

## Best Practice Guidance

# Evidence of Service Delivery to Support Clinical and Medicines Homecare Service Invoices

(Version 2.0 approved 7 Feb 2025, adopted by NHMC 4 March 2025)

### Summary

Clinical and medicines Homecare Services deliveries are made to NHS patients at home, often by a third party. Reimbursement for services, medicines and ancillaries is via the commissioning NHS Purchasing Authority via the clinical referring centres that prescribe the homecare medicines. Homecare invoices are routinely processed by NHS Pharmacy Homecare teams. However, the normal wholesale invoicing processes for medicines do not translate well to homecare services not least because the homecare invoicing document packs currently include patient identifiable data.

Significant variation in invoice approval processes within NHS Trusts has developed over time. Often based on historical precedent including provision of a “proof of delivery” (POD) document alongside each delivery specific homecare invoice as evidence of service delivery. Between March 2020 and March 2024, a substantial body of evidence built up to show that the requesting and cross-checking of recipient signed “Proof of Delivery” (POD) does not contribute significantly to financial governance of homecare services. Some hospitals have already revisited their financial governance processes and have stopped requesting and cross-checking PODs in line with this guidance. Fully implementing this guidance also ensures GDPR compliance as patient identifiable clinical information is provided by alternative, secure and more appropriate routes thus removing patient data from the invoicing process. There are also significant environmental benefits from removing paper copies and duplicating storage of digital records.

Implementation of this guidance will not substantively change Homecare Providers’ internal processes for monitoring homecare service deliveries. The evidence Homecare Providers gather in relation to homecare deliveries will not change in response to this guidance and will be available by exception to support the investigation of queries and for financial audit. Homecare Providers will provide standard evidence of service delivery within a standard Invoice Reconciliation Report (template provided). The Hospital Pharmacy team can use the Invoice Reconciliation Report provided to review homecare invoices. Cross checking of random samples provides reasonable confidence that the delivered services have been correctly invoiced. This guidance is consistent with NHS Standard Terms and Conditions and compliant with overarching NHS Standing Financial Instructions (SFI), therefore this guidance is expected to be compliant with local NHS SFIs, although implementation of this guidance may require local Hospital Pharmacy Standard Operating Procedures to be updated.

This guidance relates to the provision of evidence of homecare services delivery. However, it is understood that this can only be successfully implemented when Homecare Providers and NHS Pharmacy teams clearly differentiate between evidence of service delivery vs invoice value errors vs clinical reporting and work together to find the most appropriate solutions for each.

It is not appropriate to use financial records and processes to manage patient safety. Where evidence of service delivery has previously been used to update the patient clinical record, this must be separated from financial governance processes and more appropriate ways of sharing the necessary patient identifiable clinical data should be implemented.

To facilitate due-diligence and implementation of this guidance, each Homecare Provider will provide, on request, a sample of their standard invoice and Invoice Reconciliation Report. During implementation, local NHS resources should ensure clinical reporting is robust and, where necessary, update local Pharmacy Standard Operating Procedures.

Implementing this guidance will allow Hospital Pharmacy teams to focus on clinical activities including the co-ordination of homecare prescriptions. Across the UK there are 600,000 homecare patients which could mean that by removing the routine production of PODs, an immediate estimated saving of £6m including 144 FTE could be released to provide other aspects of NHS patient care. The wider potential direct savings from implementing this guidance to streamline invoicing processes are estimated at £11.5m with over 480 FTE released<sup>1</sup> to provide other aspects of NHS patient care. Further “game changing” savings will be enabled via the future implementation of e-invoicing and e-commerce.

