

NCHA Best Practice Guidance Managing Operational Challenges to maintain Patient Safety

Version 2.0 Approved 28 May 2026

Introduction

The NCHA supports the principle of deployment of appropriate operational risk mitigation strategies as required by a Homecare Provider experiencing acute operational or resourcing challenges directly or indirectly as a result of internal or external factors. This document provides further guidance, building on and replacing the NCHA Position statement: Impact of External and Internal Factors on Homecare Providers and Service Variations from November 2022.

Homecare Provider operations can be adversely impacted by external factors outside the control of the Homecare Provider and/or internal factors including damage to infrastructure or lack of specialist resources. Some adverse factors will significantly impact a number of homecare providers e.g. when UK Government COBRA is activated under the framework of the Civil Contingencies Act 2004. Such incidents should have oversight or direct management via the NCHA Industry Level Business Continuity Plan. However, many incidents can be successfully managed via the Homecare Organisation's local Business Continuity Plans and/or pre-agreed Service Specific Business Continuity Plans. Whilst this Guidance focus is on unforeseen incidents and events, it may also be helpful in identifying foreseeable incidents and mitigation actions that can be included in updates of local and service specific business continuity plans.

Many of actions that can be taken by individual Homecare Providers and NHS Clinical Referring Centers have been tried and tested. This Guidance covers key areas of homecare services operations and elements of service provision that can be modified in order to reduce the short term burden on Homecare Organisations. Using appropriate risk mitigation strategies from the menu provided by this Guidance is known to ensure homecare services keep running; aid operational recovery; and return to business as usual at the earliest opportunity.

There may be exceptional circumstances where urgent unilateral risk mitigation actions may be essential to ensure the continuation of safe, effective homecare service provision to patients. This Guidance provides all Homecare Organisations with a menu of risk mitigation strategies, some of which may be appropriate to manage a specific operational challenge. These risk mitigation strategies and actions are known to mitigate short and medium term operational challenges and can be taken by individual Homecare Providers and Clinical Referring Centers with short term operational duress.

This Guidance will be reviewed regularly and updated regularly in the light of experience.

Disclaimer

NCHA does not warrant or represent that the material in this document is accurate, complete or current. Nothing contained in this document should be construed as medical commercial legal or other professional advice. Detailed professional advice should be obtained before taking or refraining from any action based on any of the information contained in this document.

Background

The NCHA Industry Level Business Continuity Plan was put to the ultimate test and successfully deployed to manage the COVID 19 response. During the COVID response 2019-2023 there were extraordinary challenges for Health and Social Care system and providers. A dynamic collaborative response from the National Homecare Medicines Committee (NHMC) and NCHA members, overcame challenges and led to 90,000+ additional patients being safely transferred to Homecare Services. Learnings from the COVID response led to the implementation of the NCHA Industry Level Business Continuity Plan (BCP) to support major incidents.

One of the learnings from the implementation of the NCHA Business Continuity Plan post-COVID has resulted in the development of this Guidance to cover situation where the operational challenges fall short of the NCHA Business Continuity Plan criteria. It is not possible, and may not be desirable, to cover all eventualities and potentially serious but rare events within local continuity plans. Incidents with similar root causes may manifest in different ways with different impact profiles depending on the organisational infrastructure, so may require different risk mitigation actions, meaning each incident must be considered separately.

Scope

This guidance applies to circumstances where a Homecare Provider is unable to continue to deliver the homecare services and/or Clinical Referring Centre is unable to fulfil their obligations in accordance with the Service Specification, but the criteria for NCHA Industry Level Business Continuity Plan are not met, so the organisation's local Business Continuity Plan is invoked.

Provisions for Homecare Service risk mitigations included within the service specification and the Homecare Organisation's local Business Continuity Plan will take precedence over the provisions of this Guidance.

This guidance identifies key areas and risk mitigation strategies that can be used to ensure the continuation of safe, effective homecare service provision to patients and minimize patient safety risks. Where appropriate, these risk mitigation strategies can be included in local Business Continuity Plans and/or Homecare Service Continuity Plans. In exceptional circumstances to maintain patient safety, these mitigation actions may need to be put in place by exception to manage the impacts of unforeseen and acute operational challenges and/or reduce the operational pressure on individual Homecare Providers and Clinical Referring Centers.

