

Homecare Commissioning Policy

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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version Control

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1	Initial Issue	July 2025

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ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Principal Pharmacist – Formulary Management and High-Cost Drugs
PTHB Commissioning Team

Circulated to the following for Consultation

Date	Role / Designation
March and June 25	PTHB Commissioning and Finance Teams
July 25	PTHB Area Prescribing Group

Evidence Base

Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?

1. Royal Pharmaceutical Society [Professional Standards for Homecare Services, 2024](#)
2. [Homecare medicines services: an opportunity lost \(parliament.uk\), 2023](#)
3. [Hackett Report, 2011](#)
4. [Data Protection Act, 2018](#)
5. [UK General Data Protection Regulation \(UK GDPR\), 2018](#)
6. [The Human Medicines Regulations, 2012](#)
7. [Medicines and Medical Devices Act, 2021](#)

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
Age	X				<p style="text-align: center;"><i>Please provide supporting narrative for any adverse, differential or positive impacts that may arise from the implementation of this policy</i></p> <p><i>Some homecare service information is not currently available in the Welsh Language.</i></p>
Disability	X				
Gender reassignment	X				
Pregnancy and Maternity	X				
Race	X				
Religion or Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and Civil Partnership	X				
Welsh Language			X		
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>This policy encourages and supports the development of patient facing material in the Welsh language by NHS providers and private homecare organisations.</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>No</p>					
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>No additional training or resource requirements are expected as a result of this policy</p>					

1 Introduction

This document aims to outline a robust governance framework for the commissioning of homecare services in line with the Royal Pharmaceutical Society (RPS) Professional Standards for Homecare Services 2024, for Powys residents. It is applicable to all NHS organisations which provide homecare services for patients who are the commissioning responsibility of Powys Teaching Health Board (PTHB).

Homecare services improve choice for patients by providing specialist medicines and, where necessary, their associated care, to patients in their homes or another community-based setting with their consent. A homecare medicines service may not be suitable for all patients or therapies and the decision to use this route must be part of a multidisciplinary approach involving the patient, the responsible clinician, wider clinical multi-disciplinary team and the pharmacy service.

PTHB does not directly commission any homecare services. Welsh Health Boards and English Hospital Trusts currently supply a range of medicines to PTHB patients via the homecare route. Most of these medicines are recharged to the Health Board as 'pass-through' costs. Through partnership working between NHS providers and PTHB, best value and optimal use of homecare medicines can be delivered.

Definitions applicable to the policy are detailed in *Appendix 1*.

2 Objective

The homecare sector has grown rapidly and continues to develop and expand to meet patient and NHS needs. National guidance recognises that NHS organisations need to strengthen their internal governance framework around homecare medicines. The NHS Chief Pharmacist should be the 'responsible officer' for all homecare medicines and be accountable for them to the Chief Executive Officer.

As outlined in this document, PTHB requires assurance from NHS providers that their commissioned homecare services are of high quality, delivered correctly, safely, at the right time for the best value through partnership working.

3.1 Commissioning Expectations

1. Providers are to consider service costs as part of the decision-making process when setting up homecare services, and ensure risk is spread across homecare companies.
2. Participation in tender processes must include representation of PTHB patient priorities and interests. Providers, when contracting with homecare companies, must include a review of service specifications and must ensure they meet the needs of Powys patients. Considerations should be given to the Welsh language, geographical accessibility and the aging demographic of Powys patients when contract negotiations take place.

