

Department of Health
“Protecting and promoting patients’ interests – licensing
providers of NHS services: A consultation on proposals”



A response from Central Homecare

About Central Homecare

Central Homecare is a high quality provider of clinical homecare services throughout the UK. Its aim is to make the administration of medicines at home as simple and stress-free as possible for patients and their carers, and to meet the goals of NHS clinical teams.

Central Homecare was established in 1994 as a high quality provider of high-tech home care in the UK. It is the second most widely used provider of clinical homecare services for the NHS and currently supports over 14,000 patients across the UK. Therapies managed at home typically include those for cystic fibrosis, parental nutrition, HIV, cancer, rheumatology, dermatology, fertility, multiple sclerosis, pain and endocrine disorders.

Alliance Boots acquired Central Homecare in 2008 and therefore the business is in a unique position to offer a fully integrated approach to supporting patients in the home with medicines services. In addition to home therapy management, Central Homecare is a supplier of an extensive range of ambulatory drug infusion systems, a wide range of consumable equipment tailored to meet individual patient requirements, specialist wholesaling services and comprehensive aseptic drug compounding services.

1. General Comments

- 1.1. Central homecare welcomes the opportunity to respond to this consultation. As Mark Hackett stated in the recent review of the clinical homecare sector, "The importance of homecare medicines cannot be underestimated. There are up to 200,000 people in England who receive this service, which has helped to transform their lives".
- 1.2. Clinical homecare is a support and aide to NHS secondary care. Financial pressures on the hospital sector are significant: 50 per cent of the health budget is currently spent in hospitals. For the acute sector, judicious choice of specialised intermediate care services can release valuable NHS resources, reducing both bed blocking and waiting lists. Furthermore, as highlighted by the National Clinical Homecare Association and referenced in the Hackett Review, fewer and shorter hospital visits also means less risk of hospital-acquired infections. Clinical homecare is well-placed to deliver cost-effective, high quality healthcare in the community and in the home.
- 1.3. Given the financial pressures currently facing the health service, clinical homecare represents a huge opportunity for the NHS: to provide high quality, personalised care to patients, to make significant cost savings and to make real progress to move services out of expensive acute settings and into patients' homes and into the community.
- 1.4. Furthermore clinical homecare offers patients improved treatment outcomes and greater choice. This is consistent with the localism agenda and patients are further empowered by having greater control over treatment and being able to live independent lives. The implementation of any additional regulation must be consistent with what is in the best interests for patients and for the NHS.

2. Exemption from the provider licensing proposals

- 2.1. We fully appreciate the role of Monitor and the necessity to ensure that patients receive services which represent value for money while producing excellent clinical outcomes. We believe that it is essential that all service providers are held to account professionally and economically through utilising a range of different policy instruments.
- 2.2. The clinical homecare sector is already heavily regulated by the General Pharmaceutical Council, the Medicines and Healthcare Products Regulatory Agency, and by the CQC. In addition the homecare sector operates in a competitive marketplace with multiple providers competing for contracts.
- 2.3. At this time we do not believe that patients, commissioners or providers of clinical homecare would benefit from the proposed licensing arrangements. The proposals would not deliver economic value, improved professional standards or better clinical outcomes.
- 2.4. The Coalition Government launched a review into the clinical homecare sector, the Hackett Review, which published its recommendations in November 2011. We

agree with the proposals and recommend that the Department of Health, Monitor and NHS Commissioning Board respond urgently to ensure that the new commissioning environment allows the clinical homecare sector to flourish. This would be a pragmatic and sensible approach which would have the effect of improving transparency and ensuring that commissioners are getting value for money.

- 2.5. There is a degree of uncertainty around the new commissioning environment. Monitor and the Department of Health should reassess which organisations require licensing after reviewing the commissioning arrangements. We are concerned that implementing a regulatory framework in uncertain circumstances will lead to unintended consequences and a failure to monitor unhealthy behaviour. It would be prudent to allow markets to take shape and develop before imposing conditions on their operation.
- 2.6. **We urge the Secretary of State to provide clarity concerning the licensing of homecare providers.**
- 2.7. **We recommend that the Secretary of State ensures that the Hackett Review recommendations are being implemented, which includes the prospect of a national approval or kite marking process which is specific to clinical homecare.**

3. Current Regulation

- 3.1. Clinical homecare provision is already a highly regulated activity facing many of the same regulations as community pharmacy. Legislation covering pharmacy regulation has been substantially revised twice in the past five years (the Pharmacists & Pharmacy Technicians Order 2007 and subsequently the Pharmacy Order 2010). Pharmacy services are also covered by various NHS Acts and Terms of Service.
 - 3.1.1. An independent regulator, the General Pharmaceutical Council (GPhC), has been established at considerable expense to the Department of Health. Unlike other regulators for primary care professions, the GPhC has its own inspectorate and makes regular inspections of pharmacy premises.
 - 3.1.2. The Medicine and Healthcare products Regulatory Agency (MHRA) ensures that medicines and medical devices work and are safe to use. Pharmacists must ensure that they respect the MHRA guidelines around dispensing and advertising medicine. The MHRA also regulates the use of medical equipment.
 - 3.1.3. Clinical Homecare is also subject to regulation, inspection and audit from the Care Quality Commission.
 - 3.1.4. Homecare companies are also subject to supervision by the NHS and pharmaceutical manufacturers.
- 3.2. Furthermore pharmacists operate in competitive, open markets which are subject to range of regulation such as company law, advertising standards, trading standards and consumer protection laws. Competition within the sector ensures

that patients and consumers chose the provider which best meets their needs on the basis on quality, access, outcomes and cost. Further regulation from Monitor would be unnecessary and disproportionate.

- 3.3. The new commissioning environment presents an opportunity to ensure that the recommendations outlined in the Hackett review are implemented to ensure that the commissioning of clinical homecare services is transparent and reflects the best value available for patients.
- 3.4. **Any future decision to licence clinical homecare providers should be consulted in accordance with clinical homecare sector and should only be as a consequence of changed circumstances. The licensing system must remain targeted at providers who are not well regulated and where evidence exists that patients would clearly benefit from introducing the extra quality audit that licensing will bring.**

4. Continuity of Services

- 4.1. The high level of competition between clinical homecare providers means that there are numerous willing organisations able to step in the event of financial difficulties.
- 4.2. Furthermore the proposals outlined in the Hackett Review would ensure financial continuity. Greater transparency and probity would ensure that commissioners are procuring services from the most cost effective and financially responsible providers.
- 4.3. In addition implementing the Hackett proposals will improve the sector and lead to greater innovation. The lack of clear guidelines and information prevents the spread of best practice, and stops providers learning from past mistakes. Ensuring that there is greater transparency and probity within the sector is fundamental to get a real understanding of the economic worth provided by clinical homecare providers.

5. Summary

- 5.1. Licensing clinical homecare providers would not achieve the aim of the provider licence explicitly laid out by Monitor and Department of Health. Before any licensing arrangement is introduced the Department of Health should begin to implement the proposals outlined in the Hackett Review.
- 5.2. The Department of Health and the NHS Commissioning Board should work with the NHCA and the National Homecare Medicines Committee (NHMC) to ensure that the accreditation system is implemented and valued by all stakeholders.
- 5.3. As commissioning arrangements change and technology leads to sector growth it is essential that regulatory burden does not prevent providers from innovating and improving clinical outcomes. There is the possibility that providers could be

penalised unintentionally for innovating, and this is contrary to the philosophy which underlines the reforms. We favour an approach where the decision to licence providers is considered on an individual basis – with the assumption that they will be exempt unless there is a clear benefit to patients and taxpayers.