s) experienced by the service user and its treatment.
 - Statutory and third sector, including voluntary, local support groups and services specifically for families and carers, and how to access these.
 - Their right to a formal carer's assessment of their own physical and mental health needs, and how to access this. (NICE CG136 Recommendation 1.1.16 2011) [NICE0000014]
- 44.5. Give carers written and verbal information in an accessible format about:
- Diagnosis and management of psychosis and schizophrenia.
 - Positive outcomes and recovery.

- Types of support for carers.
- Role of teams and services.
- Getting help in a crisis. (NICE CG178 Recommendation 1.1.4.1 2014) [NICE0000019]

44.6. If the service user does not want their family or carers to be involved in their care:

- Seek consent from the service user, and if they agree give the family or carers verbal and written information on the mental health problem(s) experienced by the service user and its treatments.
- Give the family or carers information about statutory and third sector, including voluntary, local support groups and services specifically for families or carers, and how to access these.
- Tell the family or carers about their right to a formal carer's assessment of their own physical and mental health needs, and how to access this.
- Bear in mind that service users may be ambivalent or negative towards their family for many different reasons, including as a result of the mental health problem or as a result of prior experience of violence or abuse. (NICE CG136 Recommendation 1.1.17 2011) [NICE0000014]

44.7. Offer a carer-focused education and support programme, which may be part of a family intervention for psychosis and schizophrenia, as early as possible to all carers. The intervention should:

- Be available as needed.
- Have a positive message about recovery. (NICE CG178 Recommendation 1.1.4.4 2014) [NICE0000019]

44.8. Offer family intervention to all families of people with psychosis or schizophrenia who live with or are in close contact with the service user. This can be started either during the acute phase or later,

including in inpatient settings. (NICE CG178 Recommendation 1.4.4.2 2014) [NICE0000019]

44.9. Ensure that service users who are parents with caring responsibilities receive support to access the full range of mental health and social care services, including:

- Information about childcare to enable them to attend appointments, groups and therapy sessions.
- Hospital care in local mother and baby units for women in the late stages of pregnancy and within a year of childbirth.
- A family room or space in inpatient units where their children can visit them. (NICE CG136 Recommendation 1.1.18 2011) [NICE0000014]

44.10. Ensure people with coexisting severe mental illness and substance misuse, their family or carers are given accurate information about relevant local services (including, for example, community or family support groups). Also ensure they are given help to make initial contact with services. This could include information on how to access services, ways to contact the service, opening hours and how long the waiting list may be. (NICE NG58 Recommendation 1.5.3 2016) [NICE0000034]

Guidance on sharing of information of mental health patients with other agencies

45. During the Relevant Period NICE recommended the following for sharing information of mental health patients with other agencies from the following guidelines: “CG178 Psychosis and schizophrenia in adults: prevention and management” [NICE0000019]; “NG10 Violence and aggression: short-term management in mental health, health and community settings” [NICE0000025]; “NG58 Coexisting severe mental illness and substance misuse: community health and social care services” [NICE0000034]; and “QS163 Mental health of adults in contact with the criminal justice system” [NICE0000043].

- 45.1. Write a care plan in collaboration with the service user as soon as possible following assessment, based on a psychiatric and psychological formulation, and a full assessment of their physical health. Send a copy of the care plan to the primary healthcare professional who made the referral and the service user. (NICE CG178 Recommendation 1.3.3.5 2014) [NICE0000019]
- 45.2. The secondary care team should maintain responsibility for monitoring service users' physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements. (NICE CG178 Recommendation 1.3.6.5 2014) [NICE0000019]
- 45.3. Continue treatment and care in early intervention in psychosis services or refer the person to a specialist integrated community-based team. This team should:
- Offer the full range of psychological, pharmacological, social and occupational interventions recommended in this guideline.
 - Be competent to provide all interventions offered.
 - Place emphasis on engagement rather than risk management. (NICE CG178 Recommendation 1.5.1.1 2014) [NICE0000019]
- 45.4. Healthcare professionals in secondary care should ensure, as part of the care programme approach, that people with psychosis or schizophrenia receive physical healthcare from primary care. (NICE CG178 Recommendation 1.5.3.5 2009) [NICE0000019]
- 45.5. When a person with psychosis or schizophrenia is planning to move to the catchment area of a different NHS trust, a meeting should be arranged between the services involved and the service user to agree a transition plan before transfer. The person's current care plan should

be sent to the new secondary care and primary care providers. (NICE CG178 Recommendation 1.5.3.9 2009) [NICE0000019]

