

NHS Executive Letter EL(95)5

To: Regional General Managers
District General Managers
FHSA General Managers
NHS Trust Chief Executives
GP Fundholders

Copy: Regional GPFH Leads
Regional Purchasing Coordinators
Regional Prescribing Advisers



Executive

Headquarters

Department of
Health

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EL(95)5
17 January 1995

Dear Colleague,

Purchasing high-tech health care for patients at home

Summary

1. DHAs, working with FHSAs, General Practitioners and hospital and community Trusts, should make provision through their contracts by 1 April 1995 to support patients at home whose treatments include the delivery of drugs together with other products and equipment needed to administer them, typically provided as packages of care. The prescribing of these services by GPs on FP10 prescription forms will cease from this date. The essential task for the short term is to ensure continuity of supply to existing patients.

The services: current position

2. People with renal failure or cancer or cystic fibrosis or who are HIV positive or with other conditions may be supported at home following hospital treatment. Some of these patients may need continuous ambulatory peritoneal dialysis (CAPD) or intravenous formulations that may require special compounding and complex administration techniques in the home (including parenteral nutrition and some chemotherapy drugs and antibiotics). The products needed by patients are provided as part of packages of care which include the delivery to the home of everything required to enable them to use the CAPD or intravenous treatment most effectively, including pumps and other equipment for administration and refrigerators for storage. They also include the provision of training for patients and their carers in administering the fluids and infusions and, often, of continuous cover in case of emergency.

3. The treatment of patients at home with many of these conditions is usually proposed by a hospital consultant. However, GPs retain a responsibility for the care of patients at home and often play a role in the clinical management of these conditions through agreed shared care arrangements. The changes with which this guidance is concerned should not have any impact on the important clinical cooperation between consultants and GPs or on the care that patients receive. They are rather concerned with putting the financing of the services onto a consistent and sensible basis. It remains good clinical practice to confirm a proposed treatment with a patient's GP.

4. The main categories of patients likely to be affected, with indications of the sort of drugs and other products being supplied to them, are shown in Annex B. It will be essential for health authorities

to discuss this with their clinical and pharmaceutical advisers in order to clarify what the services are and what drugs and products are involved. We will be providing FHSAs with prescribing data for the main drugs currently being prescribed for patients receiving these treatments.

The changes

5. Ministers have decided that providing these packages of care through GP prescribing, as distinct from the routine prescribing of drugs and other products, is inappropriate. The Department has been discussing other options for providing the services with colleagues in the NHS and has decided that funding will in future be through contracts. This will enable the services to be properly specified and to reflect the fact that they involve elements of hospital, community and primary care. The changes depend on a re-allocation of resources as described below. We recognise that there is a lot of work now to be done locally. We also accept that the main benefits of the changes will take some time to realise, including obtaining better value for money by encouraging competition between a larger number of potential suppliers.

6. By 1 April 1995 DHAs will need to have made provision, through their contracts with hospital or community Trusts or directly with commercial suppliers, to support patients currently being supplied at home with packages of care which include the delivery of drugs or CAPD fluids and other items. The priority will be to ensure complete continuity of supply to these existing patients. Where necessary this might be done by contracting with the supplier currently providing services to a patient until longer term arrangements can be made. For 1995/96 only, DHAs should contract for these services on behalf of all their resident population. From 1996/97 DHAs and GP Fundholders (where the service is within the fundholding scheme) will need to have a strategy for purchasing these services. DHAs will also need to have in place a mechanism which involves agreeing with GPs and providers how to respond to new patients who may require these services or future similar services at home.

7. From 1 April 1995 the provision of these services through the FP10 route will no longer be permissible. It will not be possible for GPs to prescribe on FP10 prescription forms any items or services used in connection with the administration of drugs at home if those items or services are neither drugs nor appliances listed in Part IX of the Drug Tariff. Neither will prescriptions on form FP10 for the drug or fluid itself be regarded as an order for the necessary support items or services. After 1 April 1995 the PPA will return to FHSAs any prescription which appears to order items or services which are not compatible with the Provisions of the Drug Tariff. GPs' ability to prescribe drugs and the dressings and appliances listed in Part IX of the Drug Tariff is unaffected.

Funding

8. The present position is that these services are funded through the hospital Trust where the patient's treatment was initiated, by a community Trust, or by the patient's GP signing a prescription. Funding through hospital or community Trusts involves arranging the provision of the service, including the supply of products, to the patient, often through a commercial company. Where services are funded through a community Trust, the products are supplied by a hospital or by a GP signing a prescription. Community Trusts may also currently provide some of the service elements of the care through medical loan arrangements and Hospital at Home Initiatives. Where the funding is initiated by a GP signing a prescription the patient is again often supplied by a commercial company which handles all aspects of the service and processes the prescription as a community pharmacy.

