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Schedule 7A

Order Form for Standard Services – Direct Award

Call-Off Contract under the HealthTrust Europe LLP Framework Agreement for the Supply of Pharmacy Homecare Delivery Services (reference number: 2022/S 000-000569 dated 12/04/2022)

Lot 2: Dispense and Delivery Services

The Authority	**Walsall Healthcare NHS Trust,** Moat Road, Walsall, WS2 9PS
The Supplier	**HealthNet Homecare (UK) Ltd,** with company number 06856641, whose registered office is at Unit 1 Orbit Business Park, Alfred Eley Close, Swadlincote, Derbyshire, DE11 0WU
HealthTrust Europe Contract Reference	**HTE-009968**

The Supplier and the Authority hereby agree as follows:

1. The Authority wishes to enter into a Contract in respect of the Services pursuant to the framework agreement between Health Trust Europe LLP and Supplier dated **12/04/2022** (the "Framework Agreement").

2. The Contract incorporates, and the Supplier agrees to abide by, the following documents:

   (a) The Specification of the Authority's requirements as appended at Appendix 1 overleaf;

   (b) the Contract Price, as appended at Appendix 2 overleaf; and

   (c) the Call-Off Terms and Conditions set out at Appendix A to the Framework Agreement (including the front page and all Schedules thereto).

3. Where the Call-Off Terms and Conditions set out at Schedule 1 of Appendix A to the Framework Agreement apply, the Authority acknowledges and agrees to the HealthTrust Europe Key Provisions, in particular as stated below for the avoidance of doubt:

   (a) In the event that the Authority terminates its agreement with HealthTrust Europe (made pursuant to the provisions of the UHCW Framework) for convenience or otherwise, and such termination takes effect before the end of the Initial Term (as defined in the UHCW Framework) or in the event that the Authority's agreement with HealthTrust Europe (made pursuant to the provisions of the UHCW Framework) expires without being renewed on or after such Initial Term, HealthTrust Europe shall

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notify the Supplier of such termination or expiry in accordance with the provisions of Clause 14 of Schedule 1 of the Framework Agreement ("**Beneficiary Withdrawal Notice**"). Upon receipt of such Beneficiary Withdrawal Notice by the Supplier, the Supplier shall cease to apply for the benefit of the Authority, the Contract Price or any special discounts in relation to such supply which applied solely by reason of the operation of the UHCW Framework and its associated services and/or framework agreements or any contract made between the Authority made pursuant thereto and further the Authority shall no longer be permitted to place Orders or benefit from the Contract Price, save with the prior written consent of HealthTrust Europe.

(b) The Authority acknowledges and agrees that the Supplier is subject to an activity-based income (ABI) management charge in relation to any Orders placed by the Authority under the Framework Agreement.

(c) The Authority and the Supplier agree that (in addition to the Authority's right to enforce the Contract) HealthTrust Europe may enforce any term of the Contract as principal in respect of ABI and Management Information and as agent on behalf of the Authority in respect of all other terms.

4. The Commencement Date of the Contract shall be ***24/11/2022.***

5. The Term of this Contract shall be ***2*** years from the Commencement Date and may be extended in accordance with Clause 15.2 of Schedule 2 of these Call-off Terms and Conditions provided that the duration of this Contract shall be no longer 4 years in total.

6. **Data Protection**

6.1 The Parties acknowledge that the Authority is the Data Controller (as defined by the Data Protection Legislation) and the Supplier is the Data Processor (as defined by the Data Protection Legislation) in respect of any Personal Data Processed under this Contract.

6.2 The only Processing that the Supplier is authorised to do is listed in Table A of the Data Protection Protocol by the Authority and may not be determined by the Supplier.

7. Time is of the essence as to any delivery dates under this Contract and if the Supplier fails to meet any delivery date this shall be deemed to be a breach incapable of remedy for the purposes of Clause 15.4.(i) of Schedule 2 of these Call-off Terms and Conditions.

8. The payment profile for this Contract shall be monthly in arrears.

9. The Authority may terminate this Contract forthwith by notice in writing to the Supplier at any time on three (3) months' written notice. Such notice shall not be served within ***one*** (1) year of the Commencement Date.

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10. The provision of Services.

(a) The Services Commencement Date shall be ***24/11/2022***

(b) The Services shall be provided, and Goods delivered by the Supplier at the Premises and Locations listed below:

(i) **Walsall Manor Hospital, Moat Road, Walsall, WS2 9PS**

(c) The Supplier shall implement the Services in accordance with the Implementation Plan appended at Appendix 4 overleaf.

(d) The provision of access by the Authority to the Supplier to the Premises and Locations shall be subject to the lease and/or license appended at Appendix 5

(e) Any changes to this Contract, including to the Services and Goods, may only be agreed in accordance with the Change Control Process set out in Appendix 3 overleaf.

(f) Should the Authority terminate this Contract in accordance with this Clause, then the Authority shall pay to the Supplier the termination sum calculated in accordance with Appendix 7.

(g) If the Supplier is unable to provide the Services, then the Authority shall be entitled to exercise Step In Rights set out in Appendix 6.

(h) The Supplier confirms and agrees that all Intellectual Property Rights in and to the deliverables, material and any other output developed by the Supplier as part of the Services in accordance with the Specification and Tender Response Document, shall be owned by the Authority. The Supplier hereby assigns with full title guarantee by way of present and future assignment all Intellectual Property Rights in and to such deliverables, material, and other outputs. The Supplier shall ensure that all Staff assign any Intellectual Property Rights they may have in and to such deliverables, material, and other outputs to the Supplier to give effect to this Clause and that such Staff absolutely and irrevocably waive their moral rights in relation to such deliverables, material and other outputs. This Clause shall continue notwithstanding the expiry or earlier termination of this Contract.

