

Government Response to the House of Lords Public Services Committee

4th Report of Session 2022-23

Homecare medicines services: an opportunity lost

This Memorandum is the government's first response to the recommendations set out in the House of Lords Public Services Committee report on homecare medicines services. This report can be found at:

<https://publications.parliament.uk/pa/ld5803/ldselect/pubserv/269/269.pdf>

and was published on 16 November 2023. We express our thanks to the Committee for their report and recommendations, which we have carefully considered.

The report makes a strong case for improvements in homecare medicines services and as this response makes clear, the government is committed to delivering this. It was pleasing to see that the Committee referred to the substantial progress made in this area since the launch of their Inquiry in their report.

Improvements in this crucial area of patient care involve a number of different actors taking a number of different actions and will not be realised overnight. However, we hope the work described below demonstrates to the Committee that we are intent on making continued improvements to Homecare Medicines Services so that high-quality, safe care can be delivered to patients in their own homes, reducing pressures on hospitals.

Recommendation 1

The Department of Health and Social Care should, by December 2023, make a ministerial statement on the findings and proposed actions for NHS England's work on homecare. A further statement should be provided by March 2024 on progress on these actions. (Paragraph 17)

The Department has prioritised the preparation of this response to the Committee's recommendations which were published in their report on 16th November. The Government has committed to respond to all Select Committee reports within two months of publication. This Memorandum is therefore being provided to the Committee in accordance with that commitment.

NHS England has been undertaking a 'desktop exercise'¹ to more fully understand the situation in relation to homecare medicines services. Along with the findings set out in the House of Lords Homecare Medicines Services Inquiry Report, it has identified opportunities to improve homecare services for patients in terms of safety, experience and outcomes.

¹ The desktop exercise is an intelligence and data gathering process being undertaken by NHS England, analysis of findings will inform its future work.

The next steps in this exercise are to bring together data from the desktop exercise with the House of Lords inquiry report recommendations and undertake an analysis of the findings. This will help to shape a programme of work on homecare medicines including consideration of what actions may be needed, how these might be taken forward, by whom, and the cost and resource implications. Until NHS England has completed the work to more fully understand the issues and the impact, it is not possible to confirm the timeline or programme of work.

An update on progress will be given in summer 2024. This slightly longer timescale than the House of Lords Public Services Committee has asked for will enable us to deliver on and report more progress to the Committee.

Recommendation 2

NHS England must identify how many patients have become unwell or have been harmed because of a failure in homecare services. They should ensure that this information is published and shared with relevant parties. It should also form part of the Ministerial statements we have requested by December 2023 and March 2024. (Para 45)

NHS England will work to establish whether the data requested is available. We will provide an update to the Committee in summer 2024.

Recommendation 3

NHS England must develop and implement one consistent set of performance metrics. (Para 53)

We accept this recommendation. NHS England is committed to improving patient safety and understands the important role data can play in driving quality improvement.

There are currently national key performance metric definitions available as part of the Royal Pharmaceutical Society Homecare Services Professionals Standards (see appendix 10 - National KPI definitions v6.2 approved). The National Homecare Medicines Committee (NHMC) will work with homecare providers to gather data which can be presented in one consistent set of performance metrics.

Relevant KPIs are important in measuring performance. Review of existing KPIs for homecare was underway before the House of Lords inquiry commenced. Extensive stakeholder engagement has been undertaken on revising the KPIs and a transition to new KPIs will begin in January 2024, with full reporting expected by Autumn 2024.

Recommendation 4

The Chief Pharmaceutical Officer for England should ensure that the KPI data is published in a consistent standardised form which is sufficiently specific and regular to ensure meaningful public scrutiny. (Para 58)

We accept this recommendation. See response to recommendation 3.

Recommendation 5

The Government must clarify exactly how much public money is spent on homecare medicines services. (Para 61)

We accept this recommendation and have provided the figures available to us.

NHS England have access to monthly data for homecare medicines spend that is tracked (Define – Rxinfo² data). Using this data, the current spend on homecare medicines (only) in the NHS in England for the 12 months December 2022 – November 2023 inclusive is £3.0bn.

As stated in oral evidence to the House of Lords committee and in follow-up written evidence, NHS England has access to homecare ‘medicines spend’ data only. This is because, where the marketing authorisation holder (MAH) is contracting for the service, it is only the medicines part of homecare medicines services that is funded by the NHS. However, the cost of the medicine may include an allowance for the service elements funded by the MAH.

Where the homecare service is provided under one of the 4 national homecare framework agreements or by a local NHS-commissioned homecare service, the NHS has data on non-medicines spend but this is not disclosable as it is commercially sensitive information. Other services spend is paid for by the MAHs as part of ‘manufacturer-funded’ homecare medicines services. The MAHs do not publicly provide a breakdown of homecare medicines services costs as this would be commercially sensitive information. It is, however, provided to the parties involved in the contractual arrangements.

