



# NCHA Code of Practice for Clinical Homecare Service Providers

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## **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 Members, 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 a clear and robust Code of Practice is 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 governs the behaviour of NCHA Members who agree to abide by this Code's criteria.

The Code of Practice applies to the provision of Clinical Homecare Services in the United Kingdom of Great Britain and Northern Ireland.

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

## **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.

Members will adhere to the following principles:

### **Governance**

- Members will comply with all relevant legislation and regulations relating to clinical homecare services provided.
- Members will comply with this Code of Practice and approved NCHA Guidance as published from time to time.

- The NCHA Competition Compliance Statement will 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 commissioner's requirements and patient expectations.
- Members will comply with the General Data Protection Regulations, respecting the sensitive nature of information held for the purposes of providing the Clinical Homecare Service.

### **Communication**

- Members will make patient safety their highest priority and consider patient needs at all times.
- Members will make their employees aware of this Code of Practice 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 of Practice will be given to anyone who requests it.

### **Training**

- Members will ensure employees are trained and competent to perform the activities requested of them.
- Each employee is accountable for his/her own working practices and will act, at all times, in a manner befitting a professional worker in the healthcare field.
- Members will facilitate Continuous Professional Development (CPD) training for registered healthcare professionals and other professional staff to keep their knowledge and competencies up-to-date.

### **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.

### **Upholding Standards**

- Members will actively participate in the development of best practice guidance and quality standards via engagement with NCHA, its Networks and Project Groups.
- In assessing a Member's behaviour against this Code of Practice, only the clauses relevant to that Member and its products and its services will be taken into account.
- This Code of Practice is reviewed every 5 years to ensure its effectiveness with input from external stakeholders.
- NCHA Board is ultimately responsible for the approval of this Code of Practice and acts as the Administrator of this Code of Practice.

### **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 community settings:-

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 enhance independent living not associated with clinical treatment

3.2 Patient means an individual person who is receiving a Clinical Homecare Service from a Member and their carer(s).

3.3 Member means any Full NCHA member, any Probationary NCHA member or any Associate NCHA Member, who has undertaken to abide by this Code of Practice.

3.4 GDPR means the General Data Protection Regulation as enacted in the UK by the Data Protection Act 2018

3.5 NCHA means NCHA Limited by incorporation under company number 6642621 at St James House, Vicar Lane, Sheffield S1 2EX.

### **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 members of the wider 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 objection that may be relevant to the performance of his/her duties.

4.9 Employees must understand the application of GDPR in clinical homecare services and should be assured that the patients are fully informed about their service, how their personal data will be used, their rights and where appropriate how to make a complaint.

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

- 4.11 Employees must ensure that there is no misuse or 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. It may be appropriate, on rare occasions, to accept small gifts or tokens of thanks from Patients, however, these must always be disclosed to relevant senior employees and, where necessary, advice sought.
- 4.13 Employees be informed of any best practice guidelines and other regulations and must abide by this and 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, regulation and/or national guidance pertinent to their role, especially in relation to patient safety, patient confidentiality, safeguarding, GDPR and this Code of Practice.
- 5.2 Employees should not be asked to carry out tasks for which they have not received training and should not work unsupervised until they are considered competent to do so.
- 5.3 Members must maintain a record of training and competence assessment(s) for each of their employees.
- 5.4 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 by Members.

## **6 Patient Information**

- 6.1 Members should publish, ensure patients have reasonable access to and regularly update their organisational information for patients (for example their Patient Charter and Data Protection Policy).
- 6.2 Members must clearly explain the clinical homecare 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 alternative formats or modes of dissemination of that information may be requested, and this must be facilitated as swiftly as is practicable.

## **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 of Practice. 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 member of staff 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 meet the requirements of this Code of Practice and be provided in the best interests of patients.