11. The Contract Managers at the commencement of this Contract are:

(a) for the Authority:

Mathew Arorote, Strategic Procurement Manager

(b) for the Supplier:

Michael Gordon, Chairman

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12. Notices served under this Contract are to be delivered to:

    (a) for the Authority:

    Mathew Arorote, Strategic Procurement Manager, mathew.arorote1@nhs.net

    (b) for the Supplier:

    Michael Gordon, Chairman, mike.gordon@healthnethomecare.co.uk

13. In this Contract, unless the context otherwise requires, all capitalised words and expressions shall have the meanings ascribed to them by the Framework Agreement and/or Call-Off Terms and Conditions.

14. The following Appendices are incorporated within this Contract:

Appendix 1	Authority Specification
Appendix 2	Contract Price

Signed by the authorised representative of THE AUTHORITY

Name:	Dan Mortiboys	Signature:	
Position:	Operational Director of Finance	Date:	13/06/2024

AND

Signed by the authorised representative of THE SUPPLIER

Name:	Michael Gordon	Signature:	DocuSigned by: Michael Gordon E430C2331E9240C...
Position:	Director	Date:	17 June 2024

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Appendix 1

Authority Specification

1. Specification Overview

Lot Structure

HealthTrust Europe are seeking to establish a multi-lot framework agreement for the supply of Low, Mid and High-tech Homecare Services. The agreement will be split into 5 lots:

i. Lot 2 – Dispensing and Delivery

For the purpose of this Framework Agreement the following definitions for homecare medicines services are used. These are adapted for use in this Framework Agreement from the Royal Pharmaceutical Society definitions, as published in the Professional Standards for the Homecare Medicines Service, to ensure the procurement process is fair and transparent.

2. Specification Structure

Best Value

The objective of the tender exercise is to deliver a best value contract for Participating Authorities in respect of:

- Quality
- Price

Best value is achieved through aggregation of spend, in combination with a contract commitment for the purchase of a specified value and/or volume of product, thus driving high quality product and price efficiencies.

Objectives

- Rationalisation of supplier base
- Consistency and improved quality of care
- Cost reductions through collaborative exercise
- Best practice achieved through support and training

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3. General Requirements for All Lots

3.1. Overall Service

3.1.1. Suppliers will work in partnership with the Participating Authority who seeks provision of the services to ensure patient safety and prescribed treatments are delivered, and potentially administered, in accordance with the Medicines Pathway agreed, Individual Patient Care Plan if special needs have been identified, and written instructions from the clinician responsible for the patient's treatment.

3.1.2. The Supplier and Participating Authority will work together in partnership to ensure patient safety, patient satisfaction and best possible clinical outcomes.

3.1.3. Medicines pathways and homecare services are simplified as far as possible and/or appropriate aids, reminders and charts are made available to support patients.

3.1.4. Patients and/or carers are trained and assessed by a healthcare professional as being competent to self-administer their medication including use of any equipment or ancillaries provided as part of the homecare service unless suitable alternative arrangements have been made to support delivery of the medicine pathway to the patient in their home or other appropriate community setting.

3.1.5. The Supplier will provide adequate facilities and resources to provide the services to the level described within this specification.

3.1.6. Core working hours for Homecare Service Administration Staff in a Participating Authority are Monday to Friday 08:00hrs - 18:00hrs excluding bank holidays, depending on the site concerned unless otherwise agreed between the supplier and participating authority.

3.1.7. Each Participating Authority's normal working hours will vary.

3.1.8. The Supplier's normal working hours must, as a minimum, cover the hours of 09:00hrs - 17:00hrs to match the common working hours of Homecare Service Administration Staff from any Participating Authority who seek the provision of the services described within this tender.

3.1.9. There must be a number that can be accessed 24 hours a day for emergencies will also be advantageous.

3.1.10. The frequency of delivery will depend on; each Participating Authority, each Medicines Pathway, each patient, and stability of product.

3.1.11. Deliveries are usually every 2-8 weeks but may vary depending on the patient, cost, and stability of the product. Should deliveries be required more or less frequent, the Supplier will be notified by the Purchasing Authority.

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3.1.12. Where Sub-Suppliers are used either routinely or for contingencies for the provision of products and service, all requirements within this specification will be extended to the Sub-Supplier's organisation and staff.

3.1.13. It is the responsibility of the Supplier to provide evidence that all Sub-Suppliers meet the Specification requirements and to inform the Participating Authority of all intended subcontracted parts of the service.

3.1.14. It is the responsibility of the supplier to ensure any sub-suppliers have the relevant accreditations that meet the specification requirements and that these can be presented at any time to the participating authority.

3.1.15. The Participating Authority must approve the list of Sub-Suppliers. The list of Sub-Suppliers is subject to Change Control Provisions of this specification including gaining approval from the Participating Authority for any changes.

3.1.16. The Supplier must have understanding and experience of providing similar homecare services and this will be evidenced during the tender process.

3.1.17. The Supplier will communicate with the Participating Authority if it is unable to fulfil any contracted or otherwise agreed duties.

3.1.18. The Purchasing Authority will complete and securely transmit to the Supplier an initial prescription for medicines, ancillaries and equipment as required for the first treatment period, plus a specified quantity of safety stock and its associated purchase order.

