

Chief Executive's Office

Trust HQ
Ground Floor, Trust Management Offices, Mailpoint 18
Southampton General Hospital
Tremona Road
Southampton SO16 6YD
Tel: 023 8079 6173

Our Ref: MH/tb

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To: CEOs – Acute, England

Gateway 18170

Dear Colleagues,

National Homecare Medicines Review and Implementation

In 2011, I was asked to review the current arrangements in England by the DH Chief Pharmaceutical Officer, Dr Keith Ridge, for the supply and management of homecare medicines. The term homecare is used to describe the supply of hospital prescribed medicines direct to patients in their own homes and can encompass services ranging from supplying patients with oral medicines, through to delivering more complex injectable aseptic preparations. The NHS spends over £1b a year on the medicines and a further £250m on the associated homecare services. The demand for homecare medicines and services is rising by 20% a year and is set to accelerate further. The details of the review, which were published in December 2011, are available via the Commercial Medicine Unit website with a range of associated guidance documents. <http://cmu.dh.gov.uk/homecare/>

Key highlights from the review are attached at **Annex A**.

I have been asked by Dr Keith Ridge to be the Senior Responsible Officer to implement the review in the NHS. Ministers are very supportive of the report and its recommendations and would like the NHS to implement the findings to maximise efficiency and value for NHS budgets. I have established a project structure to do this which includes NHS commissioner and provider organisations, industry and patient groups.

This letter is to alert NHS commissioners and providers to this review and the associated implementation arrangements which will be delivered by acute Trusts and commissioners working in partnership. The benefits for your organisation will be considerable because they will:-

- Improve internal governance arrangements
- Protect the statutory responsibilities of Chief Pharmacists for the supply and dispensing of homecare medicines in a treatment setting
- Improve working with commissioners and individuals
- Improve your cost efficiency and generate savings from VAT and other supplier delivered benefits

The financial savings for many Trusts will be considerable particularly in those Trusts where there is potential to further develop homecare medicines services. It is important to consider the implications for your organisation in the forthcoming planning round. There are clear benefits from partnership arrangements through gain sharing arrangements with

commissioners To support NHS trusts and commissioners to work together to realise the potential efficiencies available from the better use of medicines excluded from the PbR tariff. A national framework for gain sharing has been published today and is available at (_____)

In my own Trust, we have delivered savings through commissioners gain sharing on Individually Priced Procedures and Drugs moving to homecare. Last year around £3.5m-£4m savings were made which we shared.

I would like you to help me in getting rapid implementation of the report by sharing this letter with your finance, planning and medical/nurse director colleagues. We will be seeking to engage with CCGs to ensure that these efficiencies are maximised in 2013/14.

With best wishes

Yours sincerely,



Mark Hackett
Chief Executive.

ANNEX A

HIGHLIGHTS FROM THE HOMECARE REPORT

The review recommends a number of key issues for acute Trusts which are:-

“Acute providers

NHS Trusts should consider strengthening their internal governance frameworks given the rapid growth of homecare medicine. The Trust Chief Pharmacist should become the ‘Responsible Officer’ for all homecare medicine and be accountable for them to the Trust Chief Executive Officer. The involvement of the Trust’s Medical and Nurse Directors needs to improve around the design, operation and control of homecare medicine. Homecare medicine needs to be set in the context of a strategy for chronic and stable conditions for patients who are best managed at home and should be part of integrated planning between Trusts and their commissioning agencies. As such a strategy for homecare medicine should be developed with the local drugs and therapeutics committee and an annual plan which the Trust Chief Pharmacist then has to deliver.

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

Commissioning

Commissioners have a vital role to play in the strategic development of homecare medicine and the management of authorised providers to deliver effective homecare medicine services to patients. They can enhance their role here by working with acute providers to deliver an effective strategy and annual plan for homecare, involvement in collaborative procurement and develop incentives between the authorised provider and themselves to maximise value for money.

Patients

Patients are at the heart of homecare services and should be listened to, offered choice on styles of homecare delivery and be involved, to assist with monitoring of the quality of the service. Moving forward patients, and patients’ representatives, can play a much greater role in the design, operation and monitoring of homecare services with the authorised provider organisation for homecare services.

- *Develop a clear patient specific customer charter to enable patients to understand their homecare services and how they can change them.*
- *Patients should be offered by the NHS a much greater choice of homecare or hospital services.*
- *Patient representatives should be involved with NHS providers and commissioners input into the formulation of service specifications for homecare services.*
- *There is a need to ensure patients have a greater involvement in the operation of homecare services where they have the physical and mental capacity to do so.*

Commercial Medicines Unit (CMU)

The Commercial Medicines Unit (CMU) role in homecare medicine should be strengthened to ensure the delivery of an effective market which is operating to clear standards and providing high quality services to patients. In consultation with the NHS, professional bodies and patients it should decide which homecare services are best procured nationally or regionally and monitor trends in homecare provision and delivery.”