
Integration and Continuity of Care including Social Care category

The Best Best Kept Secret

**The Value Of Clinical Homecare To The NHS, Patients,
And Society**

Alison Davis – Director, National Clinical Homecare Association

Susan Gibert – Board Member NCHA



Introduction and background



This report seeks to **improve understanding of Clinical Homecare and the value it brings to patients, the NHS and society at large.**

It is hoped that this report will provide useful information to service users, providers, policy makers and commissioners.

Copies of the report are available via the NCHA Website:

<https://www.clinicalhomecare.org/bestkeptsecret/>



Introduction to Report Content

Aim of the report is to provide information:

- An overview of the Clinical Homecare Industry
- Providing true Health Economics of current services from the collective Industry, incl (VAT, Capacity, resource, readmission rates etc.
- Enable Health policy makers to understand the sector, in particular how the Homecare Sector can support key NHS and patient priorities, e.g.
 - Elective Care Waiting Times, GP Access, Resource to support train and monitor patients
- Combine data of patients in secondary care that could be released to Homecare right now
- Summary of how the Industry is funded, % NHS vs Pharmaceutical Manufacturers – so optimized for the NHS
- Evaluate the wider social economic impact of people continuing to work whilst on a homecare service
- Enable Patient / Clinician feedback from existing service users to be understood
- Check if Health Systems in other countries have comparable services?
 - If so, how do they demonstrate Value?



Steering group

Mark Hackett, EX-CEO of Swansea Bay NHS Health Board and author of 'Vision for Future of Homecare Medicines' (2011)

Stephen Cook, Chief Pharmacist, Medway NHS Foundation Trust

Sharon Petford, Former Chair of the Royal College of Nursing Rheumatology Nursing Forum

Andrew Wilson, Head of NHS East Midlands Pharmacy Collaborative

Liz Lazenby, Head of Strategic Category Management Medicines and Homecare at NHS England

Richard Chapple, Homecare Services Manager at Royal Papworth Hospital NHS Foundation Trust

NCHA Board Members:

Stephanie Westwood, Alison Davis, Adrian Wilkinson, Brian Duggan

Special acknowledgments to **Wing Tang**, Head of Professional Standards at the Royal Pharmaceutical Society, and the Royal Pharmaceutical Society for their review of specific sections of the report, ensuring accuracy and alignment with RPS policy and standards.

With Independent Experts: Ed Grunill Senior Account Director ZPB Associates and Tom Michaelis Senior Analyst, Stephanie Deligia, Lead Engineer at Edge Health



“I hope this report will be a rallying call to the parties involved. If we can bring together the NHS, the pharmaceutical industry, Clinical Homecare providers, and patients, united around a shared understanding and strategic view, then the opportunity is significant.”

Mark Hackett, EX-CEO of Swansea Bay NHS Health Board and author of 'Vision for Future of Homecare Medicines' (2011)



Articulating value Through outcomes



BEST KEPT SECRET: THE VALUE OF CLINICAL HOMECARE TO THE NHS, PATIENTS AND SOCIETY

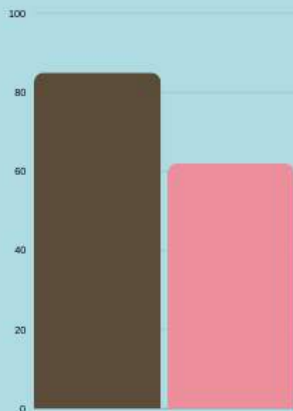


62%
of people receiving Clinical Homecare reported that it has allowed them to stay in work or education.

75,000



Clinical Homecare patients avoid a 40-mile round trip with each delivery, mitigating geographical inequalities and burden.



85%

of Clinical Homecare patients are more likely to report that their medicines were fully explained to them, compared to the national average of 62%.

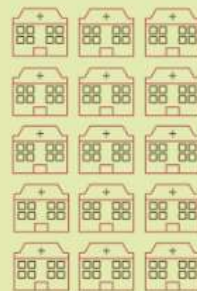
£264m



represents the annual value delivered to UK health economy - delivered through operational savings, enhanced patient experience, and societal benefits.

15 NHS

Trusts worth of day case elective capacity is delivered each year by Clinical Homecare companies.