3.2. Quality Guidelines and Regulatory Compliance

3.2.1. The Participating Authority and Supplier will comply with the current Royal Pharmaceutical Society (RPS) Professional Standards for Homecare Services in England, published 2013.

3.2.2. The Supplier will comply with the current guidance documentation from the National Homecare Medicines Committee (NHMC).

3.2.3. Where nursing is a requirement, all nurses are to be Registered General Nurses (RGN) with the Nursing and Midwifery Council (NMC).

3.2.4. Where nursing is a requirement, for all nurses to be subject to a satisfactory Disclosure and Barring Service Clearance Check (DBS) and is registered with the Independent Safeguarding Authority.

3.2.5. Where nursing services are a requirement, for the Supplier and/or Sub-Contractor to be registered with the Care Quality Commission (CQC).

3.2.6. The Participating Authority may carry out a quality audit of the Supplier's facilities and processes to satisfy itself that the Supplier is complying with the

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relevant regulations and quality guidelines stated in this specification. Auditors may include a QC or production pharmacist or other authorised officer from the Participating Authority or other NHS bodies. The Supplier will be given an opportunity to respond to any issues raised by a Quality Audit. A Summary of results of Quality Audits including the Supplier's responses may be shared with other relevant NHS Purchasing Authorities.

3.2.7. The Participating Authority may confer with Patients receiving the service to ensure that they are receiving the best care from The Supplier. If The Supplier is deemed to be failing to provide best practice, The Participating Authority and The Supplier will work together to ensure that the service improves going forwards.

3.2.8. The supplier must ensure all virtual hubs remain at a sanitary level in line with National Standards of Healthcare Cleanliness 2021

3.3. Selection, Registration of Patients and Service Activation

3.3.1. Patient selection is the responsibility of the Participating Authority. An initial patient suitability and needs assessment will be carried out by a competent member of staff appointed by the Participating Authority. The Participating Authority will explain the patient's responsibilities and confirm the patient's motivation and suitability for the homecare service. This will include assessment of the patient's home environment or other location where the services will be delivered and identify any special needs in an individual patient care plan.

3.3.2. The Participating Authority will gain informed patient consent to sharing of their contact information with the Supplier.

3.3.3. Should the level of service that you are bidding for only include delivery to a local pharmacy for collection by the patient, consent will be handled by the Participating Authority.

3.3.4. The Participating Authority will complete and securely transmit to the Supplier a registration form for each patient being referred for the homecare service along with an individual patient care plan if special needs have been identified. The registration form will give the confirmed or expected activation date for the Homecare Service.

3.3.5. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then registration is not required.

3.3.6. On receipt of the registration form, the Supplier will log the patient onto their systems identifying the service elements. Any special needs identified in the individual patient care plan will be considered by the Supplier and any safety concerns or additional costs for product or service items not included in this specification will be raised with the Participating Authority before the patient is designated as ready for service activation. The Supplier has the right to decline to accept patients with additional special needs onto the homecare service.

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3.3.7. The patient's details should be recorded on the Supplier's systems and be ready for service activation within 5 working days, subject to the timely receipt of the initial prescription and purchase order as detailed in the specification.

3.3.8. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then registration is not required.

3.3.9. The Participating Authority will complete and securely transmit to the Supplier an initial prescription for medicines and ancillaries and equipment lists as required for the first treatment period plus a specified quantity of safety stock and its associated purchase order. Where an expected service activation date is provided on the registration form, the initial prescription will provide the confirmed service activation date. The initial prescription and purchase order will be provided at the same time as the registration form or at least 3 working days before the confirmed service activation date.

3.3.10. Further to the initial patient suitability and needs assessment conducted by the Participating Authority, the Supplier is responsible for confirming the patient's suitability for the homecare services and performing their own detailed patient suitability and needs assessment including assessment of the patient’s home environment or other location where the services will be delivered.

3.3.11. Any issues or additional special needs identified by the Supplier must be notified to the Participating Authority within 2 working days. A copy of the completed detailed patient suitability and needs assessment must be provided to the Participating Authority for inclusion in the patient's clinical record.

3.3.12. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then an assessment for patient suitability is not needed but an assessment of suitability drop-off location (premises) must be carried out.

3.3.13. The Supplier performing a patient and premises suitability and needs assessment should have processes in place to undertake regular reviews to confirm any alteration in the patient's status and premise suitability. The Supplier should also have processes in place to identify and respond to any change in the patient's circumstances that impact on the patient's suitability, needs assessment and premises suitability.

3.3.14. The Supplier should have processes in place to ensure the Participating Authority is notified of any issue preventing the service activation for a patient on the confirmed activation date, or any patient for whom an expected service activation date has not been confirmed.

3.4. Communication with the Patient

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3.4.1. Communication with the patient should be initiated by the Supplier only as needed to deliver the homecare service.

3.4.2. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then a welcome pack is not required.

3.4.3. The homecare service "welcome pack" will detail useful and helpful information for patients and carers, this should include:

3.4.3.1. Welcome to the service

3.4.3.2. The roles of any of the Supplier's staff they will encounter during the service

3.4.3.3. Therapy information – description of service, deliveries, equipment, visits and their responsibilities as appropriate to their Medicines Pathway

3.4.3.4. How to arrange deliveries or visits

3.4.3.5. How to handle and store medicines, e.g., use equipment provided

3.4.3.6. How to access patient support services provided

3.4.3.7. Patient Services opening hours, out of hours and emergency contacts

3.4.3.8. Who to contact if... e.g. running short of medicines or ancillaries

3.4.3.9. What to do if... e.g., clinical adverse event occurs, equipment fails

3.4.3.10. How their confidentiality will be maintained, and personal data used

3.4.3.11. How to complain about the homecare service

3.4.3.12. Provide an opportunity for a patient to request an alternative and/or additional delivery address in the local vicinity e.g.: workplace.

