



Homecare Medicines

Towards a Vision for the Future – Taking Forward the Recommendations

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Department
of Health

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Foreword



In the winter of 2011 my first report was published; 'Homecare Medicines, Towards a Vision for the Future'. In that report I spoke of the importance of homecare medicines and the support these services provide to over 200,000 people in England who suffer from both chronic and stable illnesses.

The Chief Pharmaceutical Officer, now of NHS England, asked me to undertake a review of the homecare medicines supply and associated services in England, to establish what are the current challenges and issues and what should occur in the future.

My original report addressed a number of issues summarised in 4 key areas.

Those areas were:

- Patient involvement
- Market Problems

- Governance in NHS trusts and across the Market
- Collaboration across organisations

In April 2012 a network was established consisting of colleagues from across patient groups, NHS, Industry and Department of Health who were committed to supporting the implementation of my recommendations. The recommendations were aligned to 5 themes, with a mix of colleagues from across all areas leading and contributing to the delivery.

Those themes were:

Patient Engagement

- With the aim of strengthening patient engagement, and with the involvement of their representatives, this task group was asked to develop a patient charter

and to advise on a number of documents for other work streams.

Governance

- This task group was asked to look at the necessary steps NHS provider organisations need to take to provide homecare to the right patients in the right way – focusing on those recommendations within the report that address leadership within trusts, clinical and financial governance. Barriers that prevent good practice were explored, solutions identified and a governance guide produced.

Standards and Toolkit

- This task group aimed to provide the NHS with a set of standards in which Homecare services could be implemented and maintained, supported by the governance guidance.
- The group was also tasked with enhancing the existing toolkit and to provide tools, which providers would be able to rebrand and use as their own.

Procurement

- This task group aimed to bring transparency, better coordination and sensible commercial arrangements by;
- Making recommendations associated with improving the procurement models for use within the NHS
- Identifying opportunities for enhancing working arrangements between commissioners, providers and suppliers involved in the procurement of homecare medicines services

- Identifying a methodology for quantifying benefits of procurement to the best advantage for patients and taxpayers
- Identifying areas where a 'once only' approach can maximise benefits within the system

Systems

- The focus of this task group was to understand and consider the Hackett recommendations, define what system solutions are in place now, what might be available in the short term and to provide recommendations for change considering any wider NHS implications.
- To process map the flows for both the medicines and the financials and to consider the requirements for a new homecare system.

The network was also complimented crucially by commissioner colleagues developing guidelines on how commissioners should share gains with providers, to cover operating costs and to invest in system development. I stand firm on the principle of gain share and see this as a fundamental lever to releasing the resources in the system to create a much needed uplift in Homecare services across England, increasing patient choice.

1. Approach

The report 'Homecare Medicines – Towards a Vision for the Future' was published in the winter of 2011. Following ministerial approval Mark Hackett, as the then CEO for Southampton NHS Foundation Trust, working with colleagues in the Department of Health's Commercial Medicines Unit (CMU) established a working group of colleagues from across provider pharmacy, senior NHS colleagues and Industry representatives.

This group came together as a steering board to oversee the implementation of the recommendations outlined in his report. Project governance was put in place to provide the necessary coordination of work required. The project became known as; 'Homecare Medicines, Towards a Vision for the Future – Taking Forward the Recommendations'.

The recommendations were aligned to the following themes and task groups initiated to

develop the outputs required to embed the change across the NHS and Industry:

- Homecare medicine governance strategic and operational
- Patient engagement
- Homecare medicine standards and toolkit for both implementing and maintaining homecare services
- Procurement and transparency
- Systems and technology required
- Gain-share of savings

Leadership of the task groups was managed through a dual partnership of both an NHS lead and deputy Industry Lead. Task groups were then resourced with interested and willing delegates from across the field.

2. Governance

There are two main types of homecare medicines arrangements: those where the hospital contracts directly with a homecare provider and those where the hospital purchases medicines that include the provision of homecare services, which are contracted by the manufacturer of the medicines.

In either case it is vital for patient safety, for outcomes and for patient experience, as well as for good use of resources that appropriate governance arrangements are in place.

The recommendations made in the original report in summary were:

- Adverse incidents reported by homecare providers are addressed in NHS organisations.
- The Trust Chief Pharmacist is accountable officer
- A strategy for homecare medicines is set in each trust
- Plans are made to identify patients who may benefit from homecare
- A shared governance framework is in place
- Medicines are ordered via pharmacy
- An annual programme for homecare is established
- An appropriate group oversees the homecare arrangements in each trust

The task group and its members led by Martin Stephens, then of University Hospital Southampton NHS FT, and Steve Cook,

National Clinical Homecare Association (NCHA), set out to deliver a document which provided guidance on what governance should be put in place and how it should be implemented.

A governance guide has been produced (see **Appendix A**) and provides any NHS organisation aspiring to implement or improve the governance of existing arrangements with some key principles to adopt. The principles range from specific arrangements that should be in place, the Chief Pharmacist's Role, procurement and management of Homecare Services.

The governance guide can be found via a link within the Homecare Medicine Handbook and is to be used with consideration of the following recommendations:

- The chief pharmacist leading the homecare programme.
- Medical and nursing directors, along with the chief pharmacist, ensuring that issues arising in homecare provision have the same scrutiny as those for inpatients.
- Homecare arrangements fully compliant with business and financial requirements.
- All homecare procurement being processed through the pharmacy system

3. Patient Engagement

The capability to be able to deliver and or administer patient medicine away from the hospital plays a vital role in improving and increasing patient choice over the ways in which the NHS serves them. Whilst benefits for the NHS may also occur, improving patient choice must be the sole driver for providing homecare medicine services. Therefore, it is obvious that with the patient at the heart of these services, we should seek to increase the involvement and influence they have over the services provided.

The report is clear in its recommendations to:

- Develop a homecare medicines patients charter
- Support greater choice
- Engage patients in decisions
- Encouraging feedback from patients
- Choice of delivery times

The patient engagement task group, led by Martin Stephens, then of University Hospital Southampton NHS FT, and Richard Huckle (NCHA), engaged with a number of bodies whose members represent various patient groups, ranging from physical health to mental health fields.