- 45.6. Health and social care provider organisations should work with the police, and local service user groups if possible, to develop policies for joint working and locally agreed operating protocols that cover:
- When and how police enter health or social care settings (including psychiatric and forensic inpatients, emergency departments, general health inpatients, GP surgeries, social care and community settings and 136 place of safety suites).
 - When and how health and social care professionals enter police cells.
 - Transferring service users between settings.

Review the operating protocols regularly to ensure compliance with the policies and update the policies in light of operational experience. (NICE NG10 Recommendation 1.1.13 2015) [NICE0000025]

- 45.7. Ensure joint strategic working arrangements are in place so that:
- Services can offer continuity of care and service provision (for example, when commissioning contracts are due to expire).
 - Services are based on a local needs or a joint strategic needs assessment.
 - Service quality is monitored and data sharing protocols are in place. (NICE NG58 Recommendation 1.4.2 2016) [NICE0000034]

- 45.8. Agree joint care pathways to:
- Meet the health, social care or other support needs and preferences of people with coexisting severe mental illness and substance misuse, wherever they may present.
 - Give people access to a range of primary healthcare and social care providers including GP practices, pharmacies, podiatrists, dentists, social workers, housing, housing support or benefit advisers.

- Ensure people have prompt access to local services (including direct referrals if possible).
- Ensure staff follow people up to make sure their needs are being met.
- Ensure continuity of care to support people at different transition points in their lives. (NICE NG58 Recommendation 1.4.4 2016) [NICE0000034]

45.9. Agree a protocol for information sharing between secondary care mental health services and substance misuse, health, social care, education, housing, voluntary and community services (see the Caldicott Guardian Manual). (NICE NG58 Recommendation 1.4.6 2016) [NICE0000034]

45.10. Adopt a consistent approach to getting people with coexisting severe mental illness and substance misuse help from the most relevant service by:

- Sharing information on support services between agencies.
- Ensuring all providers know about and can provide information on the services.
- Taking responsibility, as agreed in referral processes, providing timely feedback and communicating regularly about progress. (NICE NG58 Recommendation 1.4.7 2016) [NICE0000034]

45.11. Adults with mental health problems who are in contact with the criminal justice system have a care plan that is shared with relevant services. (NICE QS163 Statement 3 2018) [NICE0000043]

Other NICE guidance of relevance to the issues covered by the Terms of Reference

46. The following NICE guidance and quality standards may also be relevant to the issues covered by the Inquiry's terms of reference:

46.1. [“CG78 Borderline personality disorder: recognition and management](#)

covers recognising and managing borderline personality disorder”

[NICE0000056]: This guideline aims to help people with borderline personality disorder to manage feelings of distress, anxiety, worthlessness and anger, and to maintain stable and close relationships with others.

46.2. “CG77 Antisocial personality disorder: prevention and management”

[NICE0000058]: This guideline aims to help people with antisocial personality disorder manage feelings of anger, distress, anxiety and depression, and to reduce offending and antisocial behaviour.

46.3. “QS14 Service user experience in adult mental health services”

[NICE0000009]: These quality standards cover improving the experience of people using adult NHS mental health services, and describe high-quality care in priority areas for improvement.

46.4. “NG53 Transition between inpatient mental health settings and community or care home settings” [NICE0000030]: This guideline

covers the period before, during and after a person is admitted to, and discharged from, a mental health hospital. It aims to help people who use mental health services, and their families and carers, to have a better experience of transition by improving the way it’s planned and carried out.

