NCHA Code of Practice

for

Clinical Homecare Service Providers

History

Version	Date	Reason for change	Person responsible for change
V1	2007	New	NCHA Standing Committee
V2	15 May 12	Requirement from Standing Committee to enhance current code	Governance Sub-Group / Carol McCall
V3	10 Sept 13	Addition of Force Majeure Clause	Carol McCall
V4	16 Sept 15	Requirement based on change in NCHA structure / amendments to Articles of Association	NCHA Board

Contents

NCHA, 105 St Peter's Street, St Albans, Hertfordshire AL1 3EJ
Tel 01727 896091 Email info@clinicalhomecare.co.uk www.clinicalhomecare.co.uk

1 Introduction

The National Clinical Homecare Association (NCHA) was established in 2006 to represent and promote the patient-led interests of specific organisations whose primary activity is to provide medical supplies, support and clinical services to patients in the community.

The National Clinical Homecare Association (NCHA) aims to raise the awareness of the benefits of clinical homecare, and to ensure that high standards in terms of the provision of clinical homecare are maintained. As an industry body the NCHA offers many benefits to commissioners, clinicians and patients.

As an industry body for clinical homecare, the National Clinical Homecare Association (NCHA) is committed to the following objectives:

- To act as a central source of information and discussion
- To promote high standards in clinical homecare
- To influence healthcare policy in areas where clinical homecare can add value
- To lobby on issues relating to clinical homecare

1.1 Purpose of the Code

The purpose of the NCHA Code of Practice is

- to ensure clear and robust standards are in place which support best practice,
- to demonstrate a clear commitment to high quality services
- to place the patient at the heart of all that we do

1.2 Scope of the Code

This Code of Practice is a Standard of the NCHA which governs the behaviour of NCHA Members who agree to abide by this Code's criteria.

The Code applies to the provision of Clinical Homecare Services in the United Kingdom.

All Members will be able to demonstrate compliance with this Code of Practice as it relates to the scope of their activities.

Only NCHA members can display the NCHA Code of Practice logo shown on the front cover of this document giving assurance to the Patient and Commissioner that the Member complies with this Code of Practice.

2 Principles of the Code

NCHA Members will act at all times in such a manner as to justify public trust and confidence, to uphold the good standing and reputation of the NCHA and the Clinical Homecare Industry, to serve the best interests of society, and above all, to safeguard the interests of individual patients.

Members will actively participate in NCHA activities including development of the Clinical Homecare Industry, development of national standards and best practice guidelines for Clinical Homecare Services and uphold NCHA governance standards.

NCHA, 105 St Peter's Street, St Albans, Hertfordshire AL1 3EJ
Tel 01727 896091 Email info@clinicalhomecare.co.uk www.clinicalhomecare.co.uk

Members will adhere to the following principles:

Governance

- Members will comply with all relevant legislation and regulations relating to services provided.
- Members will comply with this Code of Practice and duly authorised NCHA Guidelines as published from time to time.
- The Competition Compliance Statement must be shown at the start of any NCHA meeting and Members must comply with their obligations under applicable competition law.
- Where providing products and services, Members will ensure that these are of satisfactory quality.
- Members will ensure services are provided efficiently and effectively in accordance with patient needs.
- Members will respect the confidentiality of information obtained and not disclose such information without the consent of the patient concerned or a person entitled to act on their behalf, except where such disclosure is required by law.

Communication

- Members will make patient safety their highest priority and consider patient needs in all their activities
- Members will make their employees aware of this Code to ensure they do not offer, stipulate, infer or imply anything which contravenes this Code of Practice.
- Members will be honest and truthful in all their dealings with patients and commissioners.
- All communications, verbal and written, will be made in plain language and in an appropriate format.
- At all times, the vulnerable nature of the patient will be respected. All patients will be given information in an appropriate format and will have their particular needs taken into account.
- A copy of this Code will be given to anyone who requests it.

Training

- Members will ensure employees are trained to perform the activities requested of them and that each employee is accountable for his/her own working practices and, in the exercise of such act, at all times, within the law of the land and in a manner befitting a professional worker in the healthcare field.
- Registered professionals, such as nurses, pharmacists, pharmacy
- technicians, occupational therapists and physiotherapists are required to undertake Continuous Professional Development (CPD) training to keep their knowledge up-to-date and such CPD training must be facilitated.