The NHS Homecare patient charter has been delivered, and is recommended for approval by NHS England. This product was developed by the task group and can be found within the Homecare Medicine Handbook. (See **Appendix B**)

It should also be noted that whilst the charter sets out the rights and responsibilities of the patient, it is for NHS organisations to ensure

that these are committed to in contractual arrangements, and that the standards set out by the 'Homecare Medicine, Towards a Vision for the Future – Taking Forward the Recommendations' project board are adopted and adhered to.

4. Standards and Toolkit

'Homecare Medicines: Towards a Vision for the Future' report identified areas of weakness in the current arrangements for managing homecare services. One of the key recommendations of the report was that *Homecare providers and the NHS should have a clear set of industry delivered standards.*

The Standards and implementation handbook task group, led by Ray Fitzpatrick of Royal Hospital Wolverhampton, and Carol McCall of National Clinical Homecare Association (NCHA), was asked by the Homecare Medicines Strategy Board to develop and publish such standards and a supporting handbook to help organisations comply with these standards.

The chairs of the task group recognised that they needed to work with a partner organisation for the following reasons:

- The outputs needed to be on a web based easily accessible platform, so that standards and the handbook could be updated periodically.
- There was minimal resource available to the strategy board to support delivery.
- There was an urgency to have both the standards and handbook published to a wide audience via an authoritative route.

The original report recommends the Chief Pharmacist is designated as the responsible person for homecare within NHS organisations. The task group therefore agreed that the most appropriate body to

engage with was the Royal Pharmaceutical Society (RPS)

The Homecare Standards, it was agreed after consultation with the RPS, would focus on 3 key areas:

- The Patient Experience
- Implementation and Delivery of Safe and Effective Homecare Services
- Governance of Homecare Services

A total of 10 standards have been developed that complement the existing 'RPS Hospital Pharmacy standards'.

The standards delivered by the task group were reviewed, and received input from; National Homecare Medicines Committee, National Clinical Homecare Association, Pharmaceutical Market Support Group (PMSG), National Pharmaceutical Supply Group (NPSG), National Pharmaceutical Q.A. Committee, Association of the British Pharmaceutical Industry (ABPI) Homecare group, British Generic Manufacturers Association (BGMA), Chairs of Chief Pharmacists networks.

The draft standards were then sent out for formal consultation to wider stakeholder groups, including the various professional regulatory bodies and the Medicines and Healthcare Regulatory Agency (MHRA).

The final draft received both project board approval and internal RPS approval.

The standards were published on the RPS website www.rpharms.com during September

2013 and officially launched at the British Pharmaceutical Conference on 9th September 2013 (see **Appendix C**).

The existing NHS Toolkit for Homecare Services has been in circulation for a number of years now. Recommendations had been made to bring this up to date and with the introduction of the standards the two should be aligned to provide a comprehensive handbook for NHS organisations.

The purpose of the handbook is to provide guidance and supporting documentation to organisations, particularly but not exclusively to NHS hospitals, to help in the delivery of homecare services in line with the RPS Professional Standards for Homecare Services.

The handbook has therefore been organised around the same domains as the standards, and support documents have been cross referenced to specific standards ensuring sections covered all key elements of the homecare process. (See **Appendix D**)

Each section contains information and guidance and identifies key documents that will help homecare teams manage homecare services within a governance framework, as set out in the RPS standards. Each document has been given a status:-

- *** Documents approved for national use by multidisciplinary bodies after wide consultation
- ** Examples from existing homecare services which are consistent with the best practices described in the RPS Professional Standard for Homecare and the Handbook.

- * Example documents developed and used locally by Homecare teams. Considered to be useful, but need to be reviewed carefully and adapted before use. They are likely to have been prepared prior to the publication of the RPS Professional Standard.

The handbook is due for publication via the RPS website in May 2014. www.rpharms.com

Future stewardship arrangements for Standards and Handbook; an expert Homecare Reference Group has been established by the RPS to develop the content and format of the publications. This Homecare Reference Group comprises individuals from the various sectors involved in the management and delivery of homecare including NHS, homecare providers, pharmaceutical industry and RPS professional development team and will draw on the expertise of existing NHS and industry groups such as the National Homecare Medicines Committee, the National Clinical Homecare Association.

The RPS Homecare Reference Group will direct the future updating and development of the standards and implementation Handbook and is committed to full engagement with the future Homecare DH/NHS England and NHS oversight body(s).

5. Procurement

The original report highlighted the size and scope for growth of homecare medicine service across England. With this, the focus on getting the best value contracts on both price and quality is a critical success factor for ensuring patients are receiving the best service possible, and that the NHS is able to avoid costs at what is a significant financially challenging time for our Health system.

The recommendations in the report can be summarised as the following:

- To make recommendations associated with improving the procurement models for use within the NHS
- To identify opportunities for enhancing working arrangements between commissioners, providers and suppliers involved in the procurement of homecare medicines services
- To identify methodology for quantifying benefits of procurement to best advantage for patients and taxpayers
- To identify areas where 'once only' approach can maximise benefits within the system
- To ensure opportunities for crossover with other work streams are maximised

Essence of recommendations, related objectives and their current status

- Stability for providers based on identifiable and stable profitability levels, cash flows and realistic cost bases and willingness to take risks

- Unbundling of homecare medicines dispensing, delivery and associated service costs – delivered recommendation for all national frameworks facilitated by CMU. Activity within the NHS it is recommended that in order to set clear transparent arrangements this approach is taken by the NHS.

The Homecare schemes which are facilitated and managed by the manufacturer and the homecare provider transparency of the service in terms of dispensing, delivery and associated costs is still to be delivered.

