

1. Introduction and who guideline applies to

This guideline is for advanced specialist pharmacists, CMG lead pharmacists and clinical commissioning pharmacists involved in the decision making around the optimal supply route for an outpatient medicine at UHL. The supply route options are via UHL Pharmacy, homecare, outsourced outpatient provider (wholly owned subsidiary) or FP10 prescription via a community pharmacy.

2. Guideline Standards and Procedures

Abbreviations

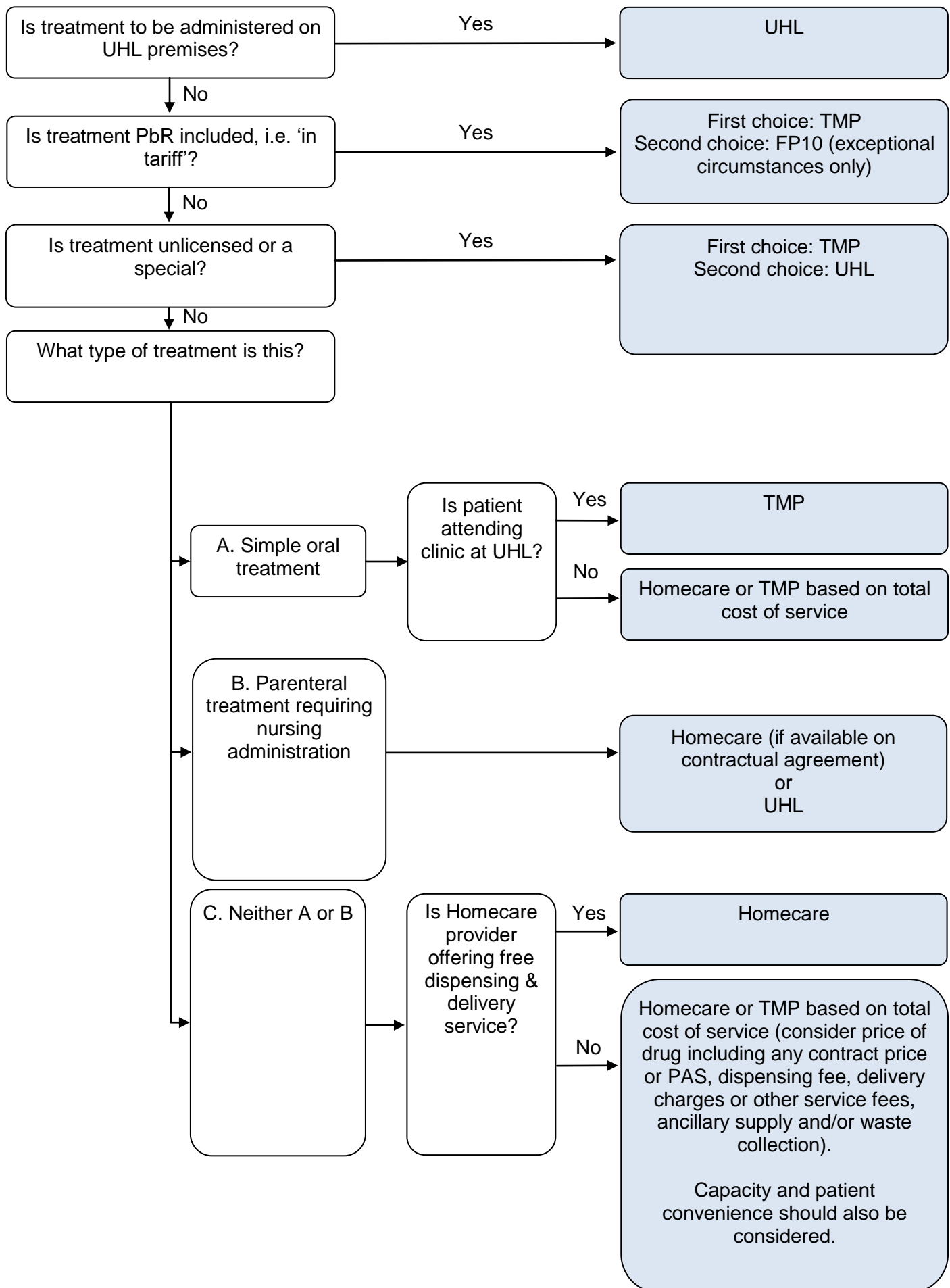
CMU	Commercial Medicines Unit
EMPC	East Midlands Procurement Collaborative
KPI	Key Performance Indicators
NICE TA	NICE Technology Appraisal
PAS	Patient Access Scheme
RPS	Royal Pharmaceutical Society
TAS	Therapeutics Advisory Service
TMP	TrustMed Pharmacy

2.1 Choosing a medicine supply route

The supply route should be considered at the same time that a TAS submission is made, or for drugs being evaluated by NICE then some pre-emptive work can be undertaken e.g. by the appropriate clinical commissioning pharmacist. It is advisable to discuss with the clinical team, homecare pharmacist and TMP pharmacy lead as early as possible to identify any barriers to a particular supply route.

