**HOMECARE MEDICINES POLICY**

<table>
<thead>
<tr>
<th>Version</th>
<th>2</th>
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<tbody>
<tr>
<td>Sub-committee approval group</td>
<td>Formulary and Medicines Group</td>
</tr>
<tr>
<td>Document Manager (job title)</td>
<td>Janet Brember (Homecare Pharmacist)</td>
</tr>
<tr>
<td>Date ratified</td>
<td>18 September 2020</td>
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<td>17 September 2023</td>
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<td>Clinical Policies</td>
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<td>Related Procedural Documents</td>
<td>Medicines Management Policy</td>
</tr>
<tr>
<td>Key Words (to aid with searching)</td>
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</tbody>
</table>

**Summary**

This policy outlines the key homecare processes and responsibilities of Trust staff in relation to the provision of homecare services.

**Version tracking**

<table>
<thead>
<tr>
<th>Version</th>
<th>Date Ratified</th>
<th>Brief Summary of Changes</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>18/09/20</td>
<td>Changes to wording in section 3(b) (GDPR and consent) and 3(d)(archiving), addition of Appendix C and Appendix D. Transfer to new Trust template.</td>
<td>Janet Brember</td>
</tr>
<tr>
<td>1.1</td>
<td>25/03/20</td>
<td>Due to the current Coronavirus pandemic the Trust Board have agreed that all policies which are currently within review date will have their review date extended by six months from the review date stated on the currently published policy</td>
<td>-</td>
</tr>
<tr>
<td>1</td>
<td>18/05/18</td>
<td>New policy</td>
<td>Janet Brember</td>
</tr>
</tbody>
</table>

**HOMECARE MEDICINES POLICY**

Version 2 Review date: 17/09/2023 (unless requirements change)
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PROCESS
For quick reference the guide below is a summary of actions required. Additional details, by exception to cover any additional notes that supplement the quick reference guide can be found in Section 3 – Process.

1. **INTRODUCTION**

Homecare medicines services deliver medicines and where necessary associated care, typically initiated by a hospital prescriber, direct to a patient’s home with their consent. The purpose of homecare medicines services is to improve choice for provision of patient care by delivering specialist medicines and any associated care required (e.g. nurse administration) to patients in their homes or another community setting, rather than in a secondary care environment.

The Royal Pharmaceutical Society Professional Standards for Homecare Services in England includes the requirement for all organisations providing homecare to have a homecare policy in place. The policy is to provide strategic direction for provision of homecare services and ensure compliance with the RPS Professional Standards for Homecare Services.

This policy outlines the key homecare processes and responsibilities of Trust staff in relation to the provision of homecare services. The purpose of this policy is to ensure that all staff involved in providing homecare medicines services have a clear understanding of their roles and responsibilities and to ensure that PHT processes are in line with Royal Pharmaceutical Society (RPS) standards.

In addition, all third-party providers must provide the Trust with assurance that their medicines and services comply with this policy.

The key objectives covered by this document are:

- To identify management responsibilities in all aspects of homecare medicine services at Portsmouth Hospitals NHS Trust including procurement and management of subcontracted services
- To outline processes relating to homecare medicine services including
  - initiation of homecare medicines services and professional responsibilities
  - maintenance of homecare treatment for patients
  - financial management
  - information governance
  - clinical governance
  - quality management including feedback,
  - complaints and performance management

2. **SCOPE**

This policy applies to all situations where medicines are provided directly to patients at home via the pharmacy homecare team at PHT. It applies to medical, nursing, pharmacy and other key staff involved in providing homecare medicines services to patients. It does not apply to QA@ Home services.

All third-party homecare providers must provide PHT with assurance that their medicines services comply with this policy.

All staff (permanent, locum, agency, bank and voluntary staff of the Trust, the Ministry of Defence Hospital Unit, Joint Hospitals Group South (Portsmouth) and Engie) must follow the procedural documents agreed by the Trust. For staff other than those directly employed by the Trust the appropriate line management or chain of command will be taken into account. Breaches of adherence to Trust policy may have potential contractual consequences for the employee.