### Scope

NCHA worked with NHMC colleagues to produce guidance streamlining standards for the provision of evidence to support homecare invoices in January 2024. These standards have been adopted by a number of NHS Trusts and have been shown to generate significant efficiencies without adversely impacting financial assurance. NCHA and NHMC now seek to extend the implementation across all appropriate homecare services by April 2025. Furthermore, implementation of these guidelines will enable e-commerce solutions already used by Hospital Pharmacies to be extended to cover homecare invoices. Enabling of full e-invoicing in homecare services using existing Hospital Pharmacy infrastructure has for many years been understood as a “game changer” for realising further and highly significant efficiencies.

Only 20% of homecare services are fully funded by the NHS. For the remaining 80%, pharma manufacturers supply chains include homecare service delivery direct to patients. Whether the service elements are NHS funded or part of the pharma manufacturer supply chain does not alter the NHS processes used to handle homecare invoicing so this guidance should be applicable to all homecare services for NHS patients.

As this guidance is adopted as the best practice standard by NHMC, any exceptions to this process must be risk assessed, documented, and approved locally by each NHS organisation.

As recognised in 2017 by NHS Digital, the “proof of delivery” document (POD) is not a good indicator of whether the homecare service has been delivered. However, the wider perception that PODs are a “requirement” for financial governance within NHS Hospital Pharmacy teams was not challenged. This guidance ensures reasonable evidence of service delivery is available by exception for query management and financial audit. Financial governance for the approval of homecare invoices within the NHS continues to be maintained via matching with NHS Purchasing Authority generated purchase orders<sup>2</sup> to approve homecare invoice payment.

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<sup>1</sup> NHMC data on file

<sup>2</sup> or other appropriate financial approval from the NHS Purchasing Authority.

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Homecare Provider invoices will include Purchase Order numbers (or other appropriate financial approval references<sup>3,4</sup>) supplied by the Hospital. This ensures financial governance is maintained by ensuring that financial commitments to contractors are authorised in advance and to enable the matching of invoice to order. For the avoidance of doubt, NHS SFIs require an approval process to be in place, but do not require additional validation of each individual delivery/invoice using a POD<sup>5,6</sup>.

A standard Invoice Reconciliation Report covering the relevant invoice period provides a means of checking delivery of invoiced homecare services<sup>7</sup>. Standard information to be provided and an example entry is in Table 1. An excel template for a standard Invoice Reconciliation Report is provided alongside this guidance.

Homecare Provider Reference*	Invoice Number	Invoice Date	Purchase Order Number	Delivery Completed Date **	Delivery Completed Time (optional) ***	Hospital Number	NHS Number	Patient Name	Comments (optional)***
Example: ABC1234	SO0281893	06/10/2022	987/297647	06/10/2022	07:59:00	123456	1234567890	A N Other	
Data Standards: Free Text	Free Text	Date	Free Text	Date	Time or blank	Free Text	Number	Free text	Blank or Free Text

\* This could be delivery reference or other appropriate Homecare Provider internal reference number.

\*\* Includes product and clinical service delivery.

\*\*\* leave blank if not available / not provided

**Table 1: Standard Homecare Invoice Reconciliation Report**

Hospital Pharmacy Teams should monitor that overall homecare expenditure is in line with expectations e.g. based on the number of patients on the homecare service, frequency of deliveries and monitoring the average value of ancillaries, medicines, and services.

<sup>3</sup> Where a purchase order reference is not supplied, a Blueteq, prescription number or other appropriate reference can be used as an appropriate financial approval reference.

<sup>4</sup> “All purchase orders must be raised in advance of a commitment being entered and not on receipt of an invoice. An order raised after an invoice is received will be classed as retrospective and is a breach of SFIs.” paragraph 7.13.3

<https://www.england.nhs.uk/publication/standing-financial-instructions/>

<sup>5</sup> Example Local NHS SFI from Frimley Health NHS Foundation Trust, “services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct”; Para 9.2.4 <https://www.fhft.nhs.uk/media/5690/fhft-standing-financial-instructions-2022-v4a-final.pdf>