- Focus on transparency of the non commercial content of manufacturers' SLAs with homecare providers and publish details of specifications on NHS facing IT system. This will provide NHS with a transparency that is currently unavailable and will allow comparison and evaluation of the services offered between manufacturers, providers and therapies involved. CMU commissioned system development. Delivered system specification, launch date of CMU system to be confirmed
- Develop and engage with industry to establish clear and transparent cash flow mechanisms to limit barriers to entry – recommendation; new models established, worked and discussed with industry, establishing contract pricing from the start of the framework/contract which has been delivered for one of CMU's national frameworks this enabled providers to manage cash flows more effectively

and are not awaiting reimbursement at a contracted price. Review the possibility of consignment stock, work closely with industry to look at a new structure within the market to mitigate risk due to pressures of the current cash flow system within homecare Deliver by December 2014 recommend establishing an industry/NHS group and a sub group from PMSG to develop model.

- Baseline report of service providers – completed and available on the CMU website.
- contract duration to deliver greater stability for suppliers – recommendation to be delivered by December 2014 in conjunction with sub group of PMSG
- stimulation of innovation - recommend debated in conjunction with the industry/NHS group – currently linked with systems task group

Provider service provision with capacity to meet the needs and choices of growing number of homecare patients and with the ability to absorb shocks in the event of company failure or withdrawal, for example

- organisation of future service provision to minimise risks to patient care as the result of supplier or provider failure or withdrawal from the market – to be delivered as a supplement to the report by December 2014 in conjunction with PMSG and NHSE lead for all services
- appointment of appropriate external organisation commissioned to assess market conditions and supplier resilience – recommended

- collate evidence of robust arrangements to monitor existing suppliers via manufacturer managed arrangements – recommended in conjunction with CMU NHSE Lead for all services
- commission detailed financial analysis of homecare medicines providers at national level – recommended in conjunction with CMU and NHSE lead for all services
- CMU established monitoring system for financial assessment of suppliers on current national agreements – delivered proposed methodology
- Collate evidence of adherence to procurement to establish real and actual delivered volumes – CMU delivered in conjunction with industry MI data templates for all national frameworks – recommend this is available for the NHS.
- Audit programme – recommend establishing a programme of clinical, financial, nursing logistics and commercial audits of all current homecare providers recommend NHS and NHSE have access to this information. To be facilitated with NHSE lead for all services
- collaborative purchasing within the NHS organised at appropriate level – national or regional – based on therapy, patient numbers, reduction of duplication, market characteristics, delivering optimal service for patients and value for money for tax payers. Recommendation; to be delivered as a supplement to the report by December 2014 in conjunction with PMSG.
- develop national standards – Standards task group delivered, launched on the RPS website www.rparms.com

- terms and conditions for homecare services – commenced and ongoing through DH policy programme
 - Provide standard national template documents – delivered currently within the toolkit and available on the RPS website.
 - Specification design – delivered via the CMU Homecare team in conjunction with the NHMC final launch May 2014.
 - full review of all documentation – delivered and ongoing by inclusion in toolkit
 - formal high profile launch of finalised documentation – recommended
 - Suitable national and regional contract documents for homecare – delivered and available on CMU website, due to be re-launched May 2014.
 - commissioner relationships – current Strategy Board chaired by Mark Hackett replaced by equivalent group reporting to NHS England with NHMC reporting to this group in order to provide strategic advice to support the commissioning of homecare – recommended
 - NHS England replacement board to monitor application of recommended levels of purchasing with NHS England giving its authority to ensure recommended levels of contract involvement (national or regional) are adhered to – recommended
 - CMU frameworks for Enzyme Replacement Therapy, Home Parenteral Nutrition, Pulmonary Hypertension and Blood clotting
- Factors delivered in line with Report Recommendations and NHS England authority with ongoing review to inform future design considerations (benefits, patient numbers, number of specialist centres)
- Trust operational costs and investment – delivered NHS Gain share Policy
 - initial levels of contracting by therapy – paper developed by PMSG this will provide NHS England with the basis of strategic advice in commissioning of any homecare related prescribing – recommend sub group of PMSG to publish findings
 - measure performance using nationally agreed KPIs – delivered via CMU subgroup of NHMC and submitted into the toolkit
 - operational testing of these KPIs – commenced with all CMU frameworks
 - National roll out of these KPIs – recommended following operational testing, nationally collected across all therapy areas – support from NHSE national lead.
 - adoption of KPIs and standard specification by manufacturers for their homecare schemes – recommended
 - collate evidence of adherence to procurement to establish real and actual levels delivered business volumes – recommended
 - NHS process steps to establish homecare service – delivered via toolkit

6. Systems

The focus of this task group was to understand and consider the Hackett recommendations, define what information management and data transfer systems are in place now as these deliver operational efficiencies, what might be available in the short term and to provide recommendations for change considering any wider NHS implications.

To process map the flows for both the medicine and the payment and to consider the requirements for a new homecare system i.e. what the system solutions would/might be.

- To confirm the current position and consider what is feasible in the short term to support all relevant parties.
- To develop an Output Based Specification (OBS) for a medicines homecare system / module.
- To develop a technical specification with exemplar case studies to demonstrate that wholesale system change is not require – existing systems are being used to deliver significant efficiencies.
- To consider the strategic fit of any system development that supports medicines optimisation including Quality, Innovation, Productivity and Prevention (QIPP).
- To engage with a wide stakeholder representative group to ensure engagement in this workstream.

In summary a number of recommendations outlined in the report have some dependency around capability of the technology

infrastructure that supports the delivery of homecare services; from prescribing to enabling patients to be able to provide feedback online.

The task group, led by Andrew Alldred, Harrogate and District NHS FT, and Graeme Duncan, NCHA, took a two staged approach; providing short term recommendations to NHS organisations on how to improve the use of the current systems within the infrastructure in particular JAC and Ascribe, and providing an Output based specification (OBS) and Technical specification for consideration of the future wider NHS technology infrastructure.

An initial stakeholder event took place in September 2012 where around 70 delegates from across the field, and including leading IT suppliers, came together to develop a comprehensive list of requirements. A number of recommendations were then agreed and compiled feeding into the development of the OBS and the Technical specification.

Since that day the work stream members have worked to deliver 3 key products for the ongoing discussion surrounding technology;

- Pharmacy Systems Homecare recommendations (**Appendix E**)
- Output based specification (**Appendix F**)
- Technical specification (**Appendix G**)

The workstream leaders are continuing a dialogue with NHS England colleagues regarding the relationship between homecare provision and e prescribing systems, and with HSCIC colleagues on the future potential of

accessing EPS functionality to support electronic transfer of homecare prescriptions, to reflect and build on the standards,

principles and practices already established in primary care.