3.4.4. The Supplier will provide general details of the travel service that may be available within patient "welcome packs". This will include:

3.4.4.1. Details of patient travel service entitlement

3.4.4.2. Instructions regarding how patients are responsible for working jointly with Suppliers and Purchasing Authorities to make arrangements for travel, including a pre-travel patient action check-list

3.4.4.3. Advice regarding any travel destinations where there are known restrictions or difficulties

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3.4.4.4. Advice on packaging certain medicines for transportation

3.4.5. The Supplier will also provide details of the administration process (if this is required). This will include:

3.4.5.1. Personnel providing the care.

3.4.5.2. Information on the infusion they will be receiving.

3.4.5.3. An out of hours emergency number.

3.4.5.4. Advice on dispensing of the prescription once the course has finished.

3.4.6. Patient Services telephone helpline to be provided. The following attributes are preferred:

3.4.6.1. available between 08:00hrs and 18:00hrs weekdays and 09:00 to 12:00 on Saturdays with answer phone outside those hours

3.4.6.2. Free phone number (from landline.)

3.4.6.3. Alternative Standard phone number for Mobiles to call

3.4.7. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this is not required but a comprehensive helpline must be in place for use by the participating authority.

3.4.8. All contact between the Supplier and the patient must be logged and records made available to the Participating Authority on request.

3.4.9. Communication / information in relation to the homecare service shall be in English. Should a patient and/or carer not be fluent in English, information should be provided in their own language. Where appropriate this should also be available in pictorial format, and large print.

3.4.10. The Supplier shall make the 1st attempt to contact the patient within 5 working days of receipt of valid registration (first supply only) and prescription.

3.5. Training and Education of Patients and Carers

3.5.1. Training of patients and/or carers to store medicines will be the responsibility of the Participating Authority unless specified as a Clinical Service to be

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provided by the Supplier or as detailed in the agreed Individual Patient Care Plan.

3.5.2. Training of Patients to self-administer medicines will be the responsibility of the Purchasing Authority unless specified as a Clinical Service to be provided by the Supplier, or as detailed in the agreed Individual Patient Care Plan.

3.5.3. A check list should be provided so that the patient and/or carer can self-evaluate whether he or she has been appropriately trained. A copy of this will be placed in the patient's notes when completed.

3.5.4. Competency documentation for a patient or carer self-administering medicines will be held in the patient record and shared with the other party on request.

3.5.5. A separate instruction manual and training programme for children should be available where paediatric services are detailed in the Medicines Pathway.

3.5.6. Where relevant, the Purchasing Authority requires that all Supplier's Staff who have direct contact with vulnerable patients have undertaken mandatory safeguarding training, relevant to their role and undertake regular refresher training.

3.5.7. The Supplier shall provide the Purchasing Authority with details including the name of the organisation that delivers the training and a description of the training programme and the frequency of refresher training on request. The Purchasing Authority may audit training records to ensure compliance with this provision.

3.6. Stock Management in the Home

3.6.1. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then stock management in the home will not be the responsibility of the supplier. This section will not apply in this case.

3.6.2. It is expected that patients will maintain safety stock in the home. The exact level of safety stock will be defined within the Medicine Pathway. The maximum level of safety stock is expected to be no more than 14 days.

3.6.3. The Supplier will implement procedures to ensure the patient receives deliveries containing quantities of medicines and ancillaries for the expected treatment duration in accordance with the medicine’s pathway and/or administration instructions detailed on the patient's prescription.

3.6.4. The Supplier may be responsible for providing administrative home care to the patients. It is the Supplier's responsibility to ensure that the healthcare

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professional records usage and notifies the Participating Authority immediately if any irregularities are evident.

3.6.5. The supplier will check, and record patient reported stock levels prior to every delivery. Evidence of suspected over or under use must be reported to the participating authority within 2 working days.

3.6.6. Subject to the patients or carers consent, stock identified as past its expiry date or unusable for any other reason must be removed from the patient's home at the earliest opportunity to ensure patient safety.

3.6.7. The Supplier must log such events as incidents and report to the Participating Authority as agreed in this specification.

3.7. Returns and Clinical Waste Management

3.7.1. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this section is not applicable.

3.7.2. The Supplier will be responsible for the safe disposal of the patient's clinical waste at intervals agreed with the Participating Authority and will provide approved sharps disposal boxes and appropriate clinical waste containers. All current UK and EU law and regulations on clinical waste must be adhered to by the Supplier including the collection, transportation and disposal of clinical waste.

3.7.3. Returned medicines which have been outside the control of the Supplier or an approved Sub-Contractor (e.g., delivered to a patient) must not be reissued to another patient by the Supplier.

3.7.4. It is preferable that all collections of returned items are made at the same time as a scheduled product delivery. If the collection is not taking place at the same time as the delivery, the Supplier must agree a convenient collection time with the patient or carer.

3.8. Care Away from Home / Travel Service – General

3.8.1. There will continue to be a range of situations where it is appropriate to arrange short notice delivery to addresses other than the patient's home address (e.g., patient is being re-admitted to hospital at short notice).

