

Shropshire and Telford Local Health Economy

Homecare Commissioning Policy

Policy version no:	2
Date Written:	February 2019
Date reviewed:	March 2020
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1. Introduction

This document outlines the commissioning arrangement for the funding of Homecare services, for the drugs/indications commissioned by Clinical Commissioning Groups and provided to patients registered with a GP practice in Telford and Wrekin or Shropshire.

This arrangement is made jointly by Shropshire CCG and Telford & Wrekin CCG and applies to all provider organisations using homecare services.

2. Background

Homecare services improve choice for patient care by providing specialist medicines and, where necessary, their associated care, to patients in their homes or another community based setting¹.

Commissioners and providers recognise the need to provide better services to patients and the taxpayer by securing more open, collaborative procurement of homecare medicines, underpinned by improved governance arrangements between NHS Trusts and homecare suppliers².

Hospital Trusts currently commission a range of medicines via the homecare route. Most of these medicines are excluded from Payment by Results and are therefore recharged to the commissioner as 'pass-through costs'.

3. Rationale

The homecare sector has grown rapidly and continues to develop and expand to meet patient demands and NHS cost containment targets¹.

Through collaborative procurement mechanisms between NHS Trusts and commissioners better value can be delivered for patients and taxpayers, which will enable high quality, responsive and more cost effective services to the patient and taxpayer².

National guidance recognises that NHS Trusts need to strengthen their internal governance framework around homecare medicines. The Trust Chief Pharmacist should be the 'responsible officer' for all homecare medicines and be accountable for them to the Trust Chief Executive Officer².

Commissioners recognise that in order to realise the full benefits of homecare services: provider organisations require additional resources.

4. Implementation

Before any new treatment is to be provided through homecare it must be discussed and agreed with all stakeholders and go through the trust Drugs and Therapeutics Committee (DTC) and Area Prescribing Committee (APC) as appropriate.

Wherever possible and appropriate for both the patient and the local health economy, homecare services will be used by provider organisations.

Providers will be paid according to the table below which is based on the proposed funding model outlined in the 'National Homecare Medicines Committee Proposal for the Funding of Pharmacy Homecare Teams by Commissioners'

Max Patient Numbers	Fee Band	Fee per patient per annum	Annual Clinical validation fee	Total
1-200	1	£225	£25	£250
201-650	2	£155		£180
651-1500	3	£125		£150
1501-2500	4	£105		£130
2501-6000	5	£90		£115
6001 plus	6	£85		£110



NHMC Proposal for the Funding of Pharr

Shropshire CCG and Telford and Wrekin CCG will commission homecare arrangements collaboratively (i.e. the number of patients receiving homecare for the two organisations should be added together to determine the appropriate 'fee band').

The fee band will be agreed at the start of the contract year.

Where the requirement for homecare is known to be time limited and will not be required for a whole 12 month period e.g. fertility, the commissioner will pay a pro-rata rate of 6 months.

The commissioner will pay the actual cost of the medicines provided through homecare, delivery of medicines, nursing fees and equipment levied by the homecare provider where appropriate. The provider will ensure that discounts or patient access schemes are applied and where appropriate and savings from these schemes are passed on to the commissioner. All data provided to commissioners must be transparent, comply with the national

minimum dataset and be in line with GDPR. Unforeseen costs will be discussed and agreed with the commissioner.

Where the homecare company is unable to fulfil their commitments there will be a requirement to maintain continuity of patient care. In this case:

- The commissioner will be notified by the provider
- The commissioner will reimburse the provider at the procured costs
- The provider will source alternative arrangements to maintain the patients' service at home, however, if this is not possible any resulting activity and price changes will be funded by the commissioner

5. Benefits

- This policy will ensure that providers have the resources required to strengthen the governance arrangements associated with homecare services.
- This will enable this service to be appropriately expanded thus ensuring that patients and taxpayers benefit.
- This should reduce the number of contract queries and provide full transparency of costs to the commissioner

6. Review and maintenance of policy

This commissioning policy will be reviewed annually before the end of the financial year or earlier in response to new local/national guidance.

7. References

¹Handbook for Homecare Services in England. Royal Pharmaceutical Society. www.rpharms.com May 2014

²M. Hackett. Homecare Medicines: Towards a Vision for the Future. Department of Health Nov 2011

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