

Guidance for Use of the Homecare Prescription Templates

History

Version 1 - approved 28th June 2022 following wide stakeholder consultation.

Introduction & Scope

There is significant diversity in the format of homecare prescriptions across NHS Clinical Referring Centres and between the homecare providers and additional template formats arise from manufacturer funded homecare services. This introduces unnecessary complexity, which increases the risk of errors and makes training of staff both in the NHS and the homecare providers more difficult. Standardising homecare prescriptions will reduce complexity and the associated patient safety risks. Standardisation of layout and information contained will facilitate the implementation of digital homecare and electronic prescribing. The guidance covers homecare prescriptions in England, Scotland and Northern Ireland.

The prescription document set comprises of:

- Appendix 4e – Guidance for Use of the Homecare Prescription Templates (PDF) *[This Document]*
- Appendix 4e(i) – Homecare prescription form standard template (Word document)
- Appendix 4e(ii) – Homecare prescription form complex initiation dose template (Word Document)

The two homecare prescription forms are intended for use across Low and Mid Tech homecare medicines services where prescriptions are generated manually; including those funded by the NHS or manufacturers. These prescription forms are not intended for High Tech services or Schedule 2 and 3 Controlled Drugs. Whilst it may not be possible to follow this guidance in its entirety, the principles contained in this guidance should be implemented wherever possible when using EPMA systems to generate homecare prescriptions. It is expected that migration to the standard prescription format will be implemented for new services and whenever there is a significant change to existing service specific homecare prescription templates.

The key aims are to:

- Reduce unnecessary variation of prescription forms in use across the homecare services
- Ensure key data fields are captured in line with legal requirements and good practice
- Minimise the risk of transcription and interpretation errors
- Enable streamlined switching of patients between homecare providers
- Facilitate digital homecare and align with NHS digital and Fast Healthcare Interoperability Resources (FHIR) standards

Guidance for Use of the Homecare Prescription Templates

The homecare prescription form templates are suitable for use for most Low and Mid Tech homecare medicines services where prescriptions are generated manually rather than via EPMA systems. The most appropriate prescription template should be chosen as the basis for the homecare service specific prescription template. The 'complex initiation dose' prescription template can be useful for "new" prescriptions in homecare services where there is a different initiation dose schedule that requires a separate delivery.

The minimum level of adaptation necessary to meet the service specific requirements should be undertaken, however it is recognised some services will require more adaption of the templates than others to fit the

service requirements. It is anticipated that the appropriately adapted service specific prescription template should be consistent irrespective of the manufacturer or homecare provider. Service specific homecare prescription templates and completed homecare prescription forms should be printable on one side of A4 paper.

The prescription form is split into sections; with white, green and orange fields identifying each section. The **white** fields comprise the legal elements of the prescription and must be completed prior to the prescriber signature. The **green** fields are intended to be completed by the person performing the clinical validation. The clinical validation must be under the control of a pharmacist but may be delegated to an appropriate professional registrant working under standard operating procedures approved by the local Chief Pharmacist. The **orange** fields are intended for the hospital pharmacy homecare or administration team to complete with additional information for the homecare pharmacy.

“Static” Information which does not change frequently for individual patients should be contained on the registration form, e.g. the indication. However, where it is appropriate to include this “static” information on each prescription, this could be pre-populated in the service specific prescription template under the one of the Notes fields, e.g. where there is indication specific commissioning of homecare services for a medicine that has multiple licensed indications.

For change control purposes one organisation must be the document owner for the service specific prescription templates. In practice, this is often the homecare provider who will hold edit rights to the document in accordance with their internal quality system and associated approval processes. Any logo used on the service specific prescription template should reflect the document owner. Details of document control should be included within the footer by the document owner.

Medicines should be prescribed generically with brand names only be used where they are required to maintain patient safety and/or contractual compliance.

Guidance Relating to Homecare Prescription Template Fields

Mandatory fields

In the template, there are a number of legally required fields and some additional mandatory fields required by the homecare provider.

These mandatory fields are:

- Patient details (name, address, DOB, age if under 12, Hospital / NHS / CHI number to ensure correct identification of the homecare patient)
- Medicine details (name, formulation, strength, dose, frequency)
- Quantity of medicines to be supplied
 - total quantity of dosage units/packs is preferred in homecare services. Quantity defined by the total duration of treatment for a fixed dose of medicine is legally acceptable, but can be open to interpretation by the dispensing pharmacy.
 - total quantity of dosage units/packs should correspond directly with the financial authority to supply provided to the homecare provider
- Delivery frequency
- Prescriber details (signature, date signed, type of practitioner, address)
- Purchase Order Number (preferred) or other financial authority to supply

All other fields should be completed as far as possible to provide sufficient information for the homecare provider pharmacist to check the prescription without having to contact the clinical or hospital homecare teams for further information.

