

Best Practice Guidance FAQ's

Evidence of Service Delivery to Support Clinical and Medicines Homecare Services Invoices: Frequently Asked Questions

(Version 1.0: 7 Feb 2025, adopted by NHMC 4 March 2025)

Frequently Asked Question List

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1. Why is this guidance needed?

It is widely recognised that pre-COVID processes for managing invoices for clinical and medicines homecare services have become cumbersome and resource intense. There were significant savings from streamlining the process, so it continues to meet financial governance standards but removes elements of “double checking”. The potential direct savings from fully implementing this guidance is estimated at £11.5m with over 480 FTE released¹ to provide other aspects of NHS patient care.

Removing patient data from the finance process ensures Data Protection Act 2018 compliance and enables future e-invoicing initiatives.

2. How was the guidance developed?

In November 2021, NCHA started to review the evidence required to support NHS invoices in clinical and medicines homecare services in collaboration with NHMC. The initial review showed the removal of patient signatures from POD’s had no adverse impact on the quality of homecare invoices during the COVID response. The process was reviewed, and pilots were implemented to test the proposed process updates. Following successful pilots, the guidance was finalised and formally adopted by NCHA and NHMC in April 2024.

3. What is the target date for implementation?

NCHA and NHMC have agreed 1st April 2025 as a target date for implementation.

4. How will it impact Patients?

This guidance relates to “back-office” administration of homecare services, so there is no direct impact on patients with the implementation of this guidance.

5. Will patients still be asked to sign on the doorstep?

There will be no change to the evidence of service delivery that is collected by Homecare Providers with the implementation of this guidance, so patients who currently sign for their homecare deliveries will continue to be asked to sign.

6. Will Homecare Providers change the evidence of delivery they collect?

Implementation of this guidance does not change the evidence of service delivery collected by Homecare Providers.

7. , How do I maintain assurance that the homecare service has been delivered without a routine POD copy?

The Homecare Provider will provide an Invoice Reconciliation Report that provides information relating to each delivery and related PO number on the invoice for effective and efficient validation. Additionally, from many years of experience with homecare services, NHS Homecare Pharmacy teams are confident that patients raise any issue of deliveries that had not arrived. Patient safety incidents where patients are unexpectedly short of medicines

or miss doses also include a review of the evidence relating to patient deliveries to gain further assurance that deliveries have taken place.

The underlying evidence (including POD where relevant) relating to each individual delivery is available on request to the Homecare Provider by exception when there is reasonable doubt that the invoiced service has not been delivered and/or for financial audit purposes.

8. What evidence of service delivery will be provided for non-standard deliveries?

There is no change to the evidence collected by Homecare Providers with the implementation of this guidance. Delivery evidence relating to Keyholding services or delivery to clinic/G.P or delivery to community pharmacy will remain as current practice.

9. What is the benefit of replacing routine POD provision?

Process efficiency and productivity. POD review and cross checks to homecare invoices are often cumbersome and resource intense and do not provide better financial assurance than the Invoice Reconciliation Report.

Many homecare invoice queries relate to requests for copies of POD, missing PODs or unclear PODs. Many of those queries do not add value and resolution can be detrimental to the patient experience as they are subsequently resolved by re-contacting a bemused patient who has received their homecare delivery. From many years of experience with homecare services, NHS Homecare Pharmacy teams are confident that patients would raise an issue if the delivery had not arrived.

Invoice queries, including POD queries, are a significant source of delayed payments to Homecare Providers as noted in the NCHA Paper “Minimising the Impact of Pharmaceutical Price Changes on patients, service efficiency and cash flow in Clinical Homecare”².

10. What is the risk of replacing routine copy PODs?

There is little, if any, increased risk from removing routine copy PODs as noted below.

In 2017 an NHS Digital project noted that whilst being accepted as evidence of delivery, a POD was not a robust form of financial assurance. In patient reported cases of missed deliveries, a POD can exist where the delivery was to a different location e.g. neighbour.

As part of the COVID response, between March 2020 and April 2024, homecare patients were not asked to sign for their homecare deliveries due to infection control concerns. To avoid the need to change local Hospital Pharmacy Standard Operating Procedures to remove the copy PODs from the invoice approval processes, PODs were signed by the driver and provided with invoices in accordance with nationally agreed guidance³. This shows that patient/recipient signed PODs provides little additional financial assurance. The pilots showed that the Homecare Provider generated Invoice Reconciliation Report was an acceptable alternative to the individual POD signed by the driver.

There is no change in the evidence of service delivery. Where appropriate, recipient signed PODs will continue to be gathered and kept by Homecare Providers. The evidence will still

² https://www.clinicalhomecare.org/wp-content/uploads/2019/11/Position-statement_Price-Changes_v1approved_171108_statuschange091119.pdf.

