General Pharmaceutical Council

Evaluating service provision: a themed review of registered pharmacies providing homecare medicines services

April 2025

Contents

About the GPhC

Who we are

We are the regulator for pharmacists, pharmacy technicians and pharmacies in Great Britain.

We are a statutory organisation set up by the UK and Scottish parliaments, and we are independent from government and those we regulate. Our role and functions are set out in legislation called the Pharmacy Order.

We are funded by fees paid by the pharmacists, pharmacy technicians and pharmacies that register with us.

What we do

Our main role is to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

We set standards to make sure that every pharmacy provides safe and effective care. And we provide guidance to help pharmacy owners achieve this.

We also inspect pharmacies to assess whether they are meeting our standards and to help them improve their systems and services.

1. Executive summary

1.1 In June 2023 the GPhC contributed to the House of Lords public inquiry on homecare medicines services and the subsequent report. The inquiry received reports of patients experiencing delays to the receipt of their medication and receiving the wrong medicine and when this happened there could be serious impacts on patients' health, sometimes requiring hospital care.

1.2 In its response to the inquiry the GPhC committed to undertake a programme of themed inspections of pharmacies that provide homecare medicines services and to publish a thematic review to seek assurance that patients receive safe and effective homecare medicines services.

1.3 Twenty registered pharmacies were identified as providing homecare medicines services and were inspected using an inspection methodology adapted for these pharmacies. Each of the twenty pharmacies inspected met all the GPhC standards for registered pharmacies, providing assurances they were delivering the services safely and effectively.

1.4 From analysing the data from these inspections we found that homecare medicines services face several challenges when delivering services to patients, and many of these are outside of the immediate control of the pharmacy providing them.

1.5 Our findings highlight the systems pharmacies have developed to reduce the impact of these challenges, but further work is required to ensure patients receive their medicines when they need them. We recognise this requires industry-wide collaboration and we encourage all organisations involved with the provision of homecare medicines services to support their teams to embrace these changes and improved ways of working. And to consider and act upon the recommendations we make within this report.

1.6 Consequently, we have shared the report with:

- the Department of Health and Social Care (DHSC)
- NHS England
- NHS Scotland
- NHS Wales
- the Care Quality Commission (CQC)
- Health Improvement Scotland
- the Medicines and Healthcare products Regulatory Agency (MHRA)
- the Royal Pharmaceutical Society (RPS)
- the National Homecare Medicines Committee (NHMC)
- the National Clinical Homecare Association (NCHA)

Recommendations

1. With support from the NHMC and the NCHA, all homecare pharmacies to adopt cross-sector risk management processes to support the risk assessments already in place. To identify shared risks and mitigation actions, to avoid any gaps that could impact on the safe and effective delivery of homecare pharmacy services. To include a cross-sector agreed maximum interval between reviews of risk assessments and to introduce risk assessments for each specific medicine dispensed.

2. Hospitals and pharmacies to record and monitor the registration of new patients and to work together to identify ways to improve new patient registration information. To ensure patients, when agreeing to use the homecare pharmacy, are fully informed about the homecare service, their responsibilities and rights including their right to opt out.

3. The respective UK national health organisations to prioritise, build on and deliver projects focusing on the electronic transfer of prescriptions, tailored to the healthcare framework in each respective country. To move away entirely from paper-based systems, and to make sure there is compatibility between the digital systems being used.

4. The respective UK national health organisations to facilitate homecare pharmacy teams having access to the same health and clinical systems as other aspects of the patient's care pathway. So, that pharmacists and pharmacy teams working in homecare pharmacies have up-to-date information.

5. A review by providers, NHS Trusts, NHMC and NCHA, of the availability and use of pharmacy communication platforms, used by hospitals and patients. To identify key themes on what works well and to identify and find solutions to the challenges that prevent patients and hospitals from accessing them. And to enable the development of solutions to improve access and encourage greater use.

6. Hospitals and homecare pharmacies to work together and agree on standardised information to be provided to patients, clearly explaining the different stages of the homecare medicines services. These should be available in different formats to help patients' understanding. Homecare pharmacies to ensure new patients have received and understood the information provided by their hospital, as part of the referral process, and ensure updated patient information is appropriately disseminated.

2. Background

2.1 Homecare medicines services are complex and involve various healthcare disciplines and professionals working together to provide a package of care for a named individual. Several organisations specialise in providing homecare medicines services, and many of these operate a registered pharmacy.

2.2 Some aspects of the homecare medicines services provided by these organisations are regulated by other Regulators such as the CQC and the MHRA. Many organisations are members of the NCHA, the trade body for homecare medicines service providers. The organisations providing homecare medicines services should comply with the latest Professional Standards for Homecare Services, set by the RPS. The organisations also work with NHS bodies including the NHMC, NHS England, NHS Scotland, and NHS Wales, to ensure that they are meeting agreed national key performance indicators (KPIs). The NHMC, within its role of developing and improving administration and governance processes for homecare services, supports projects such as the electronic transfer of prescriptions.

2.3 The homecare medicines services sector continues to grow. Latest figures set out in **the House of Lords report, Homecare Medicines Services: an opportunity lost** show around 500,000 patients receive homecare services in England. This equates to around 2.85 million deliveries a year. The House of Lords report and **the NCHA report, Best Kept Secret,** identify various benefits of homecare services for patients. These include improved geographical access which helps to reduce health inequalities, and improved adherence to treatment. The NCHA report also highlights benefits for the NHS, including a reduced number of missed appointments.

2.4 For this review we have defined a 'homecare pharmacy' as one that receives prescriptions from hospital, dispenses them, and delivers the prescription medicines and healthcare supplies directly to patients' homes. This normally involves supplies of medicines that support long-term or specialised treatments. The pharmacies receive prescriptions from hospitals across England, Scotland and Wales and they work in partnership with the teams at the hospital to ensure a safe and effective service for patients. From our inspections we are also aware that some pharmacies receive private prescriptions for patients using the homecare service, for example from private fertility clinics.

