

Homecare Medicines Policy

V3.0

August 2019

Table of Contents

1. Introduction.....	3
2. Purpose of this Policy	3
3. Scope	4
4. Definitions / Glossary.....	4
5. Ownership and Responsibilities.....	4
5.1. Consultants and other prescribers:	4
5.2. Specialist nurses and other Healthcare professional staff:.....	5
5.3. RCHT Pharmacy Homecare and High Cost Drugs Monitoring Officer:	5
5.4. RCHT Pharmacy Procurement Lead.....	5
5.5. RCHT Pharmacy specialty pharmacists:.....	5
5.6. RCHT Chief Pharmacist:.....	6
5.7. Role of the Managers.....	6
5.8. Role of the Medication Practice Committee (MPC) and Cornwall Area Prescribing Committee (CAPC).....	6
6. Standards and Practice	6
6.1. Involving and informing patients.....	6
6.2. Introducing a new homecare service.....	7
6.3. Homecare provider governance processes.....	7
6.4. Prescribing for homecare patients.....	8
6.5. Managing ordering and invoicing:	8
6.6. Ensuring quality.....	9
6.7. Monitoring of complaints, accidents and incidents	9
7. Monitoring compliance and effectiveness	10
8. Equality and Diversity	10
Appendix 1. Governance Information	11
Appendix 2. Initial Equality Impact Assessment Form	13

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.

1.4. This version supersedes any previous versions of this document.

1.5. Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the ‘information use framework policy’, or contact the Information Governance Team rch-tr.infogov@nhs.net

2. Purpose of this Policy

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 the homecare suitability needs assessment form, and the homecare patient information acceptance form

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 OR for agreed schemes sending directly to the homecare supplier where invoicing is to occur via the NHS Business Services Agency.

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 Directorate 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

6.2.1. 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.

6.2.2. 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.

6.2.3. 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. Prescriptions will be managed to reduce the risk of wastage associated with patients stopping administration of dispensed medicines. A maximum of 3 months will be supplied on a single prescription and, where the NHS Business Services Agency (FP10 prescription pricing) system is used each prescription will be for 1 month

6.4.6. The patients General Practitioner **MUST** be informed when one of their patients is commenced on a homecare service or an 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. The homecare provider must send to the complainant and to the Trust a written record of any complaints and the remedial action taken within 14 days.

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

7.1 The document is available on the document library. Significant updates will be communicated via Trust wide email.

7.2 Implementation of the policy will be via Trust wide communication and supported by appropriate training for the relevant members of staff.

8. Monitoring compliance and effectiveness

Element to be monitored	Compliance with the policy
Lead	Pharmacy Staff
Tool	Periodic Clinical Audit, Incident Reports, KPIs
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

This policy will 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 & Human Rights 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

Document Title	Homecare Medicines Policy V3.0		
Date Issued/Approved:	July 2019		
Date Valid From:	August 2019		
Date Valid To:	August 2022		
Care Group / 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 medicines		
Target Audience	RCHT	KCCG	CFT
	✓		
Executive Director responsible for Policy:	Medical Director		
Date revised:	July 2019		
This document replaces (exact title of previous version):	Homecare Medicines Policy V2.0		
Approval route (names of committees)/consultation:	Medication Practice Committee		
Care Group Manager confirming approval processes	Robin Jones		
Name and Post Title of additional signatories	Not Required		
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	{Original Copy Signed}		
	Name: Kevin Wright		
Signature of Executive Director giving approval	{Original Copy Signed}		

Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Clinical / Pharmacy			
Links to key external standards	None			
Related Documents:	Homecare Medicines - Towards a Vision for the Future RPS - Professional Standards for Homecare Services			
Training Need Identified?	No			

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
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

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 Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Homecare medicines policy V3.0					
Directorate and service area: Pharmacy		Is this a new or existing Policy? Existing			
Name of individual completing assessment: Mike Wilcock		Telephone: 01872 253548			
1. Policy Aim* Who is the strategy / policy / proposal / service function aimed at?	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 the outcome?	Patient satisfaction surveys				
5. Who is intended to benefit from the policy?	Patients				
6a Who did you consult with	Workforce	Patients	Local groups	External organisations	Other
b). Please identify the groups who have been consulted about this procedure	✓			✓	
	Please record specific names of groups Cornwall Area Prescribing Committee Medication Practice Committee				
What was the outcome of the consultation?	Agreed				

7. The Impact				
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.				
Are there concerns that the policy could have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		X		
Sex (male, female, trans-gender / gender reassignment)		X		
Race / Ethnic communities /groups		X		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		X		
Religion / other beliefs		X		
Marriage and Civil partnership		X		
Pregnancy and maternity		X		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		X		
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 				
8. Please indicate if a full equality analysis is recommended.			Yes	No X
9. If you are not recommending a Full Impact assessment please explain why.				
Not indicated.				

Date of completion and submission	July 2019	Members approving screening assessment	Policy Review Group (PRG) APPROVED
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This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust's web site.