46.5. “QS154 Violent and aggressive behaviours in people with mental health problems” [NICE0000039]: These quality standards cover short-term

prevention and management of violent and physically threatening behaviour among adults, children and young people with a mental health problem. They apply to settings where mental health, health and social care services are provided. This includes community settings and care received at home. The quality standards describe high-quality care in priority areas for improvement.

46.6. “QS159 Transition between inpatient mental health settings and

community or care home settings” [NICE0000041]: These quality standards cover transitions for children, young people and adults between mental health hospitals and their own homes, care homes or other community settings. They include the period before, during and after a person is admitted to, and discharged from, a mental health hospital. The quality standards describe high-quality care in priority areas for improvement.

46.7. “NG108 Decision-making and mental capacity” [NICE0000045]: This guideline covers decision-making in people 16 years and over who may lack capacity now or in the future. It aims to help health and social care practitioners support people to make their own decisions where they have the capacity to do so. It also helps practitioners to keep people who lack capacity at the centre of the decision-making process.

46.8. “QS188 Coexisting severe mental illness and substance misuse” [NICE0000048]: These quality standards cover the assessment, management and care provided for people aged 14 and over who have coexisting severe mental illness and substance misuse. They describe high-quality care in priority areas for improvement.

46.9. “QS194 Decision making and mental capacity” [NICE0000049]: These quality standards cover decision making in people aged 16 and over, using health and social care services who may lack capacity to make their own decisions (now or in the future). They aim to support implementation of the aims and principles of the Mental Capacity Act 2005 and relevant Codes of Practice. It is not a substitute for these.

46.10. “NG216 Social work with adults experiencing complex needs” [NICE0000054]: This guideline covers the planning, delivery and review of social work interventions for adults who have complex needs. It promotes ways for social work professionals, other care staff and people with complex needs to work together to make decisions about care and support.

46.11. “QS88 Personality disorders: borderline and antisocial” [NICE0000027]:

These quality standards cover assessing and managing borderline and antisocial personality disorders. They describe high-quality care in priority areas for improvement.

Review of NICE procedures, standards, or guidelines in light of the events of 13 June 2023

47. NICE’s Patient Safety Oversight Group reviewed two published reports into the events of 13 June 2023.

48. The Care Quality Commission’s report into the events under review by the Inquiry (published in three parts in March and August 2024) includes references to NICE guidance, but no actions for NICE. In general, the recommendations were that treatments and treatment plans should be delivered in line with NICE guidance, and that better communications could have been maintained with the family, without breaching confidentiality, in line with “CG136 Service user experience in adult mental health” [NICE0000014].

49. NHS England commissioned an independent investigation into the care and treatment provided to Valdo Calocane (published January 2025). This relies on NICE guidance to describe what should have happened but makes no recommendations to NICE directly.

50. Therefore, NICE has not made any changes to our guidance, since this remains the accepted standard of excellence in health and care.

Changes to procedures, standards, or guidelines made, or identified as being in need of change, since 13 June 2023

51. Since 13 June 2023 minor amendments have been made to the following mental health guidance:

- CG78 Borderline personality disorder: recognition and management. [NICE0000056]

- CG77 Antisocial personality disorder: prevention and management. [NICE0000058]
- CG120 Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings. [NICE0000004]
- CG178 Psychosis and schizophrenia in adults: prevention and management. [NICE0000019]
- QS80 Psychosis and schizophrenia in adults. [NICE0000022]
- QS88 Personality disorders: borderline and antisocial. [NICE0000027]
- NG58 Coexisting severe mental illness and substance misuse: community health and social care services. [NICE0000034]
- NG66 Mental health of adults in contact with the criminal justice system. [NICE0000037]
- QS163 Mental health of adults in contact with the criminal justice system. [NICE0000043]
- NG181 Mental health of adults in contact with the criminal justice system. [NICE0000052]

52. These minor amendments include removing recommendations on general principles of care that are covered in other NICE guidelines or the British National Formulary ["BNF"], and removing recommendations that are general good practice advice with no supporting evidence. Exhibit NICE0000059 provides further information on these amendments.

