



# HOUSE OF LORDS

Public Services Committee

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15 February 2024

Rt Hon Victoria Atkins MP  
Secretary of State for Health and Social Care  
20 Great Smith Street  
London SW1P 3BT

Copied to:

Steve Brine MP, Chair, House of Commons Health and Social Care Committee  
Dame Meg Hillier MP Chair, House of Commons Public Accounts Committee  
Gareth Davies, Comptroller and Auditor General (C&AG), National Audit Office

Dear Victoria,

**RE: Government response to Public Services Committee's 4th Report of Session 22-23, 'Homecare Medicines: an opportunity lost'**

I am writing in my capacity as Chair of the Public Services Committee. Thank you for your prompt response to our Committee's report, *Homecare medicines: an opportunity lost*.

We on the Committee were heartened by the thorough engagement with our findings. Throughout the inquiry, we had been concerned at an apparent lack of Government engagement with homecare medicines services: a sector which has excellent potential to bring care closer to home, but which is not, at present, working the way it should. Your response allayed some of these fears and is overall one of the better responses we have received. Thank you to you and your team for the positive engagement.

Given the importance of getting care right in this area and the opportunity we now have, our Committee is keen to continue to monitor and support your Department and NHS England in this area of reform. Ahead of the update you have committed to by the summer, I am therefore writing today to pose a number of follow-up questions and to raise some remaining concerns we have with the actions outlined in your response.

Our inquiry took evidence from a group of professional bodies, clinical groups, and bodies representing patients, co-ordinated by the British Society for Rheumatology. We believe that it would be beneficial for you, or for one of your Ministers, to meet with them as you work towards delivering a simpler, more effective homecare system.

Details of the NHS desktop exercise

We were pleased to note that you will undertake a 'programme of work' on homecare medicines services, and that an update on progress will be shared in summer 2024.

We note that you feel confident in the findings of both this Committee and the NHS 'desktop exercise' to inform this programme of work. However, since we do not know the details of what the desktop exercise entails, or has entailed, we cannot yet share your confidence.

We were also concerned to hear that there has yet been little consultation with patients and clinical groups representing the people who use the homecare system: we urge you to begin such consultation swiftly.

- 1) **We were told that the NHS desktop exercise was due to complete by Autumn last year. Was this timeline met and, if not, when did it finish, or when is it scheduled to complete?**
- 2) **What consultation will you conduct with patient groups and clinical groups to ensure that you are addressing the needs of patients and clinicians in your programme of work on homecare medicines services?**
- 3) **Having urged speed, we accept that you do not feel the need to conduct an independent full-scale review of homecare medicines services at this time. However, we identified eight areas which such a review should consider. We would welcome reassurance that these important points will be considered in your work. Please, therefore, identify for each of the following, how the NHS desktop exercise (or subsequent work) will consider:**
  - a) **The potential role of homecare as a pillar of the future health service;**
  - 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 competitive and fair market for providers;**
  - g) **Digital infrastructure to support effective delivery; and**
  - h) **Robust governance and accountability arrangements, including ministerial oversight.**

#### Publication of performance data

We were heartened to hear in evidence to the inquiry, and in your response, a recognition of the importance of publishing performance data, and a commitment to do so.

You also, rightly, recognised that the many data points in key performance indicators should be consolidated into one consistent set of performance metrics, but your response seems to refer to two different sets. You state that the National Homecare Medicines Committee will work with providers to gather data to be presented in one consistent set of performance metrics, and you also refer to work to review existing KPIs.

- 4) **Please can you clarify whether you are collecting one set of performance data, or several sets.**

We were most concerned to hear that there has been no public consultation on the Key Performance Indicators and that, though you say there has been “extensive stakeholder engagement”, none of the patient or clinical groups who gave evidence to us have been proactively consulted upon them.

The crucial thing that we do not yet know, and that they have previously argued for, is to collect data on the amount of harm patients have experienced as a result of failures in the homecare system.<sup>1</sup> While your response undertook to see if such data was available, there was no commitment to include such a measurement within the new performance data. This concerns us because it allows for a rejection of the premise that real harm can arise to patients when these systems fail. We need data so that we can understand the extent.<sup>2</sup>

**5) Please provide detail on how you conducted stakeholder engagement to review the KPIs, who was proactively consulted, and how many responses you received from patient or clinical groups.**

**6) Do the new sets of performance data collect information on patient harm and if not, why not?**

### Procurement

Pharmacy professionals in NHS trusts are working within a system which is generally agreed to be exceptionally complex. They must, within this system, without specialism, and balancing many other priorities, seek to procure robust homecare contracts. They do this without reliable support. Your response recognises that there “is an opportunity” to ensure they are further supported. Our case is that this is a necessity. It seems to us that the measures you state you have so far taken (migrating the national homecare agreements into the commercial function of NHS England) will impact only upon the very small percentage (4%) of agreements which work under this model and do little for the remaining 96%.