Advertising and Marketing

- Advertisements must comply with any relevant code of advertising.
- Any claims made by the Member and its employees will be honest and truthful, and will not give rise to false expectations. Information, claims and comparisons must be accurate, balanced, fair, objective and unambiguous. They must not mislead either directly or by implication.
- Gifts, hospitality and sponsorship activities must be proportionate and undertaken in a fair, open and honest manner.

NCHA, 105 St Peter's Street, St Albans, Hertfordshire AL1 3EJ
Tel 01727 896091 Email info@clinicalhomecare.co.uk www.clinicalhomecare.co.uk

Upholding Standards

- Members will actively participate in the development of national quality standards by engaging with NCHA
- In examining a Member's behaviour against this Code, only the clauses relevant to that Member and its products and its services will be taken into account.
- This Code of Practice is reviewed annually, with input from external organisations, to ensure its effectiveness.
- NCHA Board is ultimately responsible for the approval of this Code of Practice and acts as the Administrator of this Code.

3 Definitions/Terminology

3.1 Clinical Homecare Services / Clinical Homecare Industry mean the supply of medical supplies and/or clinical services directly to patients in the community:-

Exclusions for the purposes of this Code of Practice, Clinical Homecare Services do **not** include:

- Primary Care Dispensing Contract with NHS
- Dispensing Appliance Contracts with NHS
- Primary Care General Ophthalmic Services
- Dentistry
- assistive technology solely intended to enhances independent living not associated with clinical treatment

3.2 Patient means an individual person who is receiving a Clinical Homecare Service from a Member.

3.3 Member means any full (ie. Voting or Probationary) NCHA member, who has undertaken to abide by this Code of Practice.

3.4 NCHA means NCHA Limited by incorporation under company number 6642621 at 105 St Peter's Street, St Albans, Hertfordshire AL1 3EJ .

4 Conduct of Individual Employees

4.1 Employees must behave, at all times, in such a way as to promote and safeguard the well-being and interests of patients.

4.2 Employees must work in a collaborative manner with healthcare professionals and recognise and respect the contribution of all within the healthcare team.

4.3 Employees must work within their level of competence and escalate any issue as appropriate.

4.4 Employees must take every reasonable opportunity to maintain and enhance knowledge and competence within his/her field of work.

4.5 Employees must assist colleagues, wherever possible, to develop competence in relation to the needs of their work.

4.6 Each Employee is responsible for each and every action or omission under his/her control.

4.7 Employees must take account of the customs, values and spiritual beliefs of patients.

4.8 Employees must make known to an appropriate person or authority any conscientious

NCHA, 105 St Peter's Street, St Albans, Hertfordshire AL1 3EJ
Tel 01727 896091 Email info@clinicalhomecare.co.uk www.clinicalhomecare.co.uk

objection that may be relevant to the performance of his/her duties.

4.9 Employees must understand the principles of informed consent and ensure that the patient is fully informed about their service, how their personal data will be used, their rights and where appropriate how to make a complaint and this is recorded, before seeking his/her consent.

4.10 Employees must respect the confidentiality of information obtained during the course of his/her work and not disclose such information without the consent of the Patient concerned or a person entitled to act on their behalf, except where such disclosure is required by law.

4.11 Employees must ensure that there is no abuse of the privileged relationship that exists with Patients or of the privileged access allowed to their property, residence or workplace.

4.12 Employees must refuse to accept any gift, favour or hospitality that is intended to exert undue influence to obtain preferential consideration. Whilst it may be appropriate, on occasions, to accept small gifts or tokens of thanks from Patients, these should always be disclosed to relevant senior employees and, where necessary, advice sought.

4.13 Employees must abide by any additional Code(s) of Practice covering particular sectors or functions within the healthcare field relevant to his/her employment.

5 Training of Employees / Ongoing Development

5.1 All employees must be made aware of any legislation pertinent to their role, especially in relation to patient safety, patient confidentiality, safeguarding, informed consent and this Code or Practice.

