# LICENCE AGREEMENT

BETWEEN

(1) HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP (company number 06498947) (the "Licensor") has agreed to grant a non-exclusive, royalty-free, revocable licence to use the Audit Tool upon

the terms and conditions of this Agreement.

Operative provisions:

1 DEFINITIONS AND INTERPRETATION

1.1 In this Agreement the following words shall have the following meanings:

| | |
|---|---|
| "Audit Tool" | means the data collection tool known as the Audit Tool developed by the National Audit of Schizophrenia (NAS) in relation to the NAS project under a contract with the Authority (NAS 1) |

| | |
|---|---|
| | care; |

1.2 In this Agreement (except where the context otherwise requires):

1.2.1 use of the singular includes the

5 INTELLECTUAL PROPERTY

5.1 The Audit Tool is the confidential information of the Authority and all Intellectual Property Rights in the Audit Tool are the exclusive property of the Authority.

5.2 The Authority shall retain title and all ownership rights in the Audit Tool. This Agreement does not grant the Licensee any Intellectual Property Rights in the Audit Tool and the original and all copies of the Audit Tool shall remain the property of the Authority.

5.3 The Licensee agrees that any Intellectual Property Rights it may have in any Updated Audit Tools will belong to and vest in the Authority. The Licensee shall do any acts requested by the Authority to ensure such rights vest legally in the Authority.

5.4 The Licensee confirms that it will make clear on any relevant documentation that the Authority is the owner of the Audit Tool.

5.5 The Authority asserts its moral rights under the Copyright, Designs & Patents Act 1988 to be identified as the author of the Audit

6.3 Notwithstanding the provisions of Clause 6.2 above the Licensee shall be entitled for a period of one year from the date of termination to keep one copy of the Audit Tool in a fire proof room for archival purposes only.

7 INDEMNITY

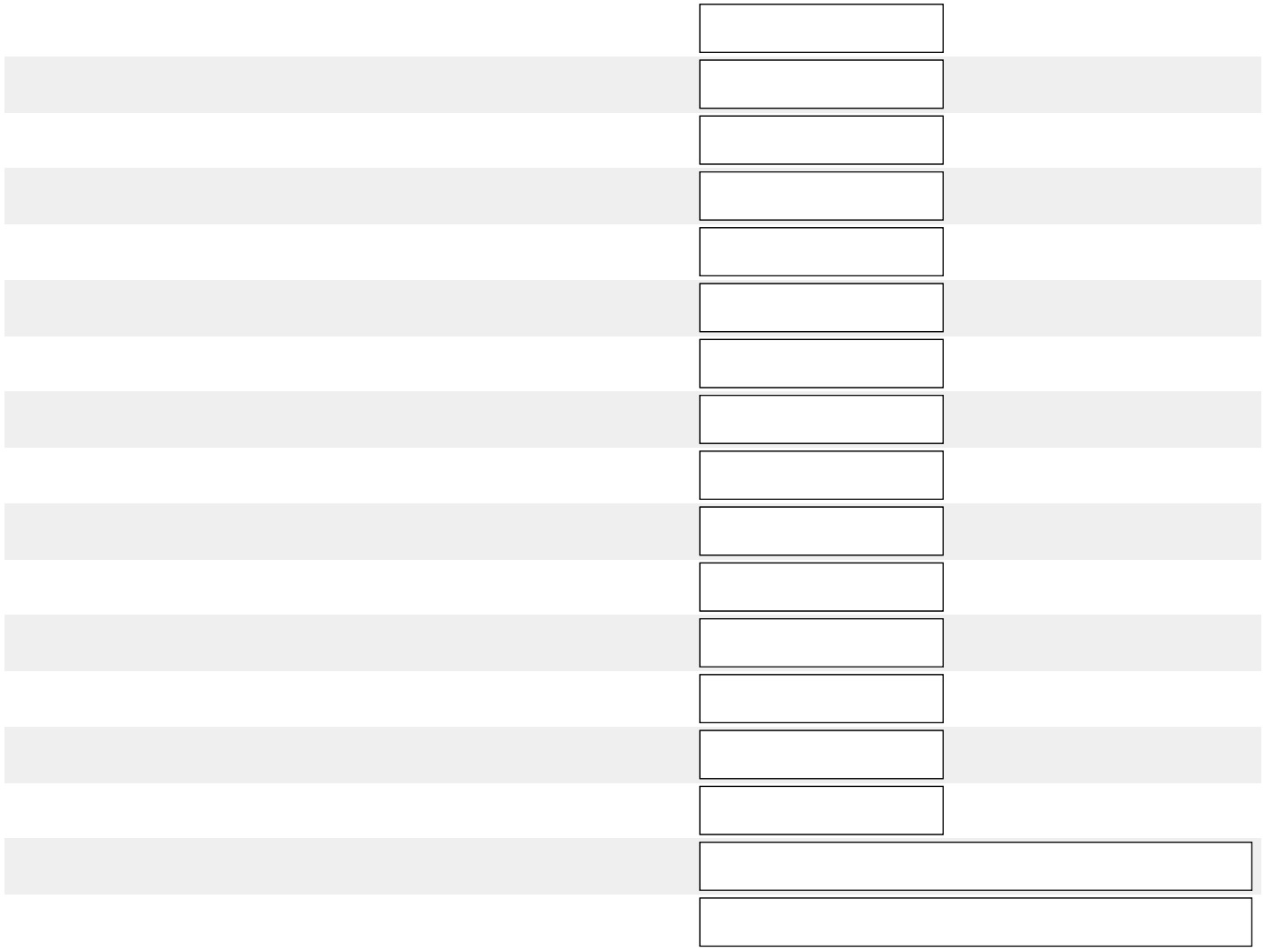
7.1 The Licensee shall indemnify and keep the Authority indemnified against any liability, costs, expenses, losses, claims or proceedings whatsoever arising under any statute or at common law or for breach of contract in respect of:

