

## UHL Policy on the Provision of a Homecare Medicines Service

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<b>Trust Lead:</b>	Rabiya Mansoor, Advanced Specialist Pharmacist Homecare Medicines
<b>Board Director Lead:</b>	Andrew Furlong, Medical Director
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### REVIEW DATE

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April 2019 V1 this policy was written

April 2022 V2 this policy was updated to take into account changes to the homecare service including a move to e Prescribing and genomics and need for greater clarity on responsibilities. It also has been updated to reflect learning from the pandemic and the introduction of new ways of working.

### KEY WORDS

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Pharmacy Homecare Team

UHL Homecare

UHL Homecare Service

Homecare Medicines

Homecare Medicines Service

Homecare Provider

High Cost Drugs

Homecare Policy

Homecare Service

Pharmacy Homecare

## 1. INTRODUCTION AND OVERVIEW

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- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust policy for the provision of a homecare medicines service in line with the Royal Pharmaceutical Society (RPS) Professional Standards for Homecare Services 2013 and the recommendations made in the 2011 Department of Health commissioned report Homecare Medicines – Towards a Vision for the Future.
- 1.2 The policy of University Hospital Leicester NHS Trust is to commission homecare medicine services of high quality, delivered correctly, safely, at the right time for the best value.
- 1.3 A homecare medicines service is one that delivers on-going specialist medicines initiated by a hospital prescriber and associated care and supplies as needed, to a patient's home or other chosen address with their consent.
- 1.4 The benefits of such a service include:
- Improved patient care, choice and convenience
  - Reduced dispensary workload
  - Increased clinical capacity, through the release of nursing hours and beds spaces
  - Cost savings by utilising VAT efficient supply routes
- 1.5 Typical patients on homecare are those with chronic diseases and stable treatment regimens that do not require acute care input, homecare can additionally offer individual solutions for patients whose location or mobility would otherwise restrict the choice of treatment or cause difficulties in attendance to clinic appointments and medication collection.
- 1.6 There is however costs incurred for using a homecare provider. There may be charges for the delivery, consumables, waste management and nursing services.
- 1.7 Homecare medicines service may not be suitable for all patients or therapies and the decision to use this route must be part of a multidisciplinary approach involving the patient, the responsible clinician, wider clinical multi-disciplinary team, the pharmacy service and where appropriate service commissioners and primary care.
- 1.8 Homecare services should take into account the impact of a range of financial parameters e.g. NHS medicine contracts (local, regional and national), national tariffs (PBR status of medicine, activity tariff), local service costs to the provider and VAT.

## 2. POLICY SCOPE

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- 2.1 This policy is intended for use by all medical, nursing, pharmacy, management and other key UHL staff involved with homecare medicine services in line with recommendations of the Hackett Report (2011) together with the RPS Professional Standards for Homecare Services (2013).
- 2.2 The policy includes the supply of specialist homecare medicines and includes prescription management, invoice management, service arrangements for delivery, nursing, nurse training, supply of ancillary products, equipment and waste disposal as applicable and part of the homecare service.

- 2.3 This service may be provided in full or in part by a third party partner (e.g. commercial homecare provider) according to an agreed specification, SLA or contract, or in part by Trust staff.
- 2.4 All staff are required to adhere to all relevant national, regional and local frameworks, standards and regulation for the supply of homecare medicines.
- 2.5 This policy is relevant to the care of all patients who receive or plan to receive their medication via the homecare route.
- 2.6 Other services such as phlebotomy and home monitoring may be provided as an adjunct to the core homecare service where appropriate and approved.
- 2.7 This policy covers all aspects of the homecare service delivered via digital platforms such as virtual nurse training and e-prescribing.
- 2.8 The policy does not cover the supply of medication to patients from UHL dispensaries, subsidiaries or clinical areas, or the supply of medication to UHL wards, pharmacy or clinical areas for individual or trust use, with the exception of compounded medicines or other medicines where the supply falls within the allowable homecare frameworks.