7. Gain-share

Achieving Savings from High Cost Drugs November 2012, Clare Howard, now Deputy Chief Pharmaceutical Officer NHS England, in her report stipulated how commissioners and providers of NHS services can work together to achieve significant savings in the use of high cost drugs which are excluded from the Payment by Results (PbR) tariff.

The majority of medicines supplied via Home Care are excluded from the PbR Tariff. Therefore, this framework is pertinent to ensuring maximum efficiencies are realised from the Home Care medicines bill, which is now over £1 billion per year.

The scope for savings was outlined as follows:

Currently, it is estimated that approximately 60% of the cost of medicines used by providers of secondary and tertiary care may be accounted for by medicines which fall outside the scope of the PbR tariff. In England, the spend on medicines in hospitals in 2011 was around £4.3 billion. Therefore, we can reasonably assume that the cost of PbR excluded drugs in England could be up to £2.6 billion per year. Some Trusts, especially tertiary care centres, report that their PbR excluded drugs account for significantly more than 60% of their total drug spend.

As recently as March 2012 a poll of the then ten Strategic Health Authority (SHA) Lead Pharmacists ' demonstrated that only two

reported having a region wide template or framework that was ratified to encourage all Trust and Primary Care Trusts (PCTs) to have some levels of gain sharing in place. The other regions expressed that either they were exploring a region wide approach, or that they were aware that some Trust and PCTs had such an arrangement in place.

NHS England published its 'Principles for sharing the benefits associated with more efficient use of medicines not reimbursed through national prices' in January 2014. (See Appendix H)

This work builds on the Gain share principles originally produced via the DH QIPP Medicines use and Procurement work group. The NHS England Specialised Commissioning Medicines Optimisation Clinical Reference group is currently working to share worked examples of good "gainshare arrangements" as we move, over the next 2 years to more consistent arrangements across the country. (For details of the work of the MO CRG see **Appendix J**)

Mark Hackett also raised this subject in his presentation to the Procurement Distribution Interest Group (PDIG) chaired by Allan Karr, National Homecare Medicines Committee (NHMC) in November 2013.

8. Summary of Outputs

Work stream	Key Outputs	Appendix Ref
Governance	Governance guidance document	A
Patient Engagement	Patient Charter incorporated into the Homecare Services Handbook Recommendations	B
Standards & Handbook	RPS Professional Standards for Homecare Services Handbook	C D
Procurement	Online tool for publishing Service Level Agreements	
Systems	Pharmacy Systems Homecare recommendations	E
	Output based specification	F
	Technical specification	G
Gain-share	Gain share framework and guidance	H
	Medicines Optimisation Clinical Reference Group	J

9. Appendices

Appendix A

A guide to governance arrangements for homecare medicines for NHS providers

1.0 Introduction

Homecare medicines services provide an effective means for delivering care in the patient's home – reducing the need to travel to secondary or tertiary care providers. Homecare medicine services are defined as arrangements for delivering medicine supplies, and, where necessary, associated care, initiated by the hospital prescriber, direct to the patient's home with their consent. There are two main types of homecare medicines arrangements: those where the hospital contracts directly with a homecare provider and those where the hospital purchases medicines that include the provision of homecare services which are contracted by the manufacturer of the medicines. In either case it is vital for patient safety, for outcomes and for patient experience, as well as for good use of resources that appropriate governance arrangements are in place. This document sets out the key issues that organisations must address.

2.0 Background

The Department of Health commissioned a review of homecare medicine services and published a report in late 2011: 'Homecare Medicines – Towards a vision for the future'

<http://cmu.dh.gov.uk/files/2011/12/111201-Homecare-Medicines-Towards-a-Vision-for-the-Future2.pdf>

Following the report a national project board was established to oversee implementation of the recommendations. This governance guide is one output from that group. The guide refers to more detailed working papers which can be found on the Commercial Medicines Unit homecare pages in the homecare medicines handbook.

3.0 Commissioning context

Provider organisations are responsible for the safe and effective provision of medicines for their patients but this is done in the context of meeting the requirements set by commissioners. There is an expectation that dialogue with commissioners will shape the way homecare provision is available for patients.

4.0 Overarching arrangements

Chief Executives should ensure the following arrangements are in place:

4.1 Patient needs are placed at the centre of arrangements for homecare medicines and they are involved in decisions to use homecare arrangements.

4.2 Provision of homecare medicines is included in assurance arrangements for trust boards.

4.3 The Medical and Nursing Directors ensure that clinical governance arrangements cover the use of homecare medicines. This must include: incidents relating to homecare medicines receiving the same scrutiny as similar incidents that occur in the inpatient setting; risks relating to homecare medicines being included, where necessary, within the trust's risk register. Where

there are complex arrangements involving more than one NHS organisation, clarity of responsibility and accountability must be agreed and understood by all parties.

4.4 The Director of Finance ensures that procurement arrangements for homecare medicines meet the standards for business conduct and standing financial instructions.

4.5 The Chief Pharmacist is identified as the accountable officer for ensuring the safe and effective provision of homecare medicine services.

4.6 The officer responsible for business conduct arrangements must ensure declarations of interest relating to homecare medicines and companies providing these services are dealt with as for all other matters.

4.7 The Caldicott Guardian must ensure appropriate information governance arrangements are in place for homecare medicines.

4.8 The Medical Director, Director of Nursing and Chief Pharmacist must ensure that professionals involved in the provision or use of homecare medicines have the appropriate knowledge and skills to do so effectively and that relevant professional standards are met.

5.0 The Chief Pharmacist's Role

As Accountable Officer the Chief pharmacist should ensure that the following are in place:

5.1 At an appropriate level, which may be trust-wide or led by clinical directors at sub-organisational level, there is a strategy for the use of homecare medicines that meets organisational and patients' needs. This should normally include a three year plan and must be developed with appropriate commissioner support and subject to annual updates as appropriate.