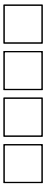
7.1.1 damage to property, real or personal, including any infringement of third party Intellectual Property

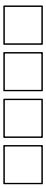
10 NOTICES

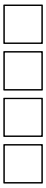
10.1 Any notice to be given under this Agreement shall be in writing, addressed to the Authority Representative or Licensee Representative (as appropriate) and either delivered personally, sent and

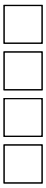
12.4 If any provision of this Agreement

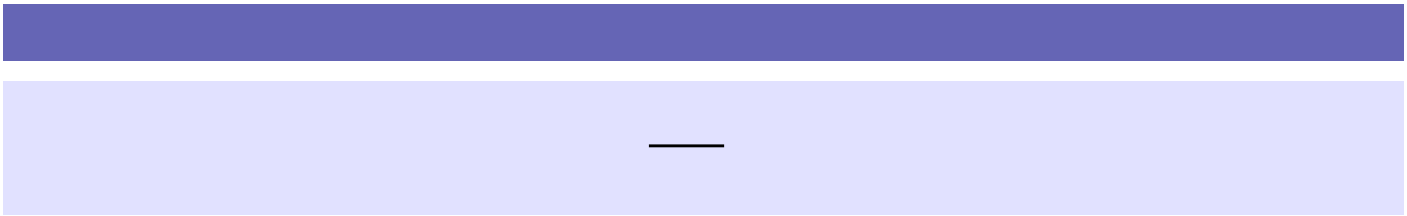


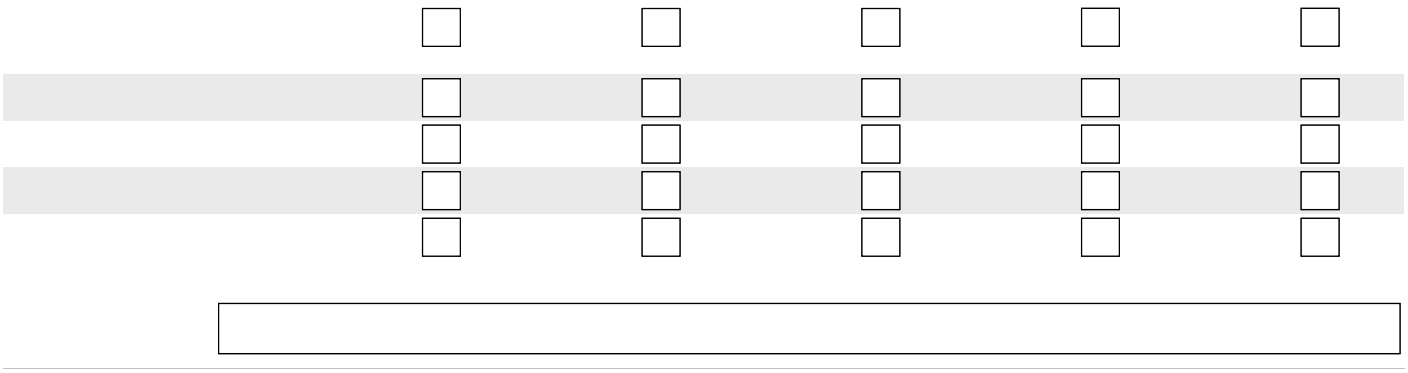


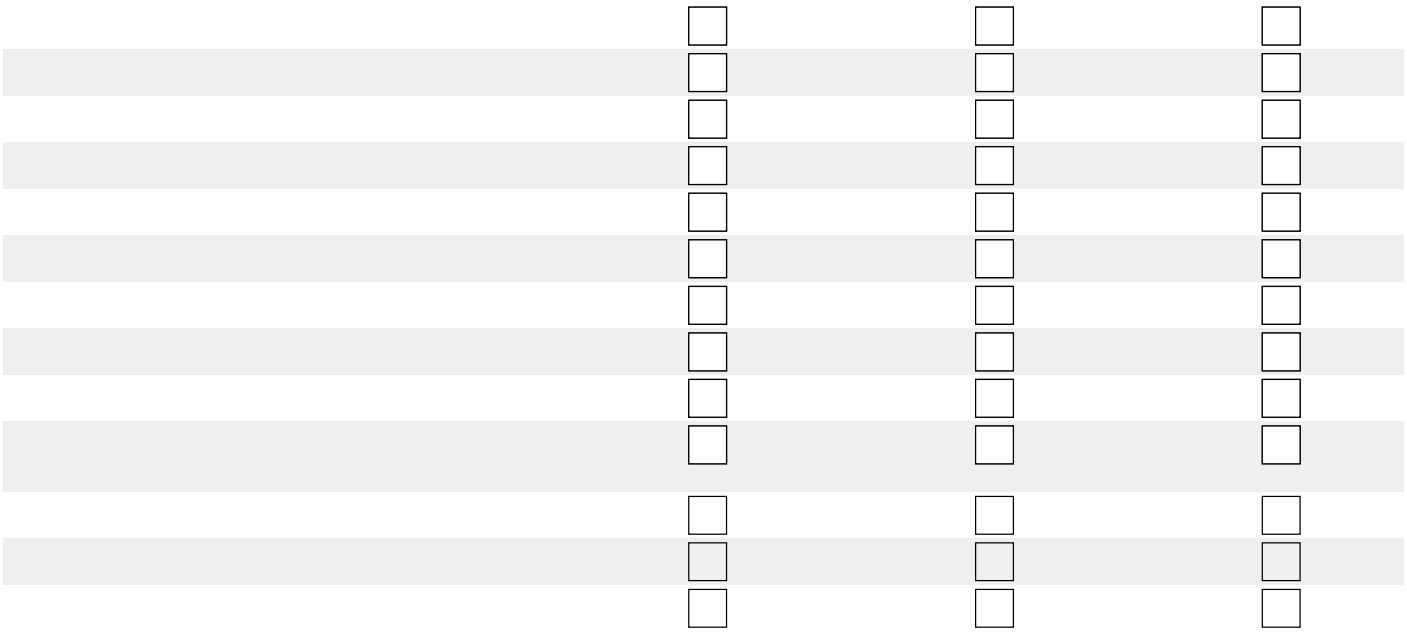












# H. Physical Health Records

**! For Q31-42 please use the most recent results available to you in the records or from the GP. Only include results from the past 12 months. If you have obtained this information since learning that this patient had been selected for the audit, please do report the results here.**

**Q31 Smoking status**

Current smoker (includes patients who quit smoking <12 months ago) ..... ☐

Non smoker (includes patients who quit smoking >12 months ago) ..... ☐

**Q32 Current alcohol intake**
(Number of units per week) ☐

**Q33 Current substance misuse?**

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

**Q40** **Current / most recent prolactin (ng / ml)** ☐

**Q41** **Family history (1st degree relatives only) of:**

| | Yes | No |
|---|---|---|