3. Requests for new services must be in line with commissioning agreements, have been approved for local use (via the relevant local prescribing committee) and have been added to the local formulary.
4. Invoices from homecare companies are to be reconciled with prescription orders and a signed Proof of Deliveries (PODs) is required prior to pass-through charges to the health board and payment.
5. All homecare orders are to be processed through the hospital pharmacy system to ensure detailed drug usage data is available. Each prescription will be accompanied by a Purchase Order Number (PO Number) and where applicable, Blueteq number.
6. Invoice processing includes ensuring prices charged are as agreed in applicable contracts, schemes, and ensuring credits are claimed, correctly reconciled and pass-through costs to PTHB are accurate.
7. Total service costs for compounded medicines should be considered, and lowest acquisition costs utilised. This should include dose banded medicines, storage requirements, and delivery quantities.
8. Providers are to have in place appropriate escalation measures and contingency plans for unplanned events affecting the care of patients, so patient care is minimally impacted.
9. Providers must have processes in place to effectively manage homecare complaints and incidents, safety alerts, and medicines shortages and the commissioner should be informed of these.
10. The provider will ensure that discounts or patient access schemes are applied where appropriate and savings from these schemes are passed on to the commissioner.
11. Providers will notify PTHB where there is significant disruption to a service, such as full or partial withdrawal of service by the manufacturer, significant stock shortages or major events which put fragile services at risk of stopping.
12. 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.
13. The provider must provide the commissioner with an annual homecare report. This should include patient numbers, details of the drugs that homecare is currently used for, list of homecare companies, spend, upcoming areas of growth and new services, risks and annual audit results/governance reports. Records of homecare provision must be available to the commissioner on request.

14. Where the homecare company is unable to fulfil their commitments there will be a requirement to maintain continuity of patient care. In this case:
- a) The commissioner will be notified by the provider
 - b) 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 need to be agreed with the commissioner.
15. Arrangements should be in place for biosimilars and generic medicines to be supplied as soon as commercially available, at the lowest acquisition costs. Preparation activity should be in place ahead of release, for example providing patients with written information on the switch. The value of switches should take into account any additional costs which may be incurred such as moving from pharma funded originator to NHS funded biosimilars and negotiated and agreed ahead of the switch.

3.2 PTHB Funding Arrangements for Homecare Services

This policy will ensure that providers have the resources required to strengthen the governance arrangements associated with homecare services to meet the RPS homecare standards.

1. PTHB will match and not exceed any existing funding arrangements with host commissioners for provider's pharmacy staff, for homecare services provided on behalf of the health board, where applicable.
2. The commissioner will reimburse the actual cost of the medicines provided through homecare at the Welsh contracted price (as applicable). PTHB expect to benefit from price reductions and savings from biosimilar switches. Savings to be passed through to the health board include any discounts and schemes which are applicable.
3. PTHB will reimburse any delivery costs of medicines for services which are NHS funded and do not have an associated free pharma scheme in place with the manufacturer. Consideration should be given to homecare companies with lower delivery fees and suitably frequent delivery schedules to meet the needs of Powys residents.
4. Any charges additional to the medicine cost needs to be agreed in advance, such as nurse training and/or administration visits. PTHB expectation is all patients or carers are to be trained for self-administration within clinic time. For any agreed nursing costs consideration should be given to homecare companies with lower nursing fees and suitable availability schedules to meet the needs of Powys residents.
5. PTHB will not reimburse for any charges levied for emergency deliveries due to fault of the provider NHS organisation or the homecare company. Emergency delivery charges due to other reasons will be considered on a case-by-case basis.

6. PTHB will not reimburse out of hours deliveries due to patient request, where standard delivery is possible. Exceptions will be considered on a case-by-case basis.
7. PTHB will not reimburse non-standard ancillary costs requested by the patient or the provider.
8. PTHB will reimburse necessary equipment cost levied by the homecare company where the cost of the equipment associated with the service is not provided as part of the homecare scheme and is necessary for the service. Providers must ensure equipment used for the provision of homecare services on behalf of PTHB is in good working order, is maintained and checked on a regular schedule, replaced as necessary and collection arranged when service is stopped.

4 Provider Responsibilities

The patient’s clinical team (within the provider organisation) will retain responsibility for the clinical aspects of a patient’s treatment. A duty of care also remains for the health board.