In the event of an infection outbreak, pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety.
3. PROCESS
   a. Use of homecare services
      All homecare services will be provided under contract to an agreed specification. The choice of
      homecare provider will take into consideration any regional framework agreements in place and
      will be decided through consultation between pharmacy and the specialist clinical teams.
      A risk assessment should be completed before introduction of homecare
      medicines supply for any new therapy areas or new patient cohorts. This should be completed
      by the specialist clinical team who have identified a need for the homecare supply route and
      sent to the pharmacy homecare team for consideration and approval prior to initiation (see
      Appendix B). For homecare delivery services that are made available and funded by the
      pharmaceutical manufacturer a full evaluation is not required but if there is a choice of provider
      and type of service (dispense and deliver only vs dispense and deliver plus additional services
      e.g. nurse training, patient support programmes etc.) this should be decided through
      consultation between pharmacy and the specialist clinical team.

   b. Decision to use homecare medicines service for individual patients
      Any patient being considered for treatment with medicines that are available for delivery via
      homecare medicines services must have their suitability for homecare assessed by the
      prescriber.
      The service must be explained to the patient and they must fully understand the benefits and
      risks before agreeing to enter into the arrangements. General information about homecare
      medicines services should be provided (the Patient Information Leaflet (PIL) developed by the
      National Homecare Medicines Committee can be used for this purpose - see appendix C) in
      addition to information about the medicine to be prescribed.
      Under Article 6 1(e) and Article 9 2(h) of the General Data Protection Regulations formal consent
      from the patient to share data with the homecare providers is not required but the patient
      needs to be fully informed and it is recommended that a record of the discussion is kept in the
      patient notes. The Patient Information Record Form developed by the National homecare
      Medicines Committee can be used for this purpose (see appendix D). A registration form must
      be completed for each patient to provide information to the homecare provider in order to
      initiate the homecare service. By signing the registration form the clinician is confirming that
      they have provided sufficient information to the patient and that the patient has agreed to be
      referred to the homecare service
      Education, advice and a helpline for patients will be made available by the homecare provider
      and details of these are communicated directly to the patient on registration with the service.

      The Portsmouth Area Formulary and any relevant NICE Technology Appraisal guidance must be
      strictly adhered to in order to ensure the Trust can claim reimbursement from commissioners.
      An Individual Funding Request may be required for patients who do not meet NICE criteria or for
      medicines not routinely commissioned. The clinical team will need to submit an IFR to the
      responsible commissioner and funding approval must be confirmed before any prescription is
      sent to the Pharmacy Homecare Team for processing.

   c. Contract with Homecare provider
      Service Level Agreements (SLAs) must be put in place which detail responsibilities for the
      provision of specified Homecare Services. Prices for medicines will reflect national, regional and
      local NHS contracts and NICE approved PAS schemes.
d. **Homecare prescriptions**

Medication must be prescribed by a registered prescriber. Homecare prescriptions are usually specific for the product and service provider with details of the medicine, dosage regimen and delivery schedule pre-specified to improve legibility and reduce errors. Each individual prescription sent to the homecare provider will be accompanied by a pharmacy purchase order.

Trust contact details provided when the SLA is set up enable the homecare provider to request further prescriptions from the Trust to ensure continuity of supply to the patient. The timescale for receipt of repeat prescriptions is specified in the SLA.

A copy of the prescription and registration form is retained in the pharmacy department for monitoring purposes and to enable efficient response to queries. The prescription will be retained until it is complete, and all invoices related to it have been processed, or the patient has stopped or changed treatment. Completed or superseded prescriptions together with the relevant purchase order and proof of delivery are scanned into an online archive where they will be stored for 2 years.

e. **Dispensing and delivery**

Prescriptions are subject to a secondary clinical screen by a pharmacist employed by the homecare service provider. The clinical team and the pharmacy homecare team must be notified of any anomalies so that the prescription can be dispensed in a timely manner.