The table below and flow chart overleaf summarise the potential supply route(s) that can be used by UHL for new or existing medicines, with the characteristics/features. This is intended as a quick reference to what supply routes may be possible for a particular therapy but full consideration should be given to the points outlined in the remainder of this document. It should also be noted in tariff and unlicensed medicines can on occasion be supplied via homecare, this should be discussed with the homecare pharmacist in the first instance.

	UHL pharmacy	Homecare	Outsourced outpatient provider (TrustMed Pharmacy)	FP10
Requires specialist administration <u>on UHL site</u>	✓	X	X	X
VAT free route	X	✓	✓	✓
Patient level data available (note this is required by commissioner for out of tariff medicines)	✓	✓	✓	X
Patient Access Scheme (aka "commercial arrangement") / Contract price in place	✓	✓	✓	X
Delivery required	X	✓	✓	X
Pharma funded services through homecare (e.g. dispensing and delivery)	X	✓	X	X
In tariff	✓	X	✓	✓
Unlicensed / Special	✓	X	✓	X



2.2 Specific issues to consider when choosing a supply route

a) Hospital contract price

If the drug is available at a discount through a CMU contract then FP10 must NOT be used. Contract prices are available to homecare companies and 3rd party out-patient providers upon request by the Trust (CMU and EMPC have template letters to use to make these requests).

b) Patient access schemes

If the drug is available at a reduced price through a Patient Access Scheme (now known as a 'commercial arrangement') as part of a NICE TA then, again, FP10 must NOT be used. PAS prices will be available via homecare or 3rd party out-patients upon request.

c) Pharma schemes

If the drug is included in a manufacturer's scheme for supply to patients at home at no extra cost, then this may be the most cost effective route of supply. The homecare company or companies nominated by the manufacturer must be used to benefit from the savings and offering.

For products not available through a pharma company homecare scheme, then outsourced out-patients will usually be the most cost effective route of supply providing they can get access to the PAS/reduced price if in place.

d) FP10s

It is recommended that FP10 use is the exception rather than the rule, but they may be suitable for included to tariff drugs supplied through the Alliance or some UHL clinics e.g. ophthalmology. Also consider patient convenience i.e. likely to use UHL sites for first prescription.

Benefits of FP10s

- Convenient for patients
- Do not require a UHL/TMP pharmacist screen
- Low administration costs in hospital as no processing on JAC and only 1 invoice per month
- Delayed payment – invoice is sent out approx. 6 weeks after month end

Disadvantages of FP10s

- Reporting on drug usage is via ePACT and no patient details are available, so FP10 use must be avoided for excluded to tariff drugs because patient data is needed for commissioners.
- If used for homecare, the homecare company will need one prescription per delivery in order that they are reimbursed in a timely manner.
- Do not require a pharmacist screen, therefore if using for homecare, reduces compliance to the KPI reports for Trust and RPS standards.
- Formulary management is not possible
- Not all medicines are available through community pharmacies
- Potential difficulties in contacting prescriber if required

e) Excluded from tariff drugs (aka high cost drugs)

- If there is a PAS / contract price use UHL / homecare / TMP (preferably homecare or TMP as these routes are also VAT efficient)
- If company offer free delivery through homecare route then this will usually be most cost effective providing the drug cost is also at the lowest acquisition cost.
- Patient convenience. Consider where patient will be seen and frequency of attendance. TMP route may incur dispensing fee to commissioner and, if required, delivery charges (confirm with commissioning pharmacists and TMP lead for current fees).

- Patient location may also influence choice. Patients living further afield may have difficulty coming in to UHL to collect or for TMP to deliver to e.g. remote location/suitable days/times. For these patients, larger homecare companies may be a better choice (delivery/dispensing charges may still have to be paid).
- Commissioners require patient level data so do not use FP10 route
- Alliance: excluded from tariff drugs on FP10 are not recommended through this route where possible.

f) **Ownership of TrustMed Pharmacy**

In the event that all other considerations are equal, it is important to remember that TMP is wholly NHS (UHL) owned, as compared to homecare providers who are commercial companies. In the event that there are not compelling patient, operational or financial reasons to select one route over the other, TMP should be favoured on this basis. This also delivers the additional benefits of a closer working relationship between the prescribing and dispensing organisation, and the associated ability to influence patient experience and information for example.

3. Education and Training

None

4. Monitoring Compliance

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Incidents and complaints	Medication Safety Pharmacist	Datix incident reporting tool	Monthly	Medicines Optimisation Committee (MedOC)

5. Supporting References

- <https://www.sps.nhs.uk/articles/principles-guiding-the-decision-making-about-the-route-of-supply-of-medicines-to-outpatients-rmoc-guidance/> May 2019, accessed 15th August 2019

6. Key Words

Pharmacy, supply, medicine, outpatient prescription

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Details of changes made during review NA new guideline	