## **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 including any expression of patient dissatisfaction with the product and / or service supplied.
- 9.3 Employees must be professional, courteous, prompt and fair when dealing with a complainant.
- 9.4 Complaints must receive a response within 3 working day and Members are normally expected to resolve complaints within 30 days unless an alternative timescale is agreed with the complainant.
- 9.5 Members must learn from complaints, incidents and near misses and undertake continuous improvement actions.
- 9.6 Each Member must maintain records sufficient to identify to whom they have provided any medicinal product, medical device or equipment. In the event of a recall or safety warning appropriate actions must be put in place.
- 9.7 All members have a responsibility to ensure all adverse drug reactions are reported to the manufacturer and other relevant organisations.
- 9.8 All members should participate in any national reporting systems to ensure learning from complaints and incidents 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 self-declare that they maintain compliance with this Code of Practice each time they renew their membership.

## **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 Administrator 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 NCHA Administrator 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 or Deputy acts as 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 is available for fair compensation of force majeure services provided by NCHA Members
  - ensuring costs incurred by the NCHA are recovered.

## **12 Code of Practice Complaints against Members**

- 12.1 When NCHA Administrator will validate any notification in writing of a complaint against a Member. 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, regulatory body or similar body
  - the complaint relates to a point in time prior to the Member becoming an NCHA Member
- 12.2 The NCHA Administrator 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 Administrator 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 Administrator 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 of Practice
  - request technical expertise from external independent experts as required
  - attempt to settle the dispute by agreement between the two parties
- 12.5 Where resolution is still not reached, and the NCHA Administrator believes the Complaint has or may have some merit, the complainant has two options:
- To take up their own independent court action
  - Refer the complaint to the NCHA Board of Directors
- 12.6 Where a complaint is referred to the NCHA Board of Directors, the NCHA Administrator will convene a Complaint Review Meeting where a quorum of the NCHA Board Members form a Complaint Review Panel to review the complaint. The Complaint

Review Meeting should be within 14 days of the decision by the Complainant to ask for referral to the NCHA Board. Should a Board Member attending the Complaint Review Meeting 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 decision of the Board related to that matter.

- 12.7 The objective of the Complaint Review Meeting is to arrive at a conclusion that is fair and reasonable in the circumstances, looking at the evidence presented by both parties. The initial determination of the Complaint Review Panel is based in the evidence available to them and will be notified to the parties concerned within seven working days.
- 12.8 The findings of the Complaint Review Panel 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 already taken reasonable steps to remedy the breach of this Code of Practice
  - that the complainant has a valid ongoing complaint under this Code of Practice and the Member should take steps to remedy the breach (see section 13.2)
- 12.9 The parties have seven days following notice of the Complaint Review Panel findings to respond and/or provide any additional evidence. Normally, a final determination should be notified to the complainant within 30 days unless consideration of the complaint depends on the outcome of review by other relevant external bodies or as otherwise agreed by the complainant.
- 12.10 Following the final determination, the Member and complainant have 7 days following the in which to appeal the decision of the Complaint Review Panel by writing to the NCHA Administrator 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 and the final decision will be recorded in the Board minutes and NCHA Administrator will notify the complainant of the outcome. This is the end of this Code of Practice Complaints process subject to the provisions of section 13.2.

### **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 costs incurred by the NCHA in investigating the complaint including administration costs and independent advice.

13.3 Where a Member is suspended or expelled, NCHA Board may request evidence that remedial actions have been effective before membership is re-instated. Following expulsion, a minimum period of twelve months must pass before any application to re-join the NCHA, will be considered.

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

## 14 References

Royal Pharmaceutical Society Professional Standards for Homecare Services 2024 and supporting resources including Royal Pharmaceutical Society Handbook for Homecare Services and it's appendices.

NCHA Code of Practice, Guidance, Standards and Position Statements are available from NCHA website [WWW.clinicalhomecare.org](http://WWW.clinicalhomecare.org) or on request from [info@clinicalhomecare.co.uk](mailto:info@clinicalhomecare.co.uk)

## 15 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
V5	12 Sept 24	Review and update	Carol McCall