

## POLICY FOR Medicines Homecare

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Intended audience	ManxCare staff involved in the delivery or medicines homecare services	
Superseded documents	n/a	
Stakeholders consulted prior to ratification	Clinical, nursing and pharmacy staff involved in current medicines homecare delivery model; Integrated Medicines Optimisation Group (IMOG)	
Ratified by	IMOG	Date: Aug2022
Previous reviews	n/a	
Changes made during latest review	n/a	

### 1. INTRODUCTION

#### 1. Purpose

In 2011 the UK Department of Health (DH) sponsored a review of Homecare Medicine Supply to consider the current and future operational arrangements and deliver the best value for patients, the NHS and the provider market.

The resultant DH “Hackett report” recommended 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 via the Use of Medicines Committee to the Trust Chief Executive Officer.

This policy describes the process of Homecare medicines delivery for patients of Manx Care.

Key features:

- 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

This policy applies to medical, nursing, pharmacy and other key staff involved in any aspects of providing homecare medicines to patients. Its requirements will apply to Manx Care management teams planning to introduce new services that may involve homecare supply of medicines.

## 2. Scope

This policy has been developed to be in line with recommendations of the Hackett report and to provide a formal policy to manage the provision of homecare medicines. The policy will support the development of homecare medicines services to enable moving care closer to the patient's home. The development and approval of a Medicines Homecare Policy is a requirement of the Hackett report. This policy applies to all situations where medicines are, or are planned to be provided directly for patient use at home. This service may be provided by a third party partner (e.g. commercial home care provider) or by Manx Care staff. It does not apply to medicines dispensed to patients from Manx Care Nobles pharmacy as out-patients or on discharge from hospital.

## 3. Definitions

Homecare is defined as a service that regularly delivers medicine supplies and associated care, directly to a patient's choice of location. Homecare services are split between those which are set up by the Pharmaceutical Industry for individual products and those services which are contracted to an NHS specification. There are different levels of Homecare service from simple dispensing and delivery (low tech) to more complex aseptic preparation and the inclusion of nurse administration (high tech).

The use of a home care service does not reduce or alter the NHS duty of care to patients. Manx Care and the patient's clinical team will retain responsibility for the clinical aspects of a patient's treatment. Areas of responsibility will be defined for all parties within the agreement in either the specification or the service level agreement developed for the specific medicines homecare service. The quality elements of the service must be given high priority and reflected in any specification.

## 4. Roles and Responsibilities

The Manx Care Acute Care Chief Pharmacist is the Manx Care's "responsible Officer" for medicines homecare. The responsible officer will convene a medicines homecare committee to assist the management of Homecare services within Manx Care. Prescribers will prescribe medication in line with this policy and ensure that all homecare medicines are managed in line with agreed service specifications. Specialist nurses and other healthcare professional staff will support prescribers and patients requiring homecare medicines. The Manx Care Pharmacy Homecare medicines support team will manage the pharmacy ordering and invoicing processes.

Manx Care Pharmacy specialty pharmacists will provide specialised input into provision of homecare medicines within their specialty.

### (a) 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. Prescribers are responsible for:

- Obtaining valid consent from patients.
- Providing patients with relevant Homecare medicines service information.
- Ensuring the patients GP is informed of any homecare arrangements or changes.
- Identifying any concerns with homecare service provisions for their patients with the ManxCare Chief Pharmacist Acute Care or nominated deputy.

**(b) Specialist nurses and other Hospital staff who are directly involved in homecare services:**

Will support prescribers and patients requiring homecare medicines. **Specialist nurses and other Healthcare professional staff 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.

**(c) Manx Care Pharmacy Homecare medicines support team:**

Will manage the pharmacy ordering and invoicing processes under the direction of the Advanced Clinical Pharmacist Biologics and Lead Pharmacist Procurement and will therefore be responsible for:

- Development and agreement of contracts with homecare providers.
- Timely ordering of all homecare prescriptions from relevant homecare providers.
- Ordering and invoicing
- Review and match invoices received to allow payment.
- Assisting in the implementation and monitoring of Key Performance Indicators for homecare medicines services
- Supporting the Responsible Officer (Head of Pharmacy) by co-ordinating new homecare service requests including liaison with relevant specialist pharmacists.
- Capturing medicines homecare data via pharmacy computer systems.
- Ensuring all homecare arrangements comply with trust Standard Financial Instructions and are covered by formal procurement arrangements (contracts).
- Pharmacy may also be responsible for recruitment of patients, requesting prescriptions and also dealing with patient / homecare company queries.

