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Contents

1.0 Introduction	3
1.1 Definitions.....	4
1.2 Aim	5
1.3 Objectives.....	5
1.4 Scope	5
2.0 Roles and Responsibilities	6
2.1 Patients, relatives and carers.....	6
2.2 NHS Borders Staff	7
2.2.1 Director of Pharmacy	7
2.2.2 Medical and Nursing Director	7
2.2.3 Caldicott Guardian	7
2.2.4 Director of Finance.....	7
2.2.5 Clinical Management Teams:	8
2.2.6 Responsible Consultant or Clinician	8
2.2.7 Prescribers.....	8
2.2.8 Specialist Nurses and other Healthcare Professional Staff who are directly involved in homecare services	9
2.2.9 Specialist Clinical Pharmacists.....	9
2.2.10 Pharmacy Homecare team.....	9
2.2.11 Inpatient Clinical Teams	10
2.3 Homecare Providers	10
2.4 Medicines Governance Committees	10
2.4.1 Medicines Homecare Governance Group (MHGG)	10
2.4.2 Area Drugs and Therapeutic Committee	11
2.4.3 Finance Performance and Resource Groups	12
3.0 Medicines Governance	12
3.1 Performance management of homecare services and patient satisfaction.....	12
3.2 Key Performance Indicators.....	12
3.3 Service Level Agreements (SLAs)	13
3.4 Developing a new medicine service.....	13
References	14

1.0 Introduction

The Homecare Medicines Policy forms part of NHS Borders Code of Practice for the Control of Medicines and should not be read in isolation.

The Medicines Homecare Policy has been developed as a result of the 2011 report Homecare medicines-Towards a Vision for the Future by the Department of Health. This resulted in the publication of the Professional Standards for Homecare Services by the Royal Pharmaceutical Society in 2013 and the 2014 Handbook for Homecare Services in England.

Homecare services allow the provision of specialised medication directly to patients in their own home with their consent. Additional services may also be available to further support patients and may include nurse training, nurse administration in patient's home, ancillary supplies, or patient support programmes. The services can be split into three different categories:

- Low tech -dispensing and delivery of oral medication
- Medium tech- dispensing and delivery of injectables
- High tech- dispensing, delivery, and nurse administration

Medicines that are part of homecare medicine provision will have been initiated by a specialist and are not traditionally available or appropriate for supply through community pharmacy.

A large proportion of homecare medication is delivered via injection. This requires nursing input and education of the patient, carer and/or relative. When this is offered via homecare, this is usually via third party providers within a patient's home.

Manufacturer commissioned services are initiated by the pharmaceutical company to supply a particular drug and service via a homecare provider. Most drugs are available through more than one homecare provider; however only one provider may be available in Scotland and it may be the only route of provision outside hospitals. NHS Scotland preference is for services to be commissioned by the NHS to allow increased transparency, governance, and sustainability. A NHS homecare provider framework came into place in 2018 and is currently in use for a variety of medication including biosimilars and anti-retroviral medication.

The benefits to patients from homecare provision include self-management of condition at a convenient time and location for the patient, increased capacity in clinical services (hospital beds and outpatient clinics), reducing pharmacy stock holding and dispensing activity, and cost savings. Cost saving is achieved by there not being a requirement to pay VAT on medicines delivered directly to a patient for administration or use at home. The costs incurred by the homecare provider are included in the medicine charge for

manufacturer commissioned services within the set terms of the service. NHS commissioned services charge separately for delivery, consumables, and nursing service as per the terms of the NHS Framework.

To ensure compliance with VAT legislation and HM Revenue and Customs (HMRC) guidance, medicines issued under homecare arrangements should not be specifically delivered to the patient for use while they are an in-patient or attending a hospital clinic. Alternative administration should be arranged or supplies should be made via hospital pharmacy. This is also applicable to patients receiving their first dose.

In 2017, the NHS Scotland the Medicines Homecare National Governance and Management Group (MHNGM) was established to be a single point of contact for manufacturers for service implementation in Scotland and for conducting 'once for Scotland' reviews of service governance materials including service level agreements. NHS Borders is represented on the group by an appropriate pharmacy representative.