Recommendation 6

The review must outline necessary steps towards establishing a central resource of experienced procurement professionals to assist in establishing homecare medicines services. This must be available to all those establishing agreements, whether they are manufacturer or NHS funded. [Para 75]

We agree that there is an opportunity to ensure those with medicines procurement responsibility are further supported to ensure they have the appropriate skills, expertise and experience and that there will be collaboration between teams at national, regional and local levels to develop this.

For example, we have migrated the NHS England national homecare agreements that are currently in place into the strategic category management team within NHS England’s commercial function, allowing for further procurement focus and even greater emphasis on category

² Rx-info’s Define software is a widely-used tool that helps hospitals to analyse their medicines usage, clinically and financially.

management. NHSE also sees an opportunity for the expertise of their Commercial Medicines Unit (CMU) to support trust and regional procurement leads, developing a procurement community that shares best practice on contract management approaches. The underpinning approach to supporting procurement professionals is set out in NHS England's [strategic framework](#) for the NHS commercial sector.

Recommendation 7

The Secretary of State should review the regulatory regime for homecare medicines services, considering in particular the lack of enforcement action taken by the CQC against homecare providers where avoidable harm has occurred. The review should identify a lead regulator with the skill and breadth necessary to take necessary action against providers which are under-performing. These urgent actions should also be reflected in the longer-term review of healthcare regulations. [Para 85]

Recommendation 8

The Secretary of State for Health and Social Care should instruct the CQC to conduct a thematic review of homecare medicines services. [Para 86]

We accept that the regulatory position regarding home care medicines services is complex. The General Pharmaceutical Council and the Care Quality Commission (CQC) play a significant role. The Medicines and Healthcare Products Regulatory Agency also regulates the licensing and manufacture of medicines and the supply of medicines and medical devices in ways that directly affect some homecare providers.

The GPhC regulates pharmacists, pharmacy technicians and, via premises registration, requires businesses or organisations who sell or supply pharmacy and prescription medicines to register their premises as pharmacies and comply with safety and other requirements. The GPhC currently regulates 26 homecare providers which are owners of registered pharmacies. They are subject to routine and intelligence-led inspections. The Superintendent Pharmacist of the pharmacy service operated by the homecare medicine provider is legally and professionally accountable for ensuring that the pharmacy service delivered is safe and effective and meets the standards of the GPhC.

CQC regulates ten homecare providers under the following Regulated Activities:

- Surgical procedures,
- Diagnostic and screening procedures,
- Management of supply of blood and blood derived products,
- Nursing care,
- Transport services,
- Triage and medical advice provided remotely, and
- Treatment of disease, disorder or injury.

The majority are providing the regulated activity of 'Treatment of disease, disorder or injury'.

Homecare providers that are registered with the CQC are held to account through assessment and inspection under the Health and Social Care Act 2008. Where CQC find that inadequate or unsafe care is being provided, they will take – and have taken - regulatory action to require a registered provider to improve to protect patients from harm and ensure they receive services of an appropriate standard.

MHRA's oversight of homecare services is in the context of their responsibility for regulating licensed manufacture of medicines and the supply of all medicines and medical devices. Where manufacture or distribution of medicines provided by homecare services is performed in facilities licenced by MHRA, those facilities are subject to a system of licensing and inspection, which ensures that manufacturing and distribution activities conform with the required regulatory standards.

Given that the regulatory oversight of these services is not wholly delivered by one regulator we need to do more work before committing to making any changes to the regulatory regime or considering a thematic review. We will respond to the Committee in summer 2024 setting out the further steps we have taken and our response to these recommendations. This will include work with the relevant regulators (CQC, General Pharmaceutical Council, Medicines and Healthcare products Regulatory Agency) to identify opportunities for strengthening collaboration, communication and transparency.

Recommendation 9

As part of a review of homecare medicines services, the Government should work with procurement specialists, the National Audit Office, and the Competition and Markets Authority to identify barriers to competition and effective procurement in the homecare medicines market. They should agree actions to ensure procurement by the NHS or medicines manufacturers achieve value for money. [Para 92]

NHS England is undertaking a 'desktop exercise' to more fully understand the situation in relation to homecare medicines services. This includes working with national and regional teams to understand the future options for homecare procurement. Once the exercise is complete, the Committee will be updated in the summer on the next steps to ensure procurement by the NHS achieves value for money.

Recommendation 10

A single homecare portal should be created and provided by NHS England. If possible this should be linked with existing online services such as the NHS App. [Para 98]

We recognise there is a challenge with limited system interoperability between individual software which is used by clinicians and patients for prescribing, ordering, and requesting their medications. Rather than assuming that a new

single portal is the right approach, we agree that NHS England should lead work, in collaboration with the NHMC, to better understand the current landscape of interoperability between IT systems and suggest an approach to improve capability. This recommendation is therefore not accepted.