<sup>6</sup> “10.3 System of Payment and Payment Verification

*The Chief Financial Officer shall be responsible for ensuring there is a system and associated procedures in place for the prompt payment of supplier invoices and charges. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.*”

<https://www.medway.nhs.uk/patients-and-public/access-to-information/publication-scheme/policies-and-procedures/corporate-policies/standing-financial-instructions-policies.htm>

<sup>7</sup> “Purchase orders must only be receipted following the delivery of satisfactory goods or services and only for the value of those goods or services delivered.” para 7.13.5

<https://www.england.nhs.uk/publication/standing-financial-instructions/>

Financial governance is maintained by monitoring the total value of homecare invoices against expectations and checking the evidence relating to a small random sample of invoices during routine audits of the Homecare Provider by the NHS.

There will be month to month variability, so the total expected homecare invoice value should be subject to ongoing monitoring on a rolling basis (e.g. annually or 6 monthly) and at contract termination.

Patient reports of missed homecare deliveries or missed clinical homecare home visits or unexpected requests for additional supplies of medicines are logged as a potential patient safety incident (see RPS Homecare Handbook Appendix 19<sup>8</sup>). Where reported to the Homecare Provider such incidents are always shared with the relevant hospital clinical and/or pharmacy teams that originated the prescription and/or purchase order. The investigation of such incidents will include whether a prescription, purchase order and invoice have been raised; checking the service delivery records and, where appropriate, correction of invoicing issues identified e.g. raising of credits.

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.

It is expected that, in most cases, the standard Invoice Reconciliation Report will provide sufficient information for the relevant hospital clinical and/or pharmacy teams to continue to update the patient's clinical record. For homecare services where important additional clinical information is removed from invoices or PODs, alternative ways of providing this information should be discussed with the Homecare Provider.

It is not appropriate to use financial records and processes to manage patient safety. Where evidence of service delivery has previously been used to update the patient clinical record, this must be separated from financial governance processes and more appropriate ways of sharing the necessary patient identifiable clinical data should be implemented.

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.

### ***Recommendations for further work***

NHMC should ensure the Homecare Service Good Practice Principles for the Provision of Manufacturer-funded Homecare Services<sup>9</sup> and Homecare Service Proposal (HSP) Form<sup>10</sup> are updated to ensure equivalent standardisation and financial governance is applied within pharma-funded homecare services.

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<sup>8</sup> <https://www.rpharms.com/resources/professional-standards/professional-standards-for-homecare-services/appendix-19>

<sup>9</sup> <https://www.sps.nhs.uk/articles/nhmc-good-practice-principles-for-the-provision-of-manufacturer-funded-homecare-services/>

<sup>10</sup> <https://www.sps.nhs.uk/articles/national-homecare-medicines-committee-nhmc-homecare>

NCHA will work with NHMC to agree a standard homecare invoices template. Whilst each Homecare Provider uses a standard invoice format, these can be very different. NHS Hospital Pharmacy teams have requested standardisation of homecare invoices. This is only possible if NHS Purchasing Authorities recognise the importance of standardisation and agree to accept invoices in the agreed standard format.

### Acknowledgements

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### History

Version	Date	Reason for change	Author
1	1 Feb 24	New. This POD guidance is effective from 1st April 2024 replacing some elements of the Covid-19-delivery-procedureprocedure <sup>11</sup> . This guidance has been reviewed and adopted by NHMC in March 2024.	Carol McCall Joe Bassett
2.0	7 Feb 25	Updated title and remove references to COVID and clarified wording following multi-stakeholder workshop in November 2024.	Carol McCall Joe Bassett

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<sup>11</sup> [https://www.clinicalhomecare.org/wp-content/uploads/2020/08/Covid-19-delivery-procedure\\_NCHA-Guidance\\_updated\\_200820finalv2.2.pdf](https://www.clinicalhomecare.org/wp-content/uploads/2020/08/Covid-19-delivery-procedure_NCHA-Guidance_updated_200820finalv2.2.pdf)