The prescription is dispensed by the homecare provider and delivered to the patient’s designated address together with any equipment and ancillaries required (e.g. sharps bins). For subcutaneous injections one or more visits from a nurse will be arranged to train the patient in self-administration. This training may also be delivered remotely if appropriate, following assessment of the patient. Routine administration of the medicine by a third-party nursing service is required for some parenteral medicines and this will be included in the service specification. In these cases, a clinical evaluation form (CEF) completed by the homecare nurse will be provided to the Trust.

Notifications of any repeated failed deliveries must be provided to the pharmacy homecare Team so that appropriate action can be taken.

Any pharmaceutical or clinical waste will be collected by the homecare service provider at the time of delivery or at another pre-arranged time.

Product recall procedures must be in place to ensure that any patient level recalls are carried out safely and effectively by the homecare service provider. Details of any recalls at patient level should be communicated to the pharmacy homecare team within 7 days.

f. **Payment**

Invoices will be sent directly to the pharmacy homecare team for processing and must be accompanied by proof of delivery as evidence that the patient has received the service. Invoices will be processed promptly by the pharmacy homecare team to ensure adherence to contract terms and NHS finance regulations. All efforts will be made to resolve invoicing queries to enable payments to be made within the required timeframe.

g. **Monitor and audit performance**

Performance standards (KPIs) must be agreed with the homecare service provider and these will be based on the RPS Professional Standards for Homecare Services in England. KPIs are received from each homecare provider on a monthly basis covering the following areas:

<table>
<thead>
<tr>
<th>Total number of patients registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of prescriptions received</td>
</tr>
</tbody>
</table>
Quarterly meetings are arranged with homecare providers to review KPI reports and any other aspects of the service. Where monitoring identifies deficiencies, actions plans will be developed to address them.

**Incident Reporting**

The Trust encourages staff to document any incidents or near misses in order to undertake effective investigations and implement actions to, wherever possible, lessen the harm to patients, staff and visitors and prevent reoccurrence. Any incidents or complaints received by the Homecare Providers must be reported to the Trust. This is essential to ensure the improvement of processes and systems and ultimately improve the quality of care and service delivered to patients.

4. **TRAINING REQUIREMENTS**

All pharmacy staff will be provided with appropriate training during their induction to the Pharmacy Homecare team with updates as required and in the event of any changes to pharmacy procedures.

All staff within the Pharmacy Homecare team must ensure that they have read and understood all policies and procedures relating to Homecare Medicines Services and fully understand their roles and responsibilities. They must follow procedures as determined by the Trust at all times and co-operate with management to ensure compliance.

5. **REFERENCES AND ASSOCIATED DOCUMENTATION**


https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Professional%20standards%20for%20Homecare%20services/homecare-services-handbook.pdf

Department of Health Gateway Reference 16691
6. **EQUALITY IMPACT SCREENING**

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This procedural document has been assessed accordingly. The assessment document is held centrally and is available by contacting the Governance Co-ordinator.

7. **MONITORING COMPLIANCE**

*Detail how compliance with the policy will be monitored. If possible this should make use of existing outcomes metrics in the Trust that demonstrate effectiveness and compliance.*

This procedural document will be monitored to ensure it is effective and to provide assurance of compliance.

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency of Report</th>
<th>Reporting arrangements</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit of compliance with Royal Pharmaceutical Society (RPS) Professional Standards for Homecare Services in England</td>
<td>Homecare pharmacist, TV&amp;W regional homecare pharmacist</td>
<td>National Homecare Medicines Committee (NHMC) audit template</td>
<td>Annual</td>
<td>Policy audit report to:</td>
<td>Homecare pharmacist</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pharmacy Homecare Team</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Formulary and Medicines Group Commissioners (as required)</td>
<td></td>
</tr>
</tbody>
</table>
Appendix A: Roles and Responsibilities

DEFINITIONS

Homecare Medicines Services
Homecare medicines services enable a Trust clinician to prescribe a medication or therapy for one of their patients to be delivered directly to the patient’s home or other UK address (work, friend, relative) by a third party homecare provider. Some treatments may be suitable for collection from a community pharmacy. Homecare services may be made available and funded by the pharmaceutical industry for individual products (usually for high cost drugs recommended in NICE TAs) or services may be contracted to an NHS specification. There are different levels of homecare services from simple dispensing and delivery of oral/inhaled medicines (low tech), dispensing and delivery of injectable medicines which are self-administered by patients with some nursing support or training available (mid tech) to more complex injectable aseptic preparations with nurse administration (high tech).

