“Liberating the NHS: Greater choice and control”

A response by the National Clinical Homecare Association

What is Clinical Homecare?
Clinical homecare is the provision of medicines, supplies and supporting clinical services directly to patients at times and places most convenient to them, supporting the vision of “Liberating the NHS” and moving towards a more patient-focused health service.

Medicines can be supplied to patients in their homes, at work, to differing locations to accommodate holidays, etc, all of which reduce the need for significant numbers of hospital or clinic appointments. Many different and often complex treatments can be delivered and/or administered in this way, and each is prepared, delivered and/or administered by a suitably qualified healthcare professional.

Clinical homecare provides a vital NHS private outsourcing service allowing the NHS to be liberated from certain aspects of health provision at a lower cost, freeing up vital specialist resource to deliver on health outcomes determined by the government.

Who are the National Clinical Homecare Association (NCHA)
The National Clinical Homecare Association (NCHA) represents the majority of companies providing clinical homecare services to patients of the NHS, charitable and independent healthcare sectors in the UK. Its members have to meet core standards, including registration with appropriate professional regulatory bodies.

NCHA member companies currently provide clinical homecare services to around 150,000 patients, and make around one million patient visits each year. The total value of drugs supplied through NCHA members is estimated to be over £1 billion and growing significantly year-on-year. Services are provided to all NHS Trusts in the UK. NCHA Member companies are:

- Baxter Healthcare
- Calea UK
- Careology
- Central Homecare
- Chemistree Homecare
- EuroBay Pharma
- Evolution Homecare
- Healthcare at Home
- Medco
- Qualified Cancer Care

Introduction and commentary

The NCHA is wholly supportive of the government's desire to achieve an NHS that puts patients and the public first and where patients, service users, families and carers have far more influence and choice.

Our industry truly puts patients at the heart of all we do. Our member companies are geared to serving patients wherever they need treatment, whether this is in their own homes, at their workplaces or at any other convenient location across the country. Our services are designed around the patient, wherever they are.

Clinical homecare services have a wide range of benefits to NHS commissioners, clinicians and, of course, patients:

Commissioners	Reduced capacity pressure on wards, clinics and pharmacies, with treatment costs reduced by up to 80%[1]. Working capital is also reduced. Improved adherence to treatment supported by regular patient contact and monitoring, including outside normal hours, can contribute to better outcomes and often a reduction in drug wastage.
Clinicians	Proactive prescription management with all treatment delivered according to agreed protocols and pathways by specially trained staff. Fully traceable supply chain. Ability to separate NHS and private "top up" treatments. Close liaison and feedback from health professionals.
Variable Capacity	The NHS has issues pertaining to demand on the NHS in terms of beds and patient wait times. Members of the NCHA immediately offer the NHS the ability to vary their capacity at short notice. From a point of arbitrage, patients who can be treated at home can be referred to clinical homecare companies who will arrange for homecare based treatment, freeing up beds and resources in the secondary care sector at short notice.
Financial Information	The success of the reforms within the NHS are heavily dependent on billing, financial reporting and transparency, akin to those readily available in the private sector. Members of the NCHA already provide these services to the NHS and are adept at providing cost effective IT solutions tailored to healthcare allowing the reforms to be audited and change to be inbedded within the NHS.

[1] "Home healthcare – an economic choice for the health service" Northern Ireland Health Economics Group (2008)

Patients	Regular contact and support from trained healthcare professionals in times and places that are convenient to them. Choice of location for service. Fewer hospital visits mean reduced costs of transport, time off work, childcare, etc**.** Discrete and confidential service maintains privacy and increases independence. Great customer experience with high patient satisfaction scores relating to choice, convenience, information and quality of service.

We feel that an expansion of clinical homecare services would be entirely within the spirit of "Liberating the NHS: Greater choice and control" and we look forward to seeing how the Department of Health and the NHS Commissioning Board will take this forward, encouraging GP consortia to increase the choices available to patients.