³ https://www.clinicalhomecare.org/wp-content/uploads/2021/02/Covid-19-delivery-procedure_NCHA-Guidance_updated_200820finalv2.3_Feb-2021.pdf

be made available by exception to assist in the resolution of invoice queries where there is reasonable doubt that the homecare service has been delivered and for financial audit.

11. What is the NHS resource saving from replacing routine POD copies?

Many Hospital Pharmacy Standard Operating Procedures still include three-way manual cross-matching of patient hospital records, PODs and invoices despite it now being widely accepted that this activity does not provide additional financial assurance.

The potential direct savings to the NHS from fully implementing this guidance is estimated at £11.5m with over 480 FTE released⁴ to provide other aspects of NHS patient care including improved management of the homecare prescription process.

12. What do NHS Colleagues think?

- “Prescribing isn’t the burden” it’s the thousands of invoices and the very paper-based systems.” Danny Palmer – SW Regional Procurement Medicines procurement specialist⁵
- “Everyone is bogged down by invoices”. Georgia Hegarty-Dillion, Chief Technician⁶
- “I don’t think the POD is worth the paper it is written on. Half the time I think the drivers do sign.” Anne Larner - Pharmacy Procurement Business Manager⁷
- “We have been working with no POD now for almost one year and so far, we have not had any issues. If we ever needed the POD and if CALEA can provide this information, then there is no need for a paper POD. This will save paper, ink and time for printing. By law we must keep POD for years so saves storage space too.” Krishna Patel, Senior Technician, Pharmacy
- “Historically you have provided the related delivery note for all invoices (as backing to support me receipting the invoice). I requested to move away from this process as it provides patient identifiable data and there is no reason for me to see this. Going forward we agreed you can simply provide me with details to support each invoice. Invoice number, Date, Value and the content of the drug & consumables delivered.” Simon Morgan, Senior Commissioner, Southwest Commissioning, NHS England
- “We had a meeting re your proposed streamlining of the POD process, we gave you feedback on the report and our suggestions. These were implemented immediately. We have been using this system for a few weeks now and my team have unanimously agreed that the report is far quicker to use. From a retention point of view it is also much better for us as we can store the reports all in an electronic folder rather than finding space for storage. We are very happy with how the process is working thus far.” Andrea Lumsdon, Pharmacy Homecare
- “Our experience with the current invoicing process without POD we have found that this streamlined approach has generally worked well, enabling faster invoice processing and reducing administrative overhead. We are mindful of aligning with our Standing Financial Instructions and are keen to explore alternative solutions to verify deliveries which will align with our compliance and efficiency needs.” Geoffrey Howell, Principal Pharmacist

⁴ NHMC data on file

⁵ From NHS Digital project 2017

⁶ From NHS Digital project 2017

⁷ From NHS Digital project 2017

13. How should Hospitals update prescription delivery information in their systems?

The Invoice Reconciliation Report information should be used in place of individual PODs.

Where Hospitals expect to receive additional information, they should review whether that additional information is necessary and/or if it is necessary to duplicate the Homecare Provider record within the Hospital system.

Clinical assurance and updating patient clinical records should be considered separately from financial assurance provided by the standard Invoice Reconciliation Report.

14. Can exceptions be made by Hospitals? e.g. controlled drugs

Evidence of service delivery may be requested by exception where required by regulation depending on the nature of the service provided. However, it should be noted that the responsibility for retention of delivery records for controlled drugs etc generally apply to the dispensing pharmacy and not to the prescribing organisation or Purchasing Authority.

There are no currently foreseen exceptions that would require the Clinical Referring Centre or Purchasing Authority to maintain duplicate records of delivery evidence in addition to the Homecare Provider's records.

15. Is there a standardised data set/format from Homecare Providers?

Yes, see the standard Invoice Reconciliation Report and example record provided in the Guidance and accompanying excel template.

16. How frequently will the Invoice Reconciliation Report be provided?

The Invoice Reconciliation Reports will be provided for each invoicing period. For example, where Homecare Providers invoice on a monthly basis there will be an Invoice Reconciliation Report that covers those month's invoices.

17. What is the turnaround time when requesting evidence of service delivery (including POD where relevant)?

The requesting of evidence of service delivery in addition to the Invoice Reconciliation Report means raising an invoice query. NHS Standard Terms and Conditions for the Supply of Goods and the Provision of Services requires that where the Purchasing Authority raises a query with respect to an invoice, the Parties shall liaise with each other and agree a resolution to such query within thirty (30) days of the query being raised. If the Parties are unable to agree a resolution within thirty (30) days the query shall be referred to dispute resolution.

