

Witness Name: STEPHEN MCGOWAN

Statement No: WITN0319004

Dated: 21-05-2025

## THE NOTTINGHAM INQUIRY

---

### SECOND WITNESS STATEMENT OF STEPHEN MCGOWAN

Employing Organisation: The Royal College of Psychiatrists

---

I, Stephen McGowan, will say as follows: -

#### **INTRODUCTION**

1. I am a registered mental health nurse and have worked as a regional clinical lead for Early Intervention in Psychosis since 2004. In February 2025 I was appointed by the Royal College of Psychiatrists to the role of Clinical Advisor to the National Clinical Audit of Psychosis (NCAP) alongside Professor Belinda Lennox, who is a psychiatrist. I have also been Chair of the Early Intervention in Psychosis Network (EIPN) Advisory Group and Accreditation Committee since 2021. EIPN is also run by the Royal College of Psychiatrists. Between 2016 and April 2026 I was employed by NHS England as a regional clinical lead for Early Intervention in Psychosis (EIP).

2. This witness statement is made to assist the Nottingham Inquiry (the “Inquiry”) with the matters set out in the Rule 9 Request dated 8 May 2026 (the “Request”).

## **THE SIGNIFICANCE OF DOING WORK WITH A PERSON AT AN EARLY STAGE OF SUSPECTED PSYCHOSIS**

3. Early Intervention in Psychosis (EIP) is a clinical approach for people in the first years of experiencing psychotic symptoms. Reducing delays and providing optimal treatments of early symptoms of psychosis has been shown to improve outcomes and reduce harm. EIP has been a national policy directive since 2000
4. EIP has a strong evidence base and the NHS provides explicit guidance on what treatments and therapies should be provided and how services for people with first episode psychosis/suspected first episode psychosis should be designed and delivered (*The Mental Health Policy Implementation Guide*, Department of Health, 2001(NHFT0004881); *Implementing the EIP access and waiting time standard: guidance*, NHS England, 2023 (WITN0319005)).
5. EIP teams are required to work with people at an early and emergent stage of illness, including people presenting with an ‘at-risk mental state’, i.e. people assessed as very high risk for psychosis. The NHS has set an explicit objective to reduce the time that psychosis remains untreated. The first ever NHS waiting time standard for mental health services was established in 2015, requiring EIP teams to commence treatment within two weeks of a referral being received (*Achieving Better Access to Mental Health Services*, Department of Health, 2014 (NHSE0000088)).

6. The longer a person remains psychotic the greater the impact on their intellectual functioning, their personality, their relationships and their ability to work and engage in education. Reducing the duration of untreated psychosis is a key action for improving prognosis and reducing risk to self and others. Diagnosing a psychotic illness requires time and skill; specialist teams need to carefully discern psychotic illness from other presentations, including personality disorders, neurodevelopmental conditions (such as autism) and substance misuse disorders for example, whilst simultaneously assertively engaging, treating appropriately and managing risk, including danger to others. Diagnostic uncertainty can persist for months, even years after presentation, and applying treatment principles and appropriately using medico-legal powers is especially complex in the context of early and emergent serious mental illness.
7. It should be highlighted that national guidelines (*Implementing the EIP access and waiting time standard: guidance*, NHS England, 2023 (WITN0319005)) preclude the use of antipsychotic medication for people who are considered to be at risk of psychosis, where considerable diagnostic uncertainty remains.
8. Recommendations:
  - 8.1 The NHS should ensure that the care and treatment of people identified as at-risk for psychosis is delivered in accordance with published guidelines and that NHS guidelines for this phase of illness are reviewed and updated to include an increased focus on patient and public safety.
  - 8.2 Support, improvement, and assurance systems need to be updated to reflect and monitor delivery of care in EIP and ensure that action is

taken where needs are identified. This should include the monitoring of service characteristics related to assertive treatment capability in EIP, e.g. specialist multidisciplinary teams, safe staffing levels and risk management procedures.

8.3 The complexity of applying treatment principles and medico-legal powers in the context of early and emergent serious mental illness should be fully addressed in NHS guidelines for people with suspected psychosis, before a diagnosis of first episode psychosis is made.

### **SUPPORT FOR EIP TEAMS WHICH REQUIRE IMPROVEMENT**

9. Our recommendation (Set out at paragraph 75 of my previous witness statement), that the NHS ensures national and regional mechanisms and systems are in place to support quality assurance and improvement in EIP teams, remains the substantive response to this question. There must be an obligation on Regional NHS and/or ICBs to provide support systems that ensure high-quality, effective and safe EIP teams and there must be an effective feedback mechanism to NHS leaders, the Department of Health and Social Care and the CQC where service quality failings are identified, with clear responsibility for assuring remedial action and improvement. Under-performing teams (i.e. teams rated as 'needs improvement' and 'greatest need for improvement') should be supported to participate in quality and safety networks or collaboratives to enable ongoing peer support, benchmarking, and to access resources to support ongoing service improvement. Historically, NHS regions operated EIP support and improvement programmes. However, since 2020, five regional EIP

programmes have been discontinued. Furthermore, following the abolition of NHS England in 2025, and subsequent to our witness statement (Statement No: WITN0319001), the remaining three EIP programmes (North-East and Yorkshire, North West, and East of England) were ended in April 2026.