9. Because the current pattern of funding for these services varies the task of making the changes will be different depending on whether these services are currently being funded through contracts with hospital or community Trusts or through GP prescribing. The NHS Executive has identified what is currently being spent on these packages of care in each FHSA through GP prescribing and appropriate amounts of these resources will be made available to purchasers as recurrent additions to 1995/96 revenue allocations to enable the changes to be made. That is, the funding reflected in GP prescribing will be transferred from the FHS drug budget to the hospital and community health service budget from 1 April 1995. It will be for FHSAs to adjust downwards GP Fundholders' drug budget allocations and GP target budgets for prescribing to reflect the change that is being made.

10. The additional resources are being allocated to RHAs on the basis of what is currently being spent through GP prescribing on these services within FHSAs. Regions will be asked to distribute

these to DHAs taking account of any differences between FHSA and DHA populations. Regions will also need to take account of the fact that the treatment of some HIV patients is through open access clinics outside their Districts of residence. These resources should be sufficient to enable DHAs to meet the additional costs to the HCHS. For 1995/96 only DHAs should contract on behalf of all their resident population (including patients of fundholding practices) for the provision of suitable packages of care either directly with commercial suppliers or with provider units. From 1996/97 the resources will be available to DHAs and GP Fundholders, (where the service is within the fundholding scheme), as a recurrent addition to allocations to purchase these services.

The role of health authorities

11. Districts and FHSAs should work with GPs and Trusts to identify the patients for whom new arrangements need to be made to ensure continuity of service provision from 1 April 1995. For patients where the packages of care are currently provided on GP prescription, Districts need to determine, with the agreement of GPs, how the support will be continued in future and whether this will be within contracts with Trusts or directly with an NHS or commercial supplier able to provide the package of care. In time this will involve agreeing a detailed quality specification and ensuring that the arrangements provide the best value for money. The potential range of suppliers might include commercial suppliers and also some hospital pharmacy departments and some community pharmacists, either alone or in concert with one another or with a community Trust.

12. Districts and FHSAs should ensure that satisfactory arrangements have been made for patients in their locality. They should also communicate details of these arrangements to GPs so that the latter can explain these to the patients who are affected. DHAs should develop a comprehensive strategy for providing these services by 1 April 1996.

13. FHSAs must be clear about what action to take if an FP10 for one of these services is presented after 1 April 1995. That is, they should advise the GP that this route is no longer open and ensure that steps are taken to alert the patient's District which should have made arrangements for the provision of the service.

The role of GPs and GP Fundholders

14. The main tasks for GPs in helping to put these changes into practice are listed in Annex A. A separate FPN is being sent to GPs and community pharmacists drawing the key points to their attention.

15. The central task for GP Fundholders, as for all GPs will be to collaborate closely with DHAs and FHSAs to identify patients currently receiving these services and to ensure that they continue to receive them from 1 April 1995. GP Fundholders will also need to be in a position to purchase the services, where they are within the scope of the fundholding scheme, from April 1996.

NHS Trusts

16. Trusts must ensure that their staff, including consultants and other clinicians, GPs and patients understand how these services are to be delivered and funded in future. The option of persuading GPs to sign prescriptions for the services will not exist, but the need to discuss and agree with GPs the initiation of such treatment will remain, as will the need to agree a statement of what is required.

Conclusion

17. The immediate task for 1 April 1995 is to ensure that the patients affected by the changes are identified in advance and that arrangements are in place to see that they continue to receive the services they need. DHAs and FHSAs will need to work closely with GPs and hospital and community Trusts to do this. They also need to develop a longer term strategy for the provision of these services from 1996/97 onwards.

18. If you have any questions about this letter please contact Paul Mason, Room 609 Richmond House, 79 Whitehall, London SW1A 2NS, telephone 0171-210-5291.

Yours sincerely,

Alasdair Liddell
Director of Planning and Performance Management
NHS Executive

This letter will be cancelled on 1 June 1996

High-tech home healthcare for patients at home

Summary of action

DHAs:

- identify patients being supported at home working with FHSAs, GPs and Trusts;
- make provision for the support of patients at home and develop a comprehensive strategy for doing this by 1 April 1996;
- ensure that arrangements have been made for existing patients currently receiving these services via FP10.
- inform and reassure CHCs, local patient and voluntary groups about the changes.