Homecare Provider
A third party provider responsible for the dispensing and delivery of patients’ medications directly to a UK location of the patients’ choice.

Pharmacy Homecare Team
A team of pharmacy technicians, homecare administrators and finance assistants who provide operational management of homecare medicines services for patients of the Trust supported by a homecare pharmacist and the Pharmacy Clinical Services Manager.

ROLES AND RESPONSIBILITIES
The use of a homecare service does not reduce or alter the NHS duty of care to patients. PHT 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 either the specification or the service level agreement developed for the homecare medicines service. The quality and safety elements of the service must be given high priority and this must be reflected in the specification. Homecare services may not be suitable for all patients or therapies and the decision to opt for this type of treatment should be part of a multidisciplinary approach involving the patient, the responsible clinician and the pharmacy homecare team.

The PHT Director of Medicines Optimisation and Pharmacy is the ‘Responsible Officer’ for homecare medicines services and is accountable to the Medical Director. The responsible officer must ensure that all homecare arrangements have been agreed in advance with commissioners before being introduced and that the operational policy is in line with RPS standards and associated Trust procedures.

Specialist clinical team (including consultants and specialist nurses)
All patients receiving homecare medicines services remain under the care of the specialist clinical team at the Trust.

The clinical team treating the patient is responsible for:
• Assessing eligibility and the decision to use homecare medicines services for the individual patient.
• Confirming that the home environment is suitable for home treatment and that the patients/carers are competent to undertake homecare (unless agreed otherwise in service specifications). Patients suitability should take into account the ability to self-administer medicines and the need for any ancillaries and equipment in the home.
• Obtaining agreement from patients to receive the homecare service and ensuring that the patient is informed that their personal details including name, address and telephone numbers will be supplied to the third party homecare provider.
• Completing the homecare registration form required to set up the homecare service for each individual patient with the third party provider
• Providing patients with relevant homecare service information.
• Training the patient on administration of the medication if necessary (alternatively injection training may be arranged by third party nursing services as part of the service level agreement with the homecare provider).
• Ensuring the patient’s GP is informed of any homecare arrangements to enable recording of homecare medicines on the practice prescribing system.
• Writing the initial and ongoing prescriptions using the specified prescription form. Repeat prescriptions must be produced in a timely manner to ensure continuity of supply.
• Ensuring that any necessary constraints of therapy are adhered to (e.g. monitoring requirements, duration of treatment).
• Prescribers must also ensure that any formulary and NICE Technology Appraisal criteria are adhered to particularly for high cost drugs that will be charged to commissioners.
• Identifying any concerns with homecare service provisions for their patients to the PHT Director of Medicines Optimisation and Pharmacy or the specialist pharmacist working within their area.

Specialist pharmacists
Specialist pharmacists are responsible for checking the clinical appropriateness (screening) of homecare medicines prescriptions in accordance with the Medicines Management Policy and providing support for the provision of homecare medicines services within their specialty.