5.2 They must also be informed of any best practice guidelines and other regulations to which they must give due regard in the course of their work.

5.3 Employees should not work unsupervised until they are considered competent to do so.

This means that they should not be asked to carry out tasks for which they have not received training. It is recommended that regular refresher sessions are held in-house, as a minimum.

5.4 Members must maintain a record of training for each of their employees.

5.5 Where clinical advice and training is to be given by employees, they must be appropriately qualified and competent.

6 Patient Information

6.1 Members should publish and regularly update their general information to patients (for example their Patient Charter and Data Protection Policy)

6.2 Members must clearly explain the services to the patient. Where this information is provided verbally, it must be confirmed in writing to the patient.

6.3 Any patient information should be written in clear language, and those responsible for their production should be aware that versions in alternative formats may be requested, and this must be facilitated as swiftly as is practicable.

NCHA, 105 St Peter's Street, St Albans, Hertfordshire AL1 3EJ
Tel 01727 896091 Email info@clinicalhomecare.co.uk www.clinicalhomecare.co.uk

7 Equipment

7.1 Equipment supplied must be fit for the intended purpose.

- Where equipment is provided it must be supplied with appropriate instructions to ensure the patient is able to use the equipment as intended.

7.2 Where the service is terminated, equipment must be removed within 14 days or as otherwise agreed with the patient.

8 Sub-Contractors / Third Parties

8.1 Members must ensure any sub-contractor, third party, or person carrying out work or representation on the Member's behalf upholds the same standards as required by this Code of Practice.

8.2 Members must take reasonable steps to ensure they do not participate in activities that would breach this code. For example, where the Member is not the primary contractor for the Clinical Homecare Service, there should be a Technical Agreement and/or Service Level Agreement that clearly defines the responsibilities of the Member, the primary contractor and any other relevant intermediary which defines the responsibilities of each party to ensure the Clinical Homecare Service provided meets the requirements of this Code of Practice.

8.3 Where a Member funds part or all of the salary of a professional employed by the NHS or other external organisation, they must have due regard to the employing body's rules regarding such funding, confidentiality and safeguarding. At all times, the service supplied should be that which the professional considers is best suited to the patient's needs.

9 Clinical Governance and Reporting

9.1 Members must maintain a robust system for recording and reporting complaints, incidents and near misses.

9.2 All members must have in place a responsive and user friendly procedure for the resolution of complaints from patients i.e. any expression of dissatisfaction regarding the product and / or service supplied.

9.3 Employees must be advised to be professional, courteous, prompt and fair when dealing with a complainant.

9.4 Complaints must receive a response within 1 working day and members are normally

9.5 Expected to resolve complaints within 14 days unless an alternative timescale is agreed with the complainant.

9.6 Patients wishing to make a complaint must be informed to whom within the Member organisation they should address their complaint, what information they are required to provide, and the timescales that will apply to dealing with the complaint.

9.7 Members must take the opportunity to learn from complaints, incidents and near misses.

9.8 Each Member must maintain records sufficient to identify to whom they have provided any medicinal product, medical device or equipment, to ensure it can be traced and recovered in the event of a recall for safety purposes, or given

NCHA, 105 St Peter's Street, St Albans, Hertfordshire AL1 3EJ
Tel 01727 896091 Email info@clinicalhomecare.co.uk www.clinicalhomecare.co.uk

appropriate attention if a safety warning is issued necessitating preventive action.

9.9 All members have a responsibility to ensure all adverse events are reported to the drug manufacturer and other relevant organisations

9.10 All members should participate in any national reporting systems to ensure learning from adverse events is shared.

10 Monitoring

10.1 Members providing services to patients will be monitored by at least one of the following means every 12 months

- independent compliance audits
- patient satisfaction survey

10.2 Each Member will publish and/or make available on request an Annual Report outlining their monitoring programme which will vary depending on the product/service provided and giving the results of the previous year's monitoring programme. This Annual Report is expected to include as a minimum the number and nature of complaints received, a summary of independent compliance audits and a summary of any upheld complaints made against the Member under this Code of Practice to the NCHA Chairman.