3.8.2. The Supplier will be required in exceptional circumstances to provide additional supplies to cover patient holidays and travel away from home.

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3.8.3. The Supplier should ensure it is clear which elements of their holiday service are provided without additional cost above the contracted service fees. The holiday service should include delivery of all medicines, ancillaries and equipment and clinical services; return of equipment, ancillaries, and excess medicines; and disposal of clinical waste as appropriate.

3.8.4. Suppliers may be asked to deliver to different UK addresses in term time compared to holiday time. e.g.: students with home and term time addresses.

3.8.5. Patients are required to provide at least 4 weeks' notice of travel plans within the UK in order that the Supplier can make necessary arrangements for service delivery.

3.8.6. If patients are planning to travel abroad, and notify the Supplier, the Supplier will notify the Participating Authority at least 4 weeks in advance of the departure date. Arrangements to administer the therapy whilst abroad are the responsibility of the specialist nursing team at the referring hospital. The Supplier may be asked to supply letters for airline transport or to arrange cold chain deliveries in some circumstances (translated into other languages as required). They may also be asked to provide advice/assistance with the packaging of drug for transportation or to deliver to UK airports and ports on request.

3.8.7. Any holiday services that include provision of clinical services in alternative locations must be subject to a Suitability and Needs Assessment and arranged with the full knowledge and support of the clinical team responsible for the patient’s treatment.

3.8.8. The patient is responsible for obtaining appropriate medical insurance which will allow them to obtain appropriate medical advice and treatment locally and to cover any unplanned events. The Supplier may be contacted to provide assistance,

3.9. Termination or interruption of the homecare service

3.9.1. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this section is not applicable.

3.9.2. The patient may no longer require the Homecare Service due to cessation of treatment, transfer to another therapy, admission into hospital or death. The Supplier must have processes in place to manage termination or interruption of the homecare service for an individual patient. The Participating Authority may request the Supplier to collect all new and un-used medicines, ancillaries and equipment and dispose or recycle them as appropriate. In the event of a patient’s death the process described will be carried out with particular sensitivity at a time convenient to the patient’s family or carer.

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3.9.3. Any instruction from the Participating Authority to interrupt or terminate the homecare service for an individual patient must be implemented within 2 working days. The Participating Authority will not be responsible for any costs or losses incurred by the Supplier for products or services provided later than the 2nd working day after notification of interruption or termination of service. Confirmation must be provided in writing by the Purchasing Authority if initial instruction is verbal.

3.9.4. All equipment, ancillaries and unwanted medicines will be collected by the Supplier within 10 working days of the termination of the homecare service or as agreed with the patient or carer. Patients are required to provide at least 4 weeks' notice of travel plans within the UK in order that the Supplier can make necessary arrangements for service delivery.

3.10. Communication with the Participating Authority

3.10.1. Supplier and Participating Authority will provide and maintain a named individual, and deputy, and contact telephone number and email address for the following categories and ensure this information is kept up-to-date:

3.10.2. Account Manager / Sales Contact

3.10.3. Address for Purchase Orders

3.10.4. Queries on referrals

3.10.5. Finance/invoice queries

3.10.6. Emergency/out of hours

3.10.7. Performance monitoring

3.10.8. Contractual queries

3.10.9. Management information

3.10.10. Complaints and adverse incidents

3.10.11. Customer Service - Primary Contact

3.10.12. Supplier to provide a service for resolution of service queries, complaints and contract management. The following attributes are the minimum requirements:

3.10.12.1. available by telephone between 08:00hrs and 18:00hrs weekdays and 09:00 to 12:00 on Saturdays with answer phone outside those hours

3.10.12.2. Standard line number - not a Premium rate line

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3.10.12.3. secure e-mail for exchange of patient identifiable information

3.10.12.4. named contract manager and deputy

3.10.13. The service requirements may be extended during the duration of the Framework Agreement as the Homecare Service provided by Trusts moves towards a 7-day working schedule.

3.10.14. All contact between the Supplier and the Participating Authority must be logged and records made available to the Participating Authority on request. The Supplier must ensure robust communication processes are in place to support the provision of the homecare service.

3.11. Performance Monitoring and Management Information

3.11.1. Participating Authority and The Authority are responsible for managing the quality of the homecare services and performance of Suppliers. This is managed via the collection of Nationally Agreed Key Performance Indicators and regular contract review meetings.

3.11.2. The supply of local KPI reports are to be delivered to the Participating Authority as specified.

3.11.3. The supply of regional KPI reports when requested by the regional homecare lead(s) providing consent is given by each purchasing authority.

3.11.4. Monthly Management Information report templates should be completed and sent to the Participating Authority for the previous calendar month by the 10th day of the next calendar month, or as agreed between the Supplier and Participating Authority.

3.11.5. The Monthly Management Information template is to be agreed prior to service implementation.

3.11.6. The KPI report should be as per the Nationally approved KPI template report, as provided by the CMU. This can be found at: https://www.rpharms.com/resources/professional-standards/professional-standards-for-homecare-services/homecare-handbook-appendices

3.11.7. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact the KPIs may be modified by the participating authority to reflect the level of service being provided.

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3.11.8. Monthly Management Information report templates (an activity report) should be completed and sent to The Authority (HealthTrust Europe) as specified within the HealthTrust Europe Framework Agreement.

3.11.9. Framework monitoring meetings will be held with each of the successful Suppliers by the Participating Authority and/or The Authority (HealthTrust Europe), with all relevant stakeholders at agreed intervals. As a minimum, this will be every 12 months as a joint group, but each appointing Participating Authority may request a local meeting as above.