**The key elements of the policy are as follows:-**

- a) Requesting new homecare service
- b) Compliance with Care Quality Commission standards and current regulations and national guidance
- c) Governance requirements of homecare service.
- d) An assured medicines homecare service according to an agreed specification to all designated patients
- e) Uniform and seamless care
- f) Prescribing and prescription processes
- g) Ordering, invoicing, record keeping and reporting systems
- h) Managing service quality
- i) Informing and involving patients in homecare
- j) Monitoring of provider performance and patient satisfaction – use of national KPIs

### **3. DEFINITIONS AND ABBREVIATIONS**

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- 3.1 A homecare service is defined as one which regularly delivers specialist medicines, any associated supplies and care, directly to a patient's choice of location. This can be sub-divided as those set up by the pharmaceutical industry for individual products and those services which are contracted to an NHS specification. The use of a homecare service does not reduce or alter the NHS duty of care to patients.
- 3.2 There are different levels of homecare services as described in the RPS Homecare Standards (2013) from simple dispensing and delivery of oral medicines (low tech) to more complex injectable aseptic preparations and the inclusion of nurse administration (high tech). The majority of homecare therapies are self-inject medicines which fall under the mid tech definition see below:

### **Low tech homecare service activities include:**

1. Self-administration of oral therapy or medicinal products for external use only
2. Products are licensed medicines or uncomplicated medical devices
3. Product storage conditions are 15-25 C and/or 2 -8 C suitable for storage in the patient's own fridge
4. Self-administration of medicines is usually in accordance with the Summary of Product Characteristics, occasional off-label use

### **Mid tech homecare service activities include:**

1. Products that are unlicensed medicines
2. Therapy that requires significant clinical support or diagnostic testing such as blood level monitoring as part of the homecare service e.g. oral oncology
3. Patient training and competency assessment relating to self-administration
4. Self-administration needing basic aseptic technique and standard ancillaries e.g. pre-filled syringes
5. Medications with special storage requirements
6. Provision of refrigeration equipment
7. Compliance and/or concordance programmes including specified interventions

### **High tech homecare service activities include:**

1. Intravenous/parenteral infusion
2. Self-administration needing advanced aseptic technique and/or portable equipment/specialist ancillaries
3. Products that are compounded aseptic medicines
4. Administration by healthcare professional

### **Complex homecare service activities include:**

1. Provision of bespoke homecare solutions for individual patients not covered by national standards
2. Permanent or semi-permanent adaptation of the home environment required as part of the service
3. Permanent or semi-permanent installation of equipment in the home
4. Clinical responsibility delegated to a third party
5. Clinical trials including homecare services

### **Abbreviations:**

KPIs	Key Performance Indicators
LGH	Leicester General Hospital
NHMC	National Homecare Medicines Committee
PBR	Payment by Results
PIRF	Patient Information Record Form
PO Number	Purchase Order number

PTS	Prescription Tracking System
RPS	Royal Pharmaceutical Society
UHL	University Hospitals of Leicester NHS Trust
VAT	Value Added Tax

#### **4. ROLES AND RESPONSIBILITIES**

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The NHS organisation University Hospitals of Leicester NHS Trust and the patient's clinical team will retain responsibility for the clinical aspects of a patient's treatment unless specified in the contract between the Trust and the provider.

##### **4.1 Medical Director**

4.1.1 Monitoring compliance of this document will be the responsibility of the Medical Director

##### **4.2 Chief Pharmacist and Deputy Chief Pharmacist**

The duties and responsibilities of the Chief Pharmacist are:

4.2.1 To have overall accountability for the quality of homecare medicine services provided to University Hospitals Leicester NHS Trust patients.

4.2.2 Responsible Officer for homecare medicines.

4.2.3 To ensure the implementation of the operational policy and associated local procedures within Pharmacy.

4.2.4 Oversight of contractual arrangements for services within homecare and act as signatory for homecare services.

4.2.5 For ensuring robust governance arrangements are in place locally for any medicine homecare service.

4.2.6 Ensure sufficient pharmacy resource allocation for the provision of a safe and effective homecare service. This may be delegated to the Deputy Chief Pharmacist.

4.2.7 Oversight of new homecare services introduced to the trust. This may be delegated to the Deputy Chief Pharmacist.

4.2.8 Approval of non-homecare prescription formats with supply via the homecare route and any non-standard prescribing processes. This may be delegated to the Deputy Chief Pharmacist.

### 4.3 Consultants, Other Prescribers and Heads of Service

Consultants and other prescribers will prescribe medication in line with this policy. Heads of Service will ensure that all homecare medicines are managed in line with agreed service specifications, clinical guidelines and frameworks within their areas.