2.5 The are two types of homecare pharmacy contracts:

- contracts solely with NHS purchasing authorities
- contracts with NHS purchasing authorities in parallel with a separate contract with the pharmaceutical manufacturer

2.6 For both contracts, the NHS purchasing authority pays for the homecare medicines. The individual patient referrals and daily operations of the homecare service are managed by the NHS hospital trust pharmacy team and/or clinical referring centre.

3. What we did

3.1 In June 2023 the GPhC contributed to the House of Lords public inquiry on homecare medicines services and the subsequent report. We also contributed to the DHSC ministerial response to the House of Lords inquiry and report.

3.2 We committed to undertake an initial desk-top review of all registered pharmacies providing homecare medicines services and subsequently to undertake a themed inspection of each of these pharmacies and to publish a thematic review.

3.3 The primary aim of this thematic review was to seek assurance that patients receive safe and effective homecare medicines services. We also set out to:

- understand the challenges involved in providing these services
- highlight what the pharmacies providing the services did well
- understand where the pharmacy services could be improved

3.4 We did this by inspecting all the pharmacies we identified on our register that provide homecare medicines services directly to patients.

3.5 We inspected all the pharmacies between May and September 2024, using an inspection methodology specifically adapted for pharmacies providing these services. Guidance for inspectors regarding the themed inspection methodology was produced by a team of inspectors with experience of inspecting pharmacies providing homecare medicines services.

3.6 The themed inspections were announced (rather than our usual approach of unannounced inspections), and the superintendent pharmacists of the registered pharmacies were informed of the date of the inspection. This enabled us to better plan our inspections and to request information and data from the pharmacies in advance of the onsite inspection. We used this information when we inspected the pharmacies to identify relevant lines of enquiry.

3.7 We developed a pre-inspection data request to capture information about the pharmacy and the homecare medicines service, covering areas such as:

- the operational structure of the pharmacy
- the number of patients registered with the pharmacy
- the quantity and range of medicines supplied
- whether the pharmacy had a customer service team
- and details of the complaints raised with the pharmacy by patients and hospital teams

3.8 This approach enabled us to analyse the information in advance so that we could ask targeted questions during the themed inspection about the pharmacy's processes and procedures. And it directed the collection of key onsite evidence to support the themed review.

3.9 The information and evidence we obtained from the completed pre-inspection questionnaires and on-site inspection were used as evidence for individual inspection reports as well as for the themed review report.

3.10 The final versions of these reports were published on our website, **inspections.pharmacyregulation.org.**

3.11 Following completion of all the inspections, a specialist GPhC data team carried out an analysis of the data captured on the pre-inspection and on-site inspection questionnaires for the themed review. This analysis focused on key areas including:

- risk and governance
- registration of new patients
- receipt of prescriptions
- communications with patients and trusts
- stock management
- delivery of patients' medicines

3.12 We considered what pharmacies were doing well and identified areas for improvement which we draw attention to throughout this review.

4. What we found

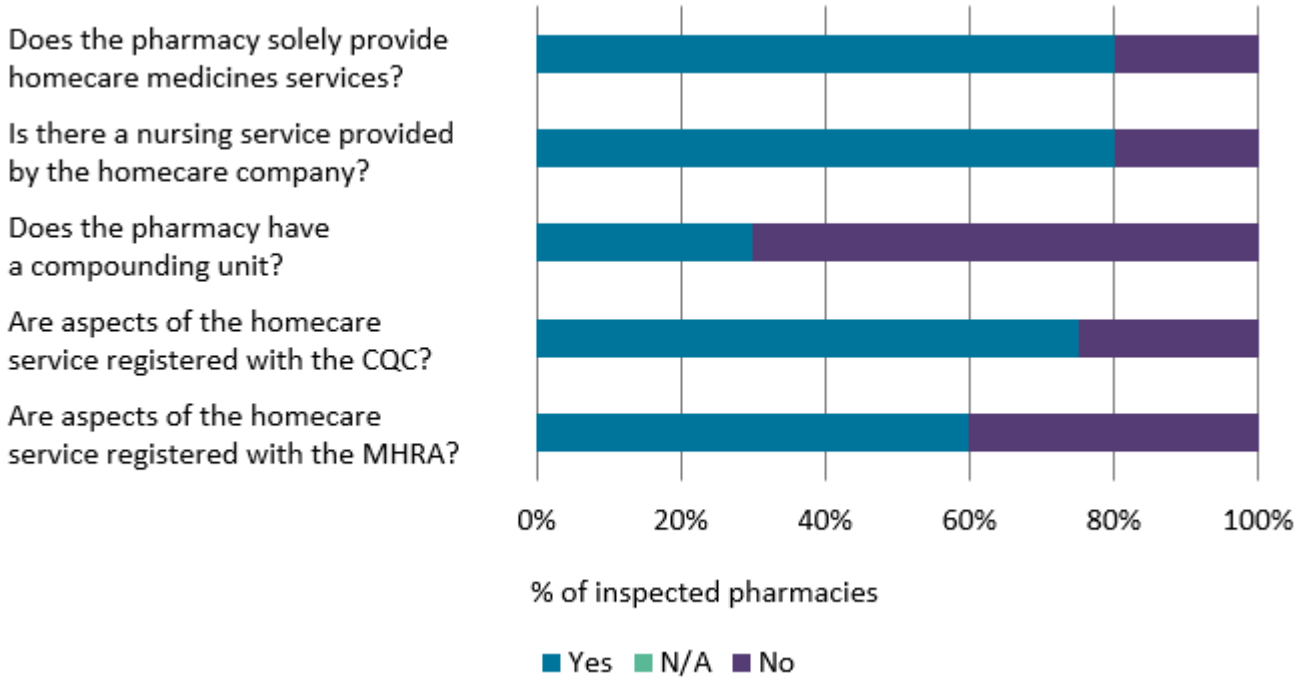
4.1 We identified 20 registered pharmacies that fully met our definition of a homecare pharmacy, which were owned by twelve different companies. Each of these 20 pharmacies were inspected and met all the GPhC standards for registered pharmacies, providing assurances they were delivering the services safely and effectively.

