

Appendix 7 — NHS Wales Health Board/Trust Model Policy for Use of Homecare Services

Homecare is defined as 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 that are set up by the pharmaceutical industry for individual products and those that are contracted to an NHS specification. There are different levels of homecare services, from simple dispensing and delivery of oral medicines (low tech) to more complex injectable aseptic preparations and the inclusion of nurse administration (high tech).

1. The use of a homecare service does not reduce or alter the NHS duty of care to patients. The NHS organisation and the patient's clinical team will retain responsibility for the clinical aspects of a patient's treatment unless specified in the contract. 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. The quality of the service must be given high priority and reflected in the specification.
2. In the case of pharmaceutical company derived schemes it is essential that the NHS is fully aware of and agrees with the service specification, and that the Chief Pharmacist has signed the SLA.
3. A risk assessment should be undertaken on services (health boards/trusts and providers) and for individual patients.
4. Agreement to the use of a specific homecare service should be the responsibility of all relevant clinical, management and financial stakeholders.
5. It is expected that all homecare services will follow the normal medicines governance procedures within the health board/trust including formulary control and Medicines Management policies. The Chief Pharmacist is the designated health board/trust officer accountable for ensuring robust governance arrangements are in place locally for any medicine homecare service.
6. There must be a robust managed entry process for new homecare services to ensure a full clinical, economic and risk assessment has been undertaken by the health board/trust (see document in Section 3 to use as a tool).
7. 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, primary care. An assessment of suitability for homecare must be undertaken, which may include an assessment of the home environment, availability of carers and impact of any homecare service on them, presence of disability and support, and medication concordance where appropriate.
8. 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.
9. A patient's GP should be informed when medicine homecare services have been agreed.

10. Funding 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.

11. Homecare services should take into account the impact of a range of financial parameters e.g. NHS medicine contracts (local and national), local service costs to the provider and VAT status.

12. The procurement process for homecare must be robust and comply with the health board/trust's Standing Financial Instructions and must be performance managed. All NHS tendered contracts should contain a detailed specification for services in line with the guidance from the All Wales Drugs Contracting Committee (AWDCC). This will identify the individual stages of the homecare service and the responsibilities of each party. The specification should include a set of key performance indicators and management information reports, including the submission by the provider of medicine usage to the AWDCC at a national level.

13. Each prescription must be accompanied by an official order generated through the hospital pharmacy computer system. Invoices should be matched against this and the proof of delivery. Homecare service suppliers should be identified on pharmacy computer systems by the suffix 'home' to aid identification of national activity.

14. The management of medicines recalls, incidents and complaints related to homecare services MUST comply with local health board/trust and national policy.

15. Local homecare service arrangements should be audited on a regular basis to ensure compliance with best practice. An annual report should be sent to the Medicines Management Committee within the health board/trust (see Section 4).

16. Governance arrangements for homecare services including clinical trials and unlicensed medicines should reflect normal health board/trust procedures and practice.