1.1 Definitions

Clinically Screened: a pharmacist check using clinical knowledge and professional judgement that prescription is appropriate.

Homecare Medicine Service: delivers specialist medicines directly to a patient. At the most basic level this is a dispense and supply service, but can be more complex and include ancillaries, nursing support and administration. Some services can be nursing support only. This can only be possible with patient consent. The aim is to improve patient choice and care. There are two types of homecare. One set up by the pharmaceutical industry termed **manufacturer derived homecare** and the other contracted by NHS bodies to a specification termed **NHS commissioned homecare**.

Homecare Organisation or Provider: any organisation providing homecare services. This includes a company providing a homecare delivery service or a nursing agency.

Homecare Pharmacist: a pharmacist with appropriate competence in provision and administration of homecare medicine services.

Key Performance Indicators: quantifiable measurements, set nationally, that reflect critical steps in the process.

Manufacturer-commissioned Homecare: as part of the negotiation on product price, a manufacturer may offer homecare as a bundled benefit at no extra cost. This service qualifies as zero rated VAT. Under this model, the NHS retains clinical responsibility, but the manufacturer selects, contracts, and funds the homecare provider. The NHS may have no choice of provider or influence the service arrangements. Under the terms

of a Patient Access Scheme this may involve homecare as the only source of supply. The majority of homecare medicine services are manufacturer commissioned.

NHS Commissioned Homecare: homecare medicine services may be commissioned by the NHS as a discrete service, separate from the product contracting arrangements. A number of National Framework Agreements are in place for clinical areas, as well as a separate framework with homecare providers for all elements or items that are not the main drug product. The manufacturer must be in agreement for a homecare service to be unbundled. NHS Scotland National Procurement is working with manufacturers to provide as many homecare services as possible within the Medicines Homecare Framework.

Patient's Home: patient's residential address or other community location where delivery of a service has been requested.

Patient safety incidents: are any unintended or unexpected events which could have, or did lead to harm or distress for one or more patients receiving NHS funded healthcare.

Service Level Agreement: document defining the particulars a contractor has agreed to provide for a purchasing authority. This forms part of the contractual relations. This can be a local agreement or national on behalf of the board.

1.2 Aim

The aim of this policy is to ensure a safe, patient-focused and cost-effective homecare medicines service that is supported by clear and efficient governance.

1.3 Objectives

The objectives of this policy are to:

- Provide the governance framework for homecare medicines services including clinical, financial, information, and procurement governance.
- Detail the quality assurance and risk management processes
- Describe the roles and responsibilities for patients, healthcare professionals, corporate services, and homecare providers.
- Detail the performance management of homecare services

1.4 Scope

This policy is applicable to all NHS Borders patients receiving homecare medicines services. This includes patients that have been referred for specialist treatment that is prescribed from a tertiary centre.

2.0 Roles and Responsibilities

The NHS Borders duty of care is not altered or diminished during the use of a homecare medicines service. Clinical aspects of a patient's care will remain with the patient's clinical team. Areas of responsibility will be defined for all parties within the Service Level Agreement (SLA). The elements of service quality must be a high priority in any agreement or specification.

2.1 Patients, relatives and carers

- To understand the risks and benefits of homecare medicines service prior to providing consent.
- To provide informed consent to use a homecare service. Patients preferring to receive care and supply of medication from hospital should not be prevented from doing so.
- To be accountable for the storage of medication at the recommended conditions and follow any recommendations made regarding storage. This may require monitoring fridge temperatures if refrigerated storage required.
- To inform homecare provider when doses are omitted appropriately.
- To inform homecare provider that they are receiving more deliveries than needed or not enough.
- To provide up to date information on stock levels when requested by the homecare provider or clinical team.
- To use older in date stock up before using new delivery.
- To be available to receive medication at the arranged date and time that has been agreed with the homecare provider.
- To contact the homecare provider as soon as possible if something unexpected occurs and arranged delivery is no longer possible.
- To inform homecare provider and clinical team about a change of contact details or address as soon as possible and before next delivery is due.
- To promptly inform clinical team of a change in GP practice.
- To have an appropriate person to sign for receipt of medication that understands the storage requirements.
- To accommodate nursing staff to complete their job when required to attend their home.
- To be aware that if they are admitted to hospital that the clinical team will be required to know that the patient received homecare treatment and the details of homecare medication and provider.
- Carers have a responsibility to support the patient for their responsibilities as outlined above.