All staff involved with the provision of a homecare service are required to adhere to all relevant national, regional and local frameworks, standards and regulation for the supply of homecare medicine, see ‘Evidence Base’ above.

All staff are to ensure patient information is shared, processed and held in line with local and national regulations including but not limited to Data Protection Act 2018, GDPR 2018, and the local Privacy Policy and Information Governance procedures, (see ‘Evidence Base’ above).

Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. Decision to utilise homecare services should be also part of a multi-disciplinary approach. Patients and carers must fully understand the benefits and risks of a homecare service before providing consent as well as how to raise a complaint, concern or report an incident. Patients (and/or carers) should be informed of their right to withdraw from the service.

Where written materials on homecare services or individual therapies are available, they must be provided to the patient (or carer), including in alternative language or in other formats as required by the patient or carer needs. Patient facing materials should be provided in Welsh in addition to English as requested by the patient or carer.

4.1 Chief Pharmacist or Equivalent

The senior healthcare professional with overall responsibility for the provision of homecare services within the provider organisation or the health board has responsibility for:

1. Overall accountability for the quality of homecare medicine services.
2. Responsible Officer for homecare medicines.
3. Ensuring the implementation of the operational policy and associated local procedures related to homecare services.
4. Oversight of contractual arrangements for services within homecare and act as signatory for homecare services (as applicable).
5. Ensuring robust governance arrangements are in place for any medicine homecare service commissioned.
6. Ensuring sufficient pharmacy resource allocation for the provision of a safe and effective homecare service.
7. Oversight and leadership for homecare services and any team overseeing homecare workstreams.

4.2 Prescribers

Have responsibility for:

1. Documenting agreed consent for referral for homecare services on the registration form or equivalent form and in patient notes.
2. Ensuring the patient/carer is competent to be enrolled on to the homecare service.
3. Ensuring prescribing is in line with funding agreements and local or national guidelines, and where pre-agreement is required appropriate funding requests and approvals have been made and received before prescription generation. This includes application via Blueteq when available prior to the start of treatment and for continuation after the allocated review period.
4. Ensuring prescribing is in line with the Human Medicines Regulations 2012.
5. Ensuring prescribing is not excessive and consideration is given to the risk of wastage, appropriate duration of supply, delivery cost (as applicable) and quantity supplied.
6. Ensuring (where appropriate for clinical monitoring and patient safety) the usual repeat prescription duration is of appropriate duration. The prescription duration may be shorter to align with monitoring and funding cycles. For fixed-duration courses prescriptions can be prescribed for the full duration of the course.
7. Ensuring prescribing is for licenced products guided by considerations of safety, effectiveness, tolerability and value. Applications are made in

	<p>writing to the health board for any off label and unlicensed uses prior to starting treatment.</p> <ol style="list-style-type: none"> 8. Ensuring all relevant clinical checks and monitoring including blood monitoring, and genotyping are carried out at required intervals necessary for the safe initiation and ongoing prescribing of homecare medications, including appropriate clinical endpoint and termination of treatment. 9. Ensuring appropriate monitoring for response to medication, concordance and unwanted effects are carried out, reported and managed appropriately. 10. Ensuring relevant checks to allergies are made before starting and at relevant intervals. 11. Ensuring that all prescribing is in line with relevant clinical guidelines, as well as the licencing of the product including dose, indication and frequency. 12. Ensuring relevant checks to medical history and concurrent medications are made prior to starting and at relevant intervals. 13. Ensuring all clinically relevant checks (such as pre-screening tests) and other tests are carried out prior to the start of treatment and at relevant intervals and as specified within the prescribing guidelines and licensing conditions of the medication. 14. Ensuring the patient's GP is notified of the homecare service, the homecare provider and medication(s) started. If any changes are made to the service, these are communicated in a timely manner to the GP. 15. Reporting adverse effects via the yellow card scheme.
	<p>4.3 Specialist nurses and other clinically trained staff who are directly involved in homecare services</p> <p>Have responsibility for:</p> <ol style="list-style-type: none"> 1. Providing the patient (or where applicable their carers) with contact details for clinical queries. 2. Ensuring patients (or where applicable their carers) understand the homecare service and their right to withdraw fully or partially from any part of the service. 3. Confirming that the patient's home or choice of location for treatment is suitable as required by the therapy. 4. Maintaining adequate up to date records and systems for follow up and clinical management including prescription requests.