4.2 The analysis of the data from these inspections showed that homecare medicines service provision is multi-faceted, with the potential for delays and problems to occur at several stages. Pharmacies provided examples of how their business continuity plans identified and addressed the problems that were within the pharmacy's control. For example, moving to a manual system for picking medicine stock for dispensing when experiencing IT failures, and re-arranging team rotas to help manage staff absences or increased workload.

4.3 As part of the pre-inspection questionnaire, we asked pharmacies to provide us with information about their service model and the different regulators they were registered with, shown in figures 1 and 2.

4.4 The pharmacies dispensed and supplied a broad range of medicines, including many high-risk products, such as immunosuppressants, biologics, and parenteral nutrition. The pre-inspection questionnaire data showed that the pharmacies varied greatly in terms of the number of contracts they held, ranging from single figures to several hundred. There was also significant variation in the number of patients registered with each pharmacy, from several hundred to numbers over 100,000.

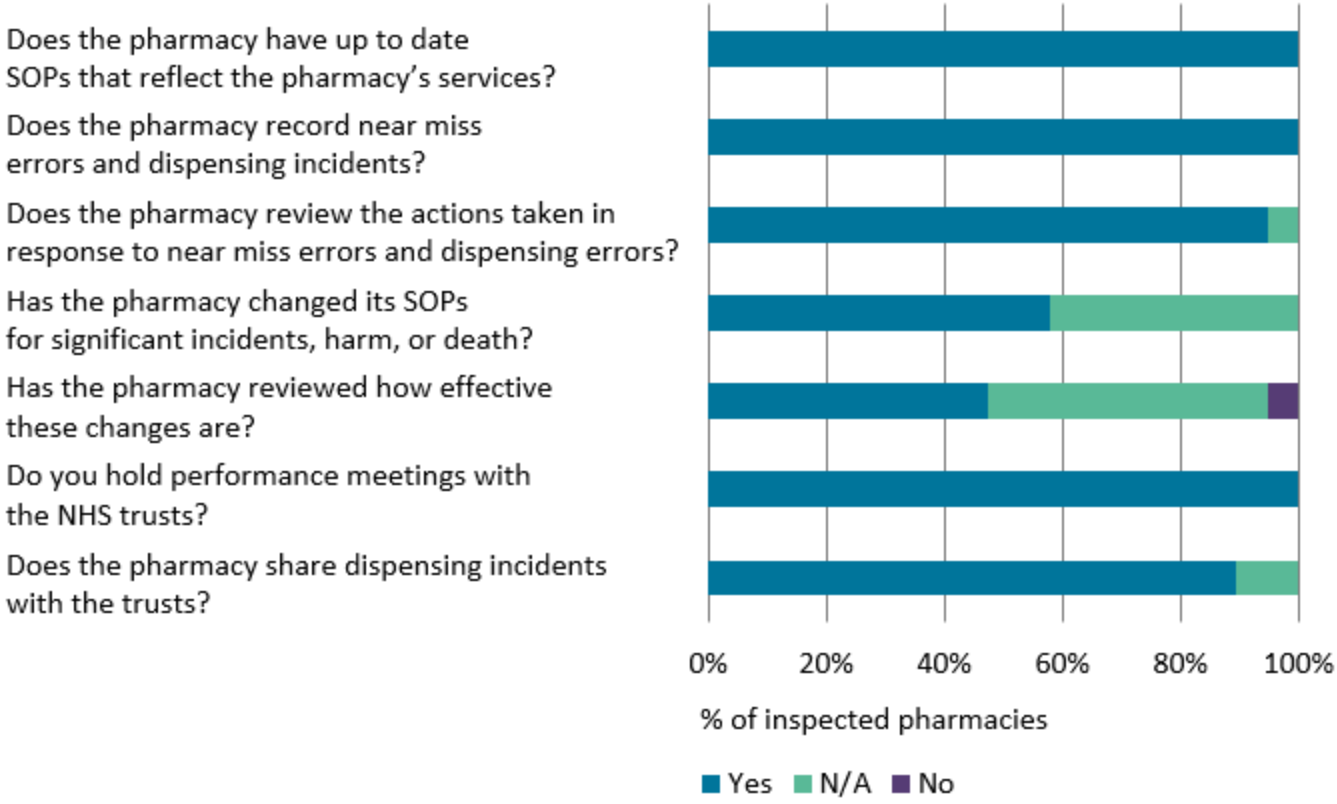
Figure 1: Service model and regulatory registration of the inspected pharmacies



Governance and risk

4.5 The data from the themed inspections and questionnaires (figure 2) showed that all pharmacies had appropriate processes for identifying, managing and monitoring risk. And that they engaged in continual review processes that looked at both their internal systems and outside factors impacting on these systems.

Figure 2: Governance



4.6 Each pharmacy had current standard operating procedures (SOPs) that covered all the services it provided. And each pharmacy demonstrated the training team members had completed to ensure they understood and worked in accordance with the SOPs.

4.7 It was common for pharmacies to hold their SOPs digitally and to use a document control system to identify when reviews of the SOPs were due. Some pharmacies supplemented the SOPs with detailed step-by-step flowcharts describing each element of a task. They displayed these at individual workstations for each team member to refer to and to help ensure each task was completed correctly.

