

Homecare Medicines Policy

V4.0

April 2023

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Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. In 2011 the DH sponsored Mark Hackett, Chief Executive Officer, Southampton University Hospitals NHS Foundation Trust, to lead a rapid review of Homecare Medicine Supply to consider the current operational arrangements and its future for the best value for patients, the NHS and the provider market.
- 1.2. The “Hackett report” (Homecare Medicines - Towards a Vision for the Future) identified that NHS Trusts should consider strengthening their internal governance frameworks given the rapid growth of homecare medicine. The Trust Chief Pharmacist should become the ‘Responsible Officer’ for all homecare medicine and be accountable for them to the Trust Chief Executive Officer.
- 1.3. The “Hackett report” was followed in 2013 by a Royal Pharmaceutical Society report (Professional Standards for Homecare Services). These developmental standards give a broad framework to support teams providing and commissioning homecare services to improve services continually and to shape future services and pharmacy roles to deliver quality patient care. The Standards for Hospital Pharmacy Services 2022 make a brief but immaterial mention of homecare services.
- 1.4. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. This policy was initially developed by a multi-disciplinary short life working group to address the issues identified within the Hackett report and to provide a formal policy to manage the provision of homecare medicines. It has since been updated to reflect RPS standards and other developments.
- 2.2. The policy will also support the development of new homecare medicines services in line with Department of Health policies moving care closer to the patient’s home.
- 2.3. The development and approval of this Medicines Homecare Policy is a requirement of the Hackett report.
- 2.4. This policy should be referred to in conjunction with the Homecare annual plan.
- 2.5. Key features of the policy:
 - How new homecare treatments are introduced.
 - Governance requirements placed upon Homecare medicines suppliers.
 - Prescribing processes.
 - Ordering, invoicing and reporting systems.
 - Managing service quality.
 - Informing and involving patients in Homecare.

3. Scope

- 3.1. This policy applies to medical, nursing and pharmacy staff involved in providing medicines to patients. Its requirements will also apply to RCHT clinical / management teams planning to introduce new services that may involve homecare supply of medicines.
- 3.2. This policy applies to all situations where medication is, or may be, suitable for supply to patients for use in their homes. This may be a service provided by a commercial partner or internally by RCHT staff.

4. Definitions / Glossary

- 4.1. Homecare - a service that regularly delivers medicine supplies and associated care, directly to a patient's choice of location. It does not include delivery to a hospital clinic or ward. Homecare services are split between those which are set up by the Pharma industry for individual products and those services which are contracted to an NHS specification. Other methods of delivery of the service may be considered, such as using a commercial partnership.
- 4.2. There are currently three different categories of Homecare service which include simple dispensing and delivery only (referred to as low tech) dispensing, delivery and nurse administration (referred to as mid tech) and aseptic preparation with delivery and nurse administration (referred to as high tech).

5. Ownership and Responsibilities

5.1. Consultants and other prescribers:

Will prescribe medication in line with this policy and ensure that all homecare medicines are managed in line with agreed service specifications. They are responsible for:

- Obtaining valid consent from patients.
- Providing relevant Homecare medicines Charter and service information.
- Ensuring the patients GP with the exception of HIV patients is informed of any homecare arrangements or changes. HIV patients will be given a record of the medications they have been prescribed and encouraged to take this to their GP.
- Ensuring any necessary Blueteq application for the Homecare medicine is completed at initiation and on continuation (if required).
- Identifying any concerns with homecare service provisions for their patients with the RCHT Chief Pharmacist.
- Completing patient suitability assessment form where appropriate.

5.2. Specialist nurses and other Healthcare professional staff:

Will support prescribers and patients requiring homecare medicines. They are responsible for:

- Providing additional details to patients on homecare arrangements.
- Liaising with the homecare provider in relation to provision of prescriptions.
- Sending prescriptions either to pharmacy for ordering via homecare.