	<ol style="list-style-type: none"> 5. Timely communication of changes to patient’s treatment to the home care company. There is responsibility to inform the homecare company and PTHB notice of a patient’s death as soon as possible. 6. Following up on incidents and complaints. 7. Explaining the storage requirement of medication to the patients and the responsibility of the patients and carer to use, store and dispose of medication as directed. 8. Training the patient for self-administration in clinic (unless self-administration is funded and provided by the pharmaceutical company).
	<p>4.4 Provider Pharmacy and Homecare staff</p> <p>Have responsibility for:</p> <ol style="list-style-type: none"> 1. Clinically screening all applicable homecare prescriptions in accordance with clinical pharmacy standards. 2. Timely transfer of prescriptions via secure specified methods to the homecare company. 3. Risk assessing new services prior to introduction. 4. Ensuring invoices are passed for payment and queries are raised in a timely regular manner without undue delay and within any agreed timeframes. 5. Holding regular service review meetings with the homecare company and ensuring service-related issues are discussed and resolved. 6. Reviewing homecare companies’ KPIs regularly and resolving issues in a timely manner. 7. Escalating significant unplanned service disruptions to the health board and managing these in a timely manner. 8. Initiating new services within agreed NICE or AWMSG timelines. 9. Completing a RPS Homecare Audit and NHS benchmarking exercises. Findings are to be reported to the health board annually or as per agreed frequency.
	<p>5 Monitoring Compliance, Audit & Review</p> <p>This commissioning policy will be reviewed every three years or earlier in response to new local/national guidance, audit results or changes to legislation / practice.</p>

6 References

1. Handbook for homecare services in Wales. 2014 [Appendix 7: NHS Wales Health Board/Trust Model Policy for Use of Homecare Services](#)
2. [Shropshire and Telford Local Health Economy Homecare Commissioning Policy](#). 2020
3. National Homecare Medicines Committee [Proposal for the Funding of Pharmacy Homecare Teams by Commissioners](#). 2021
4. [UHL Policy on the Provision of a Homecare Medicines Service](#). 2022
5. Documents as listed in the 'Evidence Base' section.

Appendix 1: Definitions

A homecare service is defined as one which regularly delivers specialist medicines, any associated supplies and care, directly to a patient's choice of location. This can be sub-divided as those services funded by the pharmaceutical industry ('pharma' funded) and those services which are contracted to an NHS specification (NHS funded). The use of a homecare service does not reduce or alter the NHS duty of care to patients.

There are different levels of homecare services as described in the RPS Homecare Standards (2024) from simple dispensing and delivery of oral medicines (low tech) to more complex injectable aseptic preparations and the inclusion of nurse administration (high tech). Most homecare therapies are self-injecting medicines which fall under the 'mid tech' definition.

- **AWMSG** – All Wales Medicines Strategy Group
- **GDPR** – General Data Protection Regulation
- **KPI** – Key Performance Indicator
- **NHMC** – National Homecare Medicines Committee
- **NICE** – National Institute for Health and Care Excellence
- **PO** – Purchase Order number
- **PTHB** – Powys Teaching Health Board
- **RPS** – Royal Pharmaceutical Society
- **VAT** – Value Added Tax

Providers- English or Welsh provider organisations which oversee the homecare services on behalf of PTHB for Powys residents. The provider directly commissions the homecare service from homecare companies.

The health board (PTHB) funds the homecare services via different mechanisms as agreed with individual providers.

Homecare companies- Private companies working in partnership with the NHS to dispense and deliver the medication. Additional services may also be provided.