Recommendation 11

More urgency is required in developing Electronic Prescription Systems for homecare providers to use. These must be developed in collaboration between homecare providers and NHS trusts. (Para 103)

This recommendation is accepted.

NHSE and the NHMC Digital Sub-Group have been working closely to develop an output-based specification to support electronic prescribing and the transmission of prescriptions using the national Electronic Prescription Service (EPS). Adoption of this is dependent on IT suppliers as well as the development capability and priorities of the NHS EPS Product Team.

It is too early to give an indicative timeline on this work; however, NHSE has already prioritised this work and set up a working group to explore the feasibility of whether the current Electronic Prescription Service (EPS) can be utilised across Homecare Medicines Services. This group is likely to report on its findings at the end of April 2024. Following this, an implementation and adoption plan will need to be developed across the multiple providers.

Recommendation 12

Chief Pharmacists must have the powers and resources to ensure high quality homecare medicines services in their area. This should include powers and responsibility to develop and support alternative “back up” provision to deliver homecare medicines services, such as through local pharmacies. This would both empower trusts in their market position, and create a more resilient homecare system. (Para 109)

We do not agree fully with this recommendation. Chief Pharmacists and their employing trusts have responsibility and powers to discharge the proper management of any contracts they let. However, NHS England is not complacent and, as stated in response to Recommendation 9, is undertaking further work with national and regional teams to understand the future options for homecare procurement.

The role and responsibilities of a trust chief pharmacist are delivered within the framework of governance set and enabled by their trust board. Executives of NHS trusts and foundation trusts, including chief pharmacists, are accountable to their boards for the performance of the functions for which their organisation is responsible. Trusts are NHS organisations with statutory powers, duties and functions. Specifically for homecare medicines services, the organisation letting the contract, usually an NHS trust, will have standing financial instructions outlining expectations of procurement and contract management processes. These set out the powers and responsibilities the chief pharmacist has in this area, in addition to his or her professional responsibilities, and the decisions which are reserved to the Trust board.

To enable the system to work flexibly, trust chief pharmacists have responsibility for homecare medicines services, including liaising with their medical directors and nursing directors, and ensuring alignment with broader medicines policies, risk management and approval processes. In this context, they are supported by guidance and professional standards on homecare services produced by the Royal Pharmaceutical Society, and strategic and regulatory functions carried out by arms-length bodies, such as the Care Quality Commission (CQC).

Many chief pharmacists and their host trusts will secure investment into procurement and contract management teams to ensure delivery of services and to meet the standards required. The development of business continuity plans should be a part of this internal trust process and may require cross organisation or region level working to mitigate short term, planned and unplanned, service outages.

Recommendation 13

NHS England should designate a senior, named person with responsibility for the homecare system. That person should be given sufficient powers and resources to discharge that responsibility.

Responsibilities should include:-

- A) Setting clear national KPIs for organisations commissioning and providing homecare medicines services to use.**
- B) Collecting data on those KPIs, and publishing data on those KPIs in a way which supports public scrutiny of the homecare medicines system.**
- C) Holding relevant bodies, such as individual providers, Chief Pharmacists, the National Medical Homecare Committee and pharmacy teams to account for work on homecare medicines services.**
- D) Responsibility using new powers to issue appropriate penalties to under-performing providers**
- E) Ensuring trusts or hubs procuring homecare medicines services have access to sufficient financial and expert procurement advice and information, including template legal agreement frameworks, so they are able to effectively deliver value for money services and influence the homecare medicines services market**
- F) Achieving value for money and increasing transparency on homecare funding (Para 118)**

We accept the recommendation that there should be a senior, named person with responsibility for homecare medicines services. The role, responsibilities and accountabilities will need to be agreed and confirmed as part of the ongoing NHS England work. NHS England has already taken steps towards appointing a single responsible officer for homecare services, who will be supported by the National Homecare Medicines Committee to implement measurable improvements to the performance of homecare services across the country.

Recommendation 14

Following the interim findings of the NHS England review, and by no later than April 2024, the government should establish and fund an independent review into the homecare system. This review must not delay the enactment of those measures which we, and others have identified. The review should consider:

- A) The potential role of homecare as a pillar of the future health services;**
- B) The extent and impact of existing problems on patients and the NHS;**
- C) A radical new approach to transparency and information sharing**
- D) Support and resources required for effective procurement;**
- E) Steps to develop a tougher and more proactive regulatory approach.**
- F) Steps to encourage a competition and fair market for providers;**
- G) Digital infrastructure to support effective delivery; and**
- H) Robust governance and accountability arrangements including ministerial oversight (Para 121)**

We do not accept this recommendation. The Committee has already carried out an independent review; NHS England is completing its own further work, and we believe it is now right to focus on taking forward a programme of action rather than undertaking a further review.