Areas of responsibilities are:

4.3.1 Obtaining valid consent from patients (or carer as applicable) for clinical treatment, management and intervention or absence of such according to clinical need as per normal clinic procedure and local and national policy on consent. Documenting this within the patient medical records. Please see :

#### [UHL POLICY FOR CONSENT TO EXAMINATION OR TREATMENT, A16/2002](#)

4.3.2 Documenting agreed consent for referral specifically for homecare services on the registration form or equivalent form. This may be delegated to the appropriate member of the clinical team with clinical responsibilities.

4.3.3 Ensuring patient/carer is competent to be enrolled on to the homecare service. This duty may be delegated to another appropriately trained member of the clinical team such as a specialist nurse or contracted to the homecare provider with prior agreement and within agreed service parameters.

4.3.4 Ensuring prescribing is in line with funding agreements and local or national guidelines, and where pre-agreement is required appropriate funding requests and approvals have been made and received before prescription generation. This includes Blueteq approvals and renewals as applicable.

4.3.5 Ensuring prescribing is in line with the Human Medicines Regulations 2012.

4.3.6 Ensuring prescribing is not excessive and consideration is given to the risk of wastage, appropriate duration of supply, delivery cost (as applicable) and quantity supplied particularly where the product requires special storage conditions or is bulky. Advice should be sought from the Pharmacy Homecare Team as needed.

4.3.7 Ensuring (where appropriate for clinical monitoring and patient safety) the usual repeat prescription duration is ideally 6 months. The prescription duration may be shorter to align with monitoring cycles. Prescription durations should not be greater than 6 months unless agreed with the Pharmacy Homecare Team as an exception before prescribing. For fixed-duration courses prescriptions can be prescribed for the full duration of the course even if this is greater than 6 months.

4.3.8 Ensuring prescribing is for licenced products guided by considerations of safety, effectiveness, tolerability and value. Prescribers take full responsibility for any off-label use. Unlicensed imported medicines require the approval of the homecare lead pharmacist prior to prescribing. Requests should be made at the earliest possible opportunity. Contact [homecare.pharmacy@uhl-tr.nhs.uk](mailto:homecare.pharmacy@uhl-tr.nhs.uk)

4.3.9 Ensuring all relevant clinical checks and monitoring including blood monitoring, and genotyping are carried out at required intervals necessary for the safe initiation and ongoing prescribing of homecare medications, including appropriate

clinical endpoint and termination of treatment. Where out-of-area blood tests are taken it is the responsibility of the prescriber to check these, document with UHL notes or relevant system and provide a suitable copy of results to pharmacy for checking alongside the prescription.

- 4.3.10 Ensuring appropriate monitoring for response to medication, concordance and unwanted effects are carried out, reported and managed appropriately.
- 4.3.11 Ensuring relevant checks to allergies are made before starting and at relevant interims. Ensuring the allergy box is completed on all prescriptions including the source of information, the date recorded, initials and reaction the patient suffers.
- 4.3.12 Ensuring the homecare team are updated with any changes to routine monitoring including blood monitoring as soon as implemented.
- 4.3.13 Ensuring that all prescribing is in line with relevant clinical guidelines, as well as the licencing of the product including dose, indication and frequency.
- 4.3.14 Ensuring relevant checks to medical history and concurrent medications are made prior to starting and at relevant interims. Ensuring all clinically relevant checks (such as pre-screening tests) and other tests are carried out prior to the start of treatment and at relevant interims and as specified within the prescribing guidelines and licensing conditions of the medication.
- 4.3.15 Ensuring the patient's GP is notified of the homecare service, the homecare provider and medications started. If changes to the service are made these are communicated in a timely manner.
- 4.3.16 Escalating any concerns with the homecare service provisions for their patients with the Pharmacy Homecare team as soon as known.
- 4.3.17 Providing pharmacy with valid, completed prescriptions and registration forms in a timely manner.
- 4.3.18 Informing the Pharmacy Homecare team and the homecare provider if a decision is made to stop, change or hold treatment using the Patient Change Request Form available from the Pharmacy Homecare team. This is also provided with all new service starts. Completion of this form may be delegated to an appropriate member of the clinical team with clinical responsibilities. Responsibility to inform the provider and the Pharmacy Homecare team includes notice of any patient deaths using the form above as soon as possible.
- 4.3.19 Ensuring patient information is shared, processed and held in line with local and National regulations including but limited to Data Protection Act 2018, GDPR 2018, and UHL Privacy Policy and Information Governance.
- 4.3.20 Heads of Service are responsible to liaise with relevant CMG and commissioning leads ensuring the requests for new services are in line with commissioning requirements and agreements.
- 4.3.21 Where new homecare services are required, the clinical team leads are responsible for ensuring the Pharmacy Homecare team receive notification in

advance of need and where possible allowing 3 months from return of completed New Homecare Service Form to service initiation.