[Further Guidance on use of Editable Fields](#)

The Clinical Referring Centre Name and Prescriber Address field must contain the prescriber address as this is a legal requirement on a prescription. In practice this is usually the hospital address where the outpatient clinic is based. For the avoidance of doubt, when the prescriber is working remotely, this is not the prescriber's private address unless the prescription relates to their private practice. The Clinical Area field should include the clinical speciality within which the prescriber and/or homecare service is operating.

The NHS number or CHI number for Scotland must be included on the prescription form. Hospital number is optional, but both fields can be completed.

Hospital Number: []	NHS / CHI Number: []
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Professional body has been added for prescriber and those performing clinical validation as there are now multiple different prescriber types and the dispensing pharmacist must know and be able to check the prescriber credentials and must be able to identify an appropriate person performed the clinical validation:

Professional Body []

The Homecare Provider field is not required where the document owner is the homecare provider with associated form branding and can be removed. It's only applicable where the Clinical Referring Centre is the document owner and uses a single prescription form across multiple homecare providers.

[Drug Section](#)

Five lines for different prescribed items are provided in the templates. A homecare service specific prescription template can be edited to contain fewer than 5 lines in the Drug section, if appropriate. If additional lines are required for the Drugs section, consider using two separate forms to accommodate as prescriptions should remain as a single A4 page wherever possible.

Initiation dose (on the complex initiation dose prescription template) is used as an umbrella term to include loading, titration and induction doses which require a separate delivery:

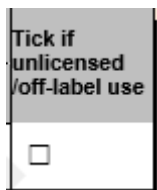
Initiation dose: []

Terminology used for medicines and directions for use should always be compatible with the FHIR standards.

[Unlicensed Use](#)

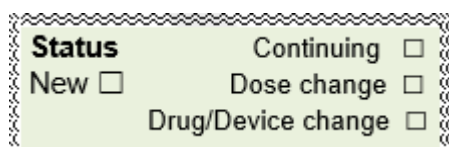
A tick box has been included for the prescriber to identify if the medicine is for unlicensed or off-label use. Unlicensed medicines are not licensed for supply in the UK. Off-label use refers to a licensed medicine being prescribed outside the terms of its marketing authorisation. This tells the dispensing pharmacy that the prescriber is knowingly prescribing outside the terms of the MHRA Marketing Authorisation for that medicine in accordance with their organisation prescribing policies and that they understand their responsibilities and have fulfilled the requirements to inform the patient and gain their consent to the treatment. Further details

of the off-label / unlicensed use should be provided in the registration form and/or details given in the prescriber notes. If this box is not ticked, and the homecare provider prescription check identifies actual or potential unlicensed or off-label use, the dispensing pharmacy may need to contact the prescriber for confirmation prior to dispensing which will impact efficiency and may delay the delivery of the medicine to the patient:

A rectangular form field with a grey header containing the text "Tick if unlicensed /off-label use". Below the header is a white area with a small, empty square checkbox.

Status Section

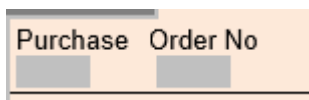
The Status section is not a legal requirement on the prescription, and can be completed by any person competent to do so.

A rectangular form field with a green background and a decorative border. It contains the following text and checkboxes: "Status" followed by "Continuing" and a checkbox, "New" and a checkbox, "Dose change" and a checkbox, and "Drug/Device change" and a checkbox.

Purchase Order Number

The Purchase Order No Field should contain any financial approval including Blueteq. Where there is no Purchase Order number available, the field can be updated to Payor or alternative financial authorisation at the point of agreeing the prescription template locally with the homecare provider.

In addition, if it essential to identify if the service is NHS commissioned or manufacturer commissioned, the Purchase Order No field can be pre-populated with an appropriate short code (e.g. NHS).

A rectangular form field with an orange background. It contains the text "Purchase Order No" in a bold, black font. Below the text are two grey rectangular boxes, likely for input or display.

Prescriber Notes, Clinical Validation and Admin Notes

There are fields for Prescriber Notes and for Clinical Validation and Admin Notes. These can be used for including additional information; for example, short term trial, holiday and indication (where essential). The Clinical Validation and Admin Notes field can include the total quantity to match the Purchase Order where appropriate, but care must be taken that any total quantity matches the dose and duration of treatment as prescribed.

Pre-population of Homecare Prescription Template Fields

Some fields on the form do not change and could be pre-populated in the service specific prescription template e.g. clinical area, admin contact details. Some fields can be auto-populated locally into the service specific prescription template either at service level or at individual patient level as appropriate using locally established links to an electronic patient record or other controlled and up-to-date data source. Where auto-population is used, prescribers and those performing clinical validation must be particularly vigilant when signing.

Use of drop-down boxes to assist completion of Homecare Prescription Template Fields

When setting up the service specific prescription template, drop down boxes can be used to aid consistent completion of the individual patient prescriptions. Where used, these should be configured by the document owner prior to the template being issued to the clinic for use. These drop-down boxes are only useful when completing the template electronically, and not when printed.