2.2 NHS Borders Staff

2.2.1 Director of Pharmacy

- To be the designated Accountable officer for homecare medicines.
- To be the responsible officer for all homecare contracts.
- To have management responsibility for the quality of homecare medicines services provided on behalf of NHS Borders.
- To ensure operational policy and local procedures are implemented within Pharmacy.
- To ensure that pharmacy staff involved in the provision or use of homecare medicines have suitable skills and knowledge to do so effectively and according to professional standards.
- To convene and chair (or appoint a deputy to chair) the NHS Borders Homecare Governance Group to review and support the management of homecare medicines services.

2.2.2 Medical and Nursing Director

- The Director of Pharmacy has lead responsibility for homecare medicines services together with the Medical Director and Nursing Director.
- To ensure that medical and nursing staff (respectively) involved in the provision or use of homecare medicines have suitable skills and knowledge to do so effectively and according to professional standards.

2.2.3 Caldicott Guardian

- To ensure appropriate information governance arrangements are in place for homecare medicines.
- To protect the confidentiality of patient information and enable appropriate information sharing.

2.2.4 Director of Finance

- To ensure procurement arrangements for homecare medicines are compliant with standards for business conduct and standing financial instructions.
- To ensure the financial processes for homecare medicines comply with VAT legislation and HM Revenue and Customs (HMRC) guidance.
- All homecare medicines are purchased through pharmacy to ensure data capture, and prescription and invoice reconciliation.
- Contract awards are compliant with procurement legislation.
- There is a segregation of duties in respect of the 'purchase to pay' process:
 - Ensuring that the goods ordered match the prescription
 - Ensuring that goods received match the order

- Ensuring that the invoice matches the goods received and has the correct price (also known as '3 way check')
- There is a local ability to report routinely on homecare medicine service spend.
- There is the ability to provide individual patient level analysis to support any aggregate billing.

The officer responsible for business conduct must ensure declarations of interest relating to homecare medicines and providers are dealt with as per NHS Borders policy.

2.2.5 Clinical Management Teams:

- Must not independently start discussions with a homecare provider regarding a new homecare medicine service. The pharmacist with responsibility for homecare must be contacted and a discussion had prior to contact with a homecare provider regarding a new service.
- To ensure that all risks identified are discussed and escalated within the risk management procedures. Homecare incidents receive the same scrutiny as similar incidents within NHS Borders.
- To ensure that hospital pharmacy is the only place where homecare medicines prescription documentation is issued.
- Are to inform the Pharmacy Homecare Team when a patient receives homecare medication from another NHS institution or has been referred.

2.2.6 Responsible Consultant or Clinician

- The doctor that takes overall responsibility for a patient's care retains this responsibility when a patient receives homecare treatment.
- To provide the Homecare Medicines Team within Pharmacy the relevant information on referral of a patient to a specialised service for the prescription of a medicine to be supplied via homecare.

2.2.7 Prescribers

- To prescribe medication in line with this policy and NHS Borders Code of Practice for the Control of Medicines.
- To ensure that all homecare medicines are managed in line with the agreed service specifications.
- To obtain informed consent from patients.
- To provide relevant information on homecare medicine service to patients.
- To inform GP of any homecare arrangements or changes.
- To monitor the effect of treatment and treatment outcomes.
- To identify any concerns with homecare service provision for their patients with the Director of Pharmacy or their nominated deputy.

- To respond to requests from homecare providers for repeat prescriptions within the required timescales.
- To assist the clinical team in implementing any new homecare service or transitioning patients to an alternative provider.
- To work with the clinical team to deal with homecare-related queries from the patient, the clinical team, pharmacy, or the homecare provider.

