HOMECARE – How to implement the vision for the future. Where are we now?
QIPP Medicines use and Procurement

Background

• Medicines account for over 12% of NHS expenditure (around £8 billion in primary care and £4 billion in secondary care).
• NHS expenditure on drugs is expected to rise significantly in future. Drugs bill growth in primary care is driven largely by the aging population and an increase in the numbers of people being prescribed treatments for long term conditions such as cardiovascular disease, asthma and diabetes.
• Drugs bill growth in secondary care has risen significantly in recent years due to prescribing of medicines that receive a positive appraisal from NICE.
QIPP Medicines use and Procurement

The Medicines use and Procurement QIPP work stream is an ambitious programme covering the breadth of the medicines pathway which aims to ensure that mechanisms are in place to;

• Support prescribers to prescribe the most cost effective drugs available
• Support patients to take their medicines as intended and thereby derive the greatest benefit from them
• Ensure that harms from medicines are minimized
• Ensure that medication waste across the system is reduced
QIPP MUP is now separated into categories.

- Primary Care Prescribing
- Secondary Care Procurement
- Home Care
- Community based support for patients taking medicines
- Medication waste
- Medication safety
- Patient/ public/ Professional and Industry engagement.
Homecare

- Why is Home care important to QIPP?
Growth of the UK Homecare Market

This is data from pharmacy systems only. In reality, the market is probably £1 billion per year and growing rapidly.

Still a general lack of understanding, governance and assurance.
In 2011, the DH commissioned the reported Homecare Medicines Towards a Vision for the Future.

Mark Hackett, CEO UHS led the work.

The report made a list of recommendations to improve the financial and clinical governance arrangements for patients receiving medicines via the Home Care route.

Minsters are now keen to see the NHS implement the recommendations and an implementation project is underway.
This report outlines the current risks and issues around Home Care both for the NHS and for the market. It makes a number of important recommendations.
Market issues

- Differing levels of provider concentration in rapidly growing markets with new entrants
- Risks are high for certain providers
- Relatively weak contractual, governance and operational control mechanisms
- Procurement mechanisms need transparency, better coordination and sensible commercial arrangements
- Two principle routes of homecare supply
  - Manufacturer only homecare route
  - Homecare provision from manufacturer or wholesaler
- Need to see homecare services as part of local health system strategy
Recommendations for the NHS

› Trusts should strengthen their internal governance frameworks

› The Trust Chief Pharmacists should be the Responsible Officer and accountable to the CEO for delivery of an annual plan.

› Greater involvement of Clinical Directors in Homecare

› Develop a Homecare Charter for patients

› Ensure the Pharmacy is the only place where Homecare prescriptions can be issued.

› NHS providers should enter into collaborative procurement mechanisms for the delivery of Homecare.

› Commissioners should be better informed of Home Care supply and should consider how it fits with their chronic disease/ stable disease model
Recommendations

- More stability for new and existing homecare providers by collaborative purchasing
- Stable contractual frameworks, of sufficient duration to secure best value for patients and taxpayers
- Homecare suppliers should be prepared to take proportionate risks to invest in new technology, service levels and cost efficacy
- Need to consider separating homecare services and supplies of medicines
- Integrated governance with NHS provider as the customer
- Set of industry standards which cover major areas of governance, operational control and approaches
- “Kite mark” accreditation to enter into NHS contacts
How does this fit with QIPP?

- QIPP will provide a vehicle for implementation
- QIPP will support the delivery of the medicines optimisation agenda
- Help to identify and support delivery of significant Homecare opportunities
- Together with NHS Commissioning Board help facilitate the relationships and engagement with commissioners in the system.
- SHAs recently asked to undertake a quick stock take.
- Trusts recently conducted self assessment.
So where are we?