Pharmacy Homecare Team
The Pharmacy Homecare Team is responsible for:
• Agreeing service specifications with homecare providers.
• Receiving all homecare patient registration forms and prescriptions from the clinical teams, ensuring that registration forms are complete and accurate and that prescriptions are clinically screened by a specialist pharmacist.
• Sending patient registration forms and clinically screened homecare medicines prescriptions to the chosen provider. All prescriptions will be accompanied by a pharmacy purchase order for the total quantity of medicines prescribed.
• Supporting the specialist clinical teams to ensure prescriptions for continuing treatment are supplied to the homecare provider in a timely manner to avoid any interruptions to the patient’s treatment schedule.
• Responding to queries from patients or homecare providers concerning homecare services. Clinical queries will be referred to the appropriate specialist team.
• Receiving invoices from the homecare provider and processing these for payment. All invoices should be accompanied by proof of delivery to confirm that the patient received the medicines. A clinical evaluation form (CEF) is also required where nursing services have been provided.
• Processing all homecare service transactions through the pharmacy computer system to allow capture of medicines usage data and effective financial governance.
• Ensuring all homecare arrangements comply with PHTs Standing Financial Instructions and are covered by formal procurement arrangements (contracts).
• Ensuring that NHS contract prices and Patient Access Scheme (PAS) prices mandated by NICE are invoiced by all homecare providers to ensure efficient use of NHS resources.
• Maintaining records of patients receiving homecare medicines services including copies of prescription forms and purchase orders to enable efficient processing and investigation of queries.
• Reviewing homecare provider service standards through Key Performance Indicators (KPIs)
• Producing an Annual Report for commissioners on the homecare medicines services provided to patients of the Trust.
• Logging and monitoring incidents and complaints connected with homecare medicines services using the Trust online Datix system.
**Homecare Providers**
Organisations providing homecare medicines are responsible for
- Providing sufficient information of appropriate quality on the provision of their services for all users including patients, the pharmacy homecare team and clinical staff (including contact details of key personnel and helplines for NHS staff and patients)
- Providing Service Level Agreements (SLAs) that cover all aspects of the operation and governance of the service from initiating treatment, delivery arrangements and payment terms. The SLA will also include reporting a set of key performance indicators (KPIs) and a formal complaints and error procedure. SLAs will be reviewed and agreed by the homecare pharmacist before any patients are registered to receive the service. In some cases the homecare provider will issue an overarching SLA common to all the homecare services they provide with a separate schedule for each product that they will be supplying to patients of the Trust.
- Sourcing and supplying medicines at NHS contract prices or NICE agreed PAS prices where relevant. The regional homecare pharmacist will liaise with manufacturers if necessary to enable homecare providers to have access to CMU contract prices.
- Registering patients for the service on receipt of a completed registration form and contacting the patient to make arrangements for delivery of the medicine with any nursing or technical support required and within the timeframe specified in the SLA. The homecare provider is responsible for ensuring that suitably qualified and competent nursing staff is available to meet the SLA requirements.
- Undertaking additional clinical checks on each prescription and scheduling prescriptions to meet delivery targets
- Ensuring that all products are stored, transported and delivered in accordance with the manufacturer’s SPC requirements and adhering to cold chain and good supply chain practices.
- Taking necessary action in the case of any product recalls
- Supplying the Trust with regular reports on the services they provide according to the agreed performance standards (KPIs)
- Undertaking periodic patient satisfaction surveys.

**Communication**
All parties involved in initiating and maintaining homecare medicines services must ensure that they communicate effectively to deliver high quality services.
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 relevant local medicines management processes. For assistance completing this form please contact pharmacy.

<table>
<thead>
<tr>
<th>Section A – Prescribing and administration arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of requesting healthcare professional</td>
</tr>
<tr>
<td>Name of speciality and directorate</td>
</tr>
<tr>
<td>Medicine or therapeutic class for consideration</td>
</tr>
<tr>
<td>Indication</td>
</tr>
<tr>
<td>Route</td>
</tr>
<tr>
<td>Dose Regimen</td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>Duration of treatment (maximum course length or long-term treatment)</td>
</tr>
<tr>
<td>Number of patients</td>
</tr>
<tr>
<td>Number on treatment</td>
</tr>
<tr>
<td>Projected number</td>
</tr>
<tr>
<td>Lead Consultant</td>
</tr>
<tr>
<td>Nurse Specialist(s)</td>
</tr>
<tr>
<td>Is the medicine included in the Portsmouth Area Formulary for the proposed indication? □ Yes □ No</td>
</tr>
<tr>
<td>(If not a formulary application may be required – seek advice from pharmacy)</td>
</tr>
<tr>
<td>Current prescription route</td>
</tr>
<tr>
<td>□ FP10HP □ Hospital OP □ Inpatient □ GP □ Other</td>
</tr>
<tr>
<td>Is treatment currently administered on ward/clinic/day case?</td>
</tr>
<tr>
<td>What type of prescription is proposed for the service?</td>
</tr>
<tr>
<td>Who will write prescriptions? (e.g. consultant/non-medical prescriber)</td>
</tr>
<tr>
<td>What is the appropriate prescription duration?</td>
</tr>
<tr>
<td>What clinical and laboratory monitoring is necessary for this treatment?</td>
</tr>
<tr>
<td>Can medication be self-administered? □ Yes □ No</td>
</tr>
<tr>
<td>Does this treatment require: Nurse support? □ Yes □ No</td>
</tr>
<tr>
<td>Training?</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Details of nurse support/training required</td>
</tr>
<tr>
<td>Will this treatment require the patient to receive any ancillary items to support administration e.g. needles, sharp bins, dressings, waste bags, flushes etc? □ Yes □ No</td>
</tr>
<tr>
<td>Details</td>
</tr>
</tbody>
</table>
### Will this treatment require any particular equipment to support administration e.g. infusion pump, fridge for storage etc?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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</table>