18. Is this guidance consistent with NHS Standing Financial Instructions (SFIs)?

NHS Standing Financial Instructions (SFI) require NHS organisations to issue approved Purchase Orders and for invoices to be matched with those Purchase Orders prior to payment. Financial audit and fraud prevention programmes are in place to check samples of transactions to ensure local financial governance processes have been followed.

Homecare invoices reference the Purchase Order Number or equivalent issued by the NHS Purchasing Authority. Where the financial authority covers a number of deliveries, the delivery date/time can be used to identify each individual delivery.

Financial due diligence requires NHS organisations to seek reasonable assurance that invoices are paid for services delivered. This means if 100 homecare deliveries have been made including 500 packs of medicines during a month, the NHS is invoiced and pays for 100 deliveries and 500 packs.

Strongly held views of some Hospital Pharmacy team members have formed over time, often using NHS Standard Financial Instructions or financial auditor requirements as the reason why patient signature PODs are required to “approve” every individual invoice before the Finance Dept makes payment to the Homecare Provider. Hospital Pharmacy teams have reported some additional checks and balances being requested during financial audits making processes even more complex and time consuming. When challenged, these “requirements” have been removed as they have arisen from unnecessary complexity in historical processes and/or poor understanding of the homecare invoicing process by the key financial stakeholders (NHS finance teams and financial auditors, payors ICS & NHSE Specialised Commissioning).

19. How do I escalate unresolved invoice queries?

Invoice query and escalation processes should not substantively change with the implementation of this guidance. If there is reasonable doubt that an invoiced homecare service has been provided, the evidence of service delivery should be requested as an exception from the Homecare Provider.

Where the invoice query has not been resolved within 30 days, further escalation should follow the agreed dispute resolution process in accordance with NHS Standard Terms and Conditions for Provision of Goods and Services⁸.

Where there is suspicion of systematic raising of invoices for homecare services that have not been delivered, NHS Hospital Pharmacy Teams should raise this with their local NHS Fraud Prevention Officer for further investigation.

20. Is there best practice guidance for monitoring credits & invoice queries?

The Homecare Service Key Performance Indicators (KPI) v6⁹ (published as Appendix 10 to the Royal Pharmaceutical Society Homecare Handbook) include measures for invoice accuracy and payment delays. Version 7 is currently being developed and will include financial Key Performance Indicators.

These KPIs should be reviewed during Supplier Engagement and Service Review meetings with the Homecare Provider.

Whilst not in the current standard KPI's, it would be beneficial to record and share the number and type of invoice queries raised before, during and after implementation of this guidance.

⁸ <https://www.england.nhs.uk/nhs-terms-and-conditions-for-the-procurement-of-non-clinical-goods-and-services/>

⁹ https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/V6.2%20-%20Homecare%20Medicines%20and%20Services%20KPIs_final%20for%20RPS.xlsx

21. Does this guidance impact reimbursement processes for homecare medicines?

There should be no impact on the reimbursement processes for homecare medicines. The current Purchase Order Number or equivalent financial approval (e.g. Bluteq) is included in the Invoice Reconciliation Report.

As most homecare medicines are “high-cost medicines”, the costs are “pass through costs” that do not impact local hospital finances unless on a block contract. Engagement with the ultimate payors shows their financial governance check is usually to confirm payment has been made by the NHS Hospital generating the “pass through” invoice. We have not identified any special or additional requirements, within NHS Provider/Commissioner contracts, relating to Hospital’s invoice approval process by ICBs or NHS Specialised Commissioners.

22. How will Homecare Provider process be audited by NHS?

Homecare Providers will continue to collect evidence of service delivery which will be available by exception and as required for NHS colleagues to review random samples of data during audits of financial processes.

Homecare Provider invoicing processes will continue be reviewed as part of the NHMC Supplier Engagement. It is expected that samples will be checked within the planned NHMC Service Quality Audit programme. In the meantime, Regional Homecare Specialists and/or NHMC can co-ordinate sharing outcomes of local Hospital audit of Homecare Providers with other Hospitals.

23. How long will PODs remain available for audit?

NHS Standard Terms and Conditions for the Supply of Goods and the Provision of Services, Schedule 2 section 24.1 requires financial records to be maintained for a minimum of 6 years.

24. How is the Patient’s Clinical Record kept up-to-date if there is no routine POD?

The project team noted that the POD documents have also been used by Clinical Referring Centres as a source of clinical assurance of continuity of treatment and for other clinical information gathering. This is an inappropriate clinical use for which the invoice and POD were not designed. More appropriate and less resource intense approaches are available for the provision of necessary clinical information relating to homecare services delivered to individual patients.