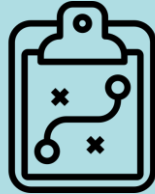


Data and modelling



Study overview

Key elements of our economic model



**Defined and compared
patient pathways**



**Identified 11 economically
quantifiable benefits**



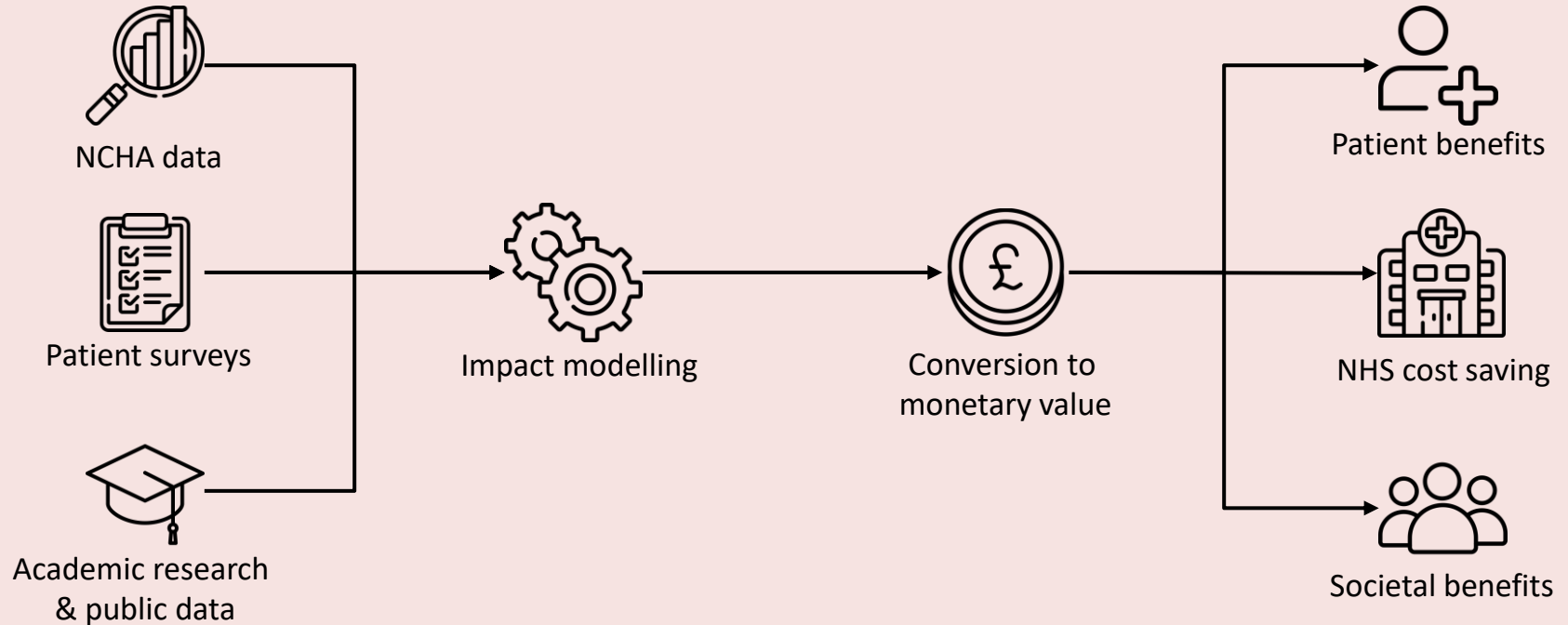
**Perspective of key
NHS policy makers**



**Benefits reported in monetary terms
at an overall, and granular level**

Modelling Methodology

Understanding the Approach



Patient survey:

We wanted the experience of patients to be central to the report. We achieved this through an objective and anonymous patient survey.

- **804 people surveyed**
- **404 have received Clinical Homecare in the last 12 months**
- **All nations represented**
- **Mix of backgrounds and therapeutic areas**
- **Anonymous and online**

The experience of Clinical Homecare

	Receiving Clinical Homecare	Receiving care in another setting
A positive impact on health	79%	36%
A positive impact on recovery	72%	41%
A positive impact on relationships	64%	27%
A positive impact on ability to work	58%	26%
A positive impact on ability to get on with life	75%	39%

£82m

To patients

£131m

In savings to the NHS

£50m

To society



£264m

Overall (to health economy)

Recommendations



1

Increased transparency from all parties, supported by better sharing of performance data with regular, robust and meaningful patient engagement.

2

Implementation of strategic leadership of Clinical Homecare at a national and regional level alongside improved regulation.

3

A review of contracting and commissioning regimes to support sustainable long-term planning.

4

Dedicated resources and funding made available in the NHS for the planning, contracting and commissioning of Clinical Homecare.

5

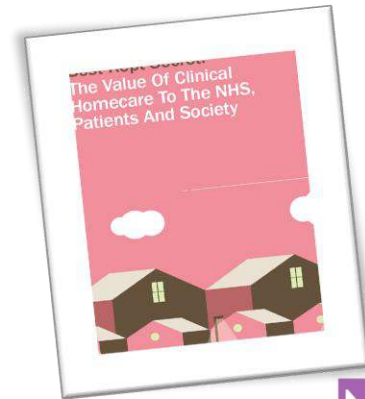
Increased standardisation across the industry, supported by expanded use of technology.

NCHA is delighted to be the winner of this Category in the 2024 Patient Experience Network National Awards

Integration and Continuity of Care including Social Care

Copies of the full report are available via the NHCA Website:

<https://www.clinicalhomecare.org/bestkeptsecret>





Alison Davis – NCHA Director

Susan Gibert - NCHA Board Member



Back up slides.....