2.2.8 Specialist Nurses and other Healthcare Professional Staff who are directly involved in homecare services

- To support prescribers and patients requiring homecare medicines.
- To provide additional details to patients on the homecare service.
- To assess patients' suitability for homecare treatment.
- To support prescribers in obtaining valid consent from patients.
- To liaise with the homecare provider in relation to the provision of a prescription.
- To send prescriptions to the hospital pharmacy for processing and ordering.
- To monitor patients' treatment and concordance.

2.2.9 Specialist Clinical Pharmacists

- To provide specialised input into provision of homecare medicines within their speciality.
- To ensure that all homecare prescriptions are clinically screened in accordance with standards. This will be undertaken where possible. This is not currently possible in all specialities, and may be performed by a homecare pharmacist.
- To regularly review existing homecare arrangements in terms of clinical quality and performance. This will be undertaken where possible if not available for all specialities.
- To provide clinical guidance to support the development of new homecare medicines services.

2.2.10 Pharmacy Homecare team

- To ensure that there are written procedures to cover all aspects of managing a homecare services are produced, authorised, reviewed, and followed.
- To ensure that pharmacy is the only place where homecare medicines prescription documentation is issued.
- To manage the pharmacy ordering and invoicing processes. To reconcile invoices against prescriptions and proof of delivery.
- To work with the MHGG and Area Drugs and Therapeutic Committee (ADTC) to ensure that appropriate patient cohorts are identified for homecare treatment, and realistic demand projections are set.
- To ensure effective resource is available to manage the homecare medicines contract to fully deliver contract requirements.

2.2.11 Inpatient Clinical Teams

- To ensure a comprehensive and accurate medication history considers that a patient may be receiving homecare treatment. The team member taking the medication history should ask the patient if they receive any homecare treatment, and if so the details of the homecare medication, and hospital clinical team responsible for management.
- To liaise with ward pharmacy staff to ensure that the hospital pharmacy procurement team purchase the medicine, if necessary, to ensure continuity of treatment and compliance with VAT legislation and HMRC guidance. This is expected to be required on rare occasions only.

2.3 Homecare Providers

- To register a patient on their database.
- To supply written information for patients on the homecare service.
- To contact the patient and arrange a delivery schedule for the items.
- To make an assessment of current stock levels to ensure against over provision and reporting back to NHS Borders with concerns.
- To assist NHS Borders in monitoring and reducing medicine wastage.
- To regularly report to NHS Borders in supplier review meetings and monthly KPI reports.
- To manage the collection and disposal of waste from a patient's home, where applicable.
- To produce relevant invoices for NHS Borders and proof of delivery.
- To ensure that all homecare services are provided in the contract specification or SLA.
- To acknowledge and agree to comply with relevant NHS Borders policies.

2.4 Medicines Governance Committees

2.4.1 Medicines Homecare Governance Group (MHGG)

- To develop, support the implementation, monitor and review the NHS Borders Homecare Medicines Services governance, to ensure a safe, patient-centred, efficient, and cost-effective service is provided.
- The future remit of the MHGG will be to contribute to option appraisals of alternative medicine supply models e.g. community pharmacy and homecare service to ensure value for money.
- The membership of the MHGG includes:
 - Director of Pharmacy

- Pharmacist responsible for Homecare
- Pharmacy Procurement Technician
- Nurse (with delegated authority from the Nursing Director)
- Doctor (with delegated authority from the Medical Director)
- Lead Clinical Pharmacist
- Finance Manager
- Procurement Manager
- Medical Governance Nurse
- GP primary care prescribing group member
- Other members may be co-opted onto the group as required
- To review policies, procedures, and educational material on behalf of NHS Borders that relates to homecare medicines services.
- To ensure that all risks identified, are discussed and escalated in line with NHS Borders Risk Management Policy.
- To provide regular communication to NHS Borders stakeholders to inform them of the current status of the high-level homecare services work plan and to manage expectations.
- To ensure local homecare service arrangements are audited on a regular basis against the RPS Professional Standards for Homecare Services.
- To produce and maintain the Homecare Medicines Policy and Procedures.
- To ensure that hospital pharmacy is the only place where homecare medicines prescription documentation is issued, and that all other areas cease, to ensure effective operational control of procurement, ordering and invoicing into the appropriate local pharmacy system.
- To ensure provision of an effective resource to manage the homecare contract to fully deliver its contractual value.
- To ensure the financial and commercial controls are in place to support the provision of homecare medicines.