| Cardiovascular disease (in those under 60 yrs) | ☐ | ☐ |
| Diabetes | ☐ | ☐ |
| Hypertension | ☐ | ☐ |
| Hyperlipidaemia | ☐ | ☐ |

**Q42** **Has an intervention been offered, or a referral been made, within the past 12 months for any of the following:**

| | Yes | No |
|---|---|---|
| Advice about diet and exercise | ☐ | ☐ |
| Treatment for cardiovascular disease | ☐ | ☐ |
| Treatment for diabetes | ☐ | ☐ |
| Treatment for hyperlipidaemia | ☐ | ☐ |
| Treatment for hypertension | ☐ | ☐ |
| An intervention to reduce levels of prolactin | ☐ | ☐ |
| Help with smoking cessation | ☐ | ☐ |
| Help with reducing alcohol consumption | ☐ | ☐ |
| Help with reducing substance misuse | ☐ | ☐ |

**Q43** **What was the source of the information used to answer Questions 29-42?**
(Select one option only)

Case record and psychitatrist knowledge only ..... ☐
Case record, psychitatrist knowledge plus GP ..... ☐
GP only ..... ☐
Other..... ☐

If 'OTHER' please state

☐

**! Please turn over for the last question.**

# I. Psychological Therapies

**Q44 Have any of the following psychological therapies been offered to this patient? ***

- No psychological therapies have been offered to this patient ☐
- Cognitive Behavioural Therapy ☐
- Family Intervention ☐
- Arts Therapies ☐
- Other ☐

If 'OTHER' please state:

**Online Data Entry**

Data must now be entered online only at **www.rcpsych.ac.uk/quality/NAS**. The Central NAS Team cannot accept data from Trusts via post, fax or email.