**(d) Manx Care Biologics Pharmacist:**

Will provide specialised input into provision of homecare medicines within their speciality and are responsible for:

- Clinical guidance to support the development of new homecare medicines services
- Ensuring that all homecare prescriptions are clinically screened in accordance with homecare standard operating procedure
- Reviewing existing homecare arrangements on an on-going basis in terms of clinical quality and performance
- Reporting homecare medicines spending (and savings) within homecare reports

**(e) Manx care Chief Pharmacist (Acute Care):**

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

- Ensuring all homecare arrangements are in line with Manx Care Homecare Medicines Policy and relevant other policies e.g. Hackett and National Homecare Medicines Committee [UK] NHMC recommendations.
- Chairing or acting as secretary to the chair of the Trust-wide homecare medicines committee

(f) **Medicine Homecare Committee**

**Proposed Membership (members may elect to send a deputy)**

Chief Pharmacist (Acute Care)  
Pharmacy Procurement Manager  
Medical Director  
Director of Nursing  
Management/Financial Accountant  
Contracts manager  
Biologics Specialist Pharmacist

**Proposed Terms of Reference will include:**

- Report to Integrated Medicines Optimisation Group (IMOG)
- Frequency of meetings: every 3 months
- Produce an annual report on the Trust homecare services
- Develop a strategy for home care services.
- Ensuring relevant policies are adhered to.
- Ensuring adequate resources are made available to undertake all required clinical and financial work involved with managing a homecare service.
- Review any governance issues
- Review and update Manx Care Medicines Homecare policy
- Approve new homecare service proposals

**2. RELATED POLICY/STRATEGY/LEGISLATION/GUIDANCE**

1. Medicines Policy

**3. POLICY**

(a) **Involving and informing patients**

Each homecare medicine service area will have a homecare medicine specification and information for patients receiving homecare which will explain (see Appendix 1):

- The treatment plan.
- How initial and repeat prescriptions will be produced and by whom.
- The duties of the homecare company.
- Who is responsible for delivering medicines to the patient's home and routinely monitoring clinical and laboratory results.
- The arrangements for reporting complaints, patient safety incidents, performance activity and outcome monitoring.

Patients' satisfaction with homecare services will be used as an indicator of performance linked, where necessary to penalties. Patients will be asked by the Manx Care homecare responsible for managing the service to complete a SHORT "satisfaction" survey for their homecare services every 12 months. The results from these surveys will be reported to the specialty nursing and medical leads and the Medicines Homecare Committee.

Patients will have clear mechanisms to raise concerns with their Homecare service whenever they arise. These concerns will be managed through the Manx Care complaints process.

#### (b) Introducing a new homecare service

Reaching agreement to 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.

It is required that all home care services will follow the normal medicines governance and procurement procedures within Manx Care including formulary control and Medicines Management policies.

Within Manx Care the Chief Pharmacist (Acute Care), as Responsible Officer for medicines homecare must be involved in any plans to introduce new homecare services. Direct involvement may be delegated to biologics 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 has been undertaken.

For a new service the Homecare Medicines service development form (Appendix 2) must be completed by the clinician requesting the service and be submitted to Manx Care Medicines Homecare Committee for approval.

#### (c) Homecare provider governance processes

Homecare providers are required to have agreed clinical governance system that can be integrated with the ManxCare systems and achieve a minimal expected standards. These processes include:

- Compliance with all relevant current regulatory conditions and frameworks as would be required by the Care Quality Commission for an Acute Trust.
- Manx Care set 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 complaints, 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 Manx Care clinical governance reporting systems and its link to national reporting i.e. NRLS.
- The effectiveness of the service to the patient.

Homecare providers used by Manx Care will provide the organisation with electronic copies of their medicines policies, control of infection polices and any other policies impacting on patient safety and clinical effectiveness.

#### (d) Prescribing for homecare patients

- Only homecare service arrangements that have been agreed by the Medicines Homecare Committee may be implemented.
- 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, finance, the pharmacy service and where appropriate primary care.

- An assessment of suitability for homecare must be undertaken which **may** include an assessment of the home environment (especially where “high-tech homecare may be involved), availability of carers and impact of any homecare service on them, presence of disability and support, and medication concordance.
- A patient must fully understand the benefits and risks of a home care 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.