10.3 Each Member will complete a self-declaration of compliance with this Code of Practice.

11 Force Majeure Support Committee

11.1 In the event that an NCHA Member declares a force majeure situation or is otherwise unable to substantively provide homecare services that it has contracted to provide, the NCHA Members have a duty to make reasonable efforts to ensure patient safety and continuity of patient treatment. The Member declaring force majeure or the commissioner of affected homecare services can request support of NCHA Members via the NCHA Chairman in accordance with this clause. Whilst patient safety is paramount, NCHA Members providing force majeure support have the right to be fairly compensated for their activities by the organization requesting force majeure support. It is recognized that NCHA Members will only be able to commit to offering force majeure support if services to its existing patients will not be compromised as a result.

11.2 On receipt of a request for force majeure support, the Chairman will give NCHA Full Members at least 24 hours notice of a NCHA Force Majeure Support Committee Meeting to be held at the earliest opportunity. Each NCHA Full Member has a duty to ensure a senior representative attends NCHA Force Majeure Committee Meetings and is empowered to agree to reasonable requests from the NCHA Chairman for support to ensure patient safety. Where appropriate, an event specific Force Majeure Sub-Committee will be formed as agreed by the NCHA Force Majeure Committee.

11.3 The NCHA Chairman is Chair of the NCHA Force Majeure Support Committee and is responsible for

- appointing a project manager to co-ordinate the force majeure support
- independent arbitration for fair compensation of force majeure services provided by NCHA Members
- ensuring costs incurred by the NCHA are recovered.

NCHA, 105 St Peter's Street, St Albans, Hertfordshire AL1 3EJ
Tel 01727 896091 Email info@clinicalhomecare.co.uk www.clinicalhomecare.co.uk

12 Code of Practice Complaints against Members

12.1 When NCHA Chairman or Vice Chairman receives notification in writing of a complaint against a Member, he/she will consider whether the Member has complied with this Code of Practice. NCHA can not deal with a complaint if:

- the complaint is against a person or entity that is not an NCHA Member
- the complaint is being, or has been dealt with by a court or similar body
- the complaint relates to a point in time prior to the Member becoming an NCHA Member

12.2 The NCHA Chairman or Vice Chairman will first ensure the complainant has attempted to resolve the matter direct with the Member concerned.

12.3 At any stage during the process, the NCHA Chairman or Vice Chairman may signpost the complainant to another Professional Body or Code of Practice Authority if appropriate.

12.4 Where the complainant has failed to resolve the matter direct with the Member, the NCHA Chairman or Vice Chairman will

- request to see all the complainant's documentation
- identify the reason for the Complaint to the Member in writing
- ask the Member to report within 7 working days, giving as much evidence as possible
- look for evidence of any breaches of this Code
- attempt to settle the dispute by agreement between the two parties

12.5 Where resolution is still not reached, and the NCHA Chairman or Vice Chairman believes the Complaint has or may have some merit, the complainant has two options:

- To take up their own independent court action
- Referral of the complaint by NCHA Chairman or Vice Chairman to the NCHA Board of Directors

12.6 The NCHA Chairman or Vice Chairman will define a Complaint Review Date where a quorum of the NCHA Board is available to review the complaint and make a decision. The Complaint Review Date should be within 14 days of the decision by the Complainant to ask for referral to the NCHA Board. Should a Board Member be an employee of the Member which is the subject of the complaint, that Board Member will declare an interest in the matter and take no part in the administration of the complaints process or in the decision of the Board related to that matter.

12.7 The objective of the NCHA Board is to arrive at a conclusion that is fair and reasonable in the circumstances, looking at all the evidence presented by both parties. Technical expertise will be called upon for input as and when this should prove necessary. The NCHA Board's initial reaction will be notified to the parties concerned within seven working days and normally, a conclusion should be reached within fifteen working days. (Note: this is the last point in the process where new evidence can be considered and if further evidence is presented by either party, this may prolong proceedings).