FHSAs:

- agree changes to prescribing allocations with GP practices (in the context of budget-setting for 1995-96 budgets) to take account of the change in funding route;
- work with DHAs, GPs and Trusts to identify patients being supported at home on GP prescription;
- work with DHAs to ensure that arrangements have been made for patients currently receiving these services via FP10;
- notify GPs in good time about the new arrangements for existing patients.

General Practitioners:

- provide information on request to FHSAs and DHAs about the numbers of the DHA's residents currently receiving one of these care packages on GP prescription and about the hospital which initiated the care;
- Cease prescribing of such services by 1 April 1995: ensure that affected patients understand how they will receive these services after 1 April 1995;
- *GP Fundholders* should be in a position to purchase these services, where they are within the scope of the fundholding scheme, from 1 April 1996.

NHS Trusts:

- ensure that all staff, GPs and patients understand how these services will be provided in future;
- make the arrangements for the support of the patients at home when this has been agreed with purchasers.

High-tech home healthcare for patients at home

The following are the main groups of patients who are currently receiving packages of care at home via GP prescription. This list will help in identifying existing patients. However, there may well be other types of patients in smaller numbers receiving other treatments as part of such care packages on GP prescription.

- Patients with renal failure receiving continuous ambulatory peritoneal dialysis;
- Cystic fibrosis patients receiving intravenous or nebulised antibiotics;
- Cancer patients receiving intravenous chemotherapy agents;
- HIV patients receiving intravenous or nebulised anti-infectives;
- Patients receiving total parenteral nutrition or various types of specialised enteral feed;
- Thallassaemics receiving desferrioxamine;
- Patients receiving continuous anticoagulant treatment.

To: Regional Prescribing Advisers
Regional Purchasing Development Team

DEPARTMENT OF HEALTH

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17 February 1995

Dear Colleague,

EL(95)5: Purchasing high tech health care at home

This guidance has created a great deal of interest and we appreciate that the changes it proposes involve a significant amount of work. There have been a lot of questions of detail about the extent of the changes some of which have been raised more frequently than others and are obviously causing concern. It seems sensible therefore to provide some further clarification which Regions are asked to disseminate.

The changes

The guidance made it clear that we want to stop the inappropriate funding of complete packages of care on GP prescription. We are asking health authorities to arrange for certain treatments to be provided as a complete package through their contracts. Additional resources have been provided which reflect current spending on such **packages** of care through GP prescription.

In preparing for these changes it is important not to concentrate simply on identifying patients receiving particular drugs. To do so is misleading. For example, in referring to "*continuous anticoagulant treatment*" the guidance does not affect the use of oral warfarin or other simple formulations but only the specialised use of anticoagulants administered as infusions where these are being provided as part of a package of care on GP prescription.

One of the problems in making the changes is that arrangements vary across the country. An example is the arrangements for cystic fibrosis patients to receive antibiotics for intravenous use on GP prescription. Where patients obtain their drugs from a local pharmacist and reconstitute it themselves for use in infusion equipment which has been provided by a hospital this arrangement is not affected by the guidance. The guidance does affect the situation where the drugs are provided as part of a complete package on GP prescription. In the first case the NHS pays the list price of the drug whilst in the second it pays a special price reflecting the other items that are supplied.

I want to clarify the position with regard to the two treatments which are the subject of the majority of questions being received.

Enteral Nutrition

The great majority of patients receiving enteral feeds at home whether as sip feeds or tube feeds receive the feeds on GP prescription whilst any plastic giving sets and the pumps are paid for and provided separately (or in some cases provided within the list price of the enteral feed product). These arrangements are **not** affected by the guidance. GPs are **not** being asked to cease prescribing enteral feeds.

Immunoglobulins

Patients with immunodeficiency receive their treatment at home in two principle ways. Either a GP prescribes the drug which the patient then collects from a local pharmacy and mixes at home for use with infusion equipment that has been provided and paid for separately or else the GP prescription is used to authorise the provision of the drug, its compounding and the supply of the equipment as a complete package of care at a price other than the list price of the drug product. It is this second

mechanism which is being changed by the guidance. Again GPs are **not** being asked to cease prescribing immunoglobulins.

Conclusion

It is important that everyone understands what the guidance in EL(95)5 is intended to achieve. We want to stop the use of GP prescriptions to pay for packages of care which involve more than the supply of a drug. These packages of care will in future be provided through contracts. The guidance is not intended to affect arrangements, such as those for enteral feeds, where GPs are prescribing only the feeds or drugs and where the equipment needed to administer these is provided separately. Understanding this is crucial given the importance which we place on ensuring that patients are not disadvantaged by these changes. Regions are asked to ensure that this is clearly understood by health authorities and General Practitioners.

Yours sincerely,

**Paul Mason
P Division**