Homecare Service Specifications should include mitigations for foreseeable incidents that are likely to occur e.g. patients holding safety stocks of medicines and ancillaries sufficient to cover anticipated adverse weather conditions. Planned risk mitigation actions should be detailed within the Homecare Service Specification and can include service specific risk mitigation actions for example:-

- alternative approved contingency compounding units able to manufacture homecare medicines if the main compounding unit is not available
- within HPN services there may be a contingency prescription for a licensed alternative medicine that can be supplied for a short time with agreement from the Clinical Referring Centre prior to any supply being made.

Where co-ordinated mitigation actions are agreed for a specific Homecare Service additional to those within the service specification, these should be documented in a Homecare Service Continuity Plan. Homecare Service Continuity Plans should be updated in the light of experience and when new “foreseeable” risks are identified.

Each Homecare Organisation must have a local Business Continuity Plan covering operational challenges that they might reasonably expect to occur. Relevant sections of the Homecare Organisation’s local Business Continuity Plan should have been shared between the Homecare Provider and Purchasing Authorities, normally as part of the service commissioning process.

Whilst homecare providers should not delay requests for support via the NCHA Industry Level Business Continuity Plan, it is expected that the risk mitigation strategies outlined in this guidance have been implemented or at minimum considered and deemed insufficient prior to enacting the NCHA Industry Level Business Continuity Plan.

Principles for managing Acute Operational Challenges in Clinical and Medicines Homecare Services to maintain Patient Safety

This guidance applies to circumstances where a Homecare Organisation is unable to continue to deliver the homecare services in accordance with the Service Specification due to the short and medium term lack of availability of infrastructure and/or specialist resources.

This guidance outlines a menu of successful risk mitigation strategies that have been used to reduce the patient safety impact of unforeseen and acute operational challenges on individual Homecare Providers and Clinical Referring Centers where help from other homecare providers is not essential to maintain patient safety.

These patient safety risk mitigation strategies are applicable to the majority of homecare services. They assist in bridging the gap between the NCHA Industry Level Business Continuity Plan and planned risk mitigation actions detailed within Homecare Service Specifications and Homecare Service Continuity Plans.

The clear focus of risk mitigation strategies should be

- to maintain patient safety,
- to minimise the impact of service specific issues on other homecare service types
- to re-instate the full homecare service at the earliest opportunity.

Homecare Organisations should implement the provisions of the pre-agreed Service Specific Business Continuity Plan or local Homecare Organisation Business Continuity Plan where these provisions are sufficient to maintain patient safety.

Homecare Organisations deliver homecare services within a wider health system. Other Homecare Organisations involved in the provision of impacted homecare service(s) should be ready and willing to facilitate the deployment of risk mitigation strategies to maintain patient safety. Homecare Organisations involved in the provision of the homecare service(s) work together in good faith to minimize patient safety risk. Homecare Organisations must not implement risk mitigation strategies unilaterally and to a point where they destabilise the operations of other Homecare Organisations or the wider clinical homecare sector.

During challenging periods, the NCHA is fully supportive of individual Homecare Providers having appropriate flexibility to manage their operations to maintain homecare service continuity and patient safety using Homecare Service Continuity Plans and/or their Local Business Continuity Plan and/or using this menu of standard risk mitigation strategies. Where individual Homecare Providers are unable to maintain patient safety, the NCHA Industry Level Business Continuity Plan provides additional support.

This Guidance arises out of learnings from previous operational challenges. It outlines risk mitigation strategies that have been successfully deployed in response to previous operational challenges by Homecare Providers and Clinical Referring Centre’s working in partnership to maintain patient safety in clinical and medicines homecare services. The assumption should always be that the Homecare Organisation seeking to implement these risk mitigation strategies are best placed to take such decisions to minimise the patient safety risk whilst keeping additional costs under control. Other parties must support that Homecare Organisation in good faith, and must not withhold or delaying their response to action requests.