3.11.10. The Supplier will comply with all reasonable requests from The Authority (HealthTrust Europe) and Participating Authorities for management data to be provided in respect of the products and services supplied under this framework. This information is to be provided within 10 working days for ad hoc requests or at a time agreed between the parties.

3.11.11. On occasion a patient satisfaction questionnaire will be issued by the Participating Authority to the patient and/or carer in order to ascertain the quality of the level of service and review the patient experience. The Supplier will ensure the patient satisfaction questionnaire is delivered to each active Patient on the Homecare Service free of charge. It is intended that the national standard patient satisfaction questions will be included in any questionnaire along with any service specific questions in order to facilitate contract management, benchmarking and sharing of best practice.

3.11.12. The questionnaire document will be supplied in an appropriate envelope by the Participating Authority with a reply envelope. Questionnaires will be returned by patients or carers to the Participating Authority's representative for analysis and reporting. Findings from analysis of the questionnaire will be shared with the Supplier.

3.11.13. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this line is not applicable.

3.11.14. The Supplier will carry out self-inspections of their quality system at regular intervals and record the results and raise corrective and preventative actions for any non-conformances found.

3.11.15. The Participating Authority may perform routine annual audit of the Supplier's operations to assure itself of compliance with the terms of this specification by giving at least 28 days' notice or at a time agreed between the parties.

3.12. Change Management

3.12.1. Any planned changes to Supplier's or Participating Authority's facilities, processes, documents, medicines, ancillaries, equipment or staffing levels which may reasonably be expected to impact the quality of the service

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must be notified to the other party as far in advance as responsibly possible and in any case prior to the change occurring.

3.12.2. Any changes to Supplier's facilities, processes, documents, medicines, ancillaries, equipment or staffing levels which may reasonably be expected to impact compliance with this specification must be approved by the Participating Authority as far in advance as responsibly possible and in any case at least 28 days prior to the change occurring.

3.12.3. Where either the Participating Authority or Supplier requests approval for any change, approval is not to be unreasonably withheld or delayed by the other party.

3.12.4. Below is a list all documents that must be subject to formal approval by the Supplier and Participating Authority and are subject to the change control provisions of this specification:

3.12.4.1. Registration Form

3.12.4.2. Prescription Form

3.12.4.3. Clinical service protocols

3.12.4.4. Home visit protocols

3.12.4.5. Patient Information

3.12.4.6. Service Level Summary for Public Sector Derived Frameworks and Contracts

3.12.4.7. Approved Sub-Contractor List

3.12.5. Where a patient's homecare services are transferred between different Suppliers, all Suppliers must follow the National Homecare Medicines Committee (NHMC) procedure for change management.

3.12.6. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this clause is not applicable.

3.12.7. Where a patient's homecare services is transferred between different contractors, the Supplier shall follow the National Homecare Medicines Committee (NHMC) procedure for change management.

3.13. Provision of services outside this specification

3.13.1. The Supplier and Participating Authority recognise that there may be a need for additional or specialised services for individual patients. Such services will be agreed between the parties and the responsibilities of each of the parties documented in the Individual Patient Care Plan.

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3.13.2. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this clause is not applicable

3.13.3. The Supplier and Participating Authority recognise that there may be a need for urgent or emergency services in exceptional circumstances. The parties will work together in partnership to ensure patient safety, patient satisfaction and best possible clinical outcomes and to minimise any additional costs to the Participating Authority. If urgent or emergency services that are outside the terms this specification are to be provided by the Supplier to one of the Participating Authority's patients for the purposes of maintaining patient safety, the Supplier will make its best efforts to contact and agree its actions in advance with the Participating Authority.

3.14. Innovation and Added Value

3.14.1. The Participating Authority and Supplier will work together to implement innovations in service which decrease the overall cost of service provision and/or increase patient satisfaction and/or improve clinical outcomes. The Supplier should explain developments which they anticipate during the same timeframe and how they may benefit the Participating Authority and patients.

3.14.2. The supplier will have an equality and diversity policy consistent with all the protected characteristics of the 2010 Equality Act. i.e., Age, disability, gender reassignment, pregnancy & maternity, races including ethnic, national origins, colour or nationality, religion or belief including lack of belief, sex, sexual orientation, marriage or civil partnership (discrimination only).

3.14.3. The Supplier will aim to benefit the communities that their organisation endeavours to serve, including social offering across their organisation and their organisation's corporate social responsibility policy. This should include:

3.14.3.1. social impact;

3.14.3.2. economical impact;

3.14.3.3. environmental impact including reducing carbon footprint.

3.15. Legal

3.15.1. The requirements detailed in this specification are in addition to and complement the HealthTrust Europe LLP NHS Framework Agreement for the Supply of Goods and the Provision of Services, dated January 2020.

3.16. Prescribing and Dispensing

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3.16.1. A separate tab is included and must be completed for provisions specifically related to cold chain/ controlled drugs/ cytotoxic or otherwise hazardous.

3.16.2. The Participating Authority will provide valid prescriptions to the Supplier in accordance with the prevailing regulations and in the agreed format.

3.16.3. All prescriptions will be signed by an authorised prescriber at the Participating Authority.

3.16.4. All prescriptions will be clinically screened and validated by the appropriate clinical pharmacist at the Participating Authority before submission to the Supplier for dispensing.