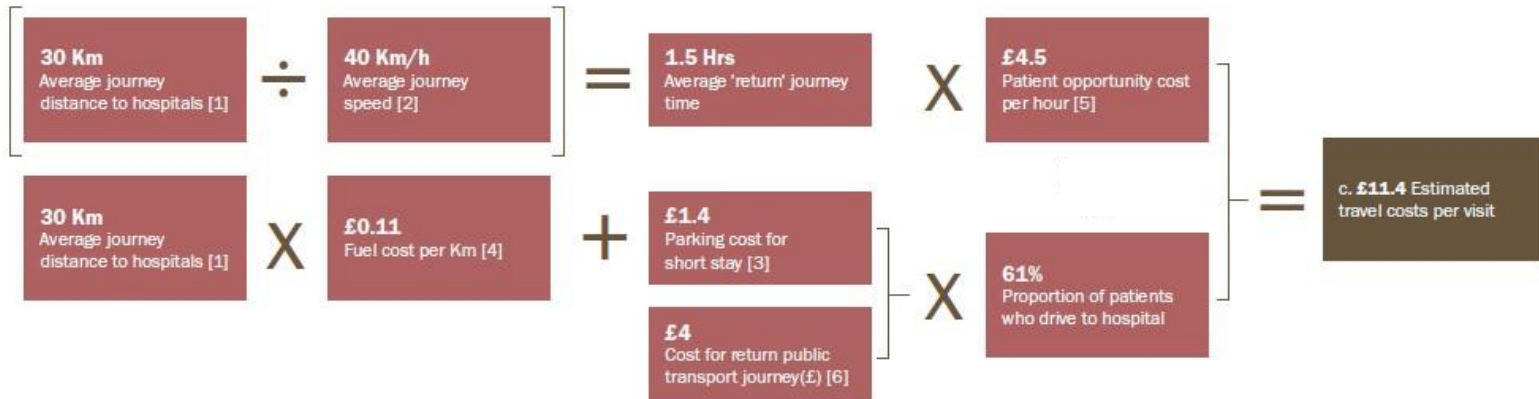


Cost-benefit breakdown

An example of analysis

Reduced patient journey time

Clinical Homecare offers drug delivery directly to patient's homes. As a result, patients no longer need to travel to hospitals to collect each repeated prescription.



1. https://www.researchgate.net/publication/4798633_Distance_Travelled_in_the_NHS_in_England_for_Inpatient_Treatment
2. <https://www.gov.uk/government/statistics/travel-time-measures-for-the-strategic-road-network-and-local-a-roads-january-to-december-2021>
3. <https://researchbriefings.files.parliament.uk/documents/CBP-8912/CBP-8912.pdf>
4. <https://www.nimblefins.co.uk/largest-car-insurance-companies/average-cost-petrol-car>
5. <https://webarchive.nationalarchives.gov.uk/ukgwa/20230602041648/> <https://www.gov.uk/government/publications/>
6. <https://www.gov.uk/government/news/2-bus-fare-cap-across-england-to-save-passengers-money>

LOW TECH PATHWAY



In both hospital- based care and Clinical Homecare, the pathway begins with a face-to-face consultation. During this appointment the treatment plan is agreed. At this point the specialist clinician may recommend Clinical Homecare.



An initial prescription for medication issued by the specialist clinician.



An initial prescription and homecare referral initiated by hospital pharmacy team and sent to chosen homecare provider.



The patient travels to collect initial prescription from the hospital pharmacy.



Clinical Homecare company contacts patient to arrange delivery. Medicine delivered to patient's home by Clinical Homecare company.



Patient travels to hospital to collect repeat prescription.



Clinical Homecare company contacts the hospital pharmacy when repeat prescription is due.



Clinical Homecare company contacts patient to arrange delivery. Medicine delivered to patient's home by Clinical Homecare company. Collection and disposal of wastage.

MID TECH PATHWAY



In both hospital-based care and Clinical Homecare, the pathway begins with a face-to-face consultation. During this appointment a specialist clinician will agree the treatment plan and generates prescription.

The patient travels to hospital to be shown how to use the medicine by a member of the hospital clinical team.



The patient travels to collect initial prescription from hospital pharmacy.



Patient travels to hospital to collect repeat prescription.



When required, patient travels to hospital for blood test or special provision.



An initial prescription and homecare referral initiated by hospital pharmacy team and sent to chosen homecare provider.



Clinical Homecare company contacts patient to arrange consultation and delivery. The patient has an in-person or online consultation with a Clinical Homecare nurse to train the patient to self-administer the medicine.



Medicine delivered to patient's home by Clinical Homecare company.



Clinical Homecare company contacts the patient to arrange delivery of repeat prescription.



When required, a Clinical Homecare nurse may travel to patient's house for blood test or special provision.

HIGH TECH PATHWAY