5.2 A homecare medicines policy setting out the local approach to procurement, supply, monitoring and use of homecare medicines. An example is available in the Handbook on Homecare Medicines.

5.3 Arrangements to oversee and monitor homecare medicines use, for example the Trust's Drug and Therapeutic Committee or equivalent may be best placed to do this. These arrangements should include an annual report which reviews performance and sets out plans for the coming year; an example is available in the Handbook on Homecare Medicines.

Text Box 1 Example of good practice

Whilst a number of organisations across the UK have tackled the issues around homecare well, The Leeds Teaching Hospitals NHS Trust provides an example of good practice. Their purchasing arrangements, reporting and governance systems for homecare. Phil Deady leads the pharmacy procurement team. Details of arrangements can be found at <http://www.ghp.org.uk/groups/UAS@GK/JTHYST/IDNRAR> or

<http://medicinesprocurement.co.uk/ebooks/A18m2s/bjimpvol1iss1/resources/29.htm>

Contact for Leeds: phil.deady@leedsth.nhs.uk

6.0 Procurement

The Director of Finance must ensure that the following principles are applied to procurement of homecare medicines:

6.1 All homecare medicines must be purchased through pharmacy to ensure data are captured via pharmacy purchasing systems [this ensures information can be collated nationally via the Commercial Medicines Unit system Pharmex to inform pricing discussions].

6.2 A collaborative approach is encouraged but whether national, regional or local there must be compliance with procurement legislation for contract awards. The Handbook on Homecare Medicines provides advice on these issues .

6.3 For all homecare medicine procurement there must be segregation of duties in respect of the 'purchase to pay' process. That is:

- ensuring that the goods ordered matches the prescription
- ensuring that the goods received matches the order
- ensuring that the invoice matches the goods received and has the correct price (known by auditors as the '3 way check')

6.4 In addition to national information feedback (5.1) there must be the ability to report routinely on how much is being spent on Homecare Medicine services.

6.5 There must also be the ability either to charge commissioners for each individual patient's Homecare Medicines or being able to provide individual patient level analysis to support any aggregate billing.

Text Box 2 Example of service seeking to improve

As for a number of hospitals, Sheffield Teaching Hospital NHS FT identified areas for improvement in the way they handle homecare medicines. A key step was to survey clinical areas to capture data on homecare purchasing that had not survey to capture details of homecare currently not purchased through pharmacy.

Contact for Sheffield, Chief Pharmacist: damian.child@sth.nhs.uk

7.0 Managing homecare services

When setting up new services and in the ongoing management of services the following must be addressed.

For the overall service:

7.1 There should be an agreed documentation which sets out key performance indicators and a means of monitoring those indicators. There are nationally agreed KPI which will populate these. Where homecare arrangements are set up by manufacturers, NHS organisations can expect to have access to the details on performance so that these may be monitored. An example document is available in the Handbook on Homecare Medicines

7.2 Arrangements should include the reporting of all incidents (whether complaints, errors or other issues) to the trust so that these can be considered within normal governance systems. An example is available in the Handbook on Homecare Medicines.

7.3 Arrangements should be in place to receive feedback from patients on their experience of homecare medicines services being used by the trust. Views of users should also be taken into account when developing new homecare medicines services.

For individual patients:

7.4 A clear agreement on the responsibilities of the hospital, the homecare company, the patient and the general practitioner with respect to the medicines included in the homecare service should be set out.

7.5 There must be timely, accurate and full communications with the patient's general practitioner regarding medicines being provided via homecare services. This will need to include information at discharge following any admission.

7.6 There must be clear arrangements, explained to the patient and supported with written information, what they should do in case of non-delivery or incorrect delivery of their medicines.

7.7 There must be clear arrangements, explained to the patient and supported with written information, what they should do if clinical problems arise or if they are not able to adhere to the agreed regimen.

8.0 Additional documents

Also available in the Handbook on Homecare Medicines are:

8.1 Implementing a new homecare medicine service

8.2 A patient charter for homecare medicines

8.3 Policy and Strategy model for homecare medicines services

8.4 Suitability and needs assessment tool re patient's home for assessing appropriateness of initiating a patient on homecare.

Text Box 3 Example of service seeking to improve

University Hospital Southampton required improvement in homecare medicines as not all items were purchased via the pharmacy system, they also needed to repatriate invoices that had been paid by PCTs. Pharmacy with finance built a case and investment in the pharmacy procurement team made during 2012. Sue.ladds@uhs.nhs.uk Chief Pharmacist is contact point for further information.

Appendix B

Patient Charter

1.0 Purpose of this charter

The purpose of this charter is to provide you with information on homecare medicines services.

It will include the steps you will go through and what you can expect if you are new to homecare. It will also explain to you your rights and responsibilities, in line with the NHS constitution principles.

The NHS Constitution can be found at:

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx>

2.0 Introduction

If appropriate, you may be provided with a homecare service for your medicines which will be ordered by your NHS hospital or clinic. In most cases this will mean your prescribed medicines are delivered directly to your home by a trusted homecare provider. For some it may also involve some level of care taking place in your home administered by a healthcare professional.

2.1 Why homecare has a role in medicines provision

Homecare helps to provide you with treatment you need in your own home without the need to go to a hospital or clinic.

If you have had a stay in hospital, homecare can often help you return home sooner, as well as help you to be independent and give you more personal control. Or, if you regularly need to attend outpatient appointments and day units for repeat prescriptions, homecare will save you time by bringing your treatment directly to you at home.

Not only is this more convenient for you but also helps us to free up appointments as well as hospital beds – meaning we can care for more people.

2.2 How choice applies

You will have the opportunity to discuss how homecare will work for you and you have the right to request specific arrangements about how your medicines and/or medical treatments are delivered, for example on what date and time.

If you require more than one prescribed medicine you can expect the provider to do their utmost to arrange single deliveries - saving you from receiving several deliveries in a week; however this may not always be possible.

Your homecare provider is responsible for making your care arrangements – you can expect them to do their best to accommodate you and your needs however, they cannot guarantee they will be able to specifically cater to your requests. You can expect to have an explanation if your needs cannot be met and you can talk about this with your clinical team if you want to.

