The National Collaborating Centre for Mental Health (NCCMH) and the College Centre for Quality Improvement (CCQI) at the Royal College of Psychiatrists (RCPsych) report and educational resources on delivering net zero mental health care.

1. Please outline the intervention(s) or approach(es) introduced to work towards achieving greener, more sustainable or net zero mental health care:

Greener Psychosis Pathway Clinic

The work undertaken focused on the **process of requesting prescriptions and collecting them, for our psychosis clinics.** The team wanted to achieve the following:

- **Improved Patient Social Impacts** – Ensuring medication is available for patients when needed, reducing the impact on patient time, improved patient satisfaction, reduced costs and environmental impact associated with unnecessary travel.
- **Social Staff Impacts** – Reducing time staff spend requesting/writing/chasing/collecting prescriptions, fewer trips to the chemist, reduced time spent sending emails/making phone calls, improved staff satisfaction and well being.
- **Improved Patient Outcomes** – Ensuring patients are administered medication on time, reduced risk of relapse associated with delay in receiving treatment, potentially reducing the need for outpatient appointments and hospital admission.
- **Financial Savings** – Reduced staff travel expenses, and reduced costs associated with wasted medicines.

The project focused on the process around **ordering and prescribing depot antipsychotic medication, for patients within the Shropshire East Psychosis pathway**. Staff identified that the previous process was not standardised, and was wasteful with regards to time and resources such as staff having to take several trips to the chemist a few miles away to drop off or collect prescriptions/medication. The project aimed to address this by making it more efficient and less wasteful, reducing staff stress and time spent ordering/prescribing medications.

Previously, staff could be making several trips to the chemists a day, and wasting time writing details in a book and keeping prescriptions in tins, all very time wasting and very stressful for staff, everything was about prescriptions. The team embraced the **Trust's 'SusQI' methodology**, to make the process leaner and improve outcomes for patients, performance and the planet.

The team analysed and measured the previous process and impact on patients. Previously, patients may have arrived for their appointment but the medicines were not available, so some people had to be turned away and their appointments rearranged. Staff were given the opportunity to comment on the process and make suggestions for improvement. The team collected data on **the number of prescriptions issued each month, the number of emails sent requesting prescriptions and the number of miles driven by car to the chemist**, to drop off and collect medication. The team spoke to patients during the project and they generally speaking just wanted to attend, get their medication and leave: they didn't want to have any wasted journeys when their medication wasn't there or was wrong.

The changes the team made seemed relatively simple: they started to take and collect prescriptions once a week from the chemist, when they were already visiting to collect other medicines. Later, they moved onto using a **delivery company once a month for these prescriptions**. They also established a shared email for medication requests instead of paper requests, which sometimes could be lost.

The difference the approaches have made to **more sustainable healthcare** are as follows:

- **reduced carbon footprint by 40.6KgCO2e/mnth**, from reduced miles driven from 28 per month to just 4.
- The number of **emails sent was reduced by 87% initially** and then eliminated altogether.
- reduced the time staff spend ordering/prescribing/collecting prescriptions, thus **increasing their capacity to focus on other areas of patient care.**
- Patients have a vastly increased likelihood that their medication is available for administration, **improving their experience and reducing wasted journeys.**

Some months later, the team moved towards an **Electronic Prescribing System (EPS)**, meaning they **no longer needed to post or email prescriptions**, and more importantly, **patients no longer needed to drive to appointments** to collect medications. EPS allows prescribers to send prescriptions electronically to a pharmacy of the patient's choice. MPFT have 166 active prescribers to the system, and have generated over 16,000 electronic scripts. Implementation of EPS has contributed to more sustainable practices through the following **triple-bottom-line** performance:

- **Planet:** estimated approximate total **carbon footprint saving 2065.5 kgCO_{2e}** for 166 active prescribers; (savings from travel 1,992 kgCO_{2e}; paper avoidance: 73.5kg CO_{2e}).
- **People:** EPS scripts are **tracked in real-time**; improved patients' safety; **choice of the pharmacy** closer to the service user's home or workplace; reduction of prescriber's low-value activity such as **time spent handwriting**; reduced **time spent for delivery by staff** and service users' time **collecting** the prescriptions.
- **Performance:** reduction of postage costs, cost of the storage of paper prescriptions, and travel costs.

Some examples of the **staff and service users' feedback** include the following:

"It is not too dramatic to state that EPS has revolutionised my practice. I can now write and deliver prescriptions in five minutes compared to the time and effort it took to handwrite a prescription from scratch, arrange for it to be collected by the service user or a member of the team or hand deliver it to a pharmacy." (staff)

"The process is quick and effective and it has saved the team many hours in travelling time to hand deliver prescriptions. This in turn is saving the Trust money." (staff)

"The EPS has been extremely useful to enhance my clinical practice. I have probably saved 50 to 100 miles a week and 6 hours of time with EPS as well as the time and onus on colleagues to deliver prescriptions to patients." (staff)

"Absolute game changer, saving me hours in driving scripts around." (staff)

"So happy with this new service, I don't drive so I would have to catch a taxi to collect my prescription which was very costly, so having it sent straight to the pharmacy is going to save me money." (service user)

The **SusQI work was a real team effort**, and such a positive experience for all involved. Quite a few team members have gone on to do the 'First steps in QI' training and the 'Leadership in QI' training. The changes have been permanently embedded into the team, but they have maintained a 'Plan Do Study Act' style of making changes if something isn't right, and reassessing again later to make sure things are working as they should. SusQI is something that is still very much talked about now in the team and the staff are undertaking the 'Building NHS Net Zero' training and have been awarded a silver 'Quality Award' by the Trust.

References:

Digital NHS (2023) *Electronic Prescription Service*. [online] Available at https://digital.nhs.uk/services/electronic-prescription-service (Accessed on 3rd April 2023).

MPUFT (2023) *MPFT: MPFT Green Plan 2022-25*. [online] Available at https://www.mpft.nhs.uk/application/files/6116/7458/0431/MPFT_Green_Plan_2022-2025_v05.pdf (Accessed 3rd April 2023).

2. Please provide an outline of the mental health service or pathway including the type of service, affected patient group, typical volumes of patients who use the service per year (if known) and other relevant information about the service:

The psychosis pathway is a community mental health team focused around treating patients with psychotic disorders including schizophrenia and bipolar disorder. The clinics within the pathway manage patients on clozapine and depot antipsychotics, we have around 100 patients on each, these are prescribed and managed by the team. Depot antipsychotics are typically administered monthly, sometimes more or less frequently depending on patient response and need.