While you state that there are further opportunities to support procurement, this is clearly at a very early stage. We will be looking to see far more detail in the summer update.

### Cost

We thank you for sharing the cost for homecare medicines spend over the 12 months to November 2023.

We understand that the cost of homecare is, in manufacturer-funded homecare arrangements, rolled or “bundled” into the cost of the drug. We understand that you do not therefore have access to the cost of the service elements under those arrangements. However, it would be possible to compel providers to provide an “unbundled” cost, differentiating the cost of the medicines from the cost of the service. It would then be possible to identify how much money has been spent on homecare, as well as how much is spent purely on the medicines. We believe that accessing this information is a necessary exercise. In a context where homecare medicines services look set to expand in the future, we are shocked that you are content to accept not knowing the cost of the service.

**7) What assessment have you made of the implications and possible methods of requiring an “unbundled” cost of homecare from drug manufacturers,**

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<sup>1</sup> Written Answer [HL9574](#), Session 2022–23 and [Q 26](#) (Sarah Billington, Claire Bryce-Smith)

<sup>2</sup> A previous version of this letter contained an inaccurate statement that the Care Quality Commission rejected the premise that patients could suffer harm arising from failures in the homecare medicines services sector. Following correspondence, the Committee have removed this statement.

**including for those arrangements not under the four national framework agreements?**

However, approximately 20% of arrangements are NHS-funded: meaning that the NHS pays a homecare provider directly for the cost of the homecare. In this case, these costs (money paid to a provider for a service) should be easily accessible. You state, however, that this is “not disclosable as it is commercially sensitive information”. We are shocked that this data should be considered commercially sensitive. Data can be aggregated or anonymised, but not to have even an approximation of the cost of such a rapidly growing public service is unacceptable: it sets a concerning precedent for what other information may be considered sensitive, and it inhibits scrutiny. In these arrangements, the NHS trust pays Value Added Tax on the cost of the medicines, when they would not pay VAT under a manufacturer-funded homecare arrangement.

**8) On what basis is the data described as commercially sensitive?**

**9) Please identify why one arrangement of homecare medicines services attracts VAT and one does not.**

Given the depth of our concern on this issue, we intend to also write to the Comptroller and Auditor General of the National Audit Office.

Role of the National Homecare Medicines Committee

Our report concluded that the National Homecare Medicines Committee was not, in its current form, equipped to lead the change required in the system.<sup>3</sup> This was partly due to the membership of said Committee, and a lack of representation from bodies other than providers.

**10) When did you last consider the role and membership of the NHMC?**

Regulators

We note your recognition that the regulatory system surrounding homecare medicines is extremely complex. We agree that any changes to this system will require thorough consideration and look forward to your response on this matter by the summer. Along with the system itself, oversight has evolved rather than been designed, and this has meant that the current system (where the CQC has not even a record of the number of homecare complaints made)<sup>4</sup> fails to ensure the safety and quality of patient care. We urge you, therefore, to be ambitious in your review of the oversight regime: the system as it stands is not fit for purpose.

Accountability

We were pleased to note that you have agreed to appoint a named Senior Responsible Owner for the homecare medicines sector and look forward to reviewing details on their role and responsibilities. In particular, we look forward to reviewing the levers they will have available to them. While you do not agree that trust chief pharmacists should have the power to institute a “back-up” option, we urge you to ensure that the national SRO will be able to do so. Without this power, there is a risk that the responsibility will come without any of the

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<sup>3</sup> Paragraph 74, [Homecare medicines services: an opportunity lost](#)

<sup>4</sup> Paragraph 79, [Homecare medicines services: an opportunity lost](#)

necessary powers to enact it. There is also a need to ensure that the SRO should have sufficient resource available to them, including for when urgent matters arise. To hold an individual accountable for delivery, you must first give them the tools to succeed.

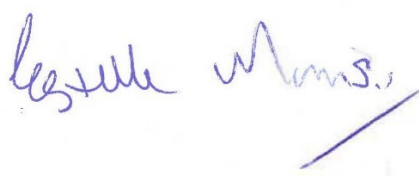
**11) What support and resources will you provide to the Senior Responsible Owner of homecare medicines services to ensure that they are able to exercise their responsibilities, including when they may be unavailable.**

Our report also noted that the political accountability for pharmacy is separate from that for homecare services, with both sitting under separate Ministerial portfolios. This, we found, “could create confusion in accountability”, particularly in the context of such a complicated environment.

**12) What recent consideration have you given to combining the Ministerial ownership of homecare services with that of pharmacy services?**

We wish you well with your work on the homecare services sector. We look forward to both the summer update and the debate that will come in due course. In the meantime, we would welcome a response to our questions within ten working days.

Kind regards,

A handwritten signature in blue ink, appearing to read 'Lesley Morris', with a diagonal line drawn through the bottom right of the signature.

Baroness Morris of Yardley  
Chair, House of Lords Public Services Committee