10. NHS regional Early Intervention in Psychosis programmes were established across all English regions in 2014–15 following publication of the *Achieving Better Access to Mental Health Services* policy (Department of Health, 2014). Their purpose was to support implementation of the new EIP access and waiting time standard set out in *Implementing the EIP Access and Waiting Time Standard: Guidance* (NHS England, National Collaborating Centre for Mental Health and NICE, 2015 – First edition). This publication is commonly referred to as the ‘EIP commissioning guidance’
11. Under the oversight of the national mental health programme, NHS England (NHSE) regional EIP programmes were clinically led and worked to support NHS trusts, commissioners, and frontline EIP teams to improve service delivery. NHSE secured and distributed national funding for EIP services via Clinical Commissioning Groups (CCGs).
12. The core deliverables for regional EIP programmes were shaped by the *Five Year Forward View for Mental Health* (2016). The NHS committed to achieving the following target:
13. By 2021, at least 60% of people experiencing a first episode of psychosis would begin treatment with a NICE-recommended package of care, delivered by a specialist EIP service, within two weeks of referral.

14. The original implementation deadline required 95% of EIP teams to achieve this standard by 2021. Regional programmes were responsible for supporting systems to achieve the following key deliverables:

- 14.1 People aged 14–65 experiencing first episode psychosis commencing a NICE-approved care package within two weeks of referral
- 14.2 Achievement of Level 3 NICE concordance (as measured by the National Clinical Audit of Psychosis [NCAP])
- 14.3 Provision of care for individuals, including those with At-Risk Mental States (ARMS), in line with EIP commissioning guidance
- 14.4 Delivery of services across the full age range specified within EIP commissioning guidance

15. Regional EIP programmes played a key role in supporting both newly established and developing teams to meet national standards. Their work included:

- 15.1 Facilitating networks to enable sharing of good practice, innovation, and problem-solving across teams
- 15.2 Supporting collaboration between services to address implementation challenges
- 15.3 Conducting detailed “deep dives” with individual teams, including local needs analysis and service and workforce design
- 15.4 Maintaining focus on model fidelity, safe staffing, caseload management, and quality assurance

16. Regional EIP leads also encouraged the establishment of local EIP steering groups, bringing together stakeholders from CCGs and mental health trusts to

ensure sustained leadership, engagement, and support for improvement, including funding.

17. In addition to regional support, the NHS Intensive Support Team (IST) provided targeted intervention in underperforming trusts where EIP services were significantly below standard. Furthermore, teams could also pay to join the EIPN Accreditation Programme, a peer review quality and accreditation network established by the Royal College of Psychiatrists to support teams to improve the quality of care offered by EIP services.

18. Initially, there were 13 NHSE regions delivering EIP programmes. Following NHS England's 2019 reorganisation, this reduced to seven regions, and by 2020 only three clinically led regional EIP programmes remained, with variable support available elsewhere.

19. This restructuring reduced NHSE's overall capacity to directly support EIP teams. However, progress had continued over time.

20. By 2021:

- 20.1 29% of teams met the standard
- 20.2 64% were rated as 'requiring improvement'
- 20.3 8% were rated as 'greatest need for improvement' (inadequate)

21. Performance challenges during this period were attributed primarily to funding constraints and the impact of the COVID-19 pandemic. Consequently, the target date was extended to 2024 and aligned with the NHS Long Term Plan (NHSE, 2019).

22. By 2024, performance had significantly improved:

- 22.1 64% of EIP teams achieved the national standard

22.2 35% were rated as 'requiring improvement'

22.3 1% were rated as 'greatest need for improvement'

23. Nevertheless, the merger of NHS regions into seven much larger regions, and the reduction in the number of EIP programmes, significantly reduced NHSE's capacity to oversee and drive quality improvement in EIP teams. Where regional EIP programmes were maintained, their focus increasingly shifted towards supporting underperforming systems.

24. In April 2026, the remaining three regional EIP programmes were formally discontinued following the abolition of NHS England in 2025. At that point, approximately one-third of EIP teams in England were still assessed as requiring improvement.

25. Responsibility for supporting the delivery of EIP services now rests with Integrated Care Boards (ICBs). However, there are significant concerns about whether ICBs are currently equipped to fulfil this role. Recent policy changes, including a 50% reduction in funding for ICB staffing as part of the initial phase of the Government's plan to abolish NHS England, risk undermining their capacity. In addition, the ongoing reorganisation and merger of ICBs have reduced clinical input, and there is a lack of clarity regarding requirements for specialist mental health expertise. As a result, there is a risk that ICBs may not fully understand the importance of EIP services or be able to provide adequate support for their delivery. To address this, ICBs must be clearly instructed, appropriately resourced, and supported to ensure they can effectively carry out this responsibility.

**Statement of Truth**

I believe the content 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: 21-05-2026

**Index to Second Witness Statement of Stephen McGowan on behalf of RCPS**

No.	Inquiry URN	Document Description
1.	NHFT0004881	The Mental Health Policy Implementation Guide
2.	WITN0319005	Implementing the EIP access and waiting time standard: guidance
3.	NHSE0000088	Achieving Better Access to Mental Health Services