

**Interim Professional
Standards for Hospital
at Home, including
Virtual Wards,
Pharmacy Services**

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Background

These interim professional standards have been developed to assure high quality care, equity of care and best outcomes for people in the Hospital at Home setting in relation to pharmacy services as well as medicines use. Hospital at Home services are now growing at pace and scale, with the aim to support NHS recovery and enable reforms to community; and urgent and emergency care

Hospital at Home

Hospital at Home, including virtual wards, provide acute clinical care, monitoring and treatment for people at home, for a short duration. This is an alternative to care in hospital, preventing avoidable admission or facilitating early discharge. The care in this setting can be delivered via face to face, remote or hybrid consultations. Providers of these services can be from acute, community and primary care sectors including community pharmacy teams, with the overall accountability for clinical governance being with the nominated lead provider and led by a named senior healthcare professional.

Purpose

These standards will support setting up safe and effective Hospital at Home pharmacy services across the UK. The standards set out what constitutes 'good' in terms of working practices and have been created to audit and benchmark pharmacy services, where providers can conduct a self-assessment and/or gap analysis. This practical framework is aimed to be utilised by the multidisciplinary team, clinical and non-clinical, across all sectors to quality assure and improve established Hospital at Home pharmacy services.

There are eight standards, which are further subdivided into descriptors which support attainment of the standard. The descriptors have been designed to focus on areas of variability or challenge encountered by Hospital at Home services and are not comprehensive. These should be used alongside other national Hospital at Home guidance, relevant standards, local resources and standard operating procedures.

1 Putting people first

1.1 People choice:

People and their carers are involved in decisions on where their care is provided, allowing people the option to be treated in a more familiar environment, which is equivalent to hospital care, where clinically appropriate.

1.2 Medicines information:

People and their carers' should have access to medicines related information and appropriately trained healthcare professionals to meet the individual's needs, where they can ask questions about their medicines. A range of options to information should be made available such as written, electronic, virtual or face to face consultation.

2 Episode of care

2.1 Medicines reconciliation:

Trained healthcare professionals should reconcile people's medicines, in accordance to national guidance to optimise treatment and avoid potential medicine related discrepancies.

2.2 Communication:

There must be clear communication between all providers, people and their carers about changes made to medicines to avoid disrupting usual medicines supply or oversupply.

2.3 Improving experience:

Obtain medicines related feedback from people and their carers' to enable continuous improvement of the different aspects of Hospital at Home pharmacy services for optimal patient experience. For example, obtaining experience of consultations involving prescribing, supply function of medicines and support for medicines taking.

3 Integrated transfer of care

3.1 Collaboration, engagement and communication:

Work in partnership across the system with all relevant providers in the health and social care sector. There must be clear communication between all providers, people and their carers regarding changes in medicines during admission and discharge.

3.2 Discharge:

On discharge from Hospital at Home, a discharge summary must be supplied including changes to medicines to facilitate medicines reconciliation by primary care providers.

4 Medicine and pharmacy services governance

4.1 Risk assessment:

A structured risk assessment of the pharmacy service processes should be undertaken prior to setting up a Hospital at Home service, reviewed at regular intervals to identify key risks and develop mitigations. This includes [safe and secure handling of medicines](#), compliance with medicines regulations and assessments of suitability of [people taking medicines independently at home](#).

4.2 Prescribing:

Prescribing pharmacists should use the [Competency Framework for all Prescribers](#) to expand their knowledge, skills, motives and personal traits, supported by the clinical and pharmacy lead. This is to continually improve their performance, and to work safely and effectively. Prescribing pharmacists must satisfy themselves that they can make an adequate assessment before prescribing, within their scope of practice. This involves consultations via [telephone, video, online](#) or face to face to deliver care which meets the need of the patient.

4.3 Safety culture:

The lead Hospital at Home services provider should be responsible for governing medicines related incidents centrally and encourage incident reporting. There should be involvement of a medicine safety officer, within the system. This is to ensure appropriate response to safety incidents across organisational boundaries to allow for change in practice, minimising recurrence, including mechanisms to share learning amongst all collaborators, people and their carers involved.

4.4 Safe systems of care:

Standard operating procedures should be in place to outline medicines related processes (including for controlled drugs) such as prescribing, medicines supply and shortages, administering, handling of medicines, safety alerts and recalls. Policies relating to Hospital at Home pharmacy services, should be developed with partners across the system and be approved by the lead provider organisation in line with their governance processes.

4.5 Emergency preparedness:

Pharmacy professionals should be trained to recognise early deterioration of symptoms and how to escalate appropriately utilising formalised referral pathways to maintain patient safety, for example anaphylaxis.