3.0 Setting up homecare arrangements

Every patient is entitled to be provided with an understanding of how homecare works and the different processes which are used to provide the service.

3.1 How services are set up

The homecare providers we use are private companies who are registered to provide medicines and related medical treatments.

Exactly who will provide you with your homecare will depend on your individual needs and which companies your hospital uses.

In some instances you may receive a homecare arranged by the company that manufactures your medicine. They will have set up the arrangements through a designated homecare provider so that when your clinical team contacts the homecare provider to give them the details of the medicines you need, they will then arrange the supply. In other cases the arrangements are set up by the hospital or clinic directly with the homecare provider.

In both cases your clinical team will contact the agreed homecare company with your requirements. It is then the homecare company's responsibility to provide your medicine and make delivery arrangements.

It is important that both of these processes are clear to you and that you understand that your confidential medical information will be shared with trusted third parties.

3.2 The role of patients in setting up services – the 'right' to be engaged

You can expect that the most effective process is being used to provide you with your treatment and that relevant patient groups are regularly consulted to make sure the best methods are being used.

3.3 The responsibilities of the hospital team and your GP

As for other aspects of care, the hospital doctor, nurse and pharmacist, as well as other members of the team, have responsibilities to ensure homecare medicine services meet the needs of patients and are set up in line with agreed standards. They also have a responsibility to let your GP know which medicines you are being given.

4.0 Initiating homecare medicines for the individual patient –

This section of the charter will cover what you can expect if you are in need of homecare.

4.1 Clinical decision making – right for explanation, engagement, choice

You will speak with a healthcare professional who will provide you with all the information you feel you need about homecare.

You will have the opportunity to ask the professional any questions you have about the service and you can expect them to answer as best they can.

Every patient is entitled to this and has the right to accept or refuse treatment.

4.2 Registration

After being consulted, you are required to fill out necessary forms to register for homecare.

4.3 Seeking consent, including information

You will also be asked to sign a consent form – this will show that you have understood your healthcare professional, as well as the information provided to you, and that you are happy to start homecare treatment.

By signing the consent form you are agreeing to your medical information being shared with trusted private companies, such as a homecare provider. They will only use the information to help provide that care.

4.4 Information pack to be provided

At this stage you will be provided with thorough information on how homecare will work for you. This will include information on your homecare provider.

Every homecare patient can expect to receive this information.

4.5 Provision of the right contact details for different issues

You will also be given contact details for your homecare provider, should you need to get in touch with them at any stage. You will also have details of who to contact in your clinical team, at the hospital or clinic.

4.6 Setting up the service

In order for you to receive the best service possible you may need to make very slight changes to your set up at home. This will depend on your treatment needs, and you can expect to be guided on this by your homecare provider when they first contact you.

4.7 Initiation document

Every patient will also be required to sign an initiation document. This indicates you have been happy with all of the information you have received and would like to start benefiting from homecare.

5.0 First contact with homecare company

At this stage you will hear from your new homecare provider's customer service team.

5.1 The role of customer service

When your homecare provider contacts you they will provide you with all the information you need on how their service will work for you.

Every patient is entitled to ask as many questions as necessary and the provider will answer as best they can.

6.0 Deliveries

This section of the charter will explain to you what you can expect when your medicines are delivered to you.

6.1 The standards expected

Where the homecare team delivers your medication every patient can expect to receive a discreet service and to be treated with respect and dignity, for example, vans making deliveries will not have information on them that will indicate you are receiving homecare.

Each member of the homecare team who delivers your medicines will be fully CRB checked – this is the ‘criminal records bureau’ check and it helps ensure the staff caring for you do not have any criminal convictions.

Deliveries may also be made by couriers or postal services arranged by homecare providers.

6.2 The different methods ie home or pharmacy or appointed place

You may be able to arrange your medicines to be delivered to another address other than your home, for example your workplace or to a local pharmacy. If appropriate, this option will be offered to you by your homecare provider.

6.3 Access to home

In some instances a member of your homecare team may need to enter your home in order for them to help you as much as possible.

Every patient can expect an explanation on why this is necessary and has the right to refuse entry to the team member.

It is important you understand that the homecare team will only enter your home to help you. If you refuse them entry you could be left without the care you need.

Homecare staff will carry an identity badge to show who they are, you can expect to be shown this before letting them enter your home.

6.4 Responsibility for medicines held at home

If you find that you are receiving more deliveries than you need, or perhaps not enough, it is your responsibility to flag this to your homecare provider, usually by phoning the customer service team. If you have stock left when a new delivery arrives you should check the older stock is still in date and use it before starting the new delivery – unless there have been changes in what you should take.

Some medicines require special storage, such as in a fridge, your homecare company will explain this to you and also explain your responsibilities, this may include checking the fridge is at the right temperature and reporting any problems.

6.5 Responsibility to be available

The homecare provider will discuss with every patient when they can expect their medicines to be delivered.

After this has happened, it is your responsibility to make sure you are at home and available to receive your medicine at the arranged date and time.

Make sure you contact the homecare provider customer service team if something unexpected arises and you cannot be there to accept your medicines.

6.6 Issues re age of person receiving – designated person

All patients will receive a discreet and sensitive service, and for this reason only designated people may sign for your medicines.

Where possible, it is preferred that you sign for your own medicines. Your homecare provider will appreciate that this may not always be possible, which is why it is important for you to designate someone to be able to sign for your medicines on your behalf. The designated person should be an adult wherever possible.

7.0 Nursing services

For some, it may be necessary for a nurse to visit you at your home to administer your medicines or provide related care.

Any patient who is also visited by a nurse can expect them to a fully qualified and registered professional. It is your responsibility to accommodate them in order to help them to complete their job properly.

8.0 Complaints

If you feel you need to complain about any aspect of your homecare you should contact your homecare provider to begin with. The details of who to contact should be in your information pack. You can also contact the hospital or your clinical team.

Homecare companies have a responsibility to pass on any concerns you have to your clinical team.

Every patient has the right to comment on the service they receive.

9.0 If things go wrong

Homecare medicines services are of a high standard but errors can occur. Any patient who believes an error has been made regarding their homecare has the right to voice their concerns. When you start on homecare you will be given information about what to do if this happens.