2.4.2 Area Drugs and Therapeutic Committee

- The MHGG reports directly to the Area Drug and Therapeutic Committee for clinical and professional advice and will submit policies and procedures for approval.
- The ADTC is responsible for the development of the homecare medicines governance framework and its implementation within NHS Borders. The ADTC reports to the Clinical Executive Operational Group and Board Clinical Governance Committee.
- The ADTC is responsible for overseeing and monitoring homecare medicines use. An annual report should be issued that reviews performance within the past year and outlines the plan for the following year.

- The MHGG will share information with the Primary Care Prescribing Group regarding the primary care perspective.

2.4.3 Finance Performance and Resource Groups

- The MHGG is accountable to Medicines Resource Group (MRG) for performance monitoring with regards to the homecare medicines work plan and timescales, and implications for the management of financial budgets.
- The MRG reports to the Clinical Executive Operational Group.

3.0 Medicines Governance

3.1 Performance management of homecare services and patient satisfaction

Performance management of services for both manufacturer and NHS commissioned services is a key part of ensuring the service is safe, cost-effective, and fit for purpose. It will include monitoring of the set out KPIs in **Table 1**. All reported incidents to the homecare providers should be reported to NHS Borders and included within internal governance systems.

Regular review meetings will take place between NHS Borders and homecare providers and as required to discuss failure to perform and provide the service level specified.

3.2 Key Performance Indicators

Key performance indicators (KPIs) are provided individually from homecare providers each month for the health board. NHS Scotland National Procurement collates the KPIs for NHS Scotland from multiple homecare providers and shares with the Boards. This provides comparison for NHS Borders against other health boards.

The KPIs are National Homecare Medicines Committee (NHMC) has set out the 11 indicators that are currently used for reporting (**table 1**). They have selected these 11 indicators to show the performance at critical steps within the service.

The KPI reports will be reviewed each month by pharmacy and reviewed annually at Homecare Service Review Meetings. One meeting each year must be an annual review of the service.

ADTC will review the performance every six months.

Table 1 NHMC key performance indicators

Reference	KPI
K1	Number of correctly completed registration documents received as % of total number of new registration documents received
K2	Number of compliant prescriptions as % of total prescriptions received
K3	Number of prescriptions received with a purchase order number included as % of total prescriptions received
K4	Number of prescriptions the Trust requests that require processing quicker than required in the SLA terms as % of total number of prescriptions received
K5	Number of medicines and ancillaries deliveries not on time as % of total number of deliveries
K6	Number of medicines and ancillaries deliveries not in full as % of total number of deliveries
K7	Number of failed deliveries as % of total number of deliveries
K8	Total number of invoices remaining overdue for payment and unpaid at month end as a % of number of invoices issued
K9	Number of Credit or Debit notes as % of number of invoices issued
K10	Number of medicines errors as a % of dispensed items
K11	Number of service failures as % of number of deliveries

3.3 Service Level Agreements (SLAs)

To standardise services, and reduce the complexity and time involved in SLA management, NHS Scotland has agreed via the MHNGM group to develop a SLA with all providers operating in Scotland on behalf of health boards. The once for Scotland SLA has formally been agreed and entered into by all NHS Scotland boards and by each homecare provider active in Scotland. Each new medicine service for a homecare provider will be formally submitted and reviewed by MHNGM. Subject to approval by the group, each medicine service will be added to the SLA as an appendix.

3.4 Developing a new medicine service

When setting up a new homecare medicine service the quality of the service must be a key consideration. Other key considerations must include risk management, financial management, and information governance.

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