4.8 All pharmacies demonstrated how they managed the risks associated with the services they provided through formal processes such as risk registers and documented risk assessments. For example, one pharmacy's risk assessment for oncology medicines identified the potential risk that patients might not receive the correct ancillary items needed to administer their medicine. As a result, the pharmacy had introduced a process where an experienced member of the customer service team checked each patient's prescription order to ensure the correct ancillary items had been requested.

4.9 The level at which pharmacies assessed the risk associated with the services they provided varied. Some pharmacies had clear risk assessments for each medicine they dispensed. Other pharmacies had risk assessments covering the product range rather than individual medicines. This meant additional time was required to access product information literature to address queries, which may lead to delays.

4.10 Pharmacies that had detailed risk assessments with clearly identified risk mitigations were seen to be the most effective in supporting teams. The frequency with which the pharmacies reviewed their risk assessments to ensure they remained relevant varied greatly. For example, one pharmacy's policy was to review its risk assessments quarterly. Another pharmacy reviewed their risk assessments every two years. All pharmacies had a process to bring reviews forward in response to significant incidents.

4.11 All the pharmacies had risk monitoring processes in place, including completing a variety of audits. Additionally, we saw evidence that pharmacies kept their business continuity plans up to date and pharmacies monitored their performance against the national KPIs.

4.12 Pharmacies demonstrated how they used the findings from the audits to help them improve their services. For example, several pharmacies shared recent audit data focused on the variety of reasons that patients missed doses of their medicines. The pharmacies had also identified the importance of their customer service teams checking the amount of medicine each patient had left when scheduling deliveries. This was to ensure patients had enough stock to last beyond their delivery date, should delays occur.

4.13 All pharmacies recorded and monitored mistakes identified during the dispensing process, known as near misses. Most pharmacies used near miss data to inform patient safety reviews. For example, one pharmacy demonstrated how mistakes at each stage of the prescription journey were analysed to help understand where they occurred and to identify what caused the mistakes to happen. In contrast, another pharmacy used near miss data solely for one-to-one conversations with individual team members, potentially missing an opportunity to share valuable insights with the entire team.

4.14 Pharmacies implemented actions to reduce risk and reviewed them to make sure they were effective. For example, one pharmacy had identified a trend in quantity errors. Its investigations into this had established that not all its team members were familiar with the need to dispense some medicines in the manufacturer's original packaging. So, they had spent time with colleagues in the dispensary to develop their knowledge and understanding.

4.15 All pharmacies demonstrated that they had implemented change following incidents being brought to their attention. For example, in one pharmacy incorrect address labelling had led to delivery errors. The team had investigated the reasons for this and had changed their dispensing processes and the delivery SOP to help prevent a similar incident occurring in future.

4.16 All the pharmacies shared information about incidents with the hospital teams to support shared learning when things went wrong. Pharmacy teams told us about the importance of undertaking their own investigation into what went wrong, while providing supporting information to inform the hospital's investigation.

4.17 Pharmacies showed how they had reviewed and applied changes to their SOPs to reduce the likelihood of similar incidents occurring in the future. Most pharmacies had reviewed the changes they had made, to ensure they were effective in practice. One pharmacy did not provide evidence

that it had reviewed its improvement actions. This meant it was difficult for the pharmacy to show how effective its actions were in reducing the risk of a similar incident happening again.

4.18 Overall, the pharmacies demonstrated an effective range of risk management processes to support the safe and effective supply of medicines.

What worked well

- **Pharmacies had effective governance arrangements with continual monitoring processes embedded.**
- **Pharmacies were responsive to incidents, implementing learning and applying changes to their procedures to prevent similar mistakes occurring.**
- **Pharmacies shared details of incidents with hospital teams to support shared learning and the hospitals own investigations when things went wrong.**

