# LICENCE AGREEMENT

BETWEEN

(1) HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP (company number 06498947) whose registered office is at 70 Wimpole Street, London W1G 8AX (the "AUTHORITY"); and

(2) ("the LICENSEE").

Recital:

The Authority has agreed to grant the Licensee a limited 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 Service User Survey developed by the National Audit of Schizophrenia (NAS) in relation to the NAS project under a contract with the Authority as set out in Schedule 1, and shall be interpreted as including any Updated Audit Tool; |
| "Intellectual Property Rights" | means patents, trademarks, copyrights, rights to extract information from a database, design rights and all rights or forms of protection of a similar nature or having equivalent or the similar effect to any of them which may subsist anywhere in the world, whether or not any of them are registered and including applications for registration of |
| | public domain, including but not limited to information comprising or relating to concepts, discoveries, data, designs, formulae, ideas, inventions, methods, models, procedures, designs for experiments and tests and results of experimentation and testing, processes, specifications and techniques, laboratory records, clinical data, manufacturing data and information contained in submissions to regulatory authorities; |
| "Loss" | means all costs, claims, liabilities and expenses (including reasonable legal expenses); |
| "Territory" | means England and Wales; |
| "Updated Audit Tool" | means any modified, improved or corrected version of the Audit Tool as created or developed by the Licensee and approved by the Authority in accordance with Clause 4; |

| | |
|---|---|
| | the carrying out of the Initial Health Assessment and the Review Health Assessments for Looked After Children and children in care; |

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

1.2.1 use of the singular includes the plural (and *vice versa*) and use of any gender includes the other genders;

1.2.2 a reference to a party is to a party to this Agreement and shall include that party's personal representatives, successors or permitted assignees;

1.2.3 a reference to persons includes natural persons, firms, partnerships, bodies corporate and corporations, and associations, organisations, governments, states, foundations, trusts and other unincorporated bodies (in each case whether or not having separate legal personality and irrespective of their jurisdiction of origin, incorporation or

5 INTELLECTUAL PROPERTY

5.1 The Audit Tool is the confidential information

6.3 Notwithstandingthe provisionsof Clause6.2 abovethe

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 (or part of any provision) is found by any court or other authority of competent jurisdiction or illegal, the other provisions will remain unaffected and in force.

12.5 Nothing in this Agreement will be construed as constituting or evidencing any partnership, contract of employment or joint venture of any kind between either of the parties or as authorising either party to act as agent for the other. Neither party will have authority to make representations for,

## Getting help from people you know when you need it

The following questions ask you about the mental health professional who coordinates your mental health care. This is usually the mental health professional that you have most contact with. This **would not** include your GP or carer.

**Q6** **Do you have a key worker or care coordinator?**

- Yes, I know their name ☐
- Yes, but I do not know or I am unsure of their name ☐
- No, I do not have a key worker or care coordinator ***Go to Q10*** ☐

**Q7** **Do you know how to contact your key worker or care coordinator?**

- Yes ☐
- No ☐

**Q8** **How satisfied are you with your access to your key worker or care coordinator within the last 12 months?**

- Very satisfied ☐
- Fairly satisfied ☐
- Not really satisfied ☐
- Not satisfied at all ☐

**Q9** **Has there been a change in your key worker or care coordinator in the last year?**

- Yes, there has been **one** change ☐
- Yes, there has been **more than one** change ☐
- No, there has been **no** change ☐

**Q10** **Has there been a change in your psychiatrist in the last year?**

- Yes, there has been **one** change ☐
- Yes, there has been **more than one** change ☐
- No, there has been **no** change ☐

**Q11** **Do you know how to get help for your mental health if there is a crisis or emergency and you need help right away?**

- Yes, I have a number for mental health services I can ring in an emergency ☐
- Yes, I would go to the Accident and Emergency department ☐
- No, I do not know how I can get help in an emergency ☐

**Q12 Do you have a care plan that provides you and other people with information about what your main mental health issues are and what help you are getting with these?**

Yes, I have a copy and know where it is ☐

Yes, I have a care plan but do not know where it is ☐

No, I do not have a care plan ☐

**Q17 Were you given written or online information about your medication?**

- Yes, this was in a format I could easily understand ☐
- Yes, but not in a way I could easily understand ☐
- No, I did not receive any written/online information ☐
- I don't know/ can't remember ☐

## Your physical health

The following questions are about aspects of your physical health and lifestyle. Please choose the option that most applies to you.

**Q18 Has your weight been checked by a nurse or doctor in the last 12 months?**

- Yes, I have been weighed and my weight was discussed with me ☐
- Yes, I have been weighed but I do not know the result ☐
- No, I have not been weighed ☐
- No, I did not wish to be weighed ☐

**Q19 Has your blood pressure been checked by a nurse or doctor in the last 12 months?**

- Yes, I have had my blood pressure checked and the result was discussed with me ☐
- Yes, I have had my blood pressure checked but I do not know the result ☐

## Other types of treatment and help

**Q22** **In relation to work and employment:**

- I do not have a job but I am getting help to find one ☐
- I do not have a job and I am **not** getting help to find one ☐
- I do not have a job and I am not looking for one at this time ☐
- I have a job ☐

**Q23** **In relation to other activities:**

- I am involved in activities during my day *(e.g. education/ volunteering/ drop-in group)* ☐
- I am not involved in activities but I am getting help with this ☐
- I am not involved in activities and I am **not** getting help with this ☐
- I am not involved in activities but I'm ok with that for the moment ☐

**Q24** **In relation to Cognitive Behavioural Therapy (CBT):**

- I have had or I am having this treatment ☐
- I have not received this treatment ☐
- I do not want to receive this treatment ☐

**Q25** **In relation to family intervention** (also called family therapy)**:**

- I have had or I am having this treatment ☐
- I have not received this treatment ☐
- I do not want to receive this treatment ☐

## Overall

**Q26** **To what extent have services helped you to achieve good mental health in the last year?**

- Helped a lot ☐
- Helped a little ☐
- Made little difference ☐
- Made me worse ☐

## Thank you and next steps

Please now return your questionnaire in the pre-paid envelope provided. You do not need a stamp.

Thank you for taking part in this national audit for mental health.

*If you no longer have the pre-paid envelope, please return this questionnaire in a stamped addressed envelope to: NAS Team, 4th Floor, Standon House, 21 Mansell Street, London, E1 8AA or complete the questionnaire online at* ***www.rcpsych.ac.uk/quality/nasround2/SUsurvey****.*