3.16.5. The Participating Authority will transmit or transfer prescriptions to the Supplier via approved methods that are IGT Level 2 compliant or otherwise specified in the Data Sharing or Data Processing agreement. Transmission of prescriptions may be in electronic or paper form via a postal service. All methods must be IGT Level 2 compliant.

3.16.6. The prescriptions will be valid for up to a maximum of 6 months from the date of the signature or first dispensing.

3.16.7. Wherever possible, the Participating Authority will provide prescriptions for products included in the Commercial Medicines Unit Framework's contract clause and prices. Whilst prescriptions are routinely written generically, where it is important for a specific brand or manufacturer's product to be supplied the Participating Authority will issue a prescription detailing this. This will be accomplished by showing the brand manufacturer for each specified item each prescription.

3.16.8. The Participating Authority will have a robust process in place for notifying the Supplier of changes in prescribed medications and/or dosages for existing patients.

3.16.9. The Participating Authority will ensure prescriptions for unlicensed imported medicines or Specials are clear and unambiguous. The Participating Authority is responsible for ensuring that the prescriber and patient are aware that the medicines being prescribed/administered is unlicensed and both have given informed consent. The Participating Authority will ensure that the prescriber and patient consent will be clearly identifiable by the dispensing pharmacist for each prescription for unspecified unlicensed imported medicines or Special medicine.

3.17. The dispensing process

3.17.1. The Supplier must have measures in place to ensure that prescriptions are only dispensed if they are valid and have been signed by an

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authorised prescriber and have been validated by a clinical pharmacist at the Participating Authority.

3.17.2. Unlicensed medicines may not be dispensed unless specified in this tender or otherwise agreed with the Participating Authority on a case-by-case basis, as per the medicines pathway.

3.17.3. The Supplier should dispense Commercial Medicines Unit Framework's contract clause wherever specified.

3.17.4. All medicines supplied to patients by the Supplier will have a shelf life which is appropriate to the duration of treatment.

3.17.5. The product and/or medicine will be dispensed and labelled in accordance with current legislation and GPhC and RPS best practice standards by the Supplier.

3.17.6. Licensed medicines will be supplied with their Patient Information Leaflets (PILs) in English.

3.17.7. The Supplier must ensure that all prescriptions undergo a final dispensing accuracy check by a registered pharmacist or registered accredited Pharmacy technician, under the supervision of a registered pharmacist, in accordance with current legislation.

3.17.8. In the event of a manufacturing or supply problem beyond the control of the Supplier, the Supplier will notify the Participating Authority as soon as reasonably practical and both parties will work in partnership to minimise additional costs to the Participating Authority whilst maintaining patient safety.

3.17.9. The Supplier will have a robust process in place for receiving and acting on notifications from the Participating Authority of changes in prescribed medications and/or dosages for existing patients.

3.18. The administration Process

3.18.1. If Clause 18.1 is required, the Supplier and Participating Authority will ensure that Sections 16 and 17 have been carried out first. Failure to do so will result in disciplinary measures.

3.18.2. If administration is involved, the Supplier will ensure this is delivered by qualified personnel. The Supplier will provide certification of said personnel and it remains the responsibility of the supplier to ensure these are up-to-date and valid.

3.18.3. The Supplier will, to the best of their ability, ensure continuity in regard to staffing for patient care.

3.18.4. The Supplier will have a contingency model in place, to ensure that delivery and potential infusions are not disrupted during such a period. They

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will inform and present said model to the Participating Authority and Health Trust Europe.

3.18.5. If a patient has an adverse or unexpected reaction to the prescription, the nurse will cease administration immediately and inform the Participating Authority/emergency services. The nurse may be required to respond to the emergency if suitably qualified to do so and it is stated and allowed in the Medicines Pathway.

3.19. Outer Packaging

3.19.1. Outer packaging of homecare deliveries will comply with the General Pharmaceutical Council (GPhC) Standards for home delivery of medicines and medical devices including special storage and health and safety requirements for special handling. Outer packaging should not have any unnecessary markings likely to indicate the nature of the delivery in order to maintain patient confidentiality.

3.19.2. Outer packaging will ensure the integrity of the products are maintained throughout the delivery process. This will include, but is not limited to maintaining appropriate temperatures, protection from light and contamination; reasonable protection from mechanical damage.

3.19.3. The Supplier will ensure that Medicines are packed in a way that does not put the person delivering or unpacking products at risk from exposure to hazardous products if the delivery is subject to mechanical damage.

3.19.4. Under sections 3 and 6 of the Health and Safety at Work Act 1974 there is a duty to protect people not in a company's employment who may be affected by handling loads they have supplied.

3.20. Routine Delivery Scheduling

3.20.1. Deliveries should be at the clinically appropriate frequency meeting the needs of the Medicines Pathway and/or Individual Care Plan.

3.20.2. The Supplier will therefore schedule routine deliveries to each patient at appropriate intervals or as stated on the patient referral form/prescription.

3.20.3. The service is to be delivered at a place convenient to the patient. This may be their home of other suitable community setting e.g., workplace, friend or relative's address, day care centre.

3.20.4. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this clause is not applicable.

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3.20.5. Deliveries should be scheduled between 08:00hrs and 18:00hrs Monday to Friday and 08:00 - 12:00hrs on Saturday. Wherever possible the date and time of delivery should be agreed with and convenient to the patient or carer.

3.20.6. With regards to Bank Holidays - If the patient's routine delivery would be due on a non-working day the delivery date should be scheduled in the 5 working days prior to the Bank Holiday.

3.20.7. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this clause is not applicable.