4.3.22 Ensuring patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

4.3.23 On-going clinical responsibility of the patient for the duration of care.

#### **4.4 Specialist nurses and other clinically trained staff who are directly involved in homecare services**

Specialist nurses and other clinical team staff are responsible for:

4.4.1 Supporting prescribers, consultants, Heads of Service and patients (or their carers) requiring homecare medicines.

4.4.2 Providing explanation to patients (or as applicable to their carers) of the homecare service, additional details on homecare arrangements, and where written materials on homecare services or individual therapies are available to ensure they are given to the patient, including in alternative language or formats as required.

4.4.3 Providing the patient (or where applicable to their carers) with contact for clinical queries.

4.4.4 Ensuring patients (or where applicable their carers) understand the homecare service and their right to withdraw fully or partially from any part of the service. Ensuring the Patient Information Record Form (PIRF) has been signed by the patient or carer and filed in the patient's notes. Where the National Registration Form template is applicable the relevant box on the registration form has been ticked, and the form signed (as applicable) on behalf of the patient to record agreement for referral onto the homecare service

4.4.5 Ensuring that the most up to date versions of homecare forms are used, available from homecare Webpage.

<http://insite.xuhl-tr.nhs.uk/homepage/clinical/medicines-information/homecare-pharmacy/process-support-and-forms>

4.4.6 Liaising with the homecare provider in relation to the provision of prescriptions, responses to clinical queries and escalations. Where relevant copying in the Pharmacy Homecare Team: [homecare.pharmacy@uhl-tr.nhs.uk](mailto:homecare.pharmacy@uhl-tr.nhs.uk)

4.4.7 Ensuring patient information is shared, processed and held in line with local and National regulations including but limited to Data Protection Act 2018, GDPR 2018, and UHL Privacy Policy and Information Governance. This includes the use transfer means of documents containing patient identifiable information.

4.4.8 Confirming that the patient's home or choice of location for treatment is suitable as required by the therapy. This includes storage and waste disposal arrangements. Where a home suitability needs assessment is required one is carried out prior to the patient being enrolled onto the service. An assessment of suitability for homecare must be undertaken for all High Tech services, and some

Mid or Low Tech as applicable. This may include an assessment of the treatment environment, availability of carers and impact of any homecare service on them, presence of disability and support, and medication concordance. Documentation may be in the form of Clinical Evaluation Forms or equivalent carried out and provided by the homecare provider, or may be carried out by the clinical team and documented in line with local procedures.

- 4.4.9 Ensuring up-to date contact information for patients are held by the Trust and updating the homecare provider and the Pharmacy Homecare Team when a change is known. Checking information held is up to date on a regular basis e.g. at clinic appointments.
- 4.4.10 Maintaining adequate up to date records and systems for follow up and clinical management including prescription requests.
- 4.4.11 Timely communication of changes to patient's treatment to the homecare company and CC the homecare team using the Patient Change Request Form. The template is available from the Pharmacy Homecare Team, or provided with all new service starts. Responsibility to inform the provider and the Homecare Pharmacy team includes notice of patient's death using the form above as soon as possible.
- 4.4.12 Sending prescriptions and where applicable registration forms, Blueteq letter or number and other relevant forms to the pharmacy department in a timely manner.
- 4.4.13 Following the process for tracking prescriptions in line with the process requested by the Pharmacy Homecare Team.
- 4.4.14 Providing information and feedback on homecare services and homecare providers for Service Review Meetings, and where required, attendance. Attendance at clinical review meetings and regularly linking in with the nominated senior homecare team member to maintain communication channels and where service support is required.
- 4.4.15 Following up on incidents and complaints as per [UHL Policy for the Management of Complaints A11/2002](#), relevant to homecare services where reported first to the clinical team, including completion of incident reports on Datix system. Contact the Pharmacy Homecare Team for support for correct completion of Homecare related incidents. Notify the Pharmacy Homecare Team of complaints, incidents and adverse events. Follow up and investigate complaints and incidents in a timely manner as reported by the homecare provider or the Pharmacy Homecare Team.
- 4.4.16 Where new services are required the clinical team are responsible for contacting the Pharmacy Homecare Team in advance of requirement and where possible allowing 3 months from return of New Homecare Service Form to service initiation. The clinical team are responsible for the completion and return of the New Service Request Form sent by the Pharmacy Homecare Team on request. Note all new services are subject to review of homecare service capacity and team resource prior to agreement to supply via this route.