12.8 The NCHA Board's findings will be issued in writing to the Member and complainant and will give a summary of the facts, the conclusions and reasons for reaching them. The findings may be

- that there has been no breach of this Code of Practice
- that the complainant has a valid complaint, however, the Member has

NCHA, 105 St Peter's Street, St Albans, Hertfordshire AL1 3EJ
Tel 01727 896091 Email info@clinicalhomecare.co.uk www.clinicalhomecare.co.uk

already taken reasonable steps to remedy the breach of this Code of Practice
- that the complainant has a valid ongoing complaint and the Member should take steps to remedy the breach of this Code of Practice (see section 13.2)

12.9 The Member and complainant have 7 days in which to appeal the decision of the NCHA Board by writing to the NCHA Chairman or Vice Chairman giving their reasons for their appeal and requesting a hearing at the next full NCHA Board Meeting. The NCHA Board will review the reasons for their appeal provided by the NCHA Chairman or Vice Chairman and their decision will be recorded in the Board minutes. This is the final stage of this process.

13 Sanctions / Disciplinary Action

13.1 In case of serious allegations of misconduct, if deemed appropriate by the NCHA Board, the Member may be suspended from Membership of the NCHA for a period of up to 3 months whilst the investigation takes place.

13.2 Where a Member is found to be in breach of this Code of Practice, the NCHA Board may do one or more of the following, depending on the circumstances:-

- determine that no further action be taken
- issue a formal warning to the Member
- provide for further sanctions in the event of further breaches of or non-compliance with the Code or any undertaking, with or without further representation before such sanction takes effect
- suspend the Member, for a stated period, from the register of Members signed up to the Code (and hence from NCHA)
- expel the Member from the register of Members signed up to the Code (and hence from NCHA)

and may require the Member to do one or more of the following, depending on the circumstances

- prepare and implement a corrective and preventative action plan and take all reasonable steps to prevent a recurrence of the breach within a specified period of time
- issue an apology to the complainant within 30 days either privately or publicly as determined by the NCHA Board.
- pay any costs incurred by the NCHA in investigating the complaint including costs for technical expertise

13.3 Where expulsion occurs, a minimum period of twelve months must pass before any application to re-join the NCHA, will be considered. If any complaints against the Member have been made to NCHA during that time, such application may be rejected for a further period of time.

13.4 From establishing that a serious breach has occurred through to final decision of the Disciplinary Committee and instigation of any action should normally take no more than 90 days.

NCHA, 105 St Peter's Street, St Albans, Hertfordshire AL1 3EJ
Tel 01727 896091 Email info@clinicalhomecare.co.uk www.clinicalhomecare.co.uk

14 Regulation and External Accreditation

The following is not an exhaustive list of all the legislation that might apply to a given circumstance, but is a list of the legislation considered likely to be most pertinent to clauses within this Code of Practice.

14.1 Regulatory Framework

- Good Manufacturing Practice for Medicinal Products for Human use (2003/94/EC), and updating
- EU Directive 2001/83/EC relating to medicinal products for human use as amended by 2004/27/EC, and updating
- EU Directive 93/42/EEC relating to medical devices, and updating
- EU Directive 2001/20/EC relating to clinical trials, and updating
- Guidelines on Good Distribution Practice of Medicinal Products for Human Use (94/C 63/03), and updating
- Home Office Misuse of Drugs Act 1971 and amendments
- The Medicines Act 1968 and Regulations made under the act
- Safeguarding Vulnerable Adults Act 2006
- Children Act 1989 updated 2004
- The Children (Northern Ireland) Order 1995
- The Children (Scotland) Act 1995
- The Human Rights Act (1998)
- UN Convention on the Rights of the Child
- Data Protection Act 1998
- Freedom of Information Act 2000
- The Bribery Act 2010
- The Competition Act 1998
- Access to Medical Reports Act 1988
- Access to Health Records Act 1990
- RPSGB Homecare Guidelines

14.2 Professional Codes of Practice

- Nursing & Midwifery Council
- Royal Pharmaceutical Society
- General Medical Council

14.3 Audit and Monitoring

- General Pharmaceutical Council
- Medicines and Healthcare products Regulatory Agency
- Care Quality Commission
- The Department of Health / NHS Connecting for Health (IG Toolkit level 2)
- UKAS accredited bodies for ISO 9001

NCHA, 105 St Peter's Street, St Albans, Hertfordshire AL1 3EJ
Tel 01727 896091 Email info@clinicalhomecare.co.uk www.clinicalhomecare.co.uk