25. Has the guidance been piloted and tested?

The process for developing this guidance has included some pilot implementations. Hospitals who previously, routinely requested POD copies were recruited to test the robustness of the guidance. No adverse impacts were identified, the number of invoice queries reduced and there was a significant reduction of 6.4 days in the overall time to payment, and a reduction of 6% in invoices remaining unpaid at the due date. These figures were reported from the sample of clinics from 18 NHS Trusts during 2024. Efficiency improvements without significant reduction in financial assurance have been confirmed as the process has been implemented in an increasing number of Hospitals.

26. What is the difference in invoice queries and errors before and after implementation of this guidance?

The number of queries related to the quality of invoices which led to credit/debit notes being issued was substantially unchanged. POD queries were often process driven due to local SOPs rather than due to reasonable doubt that the invoiced service had been provided. POD query responses were found to add little or no financial assurance to the invoice payer.

Most homecare deliveries are invoiced after the evidence of service delivery has been logged in the Homecare Provider's system. However, there are cases when the homecare service is invoiced when evidence of service delivery is not available (e.g. HPN compounded for a specific patient; patient not at home for their scheduled home visit). Calea's pilots found most queries in past were due to missing POD information within the Invoice Reconciliation Report. Calea resolved these queries by reviewing for missing information and adding comments/ explanations in the Invoice Reconciliation Report (e.g. HPN if cancelled within 48 hrs).

27. What was the outcome of the NHS Digital e-invoicing project & how does that impact this guidance?

NHS Digital recognised the savings and sustainability benefits from transitioning homecare away from paper-based processes in the NHS Digital e-invoicing project May 2017. Delivery of this project was delayed because e-invoicing systems are not suitable for managing and transmitting patient level information contained on homecare invoices and within their associated PODs.

At that time the NHS Digital project noted that a typical Hospital has

- 5,000 homecare patients
- 10,000 prescriptions
- Each prescription leads to 12 further pieces of paper (6 invoices and 6 PODs)
- 120,000 pieces of paper per Hospital
- 300,000 patients across the UK
- 7.2million pieces of paper across the UK

Specifically in relation to PODs the NHS Digital project note from the sample of Hospitals

- "I don't think the POD is worth the paper it is written on. Half the time I think the drivers do sign." Anne Lerner - Pharmacy procurement business manager
- Two Trusts ignored them
 - One Trust didn't look at any
 - One Trust checked a small sample
- Two Trusts checked them all
- One Trust after checking them put them in an Advanced Shipping Notice (ASN)

Since this project began homecare patient numbers across the UK have increased to 600,000 with each NHS Trust / Health Board typically managing homecare services for 3,000 patients¹⁰, although some Hospitals have significantly more patients. There has been a parallel increase in resources burden on the NHS.

28. Who currently approves homecare invoices and how will that change?

Processing and approval of homecare invoices is often managed by band 3 / 4 staff strictly following local standard operating procedures. NHS Pharmacy resource requirements to manage current homecare invoicing process is estimated as 1-2 FTE band 3 / 4 staff per

¹⁰ NHMC data on file

1,000 homecare patients. The processing of invoices by band 3 / 4 staff following strict standard operating procedures can result in large numbers of queries that absorb valuable resources and delay payments to Homecare Providers. Many queries are process driven, adding payment delays, and absorbing scarce resources without adding to financial governance. In response to the 2024 House of Lords inquiry into homecare services, it will be beneficial for NHS Hospitals to release administrative resources from invoice processing that can be refocused on homecare prescription management.

29. Can you quantify the NHS resource that can be released and redeployed to patient care by removing copy PODs from the homecare invoicing process?

There were 42,000 homecare patients in the East of England region at the start of 2024. With each Trust ranging between 1,200 and 8,000 patients with an estimated regional resource demand for current practice of 34 staff WTE of band 3 / 4 which equates to £990k - £1.2m per annum¹¹. This extrapolates to initial estimated saving of £6m including 144 FTE released to provide other aspects of NHS patient care across the UK. Savings of up to £11.5m are possible in East of England if invoicing processes are streamlined with further “game-changing” savings expected with full implementation of e-commerce.

30. Does this guidance enable e-commerce?

Yes. In 2017 an NHS Digital project reviewed the potential for paperless processes in clinical and medicines homecare services. At that time, e-invoicing could not be pursued due to existing NHS Pharmacy e-invoicing systems that precluded the transmission of the patient data contained in the POD.