If you would like to talk to someone you should contact your homecare provider. You may also need to contact your clinical team if you are concerned about what to do.

The homecare company and the NHS will want to learn from any errors so reporting them is important.

10.0 Taking your medicines regularly

Once you have started taking your medicines it is important you follow the instructions given and take them regularly. Doing this will mean you will get the expected benefits and avoid waste. If you find you have problems or concerns about your medicines you should talk to your clinical team.

If for any reason a member of your homecare team has any concerns about your treatment they have a responsibility to share this with your clinical team. This would only be to ensure you are benefiting from the best treatment possible.

11.0 Patient education

Every patient can expect to receive thorough information about how homecare works, as well as their homecare provider and the medicines you are taking. This will include advice on how to take you medicine safely.

This will provide you with all of the information you need and something to refer to if you ever have any questions.

All patients are welcome to contact their homecare provider at any point if they have any queries.

12.0 Feedback – the survey & questionnaire & responsibility to contribute

Every patient will, at some stage, be asked for feedback on their homecare experience. This will usually be at least once each year.

This will be an opportunity for you to voice your thoughts on the service you receive and will give your provider the information they need to make their service as good as possible. It is expected that you will help by providing feedback if you can.

What you say in this feedback will help the homecare company, the hospital and the manufacturer better shape the service for what you need.

Appendix C

RPS Professional Standards for Homecare

<http://www.rpharms.com/unsecure-support-resources/professional-standards-for-homecare-services.asp>

Appendix D

Services Handbook

<http://www.rpharms.com/unsecure-support-resources/professional-standards-for-homecare-services.asp>

Appendix E

Systems - Pharmacy Systems Homecare Recommendations

<http://www.rpharms.com/unsecure-support-resources/professional-standards-for-homecare-services.asp>

Appendix F

Systems – Output Based Specification (OBS)

<http://www.rpharms.com/unsecure-support-resources/professional-standards-for-homecare-services.asp>

Appendix G

Systems – Technical specification

<http://www.rpharms.com/unsecure-support-resources/professional-standards-for-homecare-services.asp>

Appendix H

Gain Share Framework and Guidance

<http://www.england.nhs.uk/wp-content/uploads/2014/01/princ-shar-benefits.pdf>

Appendix J

Medicines Optimisation Clinical Reference Group

<http://www.england.nhs.uk/ourwork/commissioning/spec-services/npc-crg/medicines-optimisation/>

Glossary of terms

Name	Acronym	Description
Acute services		Medical and surgical interventions usually provided in hospital. Specific care for diseases or illnesses that progress quickly, feature severe symptoms and have a brief duration.
Association of the British Pharmaceutical Industry	ABPI	The Association of the British Pharmaceutical Industry (ABPI) has 150 members including the large majority of the research-based pharmaceutical companies operating in the UK, both large and small. Member companies research, develop, manufacture and supply more than 80 per cent of the medicines prescribed through the National Health Service (NHS).
Ascribe		Ascribe provides a range of IT solutions to Primary and Secondary Care Pharmacies. These solutions focus upon delivering improved healthcare to patients, and are scalable, allowing single unit/site installations to Trust wide roll-outs. They are one of around 8 companies which provide a stock control pharmacy system as well as medicines management and ePrescribing within the hospital setting. See www.ascribe.com .
Blood Clotting Factors	BCF	The lack of, or insufficiency of, blood clotting factors may lead to inefficient blood clotting. Haemophilia is a condition characterized by excessive bleeding due to a defective blood clot formation caused by faulty genes associated with the production of blood clotting factors, e.g. factor VIII (antihaemophilic factor).
British Generic Manufacturing Association	BGMA	The British Generic Manufacturers Association (BGMA) represents the interests of UK-based manufacturers and suppliers of generic medicines and promotes the development and understanding of the generic medicines industry in the United Kingdom.

Name	Acronym	Description
Board of Commissioners	BOC	Route for PCT to gain agreement jointly.
Benefits Tracking Tool	BTT	BTT data warehouse and integrated reporting tool.
Care Quality Commission	CQC	Regulate care provided by the NHS, local authorities, private companies and voluntary organisations. They aim to make sure better care is provided for everyone - in hospitals, care homes and people's own homes. They also seek to protect the interests of people whose rights are restricted under the Mental Health Act.
Chief Executive Officer	CEO	
Combined Panel		Review panel consisted of Mark Hackett, as Chair, Steering group and Working group
Commercial Medicines Unit	CMU	CMU work to ensure that the NHS in England makes the most effective use of its resources by getting the best possible value for money when purchasing goods and services. CMU enhance and safeguard the health of the public by ensuring that medicines and medical devices work and are acceptably safe. No product is risk-free. Underpinning all our work lie robust and fact-based judgements to ensure that the benefits to patients and the public justify the risks.
Commissioning for Quality and Innovation	CQUIN	The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.
Department of Health	DH	
District Health Authorities	DHA's	
Drug and Therapeutic Committee	DTC	
Electronic Prescribing Analysis	e-PACT	A service for pharmaceutical and prescribing advisors, which allows real time on-line

Name	Acronym	Description
and Cost		analysis of the previous sixty months prescribing data, held on NHS Prescription Services' Prescribing Database
Enzyme Replacement Therapy	ERT	A medical treatment replacing an enzyme in patients in whom that particular enzyme is deficient or absent. Usually this is done by giving the patient an intravenous (IV) infusion containing the enzyme. Enzyme replacement therapy is currently available for some lysosomal diseases: Gaucher disease, Fabry disease, MPS I, MPS II (Hunter syndrome), MPS VI and Glycogen storage disease type II. Enzyme replacement therapy does not affect the underlying genetic defect, but increases the concentration of enzyme in which the patient is deficient.
Family Health Service Authority	FHSA's	
General Practitioner	GP	
General Medical Services	GMS	
General Pharmaceutical Council	GPhC	The General Pharmaceutical Council is the regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain.
Healthcare Resource Groups	HRG's	
Home Parenteral Nutrition	HPN	
High Cost Drugs	HCD	
JAC		JAC provides a single integrated solution along with associated services and third-party interfaces. They are one of around 8 companies which provide a stock control pharmacy system, as well as medicines management and ePrescribing within the hospital setting. See www.jac-pharmacy.co.uk .
Key performance indicators	KPI'S	Key Performance Indicators are quantifiable measurements, agreed to beforehand, that reflect the critical success factors of an