5 Safe and efficient supply of medicines

5.1 Mechanism of medicines supply:

The medicines supply process must follow regulatory and legal frameworks. The preferred mechanism for supplying medicines is by prescribing on an individual, patient-specific basis. Reserve [patient group directions \(PGDs\)](#) for limited situations in which this offers an advantage for patient care, without compromising patient safety, and where there are clear governance arrangements and accountability. Where pre-packs are supplied, the shortest effective course should be given and recorded.

5.2 Timely medicines supply:

The lead Hospital at Home provider is responsible for developing guidance for healthcare professionals to signpost people and their carers on how to obtain their medicines when needed, in and out of hours, to ensure timely access to medicines and continuity of care.

5.3 Transportation of medicines:

There should be a system-wide approach ensuring collaboration between, health, social care and voluntary sector to support delivery of medicines to people, where necessary.

5.4 Medicine storage:

Policies, standard operating procedures, and systems underpin the legal, secure, and appropriate handling and storage of medicines in a healthcare setting environment. For example, as stock held in a satellite pharmacy or healthcare professionals carry bag. For patients own medicines requiring [refrigeration](#), a working fridge is suitable.

6 Leadership

6.1 Strategic, system and operational leadership:

As part of the multidisciplinary team, a senior pharmacy lead must be assigned to the Hospital at Home service, at the outset, to design, implement, maintain pharmacy services, and coordinate all system pharmacy service providers across the different sectors including acute, community providers and primary care, including community pharmacy.

6.2 Personal and professional leadership:

A senior pharmacy professional should lead on quality improvement, management and clinical supervision of pharmacy professionals providing the Hospital at Home service.

7 Systems of work

7.1 Research, audit and quality improvement:

The pharmacy team should actively participate and conduct research audit and quality improvement projects to improve outcomes for patients.

7.2 Digital technology:

Hospital at Home should have the capability to be technology-enabled to allow for remote monitoring. Utilise digital technology and solutions to enable safe and effective systems of work to optimise care of patients, for example, diagnostics, monitoring, prescribing, record keeping and communication to other providers, with consent. Data sharing agreements should be in place to enable continuity of care.

7.3 Business and financial management:

Effective business and financial planning alongside sustainable cost improvement programmes and reporting are assessed and evaluated on a regular basis.

7.4 Effective management of medicines:

A personalised approach should be taken when medicines are prescribed in the Hospital at Home setting, with a focus on addressing health inequalities, deprescribing and antimicrobial stewardship. This should be guided by the lead provider treatment guidelines to ensure safety, effectiveness, sustainability and the best value obtained from medicines use.

8 Workforce

8.1 Workforce planning:

Hospital at Home services require a trained pharmacy team with appropriate levels of staff available to deliver a safe and high-quality service by utilising the skill-mix of pharmacy team members, supervised by a senior pharmacy lead. Pharmacy professionals should participate in Hospital at Home board rounds, multidisciplinary team meetings and patient reviews. Innovative workforce approaches should be taken to deliver the service, such as rotational roles, specialist roles, flexible working, joint roles between primary and secondary care.

8.2 Workforce development:

The pharmacy team is supported to develop new skills and attributes to meet the needs of people in Hospital at Home. Nurses, pharmacists and allied health professionals should be trained as independent prescribers and/or advanced clinical practitioners and embedded in the service to allow for timely clinical assessment, prescribing, optimise treatment and deprescribing.

8.3 Workforce quality assurance:

Operational policies, procedures and business continuity plans are in place to ensure that the pharmacy workforce is managed and appropriately resourced to support service quality, productivity and safety. There must be standard operating procedures for processes of working remotely and in peoples' homes.

8.4 Training others:

Training should be provided to people, carers and healthcare professionals handling medicines in this setting. This includes ordering, supplying, administering, storing, disposing of medicines and when to escalate medicines related queries or issues. Hospital at Home providers should be assured of relevant medicines related training of external partners such as social care.

Further Resources

A range of resources to support the implementation of pharmacy services within Hospital at Home include:

- [UK Hospital at Home Society](#)
- [Virtual wards, NHS England](#)
- [Virtual Wards Community of Practice, NHS England](#)
- [Guidance on Pharmacy Services and Medicines Use within Virtual Wards \(including Hospital at Home\), NHS England](#)
- [Making the most of virtual wards, including Hospital at Home, GIRFT and NHS England](#)
- [Hospital At Home Toolkit, Healthcare improvement Scotland](#)
- [Virtual Ward and Urgent Community Response Capabilities Framework, Skills for Health](#)
- [Hospital at Home Knowledge and Skills Development Framework, NHS Education for Scotland](#)
- [Patient Group Direction use in Hospital at Home \(virtual ward\) services, Specialist Pharmacy Service](#)
- [Implementation considerations for the self-administration of medicines, Specialist Pharmacy Service](#)
- [Transcribing in the patient's home with healthcare input, Specialist Pharmacy Service](#)
- [Managing medical gases and oxygen during periods of high demand, Specialist Pharmacy Service](#)

Acknowledgements

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