NHMC estimated NHS resources required for homecare invoice approval could be reduced by up to 30% simply via removal of the copy POD with every invoice requirement. E-commerce in homecare services is recognised to be a “gamechanger” with an additional 50% administration resource saving through subsequent implementation of e-invoicing and e-commerce.

31. How many homecare invoices are issues each month?

258,000¹² homecare invoices are issued each month.

32. Who needs to implement this guidance?

Homecare Providers have already successfully implemented this guidance with a number of NHS Hospitals and are ready to roll out the use of Invoice Reconciliation Reports with the remaining Hospitals. It is expected that NHS Chief Pharmacists will support their pharmacy homecare teams to lead the implementation in each Hospital. Homecare pharmacy resources released should normally be redeployed to improve management of homecare prescription processes.

33. Is there any impact on manufacturer funded homecare services?

No direct impact on manufacturer funded homecare services has been identified.

¹¹ NHMC data on file

¹² Average of 12 months to Sept 2024

Manufacturers can assist by validating the robustness of the Homecare Provider's invoicing processes during their audits, especially where it impacts the timely resolution of invoice queries and rebate payments.

There can be indirect benefits for manufacturers as the implementation of this guidance will result in capacity release which may result in quicker on-boarding of new patients and efficiencies in homecare prescription management.

34. How does this guidance support NHS Net Zero?

Removal of the routine requirement for copy PODs will support the Greener NHS¹³ and Delivering Net Zero Healthcare programmes. Simply removing PODs from the routine invoicing process will remove up to six million pieces of paper per annum. Enabling the move to full paperless e-invoicing unlocks the potential for the removal of all physical movement of paper invoices and PODs from homecare services.

Removal of duplicate images of POD documents and replacing them with a simple spreadsheet will significantly reduce the requirement for digital storage capacity within Hospital systems.

35. What do NHS Hospitals need to do now?

At its simplest, NHS Hospitals should update their local Standard Operating Procedure for homecare invoice approval to include the receipt of the standard Invoice Reconciliation Reports from their Homecare Providers, and remove any requirement for routine receipt of PODs. Invoice query and dispute resolution processes should remain the same. Support for implementation is available from your Regional Homecare Specialist.

- Review the invoice approval processes to implement this guidance
- Local SOP should be updated to reflect the use of the Invoice Reconciliation Report in place of individual copy PODs
- Only ask for POD copies where there is reasonable doubt that the invoiced service has been delivered
- Where financial information is used to update clinical records, agree alternative sources of essential clinical information with the Homecare Provider
- Reassure NHS colleagues that excess staffing resources can be re-deployed to support patient care
- Use the Regional Homecare Specialists and local 'champions' to support implementation
- Provide opportunity for local champions to visit and learn from other Hospitals
- Consider "match making and buddy systems" by Regional Homecare Specialists to facilitate the roll-out to each region in the shortest possible timeframe.

36. What can the NHS do in future to realise further efficiencies after implementing this guidance?

- Where Hospitals need to identify the appropriate ultimate payor related to an invoice, review if the Invoice Reconciliation Reports can be used to streamline processes e.g. "pass through costs" to NHSE Specialist Commissioning or ICB.
- Review the homecare end-to-end homecare invoicing process to remove unnecessary cross-checking and duplication of records that does not significantly enhance financial assurance.
- Minimise requests for non-standard information and processes.

¹³ <https://www.england.nhs.uk/greenernhs/>

- Engage Homecare Providers to explore opportunities to utilise existing NHS Trust / Health Board e-commerce solution within the homecare service.

37. What do individual Homecare Providers need to do?

- Assist Hospitals with sampling & testing during implementation.
- Provide a standard information pack detailing their invoicing process demonstrating that it is robust. This will assist the building of trust and confidence in the Invoice Reconciliation Report. (Note: it is anticipated that this “information pack” will be requested routinely in future homecare service tenders.)
- Present how the implementation will work from their organisation’s perspective
- Work with each Regional Homecare Specialist and at least one Trust / Health Board in each region to:
 - implement who can act as local champion
 - share their experience with other Trusts / Health Boards in the region
 - advocate and provide testimonials for the new process
- Highlight local NHS requests for bespoke solutions to the relevant Regional Homecare Specialist to help minimise unwarranted variation.

38. What do manufacturers need to do?

- Review wording of commercial contracts to mirror this guidance to reflect the standard homecare specification¹⁴
- Promote and, where appropriate, incentivise the implementation of this guidance through manufacturer funded services.

39. Where do I find support?

In the first instance, NHS colleagues should discuss implementation of this guidance with their Regional Homecare Specialist who will be able to provide assistance and support.

For further information about this FAQ document contact info@clinicalhomecare.co.uk

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