**Homecare Lead Induction Programme**

Introduction

This document is intended to assist pharmacy staff in managing homecare arrangements in trusts. It is intended to detail the sorts of knowledge and resources they might need to be familiar with in order to undertake their duties efficiently. It is intended that a staff member would work through the document over their first year in post.

Trust Specific Systems  
New staff will have to understand the following local systems:-

* Local homecare systems, audit and governance requirements.
* Local pharmacy system ordering and invoicing system
* Key local contacts in homecare (clinicians, specialist nurses etc.)
* Local trust contracts for homecare
* Governance processes within the trust for homecare.

See here an example from Nottigham of an induction checklist



What is Homecare?  
A homecare medicine delivery service can be described as being a service that delivers ongoing medicine supplies and, where necessary, associated care, initiated by the hospital prescriber, direct to the patient’s home with their consent. The purpose of the homecare medicines service is to improve patient care and choice of their clinical treatment. [1]

Homecare services are provided to over 200,000 patients in the UK representing £1.5 billion of the £4 billion spent on hospital medicines. The sector has grown rapidly and continues to develop and expand to meet patient demands and NHS cost containment targets [1]. In the East of England (EoE); annual spend for oral chemotherapy, HIV and Hepatitis homecare services alone is in excess of £12 million with total annual expenditure in the EoE over £100 million.

[1] Royal Pharmaceutical Society – Professional Standards for Homecare Services in England

See also <http://www.eoecph.nhs.uk/What-are-Homecare-Medicines-Services.htm>

Types of Homecare

There are two common ways of classifying homecare.

1. Who commissions the service?  
   Schemes are either commissioned by the NHS (NHS Schemes) or the pharmaceutical industry (pharma Schemes).   
   Pharma funded services are typically offer the homecare medicines service element “free of charge” to the NHS as a distribution route. I.e. the cost of medicine is the same whether purchased directly into the trust or dispensed and delivered to the patient’s home by one of the approved homecare providers (with or without other care services E.g. nurse training /administration).  
   Pharma funded services are designed by the drug manufacturer and the homecare provider. The type of service will be described in a Service Level Agreement (SLA) between the provider and the trust. (see contracting for a service below).  
   NHS funded services will have a specification and terms and conditions of contract set by the NHS body letting the contract (Commercial Medicines Unit (CMU), a procurement hub or a trust). Ideally these documents should be derived from the national standard documentation prepared by the National Homecare Committee (see later) and the NHS Standard Terms and Conditions.
2. The type of service  
   The RPS define different levels of homecare (Low Tech, Mid Tech and High Tech and Complex Care) See RPS handbook below. Services are often for a single agent/drug (e.g. most pharma funded services) or disease class (e.g. HIV, Hep C). Some contracts are described by the type of service (e.g. low tech, dispense and deliver) but these tend to be for simple type arrangements.

See also <http://www.eoecph.nhs.uk/What-are-Homecare-Medicines-Services.htm>

EoE Homecare resources

<http://www.eoecph.nhs.uk/homecare-medicines-services.htm>

Contracting of Homecare Medicines Services

**Pharma Funded vs NHS Funded**

There are both similarities and differences between contracting of homecare services funded by pharma companies and those funded from within the NHS. Differences stem from the greater influence of a third party (Pharma Company) as well as application of the NHS terms and conditions and public contract regulations 2015.

**Contracting of NHS Funded Homecare Services**

Framework Agreement:  
Framework agreements are commonly established by the NHS for contracting of NHS Funded Homecare Medicines Services following formal procurement process and are usually undertaken at an aggregated level E.g. regional or national. Framework agreements typically comprise of four major elements service specification, commercial offer, tender response and terms & Conditions. A framework agreement, however, is not a contract in its own right. Local trusts are required to sign a ‘call-off’ SLA/contract which further defines the service specification with specific local trust requirements. The Framework Agreement holder will usually provide a template call-off SLA/contract.

When completed this call off SLA/contract and all elements of the Framework Agreement form the contract between the trust and the selected homecare provider.

A specific term(duration) can be applied to the call-off SLA/contract, otherwise, the duration of the contract will be aligned to the term of the framework agreement. A call-off SLA/contract may outlive the overarching Framework Agreement.

**Contracting of Pharma Funded Homecare Services**

First, a contract is established between a pharma company and a preferred homecare provider to deliver a specified product and associated homecare services to NHS and private patients. A Pharma Company may choose to select multiple preferred homecare providers. Historically sight of these documents within the NHS is very difficult due to the nature of the commercial agreement.

Current practice is for the preferred homecare provider to approach the NHS with a Service Level Agreement (SLA)/contract document prior to service implementation.

This SLA/Contract does not sit directly under either the pharma-homecare provider contract or an NHS framework agreement and is therefore a standalone contract in its own right. Therefore this SLA/contract must contain a service specification, pricing schedule and terms and conditions. *Note: Tender response is not applicable in this scenario as a formal procurement process has not been undertaken.*

As a standalone contract established on the terms of the homecare provider, consideration should be given to the term (duration) and termination as well as the overall terms and conditions’ alignment with the NHS Standard.

