

## Best Practice Guidance Remote Self-Administration Training of Patients in Clinical Homecare Services

Version 2 - approved – 16 June 2025

### Introduction and Background

Remote consultations are bridging the gap between Patients, Healthcare Professionals and health systems, enabling Clinical Homecare Services to be delivered through virtual channels. Using technology most Clinical Homecare Organisations can successfully deliver patient training remotely to enable Patients receiving a wide range of therapies to understand and independently self-administer<sup>1</sup> their homecare treatments safely and effectively. Many Patients respond positively to remote training sessions; however, some will require face-to-face training sessions. Remote consultations can improve access to homecare services for many homecare patients, however, a more traditional, non-digital, solution should be available for those patients who simply cannot or will not engage remotely. During the COVID response, 25% of Clinical Homecare Service episodes of care were conducted remotely and this is the current benchmark. Post COVID, the proportion of remote episodes dropped to 6% but has subsequently increased to 9% at the end of 2024.

### Principles for Remote Self-Administration Training Services

- The option of remote patient self-administration training should be included in Clinical Homecare Services wherever appropriate to ensure efficient use of resources, enable patient choice and improve patient experience.
- Remote patient training services should be designed using evidence-based practice and design must include Equality and Health Impact Assessments.
- Where referral for remote training is for a standardised patient self-administration training service the suitability of medicines and medical devices involved must be assessed for clinical risk and accessibility. Where necessary, standard training should be modified or bespoke training developed and/or reasonable adjustments made.
- The option for face-to-face training should be available and should be offered to Patient's (or carers/relatives)
  - if they are not assessed as competent to self-administer their homecare medicine following remote training; or
  - where patient safety concerns remain over the patient's competence to self-administer remain after remote training has taken place; or
  - if remote training is not deemed to be appropriate for that individual Patient.

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<sup>1</sup> Self-administration includes administration to patients by their carers

## Governance of Remote Self-Administration Training for Services

- All Homecare Organisations must risk assess their capabilities to provide remote clinical services and the suitability of including a remote training service considering suitability of medicines and medical devices.
- Within each Clinical Homecare Service, the patient self-administration training methods should be risk assessed for suitability of patient cohorts, medicines and medical devices, prior to implementation of the service.
- Treatment naïve patients should not routinely be excluded from remote training programmes unless the risk assessment indicates remote training is not appropriate.
- Remote patient training services should be reviewed on a regular basis to assess effectiveness and to review risks and benefits
- Processes should be in place to gain agreement from the Clinical Referring Centre if training mode proposed differs from that specified in the Homecare service Specification or individual Patient referral.
- Where a remote service is the default mode of training delivery, the option for face-to-face training should be available and offered wherever appropriate. Such face-to-face training may be provided by the Clinical Referring Centre or Homecare Provider where this is an option detailed within the relevant Homecare Service Specification or is agreed as an exceptional activity within the individual patient' care plan.

## Governance of Remote Self-Administration for Patients

- All homecare Patients should be offered the option of referral for remote self-administration training and the expected outcome of training should be that the patient is competent to self-administer unless they are deemed unsuitable by the Clinical Referring Centre.
- The type and scope of training should include all relevant aspects of the Patient's training needs, including patient's choice and include options for reasonable adjustments to ensure equitable access to homecare services.
- On referral for remote training within an approved Clinical Homecare Service, each Patient should be individually assessed for suitability to receive their remote training in accordance with the referral.
- Where a Patient requests a different training option to those defined in the Clinical Homecare Service Specification (including additional reasonable adjustments) or the individual patient risk assessment indicates an alternative training mode is most appropriate, the Clinical Referring Centre should be notified and approval sought.
- Bespoke patient training plans outside those agreed for the Clinical Homecare Service should be developed in agreement with the Patient and their Clinical Referring Centre.
- Individual Patient suitability for the remote training service should be confirmed routinely during each episode of care related to the self-administration training.
- Patients should be offered face-to-face training if they are not assessed as competent to self-administer following remote training.

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## Useful Information

NHS Guidance is available for

- Remote consultations in primary care<sup>2</sup>
- Ensuring equitable access to remote consultations in primary care – Health equalities and digital inclusion<sup>3</sup>

NHS digital accessibility standard <sup>4</sup>

NHS Accessible Information Standards<sup>5</sup>

## Acknowledgements

NCHA would like to thank Jo Upton, Carol McCall and members of the NCHA Nursing and Clinical Services Group for drafting and reviewing this document. Further thanks go to all homecare stakeholders who participated in the consultation and review of draft versions.

## History

Version	Status	Date	Reason for change	Author(s)
v2	Approved	16 Jun 2025	Remove references to COVID and change from one time statement to Best Practice Guidance	Carol McCall, Jo Upton, Members of NCHA Clinical and Nursing Group
v1	Superseded	20 May 2020	New NCHA Position Statement for COVID	Kate Kelly, Carol McCall, Members of NCHA Chief Nurses Group

## Disclaimer

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<sup>2</sup> <https://www.england.nhs.uk/long-read/remote-consulting/>

<sup>3</sup> <https://www.england.nhs.uk/long-read/health-equalities-and-digital-inclusion/>

<sup>4</sup> <https://www.england.nhs.uk/long-read/digital-accessibility/>

<sup>5</sup> <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>