The risk mitigation strategies outlined in this guidance may increase financial risk or incur short-term exceptional costs to the Purchasing Authority depending on the circumstances. Approval and payment of exceptional costs must not be withheld or delayed. Once the patient safety incident has resolved, the root causes identified from patient safety incident investigation should inform the application of NHS Terms and Conditions liability and indemnity clauses.

High risk situations where resolution will take more than 6 months are escalated via the NHMC.

Risk mitigation strategies that can be applied by either/both Homecare Providers and Clinical Referring Centers

When homecare services are experiencing operational pressures, whether arising from challenges being experienced by the Homecare Provider or Clinical Referring Centre, there are actions that will reduce the operational pressure on both Homecare Organisations. The first three actions are key areas of normal activities that need focus to maintain “flow” through the provision of homecare services.

Whilst resolving operational challenge will almost inevitably have an impact on the other Homecare Organisations involved in providing the impacted homecare services. However, the Homecare Providers must work with the other homecare organisations to ensure their mitigation actions do not destabilise other homecare organisations.

| Mitigation Strategy/Action | Appropriate for | Operational Impact / Benefits | Exceptions/Risks |
|--|------------------------|---|--|
| Focus on timely prescriptions for existing homecare patients | All Homecare Services | Reduces chasing, duplicate prescription requests and urgent queries | <ul style="list-style-type: none"> • Delays new patient on-boarding |

| Mitigation Strategy/Action | Appropriate for | Operational Impact / Benefits | Exceptions/Risks |
|--|--|---|---|
| Concerns and verbal complaints closed on first review. | where issue resolved directly between the homecare organisation and the patient | Reporting maintained for trend analysis. Removes requests for additional information | <ul style="list-style-type: none"> • Increase in formal complaints |
| Complaints and incident reports (C&Is) closed in bulk with single response | where there is no impact on patient safety, with the same identified root cause | Reporting maintained for trend analysis. Removes requests for additional information | <ul style="list-style-type: none"> • |
| Homecare Service Continuity Plan agreed/updated | All Homecare Services | Ensures responsibilities are clear | <ul style="list-style-type: none"> • Ensure consistency with local Business Continuity Plans for impacted Homecare Organisations |
| Dedicated contacts and escalation points | Contacts are stated in the Homecare Service Continuity Plan | Ensures contact with the right person in Pharmacy or clinical team or quick escalation to Chief Pharmacist. | <ul style="list-style-type: none"> • Personnel changes, vacations, sick leave |
| Telephone/live chat for urgent queries only | Where email or other communication methods are appropriate for routine queries | Minimises distractions for homecare staff allowing them to focus on the highest priority actions | <ul style="list-style-type: none"> • Need process to follow up to ensure routine queries are answered |
| Notify issues that may require use of Homecare Service Continuity Plan | Unplanned changes to current prescribing patterns. Supply disruption of medicines or ancillaries | Maximises opportunity to organize deployment of scarce resources. | <ul style="list-style-type: none"> • Delayed notifications |

| | | | |
|---|--------------------------------|--|--|
| Move from digital to manual paper documentation | Portal or other system failure | Documentations are still completed in real time but manually rather than via digital device. | <ul style="list-style-type: none"> • Delayed transfer of completed documentation • Increased data security risk • Slower and/or more resource intensive processing of completed documentation by the receiving party(s) |
|---|--------------------------------|--|--|

Risk mitigation strategies that can be applied by Homecare Providers

This Guidance seeks to identify key areas of service process and provision where elements of services can be modified in order to reduce the burden on Homecare Providers and ensure the continuation of safe, effective service provision to patients.

The following mitigation actions can be implemented temporarily during a defined and agreed time period by an individual Homecare Provider’s Superintendent Pharmacist and/or Clinical Director at the Homecare Provider’s own volition according to local Business Continuity Plans that have been agreed in advance¹ with Clinical Referring Centers. Notice of deployment of such risk mitigation strategies must include implementation actions, expected duration, and provisions for review and reversal of the mitigation actions to restore the “normal” homecare service.

