

# Self-Assessment Tool for the Royal Pharmaceutical Society Interim Hospital at Home Standards for Pharmacy Services

Key (BRAG):	Black: no evidence this standard is embedded		Red: Some evidence this standard is embedded partially in the organisation		Amber: This standard is nearly fully embedded in the organisation		Green: This standard is fully embedded in the organisation		
	Black	Red	Amber	Green	How can you evidence meeting this standard? E.g., system templates, patient survey, staff survey, time in motion study, audit	What should be implemented to meet this standard? E.g., system templates, patient survey, staff survey, time in motion study, audit	Service Priority High/Medium/Low		
<b>Standard 1: Putting people first</b>									
<b>1. 1 People choice:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
<b>1. 2 Medicines information:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
<b>Standard 2: Episode of care</b>									
<b>2. 1 Medicines reconciliation:</b> Trained healthcare professionals should reconcile people's medicines, in accordance to national guidance to optimise treatment and avoid potential medicine related discrepancies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
<b>2. 2 Communication:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
<b>2. 3 Improving experience:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
<b>Standard 3: Integrated transfer of care</b>									
<b>3.1 Collaboration, engagement, and communication:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>

<b>3.2 Discharge:</b> On discharge from Hospital at Home, a discharge summary must be supplied including changes to medicines to facilitate medicines reconciliation by primary care providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>Standard 4: Medicine and pharmacy services governance</b>							
<b>4.1 Risk assessment:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>4.2 Prescribing:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>4.3 Safety culture:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>4.4 Safe systems of care:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>4.5 Emergency preparedness:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>Standard 5: Safe and efficient supply of medicines</b>							
<b>5.1 Mechanism of medicines supply:</b> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>

where there are clear governance arrangements and accountability. Where pre-packs are supplied, the shortest effective course should be given and recorded.							
<b>5.2 Timely medicines supply:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>5.3 Transportation of medicines:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>5.4 Medicine storage:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>Standard 6: Leadership</b>							
<b>6.1 Strategic, system and operational leadership:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>6.2 Personal and professional leadership:</b> A senior pharmacy professional should lead on quality improvement, management and clinical supervision of pharmacy professionals providing the Hospital at Home service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>Standard 7: Systems of work</b>							
<b>7.1 Research, audit and quality improvement:</b> The pharmacy team should actively participate and conduct research audit and quality improvement projects to improve outcomes for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>7.2 Digital technology:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>7.3 Business and financial management:</b> Effective business and financial planning alongside sustainable cost improvement programmes and reporting are assessed and evaluated on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>

<p><b>7.4 Effective management of Medicines:</b> 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<b>Standard 8: Workforce</b>								
<p><b>8.1 Workforce planning:</b> 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<p><b>8.2 Workforce development:</b> 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<p><b>8.3 Workforce quality assurance:</b> 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
<p><b>8.4 Training others:</b> 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>