Comments on specific issues

Greater choice and control

The NCHA really welcomes the commitment to giving patients the option of greater choice and control over their care. The option of clinical homecare and drug administration with support at home could be offered to patients across many more therapy areas As it stands currently however, this is not the case and many patients are treated in a clinic or hospital with no homecare option offered to them.

Any willing provider

The NCHA also welcomes the emphasis on allowing "any willing provider" to step forward. This is very much the essence of clinical homecare and what our members stand for. Clinical homecare is all about delivering a personalised service to meet the clinical needs of prescribers alongside the personal needs of patients.

The proposed model of delivering services within NHS prices is new for the clinical homecare service sector, and therefore we have questions of how this will operate and how the standards will be set and monitored.

Clinical homecare providers already operate under a strict (and costly) regime of regulation. Our members are licensed and inspected by the Medicines and Healthcare products Regulatory Agency (MHRA) in terms of their medicines wholesaling and supply chain activities, and as 'Specials' products manufacturers, as applicable. Any pharmacy related activities, including dispensing, are covered by Royal Pharmaceutical Society of Great Britain registration and inspection (functions now transferred to the General Pharmaceutical Council), licenses by the Home Office are required for the handling of controlled drugs and nursing services are covered by the Care Quality Commission.

As such, we have concerns about duplication of regulation and additional business burdens from expanding the role of Monitor across this area. We seek greater clarity and involvement on Monitor's role and its potential impact on our members. We would welcome the opportunity to develop with the regulatory bodies a more appropriate audit framework that covers the key aspects of the homecare companies' activities.

It is also important that we know what the potential inspections in relation to the proposed NICE quality standards will be.

We would also like to understand the future roles for National Homecare Medicines Committee (NHMC) and Commercial Medicines Unit (CMU) in the new structure, or how else their functions will be discharged.

In general, we recommend that the NHS Commissioning Board establishes clear national standards and frameworks for commissioning. GP consortia should commission against these standards on the basis of identified local needs. This is critically important for companies that are operating across the whole country and where the location that the patient receives a service may well lie outside the geographical base of the service commissioner. Clear national standards will improve the efficiency of the NHS.

To this end, we also recommend the establishment of an independent Ombudsman for Healthcare to be the final arbiter on decisions relating to service commissioning. Having a clear "referee" on the playing field will give confidence to all market providers and encourage market entry, increasing choice and competition.

At present services are contracted for by the NHS on a competitive basis and the move to set NHS tariff prices may eliminate some of the savings being achieved for the NHS. As competition on price is potentially reduced, this also poses the question, how will patients chose their provider? Will this then be determined by the marketing activities of providers? Commissioning bodies should also be mindful that costs being reduced and services to patients are often enhanced with increasing scale of operations in clinical homecare; and therefore a complete fragmentation of the current tendering system may increase patient choice, but is unlikely to be of overall benefit to the NHS or the individual patient.

Which healthcare services should be our priorities for introducing choice of any willing provider?

We recommend that many more hospital outpatient clinics, where specific drug regimens are an outcome of such an appointment, e.g. HIV, multiple sclerosis etc, could be supported by clinical homecare services in the patient's home. Do patients really need an outpatient appointment that involves the inconvenience of travel to a hospital where the usual outcome of that appointment is most likely to be a repeat prescription, when the prescription can be managed and the patient supported and monitored by a clinical homecare provider in the comfort of their own home?

What would help more people to have more choice over where they are referred?

Again, we recommend that clinical homecare services are offered as an option to many more patients who would routinely be attending out-patient clinics or who are discharged.

Implementing choice on "any willing provider"
Service providers should be financially secure and sustainable, and there may be a need for a new specific regulated authority that covers clinical homecare - please refer to earlier comments on this

What do you think are the main risks associated with choice and how should we best mitigate these risks?

We believe that the main risk is loss of price competition through a move from the current competitive tendering process and a plethora of new providers coming into the market, that may not meet standards or have the financial strength to manage the high value drug purchasing that is required to provide a clinical homecare service. The only way of mitigating this is by having regulated providers and having clear set standards. Clinical homecare is currently covered under wholesale and pharmacy, but are we happy with this or as stated earlier, do we need a new body?

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