5.3. RCHT Pharmacy Homecare and High Cost Drugs Monitoring Officer:

Will manage the pharmacy ordering and invoicing processes (under the direction of the Pharmacy Procurement Lead) and is responsible for:

- Timely ordering of all homecare prescriptions from relevant homecare providers.
- Review and confirmation of invoices received to allow payment – supporting the Pharmacy Invoice manager.
- Ensuring contract prices are being paid for Homecare Medicines.
- Co-ordinating and maintaining approved Homecare Medicines patient charter and service information documentation, including homecare contact details for patients.
- Implementation and monitoring of Key Performance Indicators for homecare medicines services.
- Supporting the Responsible Officer (Chief Pharmacist) by co-ordinating new homecare service requests including liaison with relevant specialist pharmacists.
- Ensure Prescriptions received contain the correct information and have been signed by the prescriber before sending to the Homecare Provider.

5.4. RCHT Pharmacy Procurement Lead

Will be involved in the contracting and contract management process

- Defining local Service Level Agreements.
- Attend supplier service review meetings.
- Monitor supplier performance.

5.5. RCHT Pharmacy specialty pharmacists:

Will provide specialised input into provision of homecare medicines within their specialty. Is responsible for:

- Clinical guidance to support the development of new homecare medicines services.
- Reviewing existing homecare arrangements on an on-going basis in terms of clinical quality and performance.
- Reporting homecare medicines spending (and savings) within Care Group reports.
- Where appropriate, clinically screening the prescription before it is sent to the homecare company.
- Assisting with implementation of Blueteq.

5.6. RCHT Chief Pharmacist:

Will be the RCHT 'Responsible Officer' for medicines homecare and is responsible for:

- Ensuring all homecare arrangements to comply with Trust SFIs and be covered by formal procurement arrangements (contracts).
- Ensuring all homecare arrangements are in line with RCHT Homecare Medicines Strategy and relevant other policies.
- Operational processes within pharmacy including ordering and invoicing.

5.7. Role of the Managers

Line managers are responsible for:

- Ensuring this policy is followed where homecare arrangements are implemented within their Care Groups.

5.8. Role of the Medication Practice Committee (MPC) and Cornwall Area Prescribing Committee (CAPC)

- The MPC is responsible for the oversight of the implementation of this policy within the Trust.
- The CAPC is responsible for the implementation of this policy across the Cornish health economy.
- The CAPC is responsible for recommending to commissioners that the necessary resource (per patient per year) is allocated to pharmacy for new homecare patients and arrangements.

6. Standards and Practice

6.1. Involving and informing patients

- 6.1.1. Each homecare medicine service area will have a homecare medicine specification and charter for patients receiving homecare which will explain:
- The treatment plan.
 - How initial and repeat prescriptions will be produced and by whom.
 - The duties of the homecare company.
 - Who holds responsibility for routinely monitoring clinical and laboratory results?
 - The arrangements for reporting patient safety incidents, performance activity and outcome monitoring.
- 6.1.2. Patients satisfaction with homecare services will be used as an indicator of performance linked, where necessary to penalties. Patients will periodically be asked to complete a short “satisfaction” survey for their homecare services. Where appropriate, the results from these surveys will be reported to the Nurse Director and Medical Director (Specialty leads will also receive this information).
- 6.1.3. Patients will have clear mechanisms to raise concerns with their Homecare service whenever they arise. These concerns will be managed through the RCHT complaints process.

6.2. Introducing a new homecare service

- 6.2.4. Reaching agreement for the introduction of a new homecare medicines service is the responsibility of all clinical stakeholders. Robust governance and service specifications must be developed before a new service is started.
- 6.2.5. It is required that all home care services will follow the normal medicines governance procedures within the Trust including formulary control and Medicines Management policies. Homecare services should take into account the impact of a range of financial parameters e.g. National tariffs, Medicine contracts (Local, regional and national), VAT, etc.
- 6.2.6. Within RCHT the Chief Pharmacist, as Responsible Officer for medicines homecare must be involved in any plans to introduce new homecare services. Direct involvement may be delegated to specialist pharmacists within the relevant clinical specialty to support the introduction of new services. There will be a robust managed entry process for new homecare services to ensure a full clinical economic and risk assessment including an unlicensed medicine risk assessment where appropriate has been undertaken.