4.4.17 Explaining the storage requirement of medication to the patients and responsibility of the patients and carer to use, store and dispose of medication as directed and as per the UHL Homecare Patients Charter (Patient Information Booklet).

<http://insitetogether.xuhl-tr.nhs.uk/SP2007/Pharmacy/UHL%20Homecare%20Service%20Patient%20Information%20Booklet%202019.pdf>

#### **4.5 Other non-clinical staff who are directly involved in homecare services**

Non clinical staff are responsible for:

4.5.1 Supporting the efficient processing of homecare documents.

4.5.2 Escalation of clinical queries to appropriate staff within their clinical area; this includes questions from patients, homecare providers and UHL staff. Clinical responses must be provided from a clinically trained member of the team for such questions.

#### **4.6 UHL Pharmacy dispensary staff, pharmacy clinical teams and responsible Pharmacist**

UHL pharmacy dispensary staff, pharmacy clinical teams and designated responsible pharmacists are responsible to ensure:

4.6.1 All designated homecare prescriptions are clinically screened (as agreed) in accordance with UHL clinical pharmacy standards. Clinical queries are raised with the clinical team and all service queries with the Pharmacy Homecare Team.

4.6.2 Queries are logged digitally and verbal communication is given during the handover of clinical responsibilities to the next pharmacist. All queries on urgent prescriptions are flagged to the Pharmacy Homecare Team via a phone call. Queries are marked as completed on the digital queries log.

4.6.3 Prescriptions are booked onto the tracker (unless otherwise agreed) and removed or updated on the Prescription Tracking System (PTS) including annotation on PTS regarding prescriptions with queries.

4.6.4 Timely transferring of prescriptions via secure specified transfer methods to the Pharmacy Homecare Team.

4.6.5 The Pharmacy Homecare Team are notified as soon as possible of any delays on prescriptions.

4.6.6 Prescriptions marked as "Urgent" are processed as soon as possible in line with relevant SOPs and are sent to the Pharmacy Homecare Team and marking the email as "Urgent".

#### **4.7 UHL Pharmacy CMG and Specialist Commissioning Leads**

UHL Pharmacy CMG and commissioning leads are responsible for:

- 4.7.1 Where new services are required the Pharmacy Homecare team is contacted in advance of requirement and where possible allowing 3 months from return of completed New Service Request Form to service initiation. For new therapies, the JAC New Product Request Form is completed and returned. Note all new services are subject to review of homecare service capacity and team resource prior to agreement to supply via this route.
- 4.7.2 Ensuring there is sufficient resource allocation for all aspects of new homecare service requests. This includes pharmacy clinical checking, homecare team workforce for initiation and maintenance of services and wider administrative support.
- 4.7.3 Ensuring the requests for new services are in line with commissioning requirements and agreements and have been approved for local use via TAS or equivalent. Where addition to the formulary is required submission has been made.
- 4.7.4 Ensuring requests for new homecare services are appropriate. Advice from the Deputy Chief Pharmacist and Advanced Specialist Pharmacist Homecare Medicines to be sought where alternative routes are also viable. Please see:

<http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Medicines%20-%20Choice%20of%20Supply%20Route%20for%20Outpatients%20UHL%20Pharmacy%20Guideline.pdf>

#### **4.8 UHL Pharmacy Homecare Team**

UHL Pharmacy Homecare Team are responsible to ensure:

