(NMOP) Mental Health Home Treatment Team (HTT) Prescribing Pilot Service

The Mental Health Home Treatment Team (HTT) Prescribing Pilot was delivered within Northern Ireland as part of the **Non-Medical Optimisation Programme (NMOP)**.

The pilot enabled **HTT prescribers (medical and non-medical) to directly issue prescriptions for patients**, reducing reliance on **GP-generated prescriptions (HS21)** following clinical assessment.

The pilot aimed to improve **timely access to medication**, support delivery of **urgent interventions**, enhance the use of **professional skills at the point of care**, and reduce delays associated with GP prescribing processes.

Project Overview

The pilot was delivered within the **Belfast Health and Social Care Trust (BHSCT)** and centred on the **Home Treatment Team (HTT)**, a 24/7 acute community mental health service.

HTT provides multidisciplinary care for patients with **acute mental illness**, aiming to:

- Prevent hospital admission
- Support recovery in the community
- Deliver rapid clinical and medication interventions

The pilot introduced the ability for HTT prescribers to:

- Issue **HS21 prescriptions directly**
- Manage urgent medication changes without GP delay

Prior to the pilot, medication changes required communication with GPs, which could result in:

- Delays in urgent treatment
- Challenges accessing medication out of hours
- Increased administrative burden and duplication of work

Key Outcomes

Access and Timeliness of Medication

The pilot demonstrated improved access to medication:

- Increased ability to issue **same day and next day prescriptions**
- Reduction in non-urgent prescribing delays
- Ability to initiate treatment **immediately following clinical assessment**

Process mapping showed:

- Reduction from **8 to 6 steps** in the prescribing pathway
- Reduction in time from **6 hours–2 days to 1.5–4 hours** (up to 75–91% improvement)

This enabled more responsive care, particularly in:

- Acute mental health deterioration
- Out-of-hours and urgent scenarios

Patient Outcomes and Experience

The pilot improved patient care and experience:

- **100% of patients reported benefiting** from receiving prescriptions via HTT
- Faster access enabled:
    - Earlier symptom stabilisation
    - Reduced distress
    - Timely adjustments to medication

Additional benefits included:

- Improved patient–clinician relationship
- Increased access to specialist advice
- Reassurance for families and carers

Some evidence also indicated a **reduced need for hospital admission**, although this was not formally quantified.

Clinical Practice and Appropriateness

The pilot supported improved clinical practice:

- Enhanced ability to deliver **timely, tailored interventions**
- Increased prescribing aligned to **urgent patient need**
- High levels of **NI formulary compliance**

Audit findings showed:

- Increase in urgent prescriptions (same/next day)
- Reduction in reliance on **letters of recommendation to GPs**
- Increased direct prescribing by HTT clinicians

This reflects improved efficiency and more appropriate use of prescribing pathways.

Reduction in Administrative Burden

The pilot contributed to system efficiencies:

- Reduced need for:
  - GP-issued prescriptions for urgent medication
  - Follow-up calls to GP practices
- Decreased duplication between **clinical advice and prescribing processes**

However, some duplication remained due to:

- Concurrent use of **eTAN and HS21 processes**

Overall, there was a **modest reduction in administrative burden on GP practices**.

Prescribing Activity and Cost

During the pilot:

- **176 prescription items** were issued
- Average:
  - **35 items per month**
  - **£180.97 monthly cost**
  - **£5.14 per item**

Costs remained relatively low, reflecting:

- Targeted, appropriate prescribing
- Focus on acute and urgent needs rather than long-term prescribing

Prescribing activity stabilised over the course of the pilot.

Clinical Practice and Governance

The evaluation identified:

- **Strong governance arrangements** supporting prescribing
- Safe and effective implementation of direct prescribing
- Improved multidisciplinary working within HTT

Stakeholder feedback confirmed:

- High confidence in the model
- Improved clinical decision-making at the point of care

No significant safety concerns were identified.

Achievement of Pilot Objectives

The pilot demonstrated that HTT-led prescribing can:

- Improve **timely access to medication**
- Enable **rapid clinical intervention**
- Enhance use of professional skills within the multidisciplinary team
- Streamline prescribing pathways
- Support improved patient outcomes and experience

However:

- Impact on **GP workload displacement was limited and mixed**
- System-wide benefits would require further optimisation of processes

Overall objectives were largely achieved, with strong evidence of patient and service benefit.

Key Challenges Identified

The evaluation highlighted several challenges:

- Issues with **electronic communication to GP practices (eTAN)**
- Lack of clear prioritisation for **urgent requests**
- Duplication between **eTAN and HS21 processes**
- Restrictions on some prescribers (e.g. remote prescribing limitations)
- Logistical challenges with prescription security and delivery

Addressing these will be critical for wider implementation.

Partners Involved

The pilot was delivered in partnership with:

- **Medicines Optimisation Innovation Centre (MOIC)** – evaluation
- **Belfast Health and Social Care Trust (BHSCT)**
- **Home Treatment Team multidisciplinary staff**
- **General Practice and Community Pharmacy services**

Pilot Duration

The pilot operated during **2021 (February–September)** for evaluation and data collection.

Overall Summary

The Mental Health HTT NMOP pilot demonstrated that enabling clinicians to prescribe directly:

- Improves **speed, safety and responsiveness of care**
- Supports **patient-centred treatment at home**
- Reduces process complexity and delays

While operational challenges remain—particularly around **IT systems and GP communication**—the model shows **clear potential for wider implementation** if these are addressed.