6.3. Homecare provider governance processes

- 6.3.1. Homecare providers are required to have a clinical governance system that can be integrated with the RCHT systems and these include:
- All Caldecott principles must be applied via the Homecare provider to maintain patient confidentiality
 - Compliance with all relevant current regulatory conditions and frameworks as would be required by the Care Quality Commission for an Acute Trust.
 - RCHT service standards for homecare medicines delivery and services – as monitored by the set Key Performance Indicators.
 - The training and development of staff to secure these standards.
 - The operational management of staff to ensure the service specification is delivered.
 - The reporting of adverse incidents, service failures, patient satisfaction, medicines compliance and other relevant issues produced (by the homecare provider) each monthly in a format that can be integrated with the RCHT clinical governance reporting systems using DATIX and its link to national reporting i.e. NRLS.
 - The effectiveness of the service to the patient.
- 6.3.2. Homecare providers used by RCHT will provide the Trust with electronic copies of their medicines policies, control of infection policies and any other policies impacting on patient safety and clinical effectiveness.

6.4. Prescribing for homecare patients

- 6.4.1. **ONLY** Homecare arrangements that have been agreed with RCHT pharmacy may be utilised.
- 6.4.2. Homecare packages of care may not be suitable for all patients or therapies and the decision to opt for this course of treatment must be part of a multidisciplinary approach involving the patient, the responsible clinician, the pharmacy service and where appropriate service commissioners and primary care.
- 6.4.3. An assessment of suitability for homecare should be undertaken which may include an assessment of the home environment (especially where “high-tech” homecare may be involved i.e. complex drug administration), availability of carers and impact of any homecare service on them, presence of disability and support, and medication concordance.

- 6.4.4. A patient must fully understand the benefits and risks of a homecare service before providing consent. Patients preferring to receive care and supplies direct from the hospital despite the existence of homecare services should not be prevented from doing so. A patient must provide formal written consent to use a homecare service arrangement by completing and signing a patient registration form in addition to the usual treatment consent procedures. The RCHT Homecare Medicines Patient Charter must be made available to all patients being commenced on homecare, this must include:
- Specific information as to the service being started.
 - Printed information as to the nature of the service, quality standards, how to raise concerns, any information that may be needed to be communicated to other healthcare professionals.
- 6.4.5. All prescriptions for Homecare must be sent to RCHT pharmacy for orders to be placed with the homecare company. The prescriptions can be sent as signed paper copies or via the automated signature and processing system. Prescriptions will be managed to reduce the risk of wastage associated with patients stopping administration of dispensed medicines.
- 6.4.6. The patients General Practitioner MUST be informed when one of their patients is commenced on a homecare service or and existing service is changed.

6.5. Managing ordering and invoicing:

- 6.5.1. RCHT pharmacy is responsible for the processing of all “orders” (prescriptions) for homecare that involved medicines. All homecare orders will be processed through the hospital pharmacy system to ensure detailed drug usage data is available to the Department of Health.
- 6.5.2. Each prescription, accompanied by an official order generated through the RCHT pharmacy computer system, will have its invoice matched against an appropriate proof of delivery prior to payment.

6.6. Ensuring quality

- 6.6.1. All approved homecare medicines services within RCHT must meet a range of quality standards. These are monitored by means of Key Performance Indicators (KPIs). KPIs are nationally set for service and the quality KPIs are forthcoming. Key quality standards include:
- Provision of a responsive homecare service for the identified specialty in a consistent and timely manner.
 - Provision of clear business continuity arrangements to manage emergency situations.
 - Monitoring, by means of KPI reports every 3 months and through annual review meetings with the Responsible Officer, of:

1. Dispensing and supply errors.
2. Delivery errors/failures.
3. Patient numbers (new, existing and “left”).
4. Financial information.
5. Timeliness of invoicing.

