Department of Health & Social Care

From Lord Markham
Parliamentary Under-Secretary of State

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Dear Noble Lords,

Thank you for your participation in the debate on the report from the Public Services Committee regarding homecare medicines services on 2 May 2024. I felt this was an extremely informative debate on an important issue and I am grateful to you all for your contributions. I also want to offer my thanks again to the Noble Baroness, Baroness Morris of Yardley, for tabling a debate on such an important issue.

I hope that I managed to provide answers to many Noble Lords' questions but am aware that I may not have addressed all of the issues and, therefore, wanted to write to provide further detail where necessary on these questions.

May I start by responding to the important and personal issue which Lord Blencathra shared, concerning his diagnosis of Multiple Sclerosis (MS) and patient access to the drug fampridine. As you may know, the National Institute for Health and Care Excellence (NICE) is the independent body responsible for developing evidence-based guidance for the NHS in England. NICE produces comprehensive guidelines on best practice, based on an assessment of clinical and cost effectiveness. They are based on a thorough assessment of the available evidence and are developed through a rigorous process that includes extensive engagement with stakeholders and expert input throughout the guideline development process. On 22 June 2022, NICE published 'Multiple sclerosis in adults: management', its updated guideline covering the diagnosis and management of MS in people aged 18 and over. It aims to improve the quality of life for people with MS by promoting prompt and effective symptom management and relapse treatment, and comprehensive reviews. The guideline recommends that fampridine should not be offered to treat mobility issues in people with MS, as it is not found to be a cost-effective treatment at the current list price. For those who have already started treatment with fampridine on the NHS, the guidance recommends that they continue treatment until they and their NHS clinician think it appropriate to stop. I do want to assure the Noble Lord that NICE monitors any new evidence that may affect its published guidance and would consult on proposed changes with a wide range of stakeholders, if significant new evidence was to emerge.

Several of Noble Lords raised the important issue about the true cost of homecare medicines services and had concerns over whether the use of the term "commercially sensitive" to protect from the sharing of some of this data is in fact appropriate. I am pleased that NHS England and the Department are working with the National Audit Office to provide further clarity to the Committee around:

- What is known about the cost of homecare medicines services,
- The limitations in determining the costs, including any restrictions about commercial confidentiality, and,
- Details of how the Government gets assurance that funding is spent appropriately.

Baroness Morris of Yardley made a very important point about having accurate and consistent performance data across providers and the services involved to measure the impact of poor performance on patients. I too agree with her. I am therefore pleased to note that work is in progress to publish a reviewed set of Key Performance Indicators (KPIs) and to regularly collate, analyse and publish performance against these KPIs. This work will continue to focus on the importance of tracking patient experience and patient safety, and the data available to do so. NHS Trusts already have structures in place to report patient safety incidents and additionally, of course, regulators of homecare medicines services have enforcement powers available and will take swift action to ensure the safety of service users where it is warranted.

On the points of concern raised in the debate, around the regulation of home care medicines services, our work in the area of regulation is also developing. The Department has met the three regulators in question to jointly discuss next steps to identify opportunities for strengthening collaboration, communication and transparency in this area. I am pleased to be able to share the fact that the General Pharmaceutical Council will conduct a thematic review of homecare services provided by pharmacies by the end of quarter 3 (September) of 2024 and will publish a thematic report drawing together their key findings by the end of quarter 4 (December). We will provide further information in our summer update to the Committee.

Lord Carter of Coles raised the subject of integrated care records in the context of getting data from electronic prescribing into the patient's record in both the hospital and the community setting. Data from the Electronic Prescription Service (EPS) is not entered into the patient record. Integrated Care Systems have Local Shared Care Records, which are in various states of maturity in the level of information they hold on individual patient medication records. NHS England has a national programme supporting the development of national and local care records. They are also conducting a feasibility study of EPS in a homecare medicines service. Results of this study, due in the Autumn, will inform future work on expanding the use of EPS in homecare medicines services.

There were several concerns raised by Nobel Lords about governance. Work is also in progress to develop a governance framework for NHS England outlining roles and responsibilities of different teams and infrastructure across the wider NHS around homecare medicines services. This includes routes for discussion and escalation of issues and links with regulatory bodies. NHS England is also developing a person specification for the SRO/SROs for homecare medicines services which will detail their roles, responsibilities and accountabilities. The Royal Pharmaceutical Society (RPS), amongst others, will of course be a key stakeholder for ongoing work to improve homecare medicines services.

Lord Willis of Knaresborough raised the important issues of appropriately involving patients in work on homecare medicines services. NHS England already engages with patients in the development of services on the national frameworks it manages for homecare services. It has also collaborated with patient groups to develop the desktop exercise, has listened to concerns, and sought to understand and take account of patient experiences. This has directly shaped NHS England's understanding of the issues and the areas for action. These patient groups have also had the opportunity to provide feedback on drafts of the desktop exercise, which has been considered alongside all other stakeholder feedback when finalising the exercise for sharing. I am also pleased to share that the developing governance framework for NHS England will include a defined forum for public and patient advocacy groups to contribute to the work on homecare medicines services.

Finally I would like to clarify the specific point I made in my response about homecare services charging £100 for an item, which includes both the medicine and the service delivery, and the cost element associated with the service delivery. NHS England fully understands the costs of both the medicines & ancillary services on the 4 national framework agreements. Where local schemes are manufacturer funded, NHS England understand the costs of the homecare medicines service.

Medicines spend data (the vast majority of total costs) is known and ancillary service costs are either specifically tendered or additional costs are not separately charged. In line with the Public Contract Regulations 2015, the NHS is not obligated to make public supplier pricing because it is typically the most sensitive and thereby confidential aspect of a bid.

I do hope I have further reassured you that the Government and NHS England 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 and I look forward to the round table on this subject in due course, after the announcement of the SRO.

With my very best wishes,

LORD MARKHAM CBE