3.20.8. For routine deliveries, proactive confirmation is available to all patients, by telephone, of delivery date/time/location by the Supplier within 7 working days of the scheduled delivery date and in any case more than 12 hours prior to the scheduled delivery date. Provision of additional choices of method of confirmation for patients would be advantageous e.g., web portal, SMS.

3.20.9. The Supplier shall ensure that deliveries are made to the patient's confirmed delivery address during normal delivery hours. (Note: the definition of working hours is 8:00hrs and 19:00hrs between Monday and Friday and 9:00hrs to 13:00hrs on Saturdays excluding Bank Holidays - see definitions).

3.20.10. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this clause is not applicable.

3.20.11. Extended delivery hours, delivery on patient requested date, delivery within a specified 2-hour window, or delivery within a patient selected time window would offer an enhanced service to patients.

3.20.12. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this clause is not applicable.

3.20.13. When the Supplier becomes aware that the confirmed delivery date and time will not be met, they must contact the patient at the earliest opportunity to advise them of the new anticipated time of arrival and/or arrange an alternative delivery date and time. Patient choice of innovative communication methods such as text reminders, online tracking is considered advantageous. For this service if there is a delay the Supplier must contact the Participating Authority.

3.20.14. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this clause is not applicable.

3.21. Preparing for the delivery

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3.21.1. The delivery transport must not bear any markings which would indicate the nature of the delivery.

3.21.2. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this clause is not applicable.

3.21.3. The Supplier shall provide patient information in accordance with the specified service and the data protection protocol no later than the first delivery.

3.21.4. The Supplier must ensure that all product and/or medicine are stored, transported, and delivered in a clean condition.

3.21.5. All deliveries should be made under appropriately controlled conditions to suit the nature of the consignments being delivered.

3.21.6. Suitable delivery methods include:

3.21.6.1. Via specially trained homecare delivery drivers (Note: this is essential if the driver enters the patient's home as a standard element of the homecare service)

3.21.6.2. Specialist pharmaceutical delivery network holding an MHRA Wholesale Dealer's Licence

3.21.6.3. Vehicles with validated temperature-controlled chamber(s) or validated cold chain packaging (for more information see Cold Chain tab)

3.21.6.4. Courier

3.21.6.5. Delivery networks which minimise the risk of product loss and provide audit trail of pharmaceutical storage conditions being maintained throughout are preferred.

3.21.7. The delivery personnel will carry photographic identification, to be shown and/or visible at all times and be of smart appearance and fully conversant with the delivery system.

3.21.8. It is advantageous if patients receive deliveries via the same driver each time. If there is to be a permanent change of driver or if the regular driver is on holiday, or if a courier service is to be used, patients or carers must be informed in advance.

3.21.9. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this clause is not applicable.

3.21.10. Outer packaging and/or additional labelling for an individual homecare delivery that is added by delivery staff after handover from the pharmacy must be in compliance with processes approved by the Superintendent Pharmacist

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or, in exceptional circumstances only, approved on an ad hoc basis by the Responsible Registered Pharmacist.

3.22. Making the Delivery

3.22.1. The delivery service is to be provided in a courteous, helpful and confidential manner. Drivers are to be flexible and respect patients' and carers' needs.

3.22.2. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this line is not applicable.

3.22.3. Consignments must only be delivered to the agreed address and signed for by a designated person approved by the patient or carer. Consignments must not be left unattended.

3.22.4. All deliveries require a signature from the person accepting the delivery as proof of delivery, unless otherwise agreed with the Participating Authority, i.e., if a Key Holding Service has been agreed.

3.22.5. The delivery driver should only enter a patient's place of residence if agreed in the medicines pathway. If the Medicines Pathway specifies the driver should enter the patient's home no member of the Contractor's delivery staff may enter into the patient's home to provide the homecare service without asking the patient or carer if they are happy for the service to continue on this occasion. Where agreed in the Medicines Pathway, delivery staff must deliver the consignment to the agreed location within the patient’s home as directed by the patient and/or carer. Delivery staff will unpack the delivery, rotate any existing stock ensuring a first in, first out basis, check storage conditions are appropriate and record the details of storage conditions. The Contractor must provide appropriate support and guidance for delivery staff who are unable to complete the service in accordance with their instructions. Any issues must be recorded by the Contractor and reported to the Purchasing Authority in accordance with this specification.

3.22.6. The person reserves the right to refuse to accept consignments or part consignments which are found, on receipt, to be damaged, faulty and/or otherwise incorrect. Such events will be recorded by the Supplier and reported to the Participating Authority in accordance with this specification.

3.22.7. The delivery personnel must remove all outer delivery packaging if requested to do so by the patient or carer.

3.22.8. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this clause is not applicable.

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3.23. Failed Deliveries, collections and returns

3.23.1. The Supplier must have robust systems in place to re-deliver and/or return failed deliveries and follow through in a timely manner to ensure the patient receives a replacement consignment where appropriate.

3.23.2. The Supplier must log failed deliveries and report back to the Participating Authority if it becomes a regular occurrence.

3.23.3. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this clause is not applicable.

3.23.4. It is preferable that all collections of returned items are made at the same time as a scheduled product delivery. If the collection is not taking place at the same time as the delivery, the Supplier must agree a convenient collection time with the patient or carer mirroring the specified delivery service level.

3.24. Urgent and out-of-hours deliveries

3.24.1. The Contractor shall operate an urgent delivery service whereby delivery will be made within 1 working day of the request being made by the Purchasing