- Implementation phase well underway.
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<tr>
<th>Sub Group</th>
<th>Chair (s)</th>
<th>Products</th>
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<td>Patient Engagement</td>
<td>Martin Stephens - UHS</td>
<td>Patient charter</td>
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<td>Advice on choice</td>
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<td>Models of patient engagement</td>
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<td>Patient questionnaire</td>
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<td>Acute trust engagement, Governance and clinical relationships</td>
<td>Martin Stephens - UHS</td>
<td>A guide to good governance</td>
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<td>Advice to steering group on barriers to implementation</td>
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<td>Advice to steering group on improved procurement models</td>
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<tr>
<td>Systems: Home care modules and functionality</td>
<td>Andy Alldred – Harrogate and District NHS FT/ Graeme Duncan H@H</td>
<td>Recommendation to NHS on short term system solutions</td>
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<td>Stakeholder engagement event (Sept)</td>
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<td>Output based spec for a new home care system solution</td>
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<td>Debate system investment</td>
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<tr>
<td>Addressing the impact of PbR excluded drugs</td>
<td>Clare Howard National Lead QIPP Medicines use and procurement DH</td>
<td>A national framework to support the use of “gain sharing “ for PbR excluded drugs</td>
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<td>Advice to steering group on how barriers to implementation and solutions on how these can be overcome.</td>
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<tr>
<td>Expertise, toolkit and standards</td>
<td>Ray Fitzpatrick Royal Wolverhampton Hospitals NHS Trust/ Carol McCall NHCA</td>
<td>Story board outlining where we are now and the vision benchmark of existing standards</td>
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<td>Review and findings of toolkit</td>
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<td>Improvement plan Formalisation of toolkit</td>
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<tr>
<td>Development of the procurement model</td>
<td>Chris Theaker CMU/ Graeme Duncan H@H</td>
<td>Recommend best practice procurement model.</td>
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<td>Methodology for identifying benefits</td>
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<td>Identify once only approach to maximise benefits</td>
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# Home Care Strategy Group – Implementation phase Progress Oct 12

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<tr>
<th>Sub Group</th>
<th>Progress Oct 2012</th>
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<tbody>
<tr>
<td>Patient Engagement</td>
<td>Sub Group operational. (NHS, Pharma, Home care and patients.) Still seeking some specialist patient representatives. Draft patient charter being considered</td>
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<tr>
<td>Acute trust engagement, Governance and clinical relationships</td>
<td>Trust self assessments complete and being analysed. Good response but lots to do. Held engagement meeting with ABPI and NHCA Met with RPS Slide pack for CEO Commissioners and providers developed and awaiting approval.</td>
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<tr>
<td>Systems: Home care modules and functionality</td>
<td>Stakeholder event held in September Investment strategy in development Draft short term best practice developed engaged many system providers including pharmacy system providers</td>
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<tr>
<td>Addressing the impact of PbR excluded drugs</td>
<td>Gain share framework agreed and is currently with DH for approval. Working with the regions to understand how gain share is being implemented. Thinking about impact of NHS reforms.</td>
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<tr>
<td>Expertise, toolkit and standards</td>
<td>Self assessment of trusts against tool kit self assessment being analysed Tool kit being updated. Standards sub groups identified.</td>
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<tr>
<td>Development of the procurement model</td>
<td>Looking at; Procurement data and info Levels of procurement activity Unbundling – meeting at end of October</td>
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SHA level Homecare Stock Take

The stock take highlighted

› The need for greater commissioner involvement in Home Care

› A need for greater understanding of the benefits of “gain sharing” around PbR excluded drugs

› A further, more in depth self assessment (just completed.)

› A need, in some areas, for greater executive level involvement in Home Care
Outline of potential products –

This work will produce a wealth of products aimed at supporting the NHS to implement the Hackett report. Products include:

- A framework for gain sharing across PbR excluded drugs
- A set of standards for companies wishing to provide Homecare services to the NHS
- A template annual report for Trusts to use at Board level
- An in-depth national assessment of progress on Homecare built up from every Trust self-assessment.
- A specification for Homecare modules for system providers
- A specification for Homecare providers (e invoicing etc.)
- A procurement model to support consistent procurement processes.
- A template Patient charter for Homecare provision.