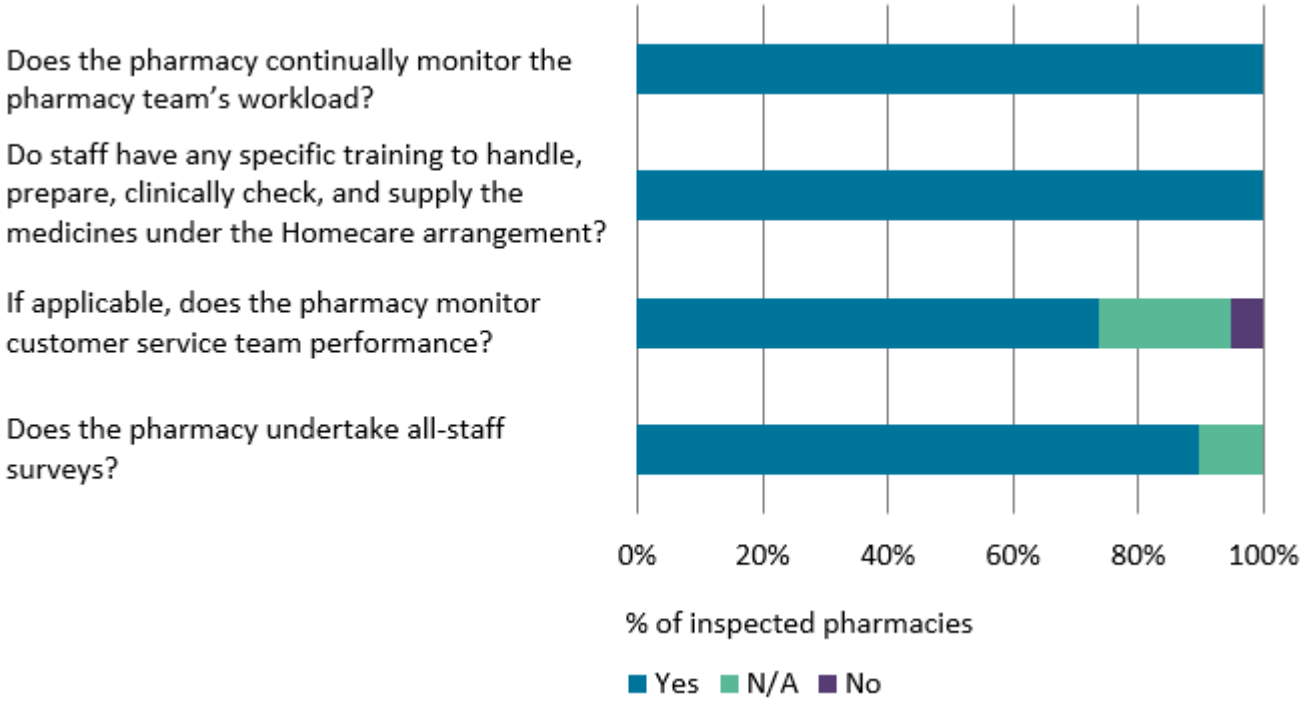
Recommendation

It would be beneficial for all pharmacies to adopt a uniform approach to risk management. This should include an agreed industry standard for the intervals between reviewing risk assessments, ensuring regular reviews take place. And ensuring all pharmacies introduce risk assessments for each specific medicine they dispense.

Staff training and development

4.19 The pharmacies were good at providing training and supporting the development of their team members (figure 3). They provided their team members with bespoke learning about the medicines and devices the pharmacy supplied to support effective patient care.

Figure 3: Staffing



4.20 We found some pharmacies extended dispenser training to members of other teams, such as the warehouse team. A point raised by pharmacies was that training providers did not offer GPhC-accredited dispenser training programmes which covered homecare medicines services. And some of the tasks completed by team members were different to traditional dispensing tasks.

4.21 The pharmacies managed this by supplementing the accredited training with additional training relevant to homecare medicines services, which they delivered in-house. Pharmacies showed us how they used competency assessments to support them in ensuring team members were able to complete specific tasks safely. Some pharmacy team members described how they had shadowed more experienced colleagues to support their induction programmes.

4.22 We were shown how structured in-house training programmes were provided to the pharmacies' customer service teams who liaised directly with patients. Several pharmacies also enrolled customer service team members on to an external training programme designed to equip them with the specific skills and knowledge needed when supporting patients using homecare services.

4.23 Pharmacies showed us how both models of learning helped these team members to manage patient queries, and to identify and escalate a concern. For example, team members showed us how they had raised an urgent request for a patient's prescription after identifying the patient would be without their medicines before the next delivery was due. The customer service teams worked closely with other teams such as the delivery drivers. For example, they shared

information provided by patients who had contacted the pharmacy after receiving a failed delivery notification to establish how soon a redelivery could be arranged.

4.24 We found that pharmacies monitored teams' performance and provided team members with regular reviews to support their ongoing learning and development. For example, providing additional training for team members following feedback from patients. We also saw that pharmacies monitored staffing levels and took appropriate action to manage workload effectively such as moving staff between teams.

4.25 Most pharmacies conducted staff satisfaction surveys and encouraged team members to provide regular feedback. We were shown examples of how pharmacies used comments left by team members to improve service provision. For example, upskilling team members to enable them to cover colleagues from other teams during unplanned absences. One pharmacy explained how it had used information from exit interviews to identify opportunities to support team members and make changes. This included reducing the size of each team, so the managers had more time with team members especially on a one-to-one basis.

What worked well

Pharmacies invested heavily in ensuring their team members were equipped with the skills and knowledge required to provide their services safely. Examples of what worked well included:

- **Induction programmes specific to the pharmacy's services and providing new team members with opportunities to work with more experienced colleagues.**
- **Skills and knowledge frameworks used to identify and support individual learning needs.**
- **Regular performance reviews.**
- **Bespoke training to help customer service teams communicate more effectively with patients.**
- **Upskilling team members to enable staff redeployment to meet the needs of the service.**

Registration of patients

4.26 Pharmacies told us that patients new to homecare medicines services were initially assessed as suitable for the service by the clinical team at the hospital. And in some instances, the hospital team initially provided the treatment directly to patients before they were moved to the homecare service. Several pharmacies performed their own assessments before registering a patient, and any patients identified as not suitable for the service were referred to the hospital. The data showed these pharmacies continually reviewed patients' suitability for the service. For example, if a patient frequently found it difficult to be at an agreed location and time to receive their medicines, the pharmacy would escalate the issue to the hospital to ensure effective patient care.

4.27 We learnt that homecare pharmacies did not always have sight, at the initial referral stage, of the patient's agreement to use the service. Prescription forms often had a statement confirming the patient's agreement to use the service which provided assurance to the pharmacies. As part of the initial assessment for the service, the hospital team provided patients with information about how the service worked. We found this was usually evidenced by a signed declaration sent to the pharmacy that showed this discussion had taken place and details of the information that had

been provided. Some pharmacies reported that it was not always made clear to them if the hospital team had provided patients with the information.

4.28 Usually, the pharmacy received a new patient registration form completed by the hospital team with the patient's first prescription. The form provided the pharmacy with information such as the patient's full details, whether nurse training was required to help the patient administer the medicine and details of named contacts authorised to act on the patient's behalf. However, we found some examples of pharmacies receiving prescriptions from hospitals without the registration form. This meant the pharmacy only identified them as new patients when the prescription was being processed. This had occasionally led to delays with processing the prescriptions because the patient's full details had to be requested.

4.29 The pharmacies had discussed these incidents with the hospital teams at review meetings and worked with the teams to manage the issue. Actions taken included agreeing timescales for the first supply to be made after receiving the prescription.

