Update on the Accepted Recommendations made by the House of Lords Public Services Committee

4th Report of Session 2022-23

Homecare Medicines Services: An Opportunity Lost

This Memorandum outlines the government's concluding observations in 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: Homecare medicines services: an opportunity lost. We previously accepted a set of recommendations, as outlined in the government's first response: Govt response to Homecare Medicines Services report.

We are grateful to the Committee for their report and recommendations, which we have carefully considered and have been working closely with NHS England and other key stakeholders to progress. Since our initial response, we have met with the Committee in November 2024, and our Minister of State for Health has written to the Committee to announce the appointment of the Chief Pharmaceutical Officer as the Senior Responsible Officer (SRO) (in accordance with recommendation 13). Below outlines our commitment to recommendation 1, to provide a further statement on progress on remaining actions. We hope that the important work that detailed below reassures the Committee of our commitment to continue improvements to Homecare Medicines Services. The findings of their report have initiated important discussions and strengthened communication and collaboration between organisations involved in ensuring the safety and timely delivery of care to patients.

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)

Ensuring high quality care is at the heart of everything the NHS strives to do. Unfortunately, we know that on occasion services can fall below the expected standard and processes are in place to record incidents and understand the impact they have on patients. Data on safety incidents relating to homecare reported by NHS trusts are captured across 3 central NHS systems; Learn from Patient Safety Events (LfPSE), National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS). Additionally, homecare service providers report patient safety incidents

to trusts directly via performance management reports. In the period 2024/25, over 595k patients in England received a total of over 2 million medicines deliveries and 550k clinical service episodes from their homecare medicines service. During the same period, a total of 23.4k incidents with potential to cause harm were reported by homecare providers directly to trusts, including 176 reported 'duty of candour' incidents where at least moderate harm was caused.

Between 1st November 2021 and 31st October 2024, a period covering three-years of post-pandemic activity, 90 incident reports from NHS acute trusts were received by the three central systems. 74 of these reports included an estimate of the degree of harm to the affected patient, with 90% estimated as 'low or moderate harm'. 85% of the patient safety incident reports relating to Homecare Services relate to delayed or omitted deliveries of medicines, or failure in processing prescriptions. The remaining 15% reflect communication issues between NHS Hospital Pharmacy Services and Homecare Providers. Work is underway to streamline and centralise the reporting of homecare incidents, which, in turn, can deliver improvements to homecare services and deliver on the government's ambition for improved transparency of quality of care as set out in the 10 Year Plan.

Recommendation 3

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

NHS England and the National Homecare Medicines Committee have worked extensively with stakeholders including patient groups, NHS trusts and industry to develop a revised set of KPIs that's patient centred, simpler and easier to use whilst maintaining appropriate granularity of supporting data for NHS contracting authorities to continue to manage services effectively. The new co-developed KPI v7 definitions are published here by the Royal Pharmaceutical Society on behalf of the National Homecare Medicines Committee as appendix 10 to the Handbook for Homecare Services. We are working closely with suppliers and NHS contracting authorities to manage co-ordinated implementation during 2025/26. The incorporation of patient voice and feedback in defining and measuring quality will support improved transparency of quality of care across homecare services.

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)

NHS England has published an interactive dashboard 'National Homecare Medicines Services KPI Dashboard – Public' (direct link) displaying national performance against the national standard key performance indicators (KPI v6.2) by region. The dashboard is updated quarterly and the National Homecare Medicines Committee continue to engage with stakeholders including patient groups to support ongoing improvement and development of the dashboard.

A process for publishing review reports, alongside the data tool itself, will be developed to further support meaningful public scrutiny and engagement. The next iteration of the national standard key performance indicators (KPI v7) will provide additional insights to performance of the end-to-end service from a patient perspective in line with recommendations from patient charity stakeholders – specifically referring to lead times for prescription generation, processing and transmission as well as homecare provider receipt, scheduling and delivery. The simplification of the interpretation of quality measures further drives the government's objective of increased transparency as set out in the 10 Year Plan.

Recommendation 5

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

This recommendation has previously been actioned.

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]

NHS Contracting Authorities undertaking high-value collaborative procurement exercises (e.g. regional framework agreements) are supported through a spend control process facilitated by NHS England and the Cabinet Office to ensure efficient and effective use of public money within the NHS, promote value for money, support government policy, and improve outcomes for patients.

NHS England is engaging with NHS contracting authorities, suppliers and other key stakeholders to identify areas of best practice and develop a template for the future state of homecare medicines services procurement optimally utilising national, regional and local expertise to reduce duplication and unwarranted variation whilst empowering

regional and local teams to meet the specific needs of patients within their communities.

NHS England is also working closely with Association British Pharmaceutical Industry and Medicines UK on the role of marketing authorisation holders (MAH) and MAH funded homecare medicines services with specific focus on improving patient and clinician choice.

NHS England is working with procurement professionals, contracting authorities, and industry to strengthen the homecare medicines service and support the 10 Year Health Plan goal to reduce the burden on hospitals and deliver care closer to, and at home. It is our ambition to utilise the best suited medicines supply model and identify further innovative models of care, to deliver on the government's objective to support more strategic, value-based purchasing decisions.

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]

Since our previous response, the Department has engaged with the three key regulators of homecare medicines services to better understand the complexity of the regulatory landscape. Each regulator holds critical roles and responsibilities to ensure the appropriate regulation of homecare services: The Medicines & Healthcare products Regulatory Agency (MHRA) oversees homecare medicine facilities holding manufacturing or wholesale distribution licences, while the General Pharmaceutical Council (GPhC) and the Care Quality Commission (CQC) regulate homecare services from a patient safety and experience perspective. The GPhC oversee the regulation of pharmacy services and the CQC regulates providers registered for relevant regulated activities under their scope of registration.