**Details**

For aseptically prepared products only

Is stability data available for this treatment (SmPC or in-house)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
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If unlicensed medicine- refer to Trust Policy

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### Section B – Financial/Contract information

<table>
<thead>
<tr>
<th>Current expenditure per annum on medicine (VAT included)</th>
<th>Pharmacy to complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the medicine available at a discount in secondary care?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy to complete</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is treatment currently excluded from tariff as a high cost drug or excluded service?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy to complete</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are the tariff costs associated with provision of this treatment?</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is there any potential loss of income from commissioner funded activities e.g. clinic visits, inpatient stays, nurse visits etc.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Who will be funding the homecare service fees (if known)?</th>
<th>Trust</th>
<th>Commissioner</th>
<th>Manufacturer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has the service been tendered?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If the service has not been tendered is an SLA available?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has a specification for service provision been drafted?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
Appendix C

NHMC
National Homecare Medicines Committee

Homecare Medicines Services – General Information for Patients

Why have I been given this leaflet?
You have been given this leaflet to help you understand the homecare medicines service which is available to you for the medicines that you have been prescribed by your hospital clinician. Additional information can be found in the Welcome Pack that you will be given by the homecare company.

What is a Homecare Medicines Service?
A homecare medicines service is the delivery of hospital prescribed medicines directly to your home or other appropriate location (for example your work place). The homecare medicines service may also include

- the delivery of ancillary items such as dressings, needles and syringes
- the delivery of equipment such as a pump or a fridge
- nurse home visits to train you how to give yourself your medicine
- regular nurse visits to give your medicine

Your hospital team is still fully responsible for the clinical aspects of your treatment. They will keep your GP up to date with any changes to your care.

How will a Homecare Medicines Service benefit me?
The service offers you convenience and control over your hospital medicines supply. Delivery of your medicines can be organised around your needs. You won’t need to wait in the hospital pharmacy or travel back to hospital to collect your medicines. Repeat prescriptions can be automatically ordered by your clinician.

You may also be able to have a nurse visit you at home rather than in hospital.

How will my medicines be delivered?
Deliveries are made by a homecare delivery driver in a van to your home. You can also arrange to have your medicines delivered to a different address (for example your place of work or a friend or relative’s house).

The driver carries official identification which you can ask to see.

You, or someone you know, will always need to sign for your medicines delivery. This ensures your medicines have arrived safely.
**What can I do to help?**

- Attend your routine clinic appointments, blood tests or GP check-ups
- Make sure the hospital and homecare service have your up-to-date contact details (phone number and email address if you have one).
- Make sure someone is around to accept the delivery.

- Make sure you’re at home when a homecare nurse is booked to visit you if you have one.
- Tell your homecare provider if you need to make any changes to your delivery date or your nurse visit.
- Keep your medicines stored correctly and let your hospital team know about anything that has been stored the wrong way.
- Check your delivery and tell your homecare provider if there is anything missing or not as expected.