4.30 We found that the effective working relationships some pharmacies had with the hospital teams also enabled urgent prescriptions to be supplied promptly to new patients. For example, some hospitals emailed pharmacies to inform them of an urgent new registration in advance of sending the prescriptions. This allowed pharmacies to begin the registration process. Some pharmacies had introduced flexible cut-off times for receiving prescriptions, as late prescriptions increased workload pressures.

4.31 Most pharmacies initiated a telephone call with new patients to discuss the provision of homecare medicines services for them. All pharmacies provided 'welcome' information to new patients. This information was available on the pharmacy's website or in handbooks. And several pharmacies could provide this information in accessible formats.

4.32 The information for new patients included how they could contact the pharmacy and detailed the patient's role in helping to ensure they received their medicine on time. For example, by ensuring they were at the agreed location at the pre-arranged time to accept the delivery of their medicines. And updating the pharmacy with any changes to their personal information.

Recommendation

Although there were examples of good communication between the pharmacies and hospitals, there was not always advanced notification of new patients being registered for homecare medicines services. The homecare pharmacy did not always have sight of the patient's agreement to use the service. This provides a challenge for pharmacies in obtaining the information they require to dispense the first prescription in a timely manner and to ensure the risk of delays to patients receiving their treatments is minimised.

By monitoring this aspect of service delivery and working together to identify ways to improve on pharmacy registration information, pharmacies and hospital teams could reduce the risk of delays to patients' treatments and ensure a more efficient service to patients.

Ordering and receipt of prescriptions

4.33 We found that pharmacies had systems in place to send requests to the hospitals to order new prescriptions for patients, where requested. This process started many weeks before the medicines needed to be supplied.

4.34 The majority of prescriptions received by the pharmacies were issued on paper forms. This created difficulties for pharmacies including delays in receiving prescriptions due to postal disruptions and instances of prescriptions being lost in transit. We learned about the measures pharmacies were taking to reduce these delays, such as using courier companies to collect prescriptions from hospitals and opting for tracked next-day postal delivery services.

4.35 Pharmacies also shared their experiences of how they followed up on prescriptions they had not received. This created additional workload and delays with dispensing prescriptions.

4.36 We heard that some pharmacies had contributed to a national project that was developing systems to enable the hospital team to issue electronic prescriptions. And several hospital prescribers used this facility. Some pharmacies had also worked with hospital teams to develop their own systems for the electronic transfer of prescriptions.

4.37 About half of the pharmacies told us they received some electronic prescriptions, but only one pharmacy received most of its prescriptions in this way. Most of the pharmacies reported receiving less than 5% of prescriptions electronically.

4.38 Pharmacies reported that the use of electronic prescriptions supported a more efficient process. For example, some pharmacies were able to see when a hospital team had created a prescription and track the journey of that prescription up to receipt.

4.39 Pharmacies shared examples of how workload burden was reduced when receiving electronic prescriptions. For example, original paper prescriptions did not have to be physically scanned to individual patient records. It also meant that all information was accessible in one place when team members managed prescription queries.

4.40 Although this is not a legal requirement, the national homecare standards set by the RPS require prescriptions to be clinically validated by a second healthcare professional at the hospital following the prescriber signing the prescription and before sending the prescription to the pharmacy.

4.41 We were informed that the audit trail showing this process had been followed was not always completed and pharmacies informed us that this could lead to delays when they sought clarification.

4.42 Most pharmacies incorporated an independent clinical check by their own pharmacists into the dispensing process. Due to restrictions with patient record sharing processes between the hospitals and the pharmacies. This made it difficult for the homecare pharmacies to resolve clinical queries that arose when completing their checks. The homecare pharmacy relied on the clinical validation of the prescription by the hospital clinical or pharmacy team to identify any patient specific issues, such as blood test results.

Recommendation

A key issue we identified was the delays and extra workload caused by the issuing of paper prescriptions rather than sending prescriptions electronically to the pharmacies. This issue was also highlighted in the House of Lords report into Homecare Medicines Services, which stated that 'this lack of interoperability and a reliance on paper-based systems were thought to challenge streamlined and efficient services to patients, both for the providers and for clinicians in hospitals.

There would be significant benefits from moving away entirely from paper-based systems, and making sure there is compatibility between the digital systems being used.

It would also be beneficial for homecare pharmacies to have access to patient's clinical records to ensure their pharmacists have all the information available when completing their checks.

Customer service team and complaint handling

4.43 We found many pharmacies providing homecare medicines services gave patients different options to communicate with them. These included telephone calls, emails and a web chat function on the pharmacy's website. Most pharmacies had a website which provided patients with information such as the pharmacy's contact details.

4.44 We also noted a few pharmacies offered patients access to an online portal. The portals provided several benefits, such as enabling the patient to track the progress of the prescription, request ancillary items, confirm delivery arrangements, and advise how much medicine was left.

4.45 The pharmacies that provided a patient portal monitored how many patients used the platform and had asked patients for their feedback. The pharmacies reported that many of the patients who did not use the portal had said they preferred to speak to a team member rather than use an online tool.

4.46 We observed different communication channels including telephone calls and emails available for hospital teams to contact the pharmacy, with several pharmacies having a dedicated team to manage queries from the hospitals. A few pharmacies had developed their own online communication portals for hospitals to use to register new patients, manage prescription queries and track the progression of the dispensing of each patient's prescription.

4.47 A benefit for the pharmacy was notification on the portal when patients were moved to another pharmacy. These pharmacies reported that several hospitals had collaborated with them to help develop their portals. Where this had occurred, the pharmacies provided regular training sessions

for the hospital teams and they invited the teams to share ongoing feedback about their experiences of using the portal.