It is important that each function is regulated by the body with the appropriate expertise. The GPhC and CQC work effectively together across sectors beyond homecare, issuing joint guidance and overseeing community, hospital, and online pharmacy services. GPhC have assured us that they have taken regulatory action against homecare providers where necessary, and we will continue to support them to do so.

The attention and scrutiny that your report has drawn to the issue of homecare medicine has rightly initiated closer collaboration between the appropriate regulators.

Moreover, since our last response to the Committee was published, there have been many changes in CQC, including a change in organisational and regulatory priorities as they have continued to respond to Dr Penny Dash's review into their operational effectiveness and Professor Sir Mike Richards review into the single assessment framework. Through their work responding to the recommendations of these reviews, the CQC is continuing to prioritise working collaboratively with other regulators, while also making changes to their wider ways of working and regulatory frameworks for the services registered with them.

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]

Significant progress has been made by regulators to strengthen the oversight of homecare medicines.

As outlined in the response to recommendation 7, CQC are strengthening the organisation's operational effectiveness and regulatory oversight, including improving inspection processes and increasing transparency in reporting. This seeks to rebuild trust in the regulator and deliver greater consistency across sectors.

In April this year, GPhC published their thematic review into homecare services[1] in response to the concerns raised in the Committee's report. The review found no significant concerns with the safe provision of homecare medicines services from registered pharmacies, and that pharmacies inspected met all the GPhC standards; providing assurance that services are being delivered safely and effectively. However, the review did identify areas where improvements could be made, which we, and sector partners are actively considering and addressing.

To test the quality of the services provided in the homecare sector and gather insights on progress responding to the GPhC's recommendations, CQC are actively considering the inclusion of homecare in planned conversations with the Chief Pharmacists of NHS trusts with patients in receipt of homecare services over 2026 to maintain momentum and drive improvements.

Considering this work, a thematic review of homecare medicines services is not deemed necessary. The Department will continue to work with our system partners to

[1]General Pharmaceutical Council, "Evaluating service provision: a themed review of registered pharmacies providing homecare medicines services", April 2025, link

monitor the impact of work undertaken to improve homecare medicines services. Additionally, as noted under recommendation 13, NHS England are undertaking a review of governance within the homecare sector to better connect the accountabilities across the system.

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]

As set out under **Recommendation 6** (above), the NHS England and Cabinet Office spend control process for high-value NHS procurements, including those for homecare medicines services, is in place to ensure efficient and effective use of public money within the NHS, promote value for money, support government policy, and improve outcomes for patients. The National Homecare Medicines Committee and its National Supplier Engagement Sub-group maintains strong relationships with suppliers, including SMEs, and NHS contracting authorities to routinely identify and address any barriers to competition and effective procurement.

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)

Since the last update the work has been split into two phases:

1. **EPS in homecare proof of concept (PoC), target go-live date: August 2025**
   The PoC phase is now live (as of August 2025). This phase will test the feasibility of EPS in homecare and support identification of minimum technical developments required to scale beyond PoC.
   In August 2025, King's College Hospital NHS Foundation Trust became the first NHS Trust to send a homecare prescription electronically using EPS via CLEO Systems. This marks a major milestone in improving how we manage medicines for patients receiving care at home, moving away from paper-based systems and towards more efficient and safer digital workflows. The PoC was designed and delivered in partnership between King's College Hospital NHS Foundation Trust, NHS England, CLEO Systems, Clanwilliam Health and the homecare provider,

Healthnet. This pilot will help inform the future of digital prescribing in homecare supporting better outcomes for both patients and the wider health system.

2. **EPS in homecare scalability planning**
   Subject to the outcomes of the PoC, it is anticipated that a further 12 - 24 months of technical development and alignment of non-technical enablers will be required to prepare for a programme of EPS implementation across homecare services. An electronic prescribing model could represent a critical improvement step for homecare services with roll-out, appropriately steered from pilot outcomes, likely to be highly desirable to prescribers and patients. The variation in anticipated timelines for technical development, however, reflects the inherent potential for unforeseen challenges that could demand revision to the implementation plans for an EPS and / or the associated timelines.

Through this work several legal, governance and financial considerations have already been raised and will need to be addressed over the next phase. These include:

a. Whether “homecare prescriptions” should be treated as private or NHS prescriptions
b. Whether prescription charges should be levied from patients receiving medicines from homecare services
c. Whether it is the responsibility of the NHS BSA to hold, manage and process reimbursement of “homecare prescription” data.

Interim measures have already been jointly agreed with the Department of Health and Social Care (DHSC), NHS England (NHSE) and NHS Business Services Authority (BSA) for PoC as follows:

a. Within current directions homecare prescriptions will be transmitted via EPS as private prescriptions
b. Within current directions prescription charges will not be levied from patients
c. A temporary data sharing agreement between NHSE and NHS BSA will permit the receipt of EPS homecare (private) prescriptions by NHS BSA, without processing them for reimbursement

The measures above are caveated with the assurance that permanent directions, policies and operating frameworks are in place before EPS in homecare can be scaled beyond PoC. An EPS, informed by a successful pilot and consistent with regulatory requirements, could enhance patient convenience and choice whilst enabling a move away from paper-based systems towards more efficient and safer workflows, aligning with 10 Year Plan objectives to harness the potential of digital tools.

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)

NHS England have designated the Chief Pharmaceutical Officer as the Senior Responsible Officer (SRO) for homecare medicines services. A review of homecare governance arrangements is underway to better connect and enable the accountabilities for homecare across the system. A series of stakeholder engagement events earlier this year identified areas of strength as well as area for improvement with recommendations for improvement expected during Q4 2025/26.