6.7. Monitoring of complaints, accidents and incidents

- 6.7.1. The homecare provider must inform the clinical team and Pharmacy of any complaints, accidents or incidents within 24 hours of the event as part of the Service Level Agreement
- 6.7.2. A written record of all complaints and the remedial action taken must be sent to the complainer and to the Trust within 14 days by the homecare provider.
- 6.7.3. The homecare provider will send details of any complaints to which they have responded to the Pharmacy. This is to show:
 - Initial complaint and date action taken.
 - Action taken to prevent recurrence.
 - Patient satisfaction surveys.
 - Customer satisfaction surveys.
- 6.7.4. All complaints, accidents and incidents are reviewed at the service review meetings held with both the clinical team and the PPSA, and measured against the Key Performance Indicators.

7. Dissemination and Implementation

This document replaces the previous version of this policy. Relevant clinical teams will be made aware of any material amendments.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with the policy.
Lead	Pharmacy Staff.
Tool	Periodic Clinical Audit, Incident Reports, KPIs.

Information Category	Detail of process and methodology for monitoring compliance
Frequency	When Incident reports are received and/or KPIs show deterioration in service. Yearly otherwise.
Reporting arrangements	The completed report be sent to the Medication Practice Committee for Review.
Acting on recommendations and Lead(s)	The Medicines Practice Committee will report any necessary actions.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A lead will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

9. Updating and Review

To be reviewed no less than every three years.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Homecare Medicines Policy V4.0
This document replaces (exact title of previous version):	Homecare Medicines Policy V3.0
Date Issued/Approved:	March 2023
Date Valid From:	April 2023
Date Valid To:	April 2026
Directorate / Department responsible (author/owner):	Iain Davidson, Chief Pharmacist
Contact details:	01872 252591
Brief summary of contents:	This policy provides guidance on how Homecare medicines are to be procured, prescribed, supplied and monitored.
Suggested Keywords:	Homecare
Target Audience:	RCHT: Yes CFT: No CIOS ICB: Yes
Executive Director responsible for Policy:	Chief Medical Director
Approval route for consultation and ratification:	Medicine Practice Committee
General Manager confirming approval processes:	Richard Andrzejuk
Name of Governance Lead confirming approval by specialty and care group management meetings:	Kevin Wright
Links to key external standards:	RPS - Professional Standards for Homecare Services
Related Documents:	Homecare Medicines - Towards a Vision for the Future

Information Category	Detailed Information
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Pharmacy

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
Jun 2012	V1.0	Final amendments approved; EIA Completed; (not published via Documents Library)	Iain Davidson, Chief Pharmacist
Mar 2016	V2.0	Updated to reflect RPS standards and other developments	Mike Wilcock, Pharmacy
July 2019	V3.0	In new document format, extra text in 5.1 and removal of appendices (available from pharmacy)	Mike Wilcock, Pharmacy
March 2023	V4.0	Minor amendments (1.3, 5.1, 6.4.5) and removal of outdated text at 5.2 and 6.4.5	Mike Wilcock, Pharmacy

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Homecare Medicines Policy V4.0
Directorate and service area:	Clinical Care Group, Pharmacy
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Mike Wilcock, Head of Prescribing Support Unit
Contact details:	01872 253548

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To ensure the quality, safety and cost effectiveness of Homecare services as defined in the Hackett report and RPS standards
2. Policy Objectives	How new homecare treatments are introduced. Governance requirements placed upon Homecare medicines suppliers, prescribing processes, Ordering, invoicing and reporting systems. Managing service quality. Informing and involving patients in homecare
3. Policy Intended Outcomes	As above
4. How will you measure each outcome?	Patient satisfaction surveys
5. Who is intended to benefit from the policy?	Patients

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: Yes • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Cornwall Area Prescribing Committee Medication Practice Committee
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Mike Wilcox, Head of Prescribing Support Unit

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)