Appropriate mitigation actions will be triggered based upon the Homecare Provider’s assessment of their immediate requirements to reduce burden across operational areas. NCHA believes its members are best placed to understand and manage operational challenges within their organization. Each case will be assessed individually and a recovery plan put in place to maintain patient safety, or if this is not possible using their own infrastructure and resources, they will trigger the NCHA Industry Level Business Continuity Plan.

| Mitigation Strategy/Action | Appropriate for | Operational Impact / Benefits | Exceptions/Risks |
|--|---|--|---|
| Delivery of increased quantities of medicines less often | existing, stable adult patients with long term conditions | reduced number of deliveries & dispensing episodes | <ul style="list-style-type: none"> • where clinically inappropriate • may increase risk of wasted medicines |
| Suspension of prescription screening | existing, stable adult patients on low tech therapies and biologic treatment where prescriptions have been clinically screened at Clinical Referring Centre | redeploy clinical staff into other critical areas | <ul style="list-style-type: none"> • high-tech, compounded medicines, rare diseases, cystic fibrosis, PAH & hepatitis • new patients • paediatric patients |

¹ These should be defined during homecare service set up or when contracts for existing services are re-tendered and/or reviewed.

| | | | |
|--|---|---|---|
| Apps: Deploy adoption / accelerate | DTAC or equivalent and DPIA approval in place | Improves patient's visibility, so reduces number of patient queries. Allows staff more time to answer incoming phone calls | <ul style="list-style-type: none"> robust communications plan in place |
| Delivery dates/time notice to patients by text/e-mail | Infrastructure in place, patient contact details known | Allows staff more time to answer incoming phone calls | <ul style="list-style-type: none"> If inappropriate for the patient cohort Patients who have opted out of digital communications |
| Mitigation Strategy/Action | Appropriate for | Operational Impact / Benefits | Exceptions/Risks |
| Extension of normal delivery times up to 9pm | For residential addresses. | Maximises availability of delivery slots from limited resources | <ul style="list-style-type: none"> Patient refuses "out-of-hours" delivery time |
| Move to all day delivery slots rather than 2-hour time windows | All homecare deliveries | Allows optimization of delivery routes to maximises number of delivery slots available | <ul style="list-style-type: none"> Patient inconvenience Increase number of re-deliveries if no one available to receive delivery |
| Reduce delivery day options | where it is not possible to provide a delivery in all areas everyday | Allows optimization of delivery routes to maximises number of delivery slots available | <ul style="list-style-type: none"> Patient inconvenience |
| Virtual training visits as primary option | Virtual training platform in place and agreed | Reduces face-to-face visits. Maximises availability of patient training appointments | <ul style="list-style-type: none"> where clinically inappropriate patient specifically requests face-to-face training |
| Register with the appropriate Local Resilience Forum(s) | Priority access to Petrol and Diesel during an emergency fuel shortage | Ensures critical deliveries and nurse visits are not stopped due to fuel shortage | <ul style="list-style-type: none"> additional travel time to access Designated Filling Station Scheme |
| Register as priority user for utilities | Priority for maintenance of utility supply or reconnection after a supply outage. | Minimises risk of prolonged unavailability of utilities | <ul style="list-style-type: none"> does not replace need for backup electricity supply |

Risk mitigation strategies that can be applied by Clinical Referring Centers

The following risk mitigation strategies can be implemented temporarily during a defined and agreed time period by an individual Clinical Referring Centre at their own volition according to Service Continuity Plans that have been agreed in advance² with the Homecare Provider(s) including implementation actions, expected duration, and provisions for review and reversal of mitigation actions to restore the “normal” homecare service. Appropriate mitigation actions will be triggered based upon the assessment of their immediate requirements to reduce burden in operational areas by the Clinical Referring Centre’s Chief Pharmacist.

| Mitigation Strategy/Action | Appropriate for | Operational Impact / Benefits | Exceptions/Risks |
|--|--|--|--|
| Extended duration of prescriptions (e.g. move from 6 to 12 months) | existing, stable adult patients on low tech therapies and biologic treatment | Reduced administration time for prescriptions | <ul style="list-style-type: none"> • where clinically inappropriate • increased prescription change notifications and queries • Increased waste |
| Support use of digital comms /Apps | DTAC or equivalent and DPIA approval in place | Improves patient’s visibility, so reduces number of patient queries. Allows staff more time to answer incoming phone calls | |
| Apply specific process to approve invoices for greater or lesser quantity of medicines delivered | Where delivery frequency is changed by Homecare Provider | Avoids additional invoice queries | <ul style="list-style-type: none"> • Payment delays to Homecare Provider |

Recommendations

Building on the Homecare Organisation’s existing local Business Continuity Plan; Clinical Referring Centers, Purchasing Authorities and Homecare Providers apply partnership working to design robust Homecare Service Continuity Plans at service set up for all homecare medicines services.