All prescribing for Homecare will be undertaken using an agreed Manx Care prescription format which on occasion may be modified with approval of the IMOG for specific clinical and operational requirements. Prescriptions must be sent to Nobles pharmacy for orders to be placed with the homecare company. Each prescription must be accompanied by an official order generated through the hospital pharmacy computer system UNLESS the agreed service specification is to utilise HS10 prescriptions reimbursed via the NHS business Services Authority

Prescriptions will be managed to reduce the risk of wastage associated with patients stopping administration of dispensed medicines. Prescriptions should be of an agreed length depending upon the treatment protocols and cost of delivery. The patients General Practitioner must be informed when their patients are commenced on a medicines homecare service or when an existing service is changed.

#### (e) Managing ordering and invoicing

Nobles pharmacy is responsible for the processing of all “orders” (prescriptions) for homecare that involve medicines.

All homecare orders will be processed through either the hospital pharmacy system OR via the NHS Business Services Agency (FP10 prescription pricing) to ensure detailed drug usage data is available to the Department of Health. Each prescription will be accompanied by an official order generated through the Nobles pharmacy computer system. The system should be able to match the order, with the invoice against an appropriate proof of delivery to the patient prior to payment.

### Monitoring

#### **Audit/review Arrangements & Annual Report**

All approved homecare medicines services within Manx Care must meet a range of quality standards. These are monitored by the Trust home care team which manages the service by means of Key Performance Indicators (KPI's) and service review meetings.

Monitoring of the homecare medicines service will include:

- Dispensing and supply errors
- Delivery errors/failures
- Patient numbers (new, existing and “left”)

- Financial information
- Timeliness of invoicing

More KPI's can be used, especially if the Trust becomes dissatisfied with the service of a single homecare provider. Quality standards can be maintained by means of monthly KPI reports reviewed every 3 months and through regular review meetings with the contractor by the Responsible Officer or their nominated deputy.

The following will be audited and reported to the Medicines Homecare Committee.

Internal Manx Care monitoring:

- a) Range of homecare schemes in place.
- b) Financial information relating to value of homecare medicines, savings delivered, service costs.
- c) Agreed Key Performance Indicators including activity, quality and development information

Homecare companies:

- a) Complaints received
- b) Reviews meetings undertaken

#### **4. REFERENCES AND/OR RESOURCES**

1. Homecare Medicines – Towards a Vision for the future, 2011, Hackett, Mark; Department of Health (Gateway reference 16691).
2. Governance toolkit for the introduction and use of medicines via the homecare route 2012, National homecare Committee.
3. Royal Pharmaceutical Society homecare Standards
4. UCLH Policy template document

#### **5. APPENDICES**

1. Homecare medicines Service Development Form
2. Checklist on how to implement a homecare medicines service

## **Appendix 1**

### **Homecare Medicines Service Development Form**

All requests for new medicine homecare services require clinical, economic and risk assessment. This will be undertaken by the pharmacy homecare team in conjunction with the relevant local medicines management process (IMOG). For assistance completing this form please contact pharmacy.

#### **Section A – Prescribing and administration arrangements**

Name of requesting healthcare professional			
Name of speciality and directorate			
Medicine or therapeutic class for consideration			
Indication		Route	
Dose Regimen		Frequency	
Duration of treatment (short term or long term)			
Number of patients:		Number on treatment	Projected number
Lead Consultant		Nurse Specialist(s)	
Has the drug been approved by the UMC for the proposed indication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If 'No', please complete a submission form for UMC approval) insert link here			

Current prescription route				
<input type="checkbox"/> FP10HP	<input type="checkbox"/> Hospital OP	<input type="checkbox"/> Inpatient	<input type="checkbox"/> GP	<input type="checkbox"/> Other
Is treatment currently administered on ward/clinic/day case?				
What type of prescription is proposed for the service?				
Who will write prescriptions? (e.g. consultant/non-medical prescriber)				
How often is a prescription generated for this treatment?				
What clinical and laboratory monitoring is necessary for this treatment?				
Can medication be self-administered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does this treatment require:	Nurse support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details of nurse support/training required				
Does this treatment require the patient to receive any ancillary items to support administration e.g. needles, sharp bins, dressings, waste bags, flushes etc?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details				
Does this treatment require any particular equipment to support administration e.g. infusion pump, fridge for storage etc?				