**Confidentiality**

We take your personal security seriously and do not pass your personal details on to anyone else without your permission. You can find all the information about how your personal data will be managed in our Privacy Notice for Patients which can be found on the Portsmouth Hospitals Trust website here: [http://www.porthosp.nhs.uk/departments/privacy-notice.htm](http://www.porthosp.nhs.uk/departments/privacy-notice.htm)

(If required the Privacy Notice can be downloaded for printing via the link at the bottom of this webpage)
Homecare Medicines Services: Patient Information Record Form

• **Introduction**

The homecare patient registration process has been reviewed in light of the General Data Protection Regulations (GDPR) with a number of refinements made to improve the process flow. The most notable change is the intent to use an alternative legal basis to process personal data. The NHS will no longer be using patient consent as the basis of processing personal data in homecare services.

This Patient Information Record Form is intended to provide a clear audit trail demonstrating that patients referred into a homecare medicines service have received the appropriate information about the service from their referring clinical team.

This form has been developed through a re-working of the now redundant national template patient consent form.

• **Use**

The Patient Information Record Form should be provided by the referring clinician and signed by the patient at the point of consultation regarding referral onto a homecare medicines service. The completed form should be held in the patient’s notes as a record of the information provided.

The Patient Information Record Form is an internal NHS document and as such is not required by the homecare provider.

Patients being referred to homecare services should be given up to date information regarding the products prescribed, information about the homecare service as well as information about the homecare provider that will be providing the service. It is considered good practice to capture the patient’s (or carer’s) signature on the patient information record form.

It should be noted however the registration process for patients’ who were registered for homecare services under the previous legacy process remains valid: re-registration is not required.
### Homecare Medicines Service - Patient Information Record Form

<table>
<thead>
<tr>
<th>Homecare Service – Patient Information Record Form</th>
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<tbody>
<tr>
<td>Patient name:</td>
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</tbody>
</table>

- I have been appropriately informed about the homecare service that my prescriber is referring me into.
- I understand that I can withdraw from the homecare service at any time by contacting my clinical team.
- I have been directed to, or provided a copy of, the hospital’s Privacy Notice which includes a description of how my personal data will be managed, who by and my rights regarding my personal data.
- I understand that my homecare prescriptions will be sent directly to the hospital’s chosen homecare provider for them to supply me with medicines and associated items requested by the hospital. I understand that the hospital’s chosen homecare company may request repeat prescriptions on my behalf from my prescriber.
- I understand that the hospital may change the chosen homecare provider with appropriate notification to me.
- I understand that I must still attend my regular hospital and G.P. appointments so that my health is monitored effectively and the hospital can ensure the treatment and homecare service provided is appropriate for me.
- I understand that all deliveries must be signed for by an adult and I may be contacted to verify the homecare services provided to me.
- I understand that I may occasionally be contacted to obtain feedback on my satisfaction with the service.
- I understand that if I am not able to or do not comply with the service requirements I will be withdrawn from the homecare service. If I am withdrawn from the homecare service the hospital will make reasonable efforts to find an alternative treatment solution for me and/or refer me back to my GP for reassessment of my needs.
- I understand that I may be sent information about additional, optional patient support programmes that may be available alongside my homecare service. I understand that I can withdraw from any patient support programme(s) at any time by contacting my clinical team.
- I understand that this homecare service and any associated patient support programmes may be funded by a pharmaceutical company.

*NOTE: The above statements relate to the patient. Where the signatory is not the patient (e.g. parent / carer), statements should be interpreted accordingly.*

<table>
<thead>
<tr>
<th>Patient Signature:</th>
<th>Print name:</th>
<th>Date:</th>
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If not signed by patient, state relationship to patient:

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This form is not used for the purposes of obtaining consent for the sharing of personal data. Personal data will be shared with other organisations under Article 6 1(e) and Article 9 2(h) of the General Data Protection Regulations.

For further information please refer to:

[Trust Privacy Notice for Patients](#)

(The privacy notice can also be downloaded for printing via the link at the bottom of the webpage)