53. "NG10 Violence and Aggression: prevention and management" [NICE0000025] is currently being updated with publication due in 2027. The updated guideline will be titled "Aggressive behaviour in people receiving NHS or social care: prevention and management". NICE will make new recommendations or update existing recommendations on:

- Organisational level interventions targeted at reducing aggressive behaviour and the use of restrictive practices.
- Recognition of people with severe agitation who are at high risk of physical health emergency.

- Rapid tranquillisation.
- Safety of restrictive practices.
- Experience of restrictive practices.
- Post-incident debriefing and formal review.

54. Following publication of the updated guideline the associated quality standard, “QS154 Violent and aggressive behaviours in people with mental health problems” [NICE0000039] will be stood down and replaced with a new quality standard that reflects the updated guideline.

Recommendations and improvements

55. NICE is asked what recommendations the Chair of this Inquiry should make to ensure lessons are learned and to prevent similar attacks in the future. In response, NICE would recommend full implementation of NICE guidance with greater focus on recommendations around inter agency working and outcome monitoring.

56. NICE is also asked what improvements could be made locally and nationally to multi agency working to increase effectiveness in preventing similar outcomes in the future. As noted in this statement, NICE guidance makes a number of recommendations regarding multi agency working. NICE believes that implementation of these recommendations would increase effectiveness in preventing similar outcomes in the future.

Concluding comments

57. NICE has built a reputation as a world leader in providing robust, independent, and trusted guidance and advice to the health and care system. NICE welcomes this Inquiry and is keen to learn any lessons that might improve its contribution to the health and care system. I would like to repeat my condolences to all those affected by the Nottingham attacks and to assure the Inquiry that NICE will continue to work with it in an open and transparent manner.

Statement of Truth

I believe the contents of this statement to be true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

GRO-B

Dated: 10 November 2025

Index to the First Witness Statement of Professor Jonathan Benger CBE

No.	Inquiry URN	Document Description
1.	NICE0000035	TA59 Guidance on the use of electroconvulsive therapy (update)
2.	NICE0000046	TA136 Structural neuroimaging in first-episode psychosis
3.	NICE0000056	CG78 Borderline personality disorder: recognition and management (update)
4.	NICE0000058	CG77 Antisocial personality disorder: prevention and management (update)
5.	NICE0000004	CG120 Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings
6.	NICE0000009	QS14 Service user experience in adult mental health services (update)
7.	NICE0000014	CG136 Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services (update)
8.	NICE0000019	CG178 Psychosis and schizophrenia in adults: prevention and management (update)
9.	NICE0000022	QS80 Psychosis and schizophrenia in adults (update)
10.	NICE0000025	NG10 Violence and aggression: short-term management in mental health, health and community settings
11.	NICE0000027	QS88 Personality disorders: borderline and antisocial
12.	NICE0000030	NG53 Transition between inpatient mental health settings and community or care home settings (update)
13.	NICE0000034	NG58 Coexisting severe mental illness and substance misuse: community health and social care services (update)
14.	NICE0000037	NG66 Mental health of adults in contact with the criminal justice system (update)
15.	NICE0000039	QS154 Violent and aggressive behaviours in people with mental health problems (update)
16.	NICE0000041	QS159 Transition between inpatient mental health settings and community or care home settings (update)
17.	NICE0000043	QS163 Mental health of adults in contact with the criminal justice system (update)
18.	NICE0000045	NG108 Decision-making and mental capacity
19.	NICE0000048	QS188 Coexisting severe mental illness and substance misuse
20.	NICE0000049	QS194 Decision making and mental capacity
21.	NICE0000052	NG181 Rehabilitation for adults with complex psychosis (update)

22.	NICE0000054	NG216 Social work with adults experiencing complex needs (update)
23.	NICE0000001	Spreadsheet of NICE Guidance documents
24.	NICE0000059	Updates to relevant guidance since 13 June 2023