- 4.8.1 Pharmacy Homecare is the only place where homecare prescriptions are issued out for dispensing to ensure effective operational control of procurement, ordering and invoicing via JAC pharmacy system. Where current arrangements by-pass UHL Pharmacy Homecare a plan should be in place to allow this or repatriation back into the service.
- 4.8.2 All applicable homecare prescriptions have been clinically screened in accordance with clinical pharmacy standards.
- 4.8.3 Raising orders according to the prescription, and supply of PO numbers to homecare companies.
- 4.8.4 Ensuring timely transfer to the homecare provider using secure means.
- 4.8.5 Reconciling invoices with prescription orders and ensuring signed Proof of Deliveries (PODs) are provided and checked for inaccuracies. Ensuring prices charged are as agreed in applicable contracts. Ensuring credits are claimed, correctly reconciled, and savings entered into the tracker. Ensuring invoices are passed for payment and queries are raised in a timely manner without undue delay and agreed timeframe

- 4.8.6 Monitoring, management and follow up of actions from joint email inbox communications. Resolution of service queries from clinical teams, patients, pharmacy staff, and UHL staff and homecare providers. Escalation of clinical queries appropriately.
- 4.8.7 Providing and maintaining adequate lines of communication between the clinical team, pharmacy, heads of service, and the homecare provider, including regular service review meetings.
- 4.8.8 Ensuring information regarding changes to patient's therapy including on hold, changes to treatment, nurse support, patient deaths are communicated to relevant homecare providers and clinical team where the Homecare Pharmacy team are the first to know or most appropriately placed to do so.
- 4.8.9 Ensuring patient information is shared, processed and held in line with local and national regulations including but not limited to Data Protection Act 2018, GDPR 2018, and UHL Privacy Policy and Information Governance. Maintain up-to-date accurate records for the required period.
- 4.8.10 Training and support of relevant staff on homecare medicines management and processes.
- 4.8.11 Assisting in the implementation and monitoring of Key Performance Indicators (KPIs) for homecare medicines services including regular review meetings with clinical teams and homecare providers. Identification and follow up of issues from KPIs.
- 4.8.12 Manage complaints and incidents as per Appendix 19 RPS homecare standards, UHL Policy for the Management of Complaints A11/2002, and Pharmacy Homecare Complaints SOP. Regularly reviewing complaints and incidents for trends and learning.

<http://www.rpharms.com/resources/professional-standards/professional-standards-for-homecare-services/appendix-19>

- 4.8.13 Producing annual and quarterly reports for commissioning bodies, Chief Pharmacist and other relevant stakeholders.
- 4.8.14 Providing advice and support for clinical teams, pharmacy and where applicable and appropriate the homecare providers.
- 4.8.15 Providing leadership for the homecare medicines service. Providing leadership and support for unplanned service disruptions.
- 4.8.16 Development and agreement of contracts with homecare providers. Review of service specifications and ensure providers meet the agreed service standards. Participation in tender processes and representation of UHL priorities.
- 4.8.17 Ensuring prescriptions are checked for out of contract lines and issues are escalated appropriately.

- 4.8.18 Supporting the Responsible Officer by co-ordinating new homecare service requests including liaison with relevant specialist pharmacists, pharmaceutical companies, CMG leads, and Heads of Service and homecare providers.
  - 4.8.19 Carrying out annual RPS Homecare Audit (co-ordinated by Regional Pharmacy Homecare Lead) and participate in NHS benchmarking exercises.
  - 4.8.20 Setting up new services within agreed timeframes. Where delays to service initiation or concerns with existing service are identified they are escalated to relevant leads in a timely manner and resolution is sought.
  - 4.8.21 Supporting clinical teams in implementation of services and providing advice and support to CMG and commissioning leads.
  - 4.8.22 Seeking continuous improvements and feedback for service provided by the Pharmacy Homecare Team.
  - 4.8.23 Seeking engagement and involvement in service design and delivery through involvement and feedback from patients, carers and the public
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### 5.1 Involving and Informing Patients and Carers

- 5.1.1 Patients and carers must fully understand the benefits and risks of a homecare service before providing consent. The patient or the carer must read, complete and sign the Patient Information Record form (PIRF).
- 5.1.2 Patients requiring care and supplies direct from the hospital despite the existence of homecare services should not be prevented from doing so.
- 5.1.3 Service information, in a suitable format for the patients or carer's ability and needs, should be provided. Information provided includes the Homecare Patient Charter and the Homecare Patient Information Leaflet (PIL) as well as any clinical information. This can be provided digitally or printed according to the patient's preference.
- 5.1.4 The homecare provider should furnish the patient with written information including a Welcome pack, complaints procedure and contact information including out of hours.