NHMC should support the implementation of Homecare Service Continuity Plans and/or exceptional risk mitigation strategies as requested by a Homecare Organisation in response to exceptional operational challenges. These risk mitigation strategies and actions should be available to any NCHA members using a single point of contact provided by NHMC which fulfils any requirement to seek agreement provided that BCPs are in place.

² These should be defined during homecare service set up or when contracts for existing services are re-tendered and/or reviewed.

NCHA Best Practice Guidance - Managing Operational Challenges to maintain Patient Safety

Version 2.0 Approved 28 May 2026



History

| Version | Status | Date | Reason for change | Author |
|---------|----------|-------------|---|----------------------------------|
| V1.0 | Approved | 03 Nov 2022 | New: Position statement: Impact of External and Internal Factors on Homecare Providers and Service Variations | Alison Davis |
| V2.0 | Approved | 28 May 2026 | Remove references to COVID; align with NCHA Business Continuity Plan; update terminology convert to guidance | Stephanie Westwood, Carol McCall |

For further information please contact info@clinicalhomecare.co.uk

NCHA Limited Registered Office: Fountain Precinct, 4th Floor Orchard Lane Wing, Balm Green, Sheffield S1 2JA.

A Private Limited Company registered in England and Wales No: 6642621

Appendix 1- Risk Categorisation

The key homecare risk assessment areas and grading related to this guidance are reproduced below for convenience, and are correct at the time of approval, but the full set of prevailing definitions within the Guidance for Risk Assessment and Categorization within Homecare Services should be consulted.

| Service / Business Interruption | | | | |
|---|--|---|---|---|
| Negligible | Minor | Moderate | Major | Extreme |
| Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service | Short term disruption to service with minor impact on patient care | Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service | Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked | Permanent loss of core service or facility. Disruption to facility leading to significant “knock on” effect |

| Service / Business Interruption Timeframe | | | | |
|--|--------------|-----------------|--------------|----------------|
| Negligible | Minor | Moderate | Major | Extreme |
| <1 week | 1-4 weeks | 4-12 weeks | 3-6 months | >6 months |

| Patient Safety Trends | | | | |
|------------------------------|--|--|---|---|
| Negligible | Minor | Moderate | Major | Extreme |
| No Duty of Candour incidents | <5 Duty of Candour incidents per month | 5-10 Duty of Candour incidents per month | 10-20 Duty of Candour incidents per month | >20 Duty of Candour incidents per month |

| Homecare Sector Level Impact | | | | |
|-------------------------------------|---|--|--|---|
| Negligible | Minor | Moderate | Major | Extreme |
| Single Homecare Provider impacted | <15% market share by service area, 2 Homecare Providers & 1 or 2 NHS Regions impacted | 10-20% market share by service area or >2 homecare providers impacted, >2 NHS Regions impacted | 20-50% market share by service area or >3 homecare providers impacted, >2 NHS Regions impacted | Nationwide impact, majority of homecare services impacted |

Calculating Risk Grading for Risk

| | | Impact | | | | |
|---------------------|---|------------|-------|----------|-------|---------|
| | | Negligible | Minor | Moderate | Major | Extreme |
| (Impact*likelihood) | | 1 | 2 | 3 | 4 | 5 |
| Almost certain | 5 | 5 | 10 | 15 | 20 | 25 |
| Likely | 4 | 4 | 8 | 12 | 16 | 20 |
| Possible | 3 | 3 | 6 | 9 | 12 | 15 |
| Unlikely | 2 | 2 | 4 | 6 | 8 | 10 |
| Remote | 1 | 1 | 2 | 3 | 4 | 5 |

Key

| |
|---------------------|
| Very Low Risk (VLR) |
| Moderate Risk (MR) |

| |
|----------------|
| Low Risk (LR) |
| High Risk (HR) |