4.48 For example, we saw that hospital teams had asked for the pharmacy's portal to prompt them when patients' blood tests were due. This supported the teams in ensuring the blood tests were completed before the prescription was sent to the pharmacy, to avoid a delay in sending the prescription. Despite pharmacies developing their portals, we heard that not all hospital teams used these online communication tools with reported barriers such as hospital information governance restrictions and the hospital teams' capacity to spend time using the portal.

4.49 All companies had customer service teams who were trained to recognise the risk of harm to patients from delayed prescriptions, late deliveries and missed doses, and how to escalate such urgent matters. Several pharmacies had a priority line for urgent calls. And had systems to attach key words such as 'urgent' and 'overdue' to received emails, so they were actioned promptly. This was identified as a good way to prioritise these communications and help reduce the risk of patients not being able to contact the pharmacy when they needed to. It meant pharmacies could act quickly to resolve urgent matters, such as patients running out of their medicines.

4.50 All pharmacies showed us they were committed to listening to feedback from patients and hospital teams. They provided patients with information about how they could provide feedback or raise a concern. They demonstrated the actions they had taken in response to the feedback they received. For example, one pharmacy had re-introduced the option for patients to receive a paper version of its welcome pack after some patients reported they preferred this to an online version.

4.51 Some pharmacies told us how they used the feedback provided by patients to inform staff training requirements. For example, a pharmacy had identified the reason for a failed delivery was due to a missed address check when booking the delivery. The pharmacy's customer care team had received additional training to support them in understanding the importance of these checks. And the pharmacy had reviewed incident data to help ensure this training had reduced the risk of this happening again.

What worked well

- **Several pharmacies had systems to identify telephone calls and emails that required urgent attention and action so their teams could act quickly to resolve urgent matters, such as patients running out of their medicines.**
- **Pharmacies kept good records of every contact they had with both hospital teams and patients. This provided all team members with up-to-date patient information to help them resolve queries and manage concerns.**

4.52 Pharmacies providing homecare medicines services frequently engaged with the hospital teams through meetings and by sharing patient safety incidents. A few pharmacies had team members who were employed to work specifically with a group of hospitals.

4.53 We learnt that pharmacies kept records when contacting patients and hospital teams about individual prescription queries. This provided customer service and pharmacy teams with a full history of the communication they had to support them in managing queries efficiently and effectively.

Recommendation

A key challenge we identified was that patients and hospitals did not make full use of the pharmacies' online communication platforms, despite the clear benefits of this method of contact.

We recommend a cross-sector review of the availability and use of these communication platforms to identify key themes about what works well and to identify the challenges that prevent patients and hospitals from accessing them. This will enable the development of solutions to improve access and encourage greater use.

Stock availability

4.54 The pharmacies dispensed medicines either supplied directly from the manufacturer or via a recognised pharmaceutical wholesaler. A few pharmacies were associated with compounding units which produced specialist medicines under licence from the MHRA, such as intravenous fluids and parenteral nutrition. Pharmacies had systems in place to manage medicines stocks, helping their teams to ensure that medicines were available for supply to patients and allowing them to monitor potential problems with obtaining medicines.

4.55 Additionally, the pharmacies were not immune to experiencing the national stock shortages reported across the entire pharmacy sector. However, we saw that they all had processes in place to manage these shortages. This included working with hospital teams and pharmaceutical manufacturers to identify alternative medicines or to review the quantities supplied to patients. Such approaches enabled pharmacies to ensure all patients received continued supplies of their medicines.

4.56 Pharmacies told us how this increased their workload due to the enhanced checks they needed to make to ensure there was enough medicine available, along with an increase in dispensing activity and numbers of deliveries.

4.57 For example, in response to a national shortage of a medicine, pharmacies agreed with the hospital to provide each patient with four weeks' supply of medicines rather than the usual 12 weeks' supply. We were told this added extra work such as additional three deliveries and patient communications to inform them of the reason for the change and to provide a link to the manufacturer's website where they could get more information.

4.58 Pharmacies also reported additional patient support was sometimes required in response to stock shortages. For example, when a medicine prescribed as a self-administered auto-injector was not available and the alternative medicine, agreed with the hospital, was an intravenous infusion that required the nursing team to visit each patient to administer the medicine.

4.59 We noted that details about shortages with medicine stocks were generally provided to the pharmacy in advance, so there was usually sufficient time to make the necessary adjustments. When announcements about stock shortages required a response within a short timescale, the pharmacy's procedures such as checking the quantity of medicines the patient had left helped to maintain patient safety.

4.60 A few pharmacies reported that the contracting model with the pharmaceutical manufacturers sometimes led to patients being moved to another pharmacy that had a contract with the manufacturer of the alternate medicine that had been agreed with the hospital. This ran the risk

of delays or duplication of supply to the patients as a new registration and delivery schedule had to be arranged.

Deliveries

4.61 Pharmacies with an in-house delivery team showed how they worked closely with other teams such as the customer service team. All pharmacies used a third-party courier to some extent. For example, pharmacies with an in-house delivery team occasionally used a third-party courier for geographically remote areas. Several pharmacies used the same third-party courier that had experience with delivering for this type of service.

What worked well

- **Pharmacies used their communication tools to provide patients with detailed information about the times of the delivery.**
- **Delivery teams and customer services teams worked well together to continually provide updates on the status of a patient's delivery.**
- **Pharmacies used patient feedback and internal monitoring to identify areas for improvement around the delivery of patient's medicines. And to arrange alternate delivery options for patients to ensure they received their medicines on time.**

4.62 Pharmacies showed us the ongoing monitoring checks of their delivery services, including feedback from patients, to help them understand why failed deliveries occurred. The most common reason reported was that patients were not at home to receive deliveries. Delivery data shared with us showed on average 77% of deliveries were not completed on the expected day due to the patient not being available to receive the medication.