### 5.2 Gaining Consent

- 5.2.1 Patient must consent as per UHL consent policy and the usual treatment consent procedures, which is then documented in the patients' medical notes.
- 5.2.2 Consent for the referral into homecare services is on the registration or equivalent form which may be signed on behalf of the patients by an appropriate member with clinical responsibilities from the clinical team once the service has been explained to them. Where necessary consent can be obtained for the referral onto the homecare service via remote or digital means. This includes obtaining signatures for the Patient Information Record Form (PIRF).
- 5.2.3 A patient's GP must be informed when medicine homecare services have been agreed via clinical letter or equivalent.
- 5.2.4 All patients are informed they have the right to withdraw from the homecare service at any point.

### 5.3 Requesting a New Homecare Service

- 5.3.1 All requests for new services via homecare must have TAS or equivalent approval for addition to the formulary.
- 5.3.2 For the introduction of new homecare services advice should be sought from the Deputy Chief Pharmacist and Advanced Specialist Pharmacist Homecare Medicines for suitability of route of supply; this should include consideration of other routes of supply including UHL's current insourced/outsourced outpatient pharmacy provider. Reaching an agreement to the introduction of a new homecare medicines service is the responsibility of all relevant clinical, management and financial stakeholders. See also:

<http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Medicines%20-%20Choice%20of%20Supply%20Route%20for%20Outpatients%20UHL%20Pharmacy%20Guideline.pdf>

- 5.3.3 Funding agreement should be obtained prior to proceeding with any homecare service. Funding should take account of costs associated with both the external homecare service provider and the additional internal administrative costs. This may include the submission of business cases to commissioners or other budget holders. Staffing resource for the Pharmacy Homecare Team and where applicable the clinical and pharmacy team must match the volume of potential workload associated with the new service/s being requested.
- 5.3.4 The Advanced Specialist Pharmacist Homecare Medicines or Chief Pharmacy Technician Homecare Services should be contacted via email at the earliest opportunity for new services, extensions to existing services including new indications and therapy areas. When a new service set-up is agreed a New Service Request Form will be sent to the clinical team. These need to be returned before setup can be initiated via homecare. Please contact the team for any issues or help with the completion of the forms. [Homecare.pharmacy@uhl-tr.nhs.uk](mailto:Homecare.pharmacy@uhl-tr.nhs.uk)
- 5.3.5 For new products a JAC New Product Request Form needs completing and forwarded to the Advanced Specialist Pharmacist Homecare or Chief Pharmacy Technician Homecare Services. The responsibility for completion of this form may be delegated to the Specialist Pharmacist and requires CMG Lead Pharmacist approval. Refer to Pharmacy SOP 501.
- 5.3.6 The Pharmacy Homecare Team will provide the required documents, reference material, forms and homecare contacts required for a new service to the clinical team and will provide the homecare company with clinical contact for prescription requests, invoicing details and the service details required via email. Once a service has been set up, notification of when services can start will be given by the Pharmacy Homecare Team.
- 5.3.7 For operational control no homecare documents should be circulated to clinical teams by other UHL staff, pharmaceutical manufacturers or the homecare providers unless directed by the Pharmacy Homecare Team. All homecare documents will be centrally managed, held and distributed by the Pharmacy Homecare Team. This includes prescription templates, registration forms, transfer logs, contracts and any other homecare documentation.
- 5.3.8 Robust governance and service specifications must be developed before a new service is started. Areas of responsibility should be clearly defined for all parties within the agreement, in either the specification or the service level agreement (SLA) for the service. These are reviewed by the Advanced Specialist Pharmacist Homecare Medicines and where applicable the Head of Service, CMG lead, nursing lead and UHL governance and contract leads. Where a signature is requested documents will be submitted to the Deputy Chief Pharmacist, the Chief Pharmacist, or appropriate Head of Service for approval prior to signing off.

5.3.9 UHL teams should ensure all homecare contracts are managed by the Advanced Specialist Pharmacist Homecare Medicines, and all homecare contracts including those for Patient Support Programmes (PSPs) are not signed without consultation.

#### **5.4 Managing Ordering and Invoicing**

5.4.1 All homecare orders will be processed through the hospital pharmacy system (JAC) to ensure detailed drug usage data is available. Each prescription will be accompanied by a Purchase Order Number (PO Number) and reconciled prior to payment as per the Homecare Ordering and Invoicing SOP.