Name	Acronym	Description
		organisation.
Manufacturer derived scheme		Process by where the manufacturers of the product works with a homecare provider to ensure their product/s are delivered to a patient at home. The NHS has no relationship or involvement with this arrangement other than paying for the product and service which is bundled together
Manufacturers Licence	ML	Medicinal products manufactured in the UK must be produced on a site that holds an appropriate Manufacturer's Licence.
Medicines and Healthcare products Regulatory Agency	MHRA	An executive agency of the Department of Health. Enhance and safeguard the health of the public by ensuring that medicines and medical devices work and are acceptably safe. No product is risk-free. Underpinning all the work lie robust and fact-based judgements to ensure that the benefits to patients and the public justify the risks.
Medicines Optimisation Clinical reference Group	MO CRG	
Monitor		Monitor authorises and regulates NHS foundation trusts and supports their development, ensuring they are well-governed and financially robust.
Multi-disciplinary team		Collaborative efforts of professionals from different disciplines toward a common goal. Can be made up of Consultant's, Clinician's, Nurses, Pharmacists and Healthcare Workers.
National Clinical Homecare Association	NCHA	Represents and promotes the interests of industries whose business is substantially to provide medical supplies and/or clinical services directly to patients in the community within an appropriate quality framework. Provide a forum for lobbying on issues that affect homecare. Set and debate policy decisions with the National Homecare Medicine Supply Committee and other

Name	Acronym	Description
		relevant government bodies.
National Health Service	NHS	
National Health Service England	NHSE	
National Health Service Quality Assurance Staff	NHS QA staff	
National Homecare Medicines Committee	NHMC	<p>The National Homecare Medicine committee (NHMC) is a subgroup of the NPSG. Membership of the committee comprises of NHS, CMU, Industry and pharmacy experts on the use of home care services. Precise membership will be at the discretion of the Chairman, NHMC and Deputy Director of CMU. The key aim of the NHMC is to act as the national focus for developing and improving processes for medicines home care services.</p>
National Patient Safety Agency	NPSA	<p>Lead and contribute to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector.</p> <p>An Arm's Length Body of the Department of Health and through three divisions covers the UK health service.</p>
National Pharmaceutical Supply Group	NPSG	<p>Provides advice to Chief Executive, CMU, concerning the cost effective purchasing and distribution of pharmaceutical products to the NHS in England. Acts as a focal point for the NHS for pharmaceutical issues of a national nature and provide pharmaceutical advice accordingly. Acts as a link between pharmacists and CMU at national level. Advises the Department of Health and pharmaceutical industry on significant commercial matters.</p>
National Institute for Health and Clinical Excellence	NICE	<p>NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and</p>

Name	Acronym	Description
		treating ill health.
National Reporting and Learning Service	NRLS	National safety reporting system. Receive confidential reports of patient safety incidents from healthcare staff across England and Wales. Clinicians and safety experts analyse these reports to identify common risks to patients and opportunities to improve patient safety.
Official Journal of the European Union	OJEU	The Official Journal of the European Union is the central database for European public sector tender notices.
Payment by Results	PbR	
Primary Care Trust	PCT	Community patient care.
Pulmonary Hypertension	PH	PH is an increase of blood pressure in the pulmonary artery, pulmonary vein, or pulmonary capillaries, together known as the lung vasculature, leading to shortness of breath, dizziness, fainting, leg swelling and other symptoms. Pulmonary hypertension can be a severe disease with a markedly decreased exercise tolerance and heart failure.
Pharmaceutical Price Regulation Scheme	PPRS	A British mechanism for determining the prices the NHS pays for brand name drugs.
Pharmaceutical Market Support Group	PMSG	Committee of pharmacists from England, Wales, Northern Ireland and Scotland. A representative from each purchasing group or division makes up the English representation. Provide strategic advice to the pharmaceutical industry and contracting groups. The PMSG use market intelligence including Phate analyses and licence and patent information.
Pharmex		A medicines database which electronically collates pharmaceutical purchasing data of NHS hospital trusts in England. The system supports the management and tendering process for pharmaceutical contracts and

Name	Acronym	Description
		<p>helps provide a comprehensive overview of medicines usage in secondary care.</p> <p>In addition to its original objectives, the 54 million lines of data are used in support of DH initiatives such as monitoring of secondary care expenditure for PPRS and in providing increased visibility in the management of pharmaceutical supply issues.</p>
Purchasing Authority		Secondary Care Trusts, Primary Care Trusts, Foundation Trusts, Collaborative Procurement Hubs and Confederations.
Quality, Innovation, Productivity and Prevention	QIPP	QIPP is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector and will improve the quality of care the NHS delivers whilst making up to £20billion of efficiency savings by 2014-15, which will be reinvested in frontline care
Regional Quality Control	Regional QC	
Royal Pharmaceutical Society	RPS	The Royal Pharmaceutical Society is the dedicated professional body for pharmacists in England, Scotland and Wales.
Serious Untoward Incidents	SUI's	An SUI is in general terms something out of the ordinary or unexpected, with the potential to cause serious harm and/or likely to attract public and media interest that occurs on NHS premises or in the provision of an NHS or a commissioned service.
Service Level Agreement	SLA	A service level agreement (frequently abbreviated as SLA) is a part of a service contract where the level of service is formally defined. In practice, the term SLA is sometimes used to refer to the contracted delivery time (of the service) or performance.
Strategic Health Authority	SHA	
Sub-contractor		A subcontractor is an individual or in many cases a business that signs a contract to

Name	Acronym	Description
		perform part or all of the obligations of another's contract. A subcontractor is hired by a general contractor (or prime contractor) to perform a specific task as part of the overall project.
Value Added Tax	VAT	
Value for Money	VFM	

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	Organisation	Contribution
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