For more information see: <http://www.eoecph.nhs.uk/Contracting-of-Homecare-Medicines-Services.htm>

Background Reading list:

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| **Title** | **Resource** |
| Hackett report – ‘Homecare medicines: Towards a vision for the future’ |  |
| RPS – The Professional Standards for Homecare services  NB you should have an audit of how your trust performs vs. these standards which would be a good basis of what needs addressing |  |
| RPS – Handbook for homecare services in England (including appendices) |  |
| ABPI – Homecare: A good practice guide for pharmaceutical manufacturers  (<http://www.abpi.org.uk/our-work/library/guidelines/Pages/020615.aspx>) |  |
| ABPI – Managing Homecare in the NHS a collaborative approach. |  |
| Trust’s Homecare Policy | Check you have one. |
| Trust’s Homecare SOPs (if available) | Check they exist. |

National Organisation of Homecare Market

There are a number of groups set up to coordinate the homecare market and represent the various interests.

1. National Homecare Medicines Committee (NHMC)  
   This is an NHS lead group consisting of regional homecare leads, PMSG members, representatives from CMU, the ABPI and homecare providers. The group addresses homecare market issues and has lead on governance and standardisation. You should have a regional representative on this group and need to establish contact with them. Jane Kelly from Leeds pharmacy chairs the group.
2. National Clinical Homecare Association (NCHA)  
   This group represents homecare providers. Most providers are represented on this group which also sits on the NHMC.  
   <http://www.clinicalhomecare.co.uk/>
3. ABPI Homecare Group  
   Those pharma companies who are members of the ABPI and are utilising homecare arrangements (pharma schemes) are represented by this group. They have produced some publications and guides (see above). <http://www.abpi.org.uk/Pages/default.aspx>

See also <http://www.eoecph.nhs.uk/national-homecare-medicines-services-management.htm>

1. Regional Homecare Leads & Regional Groups  
   A number of regions have invested in a homecare lead (South West, Thames Valley, East of England, London). These leads coordinate the homecare services in their area and run the regional homecare group. For details in EoE see below. You should contact this person if they exist in your region. <http://www.eoecph.nhs.uk/homecare-sourcing-group.htm>   
   NHS England have accepted these posts as a “standard “ model and the leads are working collaboratively (see ongoing work later).

Job Guidance  
The following resources may be useful to your role of homecare lead.

1. *Guidance on VAT from Home Office***
2. *Outputs from East of England “Self Help” Training Events  
   NB this and the next documents are quite old but still contain a lot of relevant information.*****
3. *Outputs from London “Self Help” Training Events***
4. *Homecare Medicines Policy*[*http://www.eoecph.nhs.uk/homecare-medicines-policy.htm*](http://www.eoecph.nhs.uk/homecare-medicines-policy.htm)
5. *Dealing with Patient Access Schemes*[*http://www.eoecph.nhs.uk/patient-access-schemes-in-homecare-medicines-services.htm*](http://www.eoecph.nhs.uk/patient-access-schemes-in-homecare-medicines-services.htm)
6. *Patient Information*[*http://www.eoecph.nhs.uk/patient-information.htm*](http://www.eoecph.nhs.uk/patient-information.htm)
7. *Generic Prescribing within Homecare Services  
   Providers require different levels of information if they are to dispense the correct generic brand (i.e. contract).* [*http://www.eoecph.nhs.uk/generic-prescribing-within-homecare-medicines-services.htm*](http://www.eoecph.nhs.uk/generic-prescribing-within-homecare-medicines-services.htm)
8. *Practical Guide for Managing Homecare at Trust Level by See Mun Wong.***
9. *Pharma Based Schemes by Supplier (Joe Bassett)  
   *
10. *BOPA guide on Community Provision of Oral Chemotherapy  
    *

GovernanceHackett requires a formal governance structure to manage outsourced services. There is a lot of work in this field (see ongoing work) but the following may be useful

1. Centralised Homecare Governance Model  
   <http://www.eoecph.nhs.uk/centralised-homecare-governance-model.htm>
2. Standardised Performance Indicators  
   
3. Risks associated with a Homecare Lead Community Pharmacy Model  
   
4. Patient Questionnaire  
   <http://www.eoecph.nhs.uk/patient-satisfaction-questionnaire.htm>

Ongoing Work  
There are a number of national workstreams that will deliver standardised models for this market. These are

* Standardised models for managing complaints and incidents.
* A standard set of terms and conditions of contract for pharma homecare schemes. To include
  + Standard NHS terms and conditions of contract (for relationship between provider and NHS)
  + CMU specification template (for relationship between provider and NHS)
  + Memorandum of Understanding (for relationship between pharma company and NHS).
* Standardised documentation
  + Prescription form
  + Registration Form
  + Patient Assessment Form

Kevan Wind (with thanks to See Mun Wong Joe Bassett and others who have contributed extensively) 31st July 2015