

SWL Commissioning Principles for PbR Excluded Drugs / Devices 2020-2021

Appendix 3: SWL agreement for PbR excluded drugs delivered via homecare -2020-2021

This agreement is applicable in 2020-2021 and applies to the following providers only:

- Croydon University Hospital NHS Trust
- Epsom and St. Helier University Hospitals NHS Trust
- Kingston Hospital NHS Foundation Trust
- St. George's University Hospitals NHS Foundation Trust

The above named providers can charge a homecare fee of £80.00 per patient per financial year for patients who receive PbR excluded drug(s) which are commissioned by Clinical Commissioning Groups (CCGs) and delivered via homecare, providing that the provider:

- has submitted a record via Blueteq, for each patient on PbR excluded drugs delivered via homecare, which is authorised by the CSU/CCG.
- provides assurance that the provider is working towards compliance on the management of sub-contracted services via homecare supply with the recommendations made in the Royal Pharmaceutical Society (RPS) Standards for Homecare Services and the RPS Handbook for Homecare Services in England by:
 - conducting a re-audit of its practice and processes to manage the sub-contracting/ outsourcing of homecare supply against these standards with an independent auditor before 31 March 2021 (or as agreed with the CCG), and
 - submitting an updated action plan to the host commissioner by 31 July 2021 (unless agreed otherwise), which clearly specifies how the provider will address any homecare standards which are not met with specified timelines. The detail of this action plan is subject to agreement with the host commissioner.
- provides assurance that the subcontracting (outsourcing/homecare) of pharmaceutical services is performance monitored to ensure that patients continue to receive their medication via a quality assured service. For this purpose, the provider has to:
 - demonstrate that National Key Performance Indicators (KPIs) are agreed and monitored for all homecare providers, and
 - submit an annual report to the CCG providing this assurance and identifying any issues that have arisen and action taken by the provider.
- can demonstrate that the homecare fee is used to invest in staff to improve the cost-effectiveness and homecare provision for patients.
- can demonstrate that homecare supplies do not exceed 3 months and should work to reduce supplies delivered to patients to monthly in order to reduce waste.
- can demonstrate progress in introducing or strengthening mechanisms to reduce homecare medicines waste by checking any remaining supplies in patients' homes before ordering/delivery of medicines (use of digital communication with patients and use of and monitoring of contracting agreements with homecare providers should be considered).
- works with the SWL CCG to optimise and where appropriate increase the delivery via homecare where this is in the best interest of patients and the overall health economy (e.g. growth hormones).
- normally supplies any new medicine which is excluded from tariff and available for homecare delivery through a homecare/outsources provider within 3 months of Joint Formulary Committee / Drugs and Therapeutics Committee (or equivalent) acceptance where this is in the best interest of patients and the overall health economy.
- submits an annual report to their host commissioner. However, if any of the other above conditions are subsequently not met, any homecare fees already paid to the provider must be credited by the provider.
- clearly labels the homecare fee as "Homecare charge" and submits charges via SLAM and SLAM-PLD for individual patients receiving their drugs via homecare.

Version	Approved by:	Date of approval:
1.0 (2017/18)	SWL Medicines Optimisation Group Directors of Commissioning and Directors of Finance from Croydon CCG, Kingston CCG, Merton CCG, Sutton CCG, Richmond CCG, Wandsworth CCG	16 March 2017 28 March 2017
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