#### **5.5 Prescribing for Homecare Patients**

5.5.1 All homecare prescribing must utilise approved homecare prescription and registration templates. Where FP10 or other prescription formats are used this must be with the approval from Deputy Chief Pharmacist and Advanced Specialist Pharmacist Homecare with plans in place for process control or repatriation. It is expected that all homecare services will follow the normal medicines governance procedures within the Trust including formulary control and Medicines Management policies.

#### **5.6 UHL Governance Processes**

5.8.1 The management of medicines recalls, incidents and complaints related to homecare services MUST comply with UHL trust policy, RPS Appendix 19 and UHL Homecare Complaints and Incidents SOP. Incident reporting relating to medicines homecare initiated within the Trust should follow due process and should be visible to the UHL Medicines Safety Group.

5.8.2 Governance arrangements for homecare services including clinical trials and unlicensed medicines should reflect normal trust procedures and practice.

5.8.3 The procurement process for homecare must be robust and comply with the Trusts Standing Financial Instructions and be performance managed. All NHS tendered contracts should contain a detailed specification for services in line with the guidance from the National Medicines Homecare Committee (NMHC). This will identify the individual stages of the homecare service and the responsibilities of each party.

### **6 EDUCATION AND TRAINING REQUIREMENTS**

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6.1 All pharmacists involved in the clinical checking of homecare prescriptions are required to complete homecare training arranged via the Pharmacy Homecare team. Ad hoc training sessions are based on the individual training needs. This training may be completed via HELM platform where available.

- 6.2 All new pharmacy staff with a requirement for homecare involvement will be offered homecare specific induction or training.
- 6.3 For all other staff, training can be provided by the Pharmacy Homecare team up on request and where available online.

## **7 PROCESS FOR MONITORING COMPLIANCE**

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- 7.1 Local homecare service arrangements should be audited on a regular basis to ensure compliance with best practice. A national self-assessment tool is completed annually. Results are shared with trust Chief Pharmacist and regionally.
- 7.2 Regular Service reviews are held by the Pharmacy Homecare Team with homecare providers. Clinical and pharmacy staffs are invited to provide feedback, attend, or highlight areas of concern. KPIs, complaints and incidents and wider service issues will be regularly monitored and trends or unusual/unexpected values investigated. Corrective actions as needed are followed up with relevant teams.
- 7.3 Annual and quarterly submissions to commissioners are reported for on-going monitoring of compliance and performance.
- 7.4 Performance is monitored through the development of internal KPIs and regular auditing.

## POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Patient Complaints	Advanced Specialist Pharmacist Homecare Medicines	KPIs, Datix, Complaints	Monthly, ad hoc as arise.	Reported regionally, and to the Pharmacy Quality & Safety Board, NRLS National Reporting and Learning Service
KPIs	Advanced Specialist Pharmacist Homecare Medicines	Monthly reports from homecare provider	Monthly and or prior to Service Review Meeting	Reported regionally, and to the CP

## **8 EQUALITY IMPACT ASSESSMENT**

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8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## **9 REFERENCES**

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9.1 Homecare Medicines “Towards a Vision of the Future” 2011 Mark Hackett DOH, NHS Toolkit for Medicines Homecare Services Produced by the National Medicines Homecare Committee (NMHC), Dec 2011

9.2 The Royal Pharmaceutical Society (RPS) (electronic), Professional Standards for Homecare Services in England, London, September 2013

9.3 SOP 501: PROCEDURE FOR REQUESTING A NEW PRODUCT TO BE SET UP ON THE JAC PHARMACY COMPUTER SYSTEM (COMPLETION OF A JAC PRODUCT SET-UP REQUEST FORM)

9.4 UHL POLICY FOR CONSENT TO EXAMINATION OR TREATMENT 12 September 2002

9.5 UHL Policy for the Management of Complaints A11/2002

## **10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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10.1 This policy will be reviewed after 18 months then 3 yearly thereafter. The updated version of the Policy will be sent for approval, uploaded and made available through INsite Documents and the Trust’s externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system. All relevant personnel will be notified, in writing, of any changes to the Policy and/or Procedures

10.2 The policy will be disseminated via an awareness, dissemination and implementation strategy as advised by the Policy and Guidance Committee

10.3 A link to the policy will be located in the Pharmacy Homecare section on the intranet and available for all staff.

10.4 Monitoring compliance of the document will be the responsibility of the Medical Director.