	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Details</b>		
For aseptically prepared products only		
Is stability data available for this treatment (SmPC or in-house)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If unlicensed medicine- refer to Trust Policy		

<b>Section B – Financial/Contract information</b>			
Current expenditure per annum on medicine (VAT included) <b>Pharmacy to complete</b>			
Is the medicine available at a discount in secondary care? <b>Pharmacy to complete</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Who is funding the homecare service fees (if known)?	<input type="checkbox"/> Trust	<input type="checkbox"/> PCT	<input type="checkbox"/> Drug company
Has the service been tendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If the service has not been tendered is an SLA available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has a specification for service provision been drafted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Appendix 2

### Checklist On How To Implement a Homecare Service

There are many different reasons for implementing a medicine homecare services which include improved patient choice, efficient use of resources, reduce workload in a dispensary and cost savings. Once agreement is reached to implement a service then the Chief Pharmacist (Acute Care) is responsible for ensuring that homecare provider services and their medicines are of an appropriate quality for their patients. Safeguards should be in place when selecting a homecare provider and measures should be in place to continue to monitor their performance.

The recommended implementation process for ManxCare is described below:

1. Identify a medicine or group of medicines that meet the criteria/benefits for homecare.
2. Contact the relevant consultants to ensure they are in agreement with the homecare approach.
3. Agree the plan for homecare with relevant commissioners together with funding of infrastructure charges to enable the effective management of the service by the trust.
4. Set up arrangements for managing the medicine homecare process such prescription review, ordering and invoicing Ensure there is sufficient clerical and other support for this process.
5. All medicine related homecare service transactions should be processed through the pharmacy computer system as this allows capture of the drug usage data and effective financial governance.
6. Agree the plan for homecare with IMOG.
7. Ensure the homecare provider chosen, preferable through an appropriate Manx Care procurement process, can provide the selected medicine at the quality, price, location, patient and time as agreed.
8. Obtain copies of the relevant homecare specification for pharma derived schemes or develop your own scheme using the relevant contract specification. The latter process can be complex and require considerable skills and effort and therefore it is recommended that contracting for homecare services should be undertaken at either regional/sector or national level.
9. Ensure the specification is fit for purpose within your trust. Decide on a suitable homecare provider after contract adjudication and communicate effectively with them at all times.
10. Agree and sign the amended service specification and Service Level Agreement as appropriate.
11. Develop inclusion criteria for recruiting suitable patients for homecare service and develop a target list of patients.
12. Develop or compile suitable patient information sources to facilitate the patient recruitment process.
13. Screen patients and interview suitable candidates to obtain consent.
14. Ensure that all patient incidents are recorded and service level performance reviewed with the homecare service provider at regular intervals.

## DOCUMENT EQUALITY & STANDARDS ASSESSMENT

Document Title:			
Policy for Medicines Homecare			
Date/Version:			
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Author:			
Sarah Hepburn			
<i>Document Content:</i>			
Are aims/objectives clearly stated?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Relevant stakeholder involvement?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Appropriate language/terminology?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Up-to-date references/guidelines/research?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Procedural clarity (including algorithms)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
If no selected, provide rational for decision:			
Is the document compliant with IOM Equality & Diversity legislation? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If no, in which area is the document non-compliant?			
<input type="checkbox"/> Disability <input type="checkbox"/> Gender Reassignment <input type="checkbox"/> Marriage/Civil Partnership <input type="checkbox"/> Race <input type="checkbox"/> Pregnancy/maternity <input type="checkbox"/> Sex/Sexual Orientation <input type="checkbox"/> Religion/Belief <input type="checkbox"/> Age			
Reason for non-compliance:			
<b>Documents failing to achieve one or more of the above CANNOT be ratified.</b>			
Date of initial review:			
Aug-22			
Review undertaken by:			
<input type="checkbox"/> Manx Care Board <input type="checkbox"/> Policies & Procedures Committee <input checked="" type="checkbox"/> Integrated Medicines Optimisation Group <input type="checkbox"/> OCQG			
Outcome of initial review:			
<input checked="" type="checkbox"/> Ratified <input type="checkbox"/> Ratified pending minor changes <input type="checkbox"/> Not ratified (significant changes required) <input type="checkbox"/> Not ratified (rejected)			
Review recommendations:			
<i>*If document is ratified pending minor changes:</i>			
Tick to confirm that changes have since been made as recommended by the ratifying body: <input type="checkbox"/>			
Ratified by:		Date:	
<input type="checkbox"/> Manx Care Board <input type="checkbox"/> Policies & Procedures Committee <input checked="" type="checkbox"/> Integrated Medicines Optimisation group <input type="checkbox"/> OCQG		18-Aug-22	