4.63 Pharmacies had identified that many people using homecare medicines services were employed in jobs that meant they may not be at home to accept their deliveries during the day. So, the pharmacy provided evening or weekend deliveries. Many pharmacies had worked with their delivery providers to adjust their staffing and transport resources to ensure they had enough vehicles and drivers available at the right times.

4.64 Some pharmacies offered alternative delivery arrangements, such as delivery to a patient's work address. They demonstrated how they had gathered further information from patients to make sure the medicines were delivered safely to the alternative addresses. For example, by reviewing packaging for cold-chain medicines to ensure the medicine would remain at a suitable temperature until it could be transferred to a fridge. And confirming that the patient was physically able to receive the parcel from the courier. Many pharmacies also provided patients with the option to have a named recipient to receive the delivery on their behalf.

4.65 Other common reasons for failed deliveries included patients having to make last-minute changes to the agreed delivery time and patients not updating the pharmacy with changes to their contact details. We found that pharmacies were acting to reduce this by checking the patient's contact details at registration and on a regular basis afterwards. And by reminding patients to inform the pharmacy of any changes.

4.66 We also found that most pharmacies contacted the patient several times before their delivery was due to confirm the delivery date and time. And details about the delivery process were usually included in the information given to patients during the registration process.

Recommendation

It was clear that certain aspects of the service such as the requirement for the patient to be at an agreed location to accept delivery of their medicines were not clearly understood by patients, and pharmacies did not always know what information hospital teams provided to patients about the homecare medicines service. This meant patients may not always have a full understanding of their responsibilities around the delivery of their medicines.

It would be significantly beneficial for standard patient information clearly explaining the different stages of the homecare process, available in different formats, to be agreed and used by hospitals and pharmacies. This should include the importance of patients updating the pharmacy with any changes that will affect the delivery of their medicines.

5. Conclusion

5.1 We welcome the opportunity to fully examine homecare medicines services provided by pharmacies following the House of Lords report. The findings from this themed review reveal no significant concerns with the safe provision of homecare medicines services from registered pharmacies. Pharmacies providing these services operate within clear governance frameworks that focus on and support pharmacy teams to deliver safe and effective services to patients.

5.2 Homecare medicines services face several challenges when delivering services to patients, and many of these are outside of the immediate control of the pharmacy providing them. Our findings highlight the systems pharmacies have developed to reduce the impact of these challenges, but further work is required to support them to ensure patients receive their medicines when they need them.

5.3 We acknowledge the work that is being done by other organisations, such as NHS and NHMC, to support the improvements needed to ensure the safe delivery of homecare services through a range of projects and new ways of working, particularly the electronic transfer of prescriptions.

5.4 We recognise this requires cross-sector collaboration and we encourage all organisations involved with the provision of homecare medicines services to support their teams to embrace improved ways of working. And to consider and act upon the recommendations we make within this report.

5.5 We will continue to play a key role in ensuring that homecare medicines services meet regulatory standards, prioritising patient safety and service quality. Through ongoing engagement with stakeholders and our inspections, we remain committed to supporting improvements in governance, accountability, and consistency across the sector. Next steps include further collaboration with providers and identifying opportunities to enhance regulatory oversight and inspection methodology to drive forward best practice in homecare pharmacy services.

5.6 Ahead of publication, we have discussed the conclusions and recommendations of this report with the DHSC, Health and Quality Improvement Directorate Scotland, Health and Social Care Northern Ireland, NHS England, NHS Scotland, NHS Wales, the CQC, Health Improvement Scotland, the MHRA , the RPS, the NHMC and the NCHA.

5.7 We have shared this report with all other key stakeholders, including pharmacies providing homecare medicines services, and are discussing the recommendations with the organisations named. We will also be sharing the report and the recommendations with the NHS and health systems regulators in each country of Great Britain to consider.

Recommendations

1. With support from the NHMC and the NCHA, all homecare pharmacies to adopt cross-sector risk management processes to support the risk assessments already in place. To identify shared risks and mitigation actions, to avoid any gaps that could impact on the safe and effective delivery of homecare pharmacy services. To include a cross-sector agreed maximum interval between reviews of risk assessments and to introduce risk assessments for each specific medicine dispensed.

2. Hospitals and homecare pharmacies to record and monitor the registration of new patients and to work together to identify ways to improve new patient registration information. To ensure

patients, when agreeing to use the homecare pharmacy, are fully informed about the homecare service, their responsibilities and rights, including their right to opt-out.

3. The respective UK national health organisations to prioritise, build on and deliver projects focusing on the electronic transfer of prescriptions, tailored to the healthcare framework in each respective country. To move away entirely from paper-based systems, and to make sure there is compatibility between the digital systems being used.
4. The respective UK national health organisations to facilitate homecare pharmacy teams having access to the same health and clinical systems as other aspects of the patient's care pathway. So, that pharmacists and pharmacy teams working in homecare pharmacies have up-to-date information.
5. A review by providers, NHS Trusts, NHMC and NCHA, of the availability and use of pharmacy communication platforms, used by hospitals and patients. To identify key themes on what works well and to identify and find solutions to the challenges that prevent patients and hospitals from accessing them. And to enable the development of solutions to improve access and encourage greater use.
6. Hospitals and homecare pharmacies to work together and agree on standardised information to be provided to patients, clearly explaining the different stages of the homecare medicines services. These should be available in different formats to help patients' understanding. Homecare pharmacies to ensure new patients have received and understood the information provided by their hospital, as part of the referral process, and ensure updated patient information is appropriately disseminated.

References

- ***Homecare medicines Services: an opportunity lost***. House of Lords report, November 2023, HL paper 269
- ***Best Kept Secret: The Value of Clinical Homecare to the NHS, patients and society*** The National Clinical Homecare Association (NCHA), March 2024.
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