Drop down boxes are recommended in the following fields to ensure standard terminology is used and to ensure prescriptions are in line with the homecare service contract



- 'Please deliver every __ weeks for a total duration of __ weeks'
- 'Drug', 'Frequency', 'Route', 'Directions'

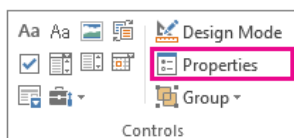
The document owner may enhance more of the fields with drop down boxes to assist completion of the prescriptions as appropriate.

Note, terminology used in drop down boxes should always be compatible with the FHIR standards.

Below is an extract from a Microsoft support page for editing combo box controls -

https://support.office.com/en-us/article/Edit-templates-b2cb7adb-aec2-429f-81fd-3d5bd33cf264#_toc359169126.

1. On the **Developer** tab, in the **Controls** group, click the **Combo Box Content Control**  or **Drop-Down List Content Control** .
2. Select the content control, and then on the **Developer** tab, in the **Controls** group, click **Properties**.



3. To create a list of choices, click **Add** under **Combo Box Properties** or **Drop-Down List Properties**.
4. Type a choice in the **Display Name** box, such as **Yes**, **No**, or **Maybe**. Repeat this step until all of the choices are in the drop-down list.
5. Fill in any other properties that you want.

Both the prescription form templates are available in a word document format published alongside these guidance notes as Appendix 4e(i) and 4e(ii) of the Handbook for Homecare Services in England.

Prescription Form Templates

Appendix 4e(i) – Homecare prescription form standard template

Private and Confidential (When Complete)

Organisation Logo

Homecare Prescription

Clinical Referring Centre Name and Prescriber Address	
Clinical Area	

Patient Details (please affix label if preferred)	
Patient Name (including title)	
Patient Residential Address & Post Code	
Date of Birth:	
Hospital Number:	NHS / CHI Number:

Prescriber Notes:
Weight: kg
Allergies:

Please deliver every __ weeks for a total duration of __ weeks						Status Continuing <input type="checkbox"/> New <input type="checkbox"/> Dose change <input type="checkbox"/> Drug/Device change <input type="checkbox"/>	
Item No	Drug*	Formulation & Strength	Route	Directions		Tick if unlicensed/off-label use	Supply Quantity per delivery* (Units/Brand)
				Dose	Frequency		
1				Initiation		<input type="checkbox"/>	
2				Maintenance		<input type="checkbox"/>	
3				Select an item		<input type="checkbox"/>	
4				Select an item		<input type="checkbox"/>	
5				Select an item		<input type="checkbox"/>	
Prescriber Sign Here		Name (print)		Date Signed		Purchase Order No	
						Homecare Provider	
Professional Reg No		Professional Body				Clinical Validation & Admin Notes	
Telephone		E-mail					
Clinical Validation Sign Here		Name (print)		Date Signed			
Professional Reg No		Professional Body					
Telephone		E-mail					
Admin e-mail:						Admin telephone	

*Specify brand - only if clinically important or contractual requirement

NHMC Controlled Document Ref: Homecare prescription form standard template. Version number: 1. 28 June 2022

Appendix 4e(ii) – Homecare prescription form complex initiation dose template

Private and Confidential (When Complete)

Organisation Logo

Homecare Prescription

Clinical Referring Centre Name and Prescriber Address	
Clinical Area	

Patient Details (please affix label if preferred)	
Patient Name (including title)	
Patient Residential Address & Post Code	
Date of Birth:	
Hospital Number:	NHS / CHI Number:

Prescriber Notes:
Weight: kg
Allergies:

Status: New <input type="checkbox"/> Drug/Device change <input type="checkbox"/> Dose change <input type="checkbox"/> Continuing <input type="checkbox"/>							
Item No	Drug*	Formulation & Strength	Route	Directions		Tick if unlicensed/off-label use	Supply Quantity per delivery* (Units/Brand)
				Dose	Frequency		
Initiation dose: Deliver as one time delivery for total duration of __ weeks							
1						<input type="checkbox"/>	
2						<input type="checkbox"/>	
Maintenance dose: Deliver every __ weeks for total duration of __ weeks							
3						<input type="checkbox"/>	
Prescriber Sign Here		Name (print)		Date Signed		Purchase Order No	
						Homecare Provider	
Professional Reg No		Professional Body				Clinical Validation & Admin Notes	
Telephone		E-mail					
Clinical Validation Sign Here		Name (print)		Date Signed			
Professional Reg No:		Professional Body					
Telephone:		E-mail					
Admin e-mail:						Admin Telephone	

*Specify brand - only if clinically important or contractual requirement

NHMC Controlled Document Ref: Homecare prescription form complex initiation dose template. Version number: 1.
28 June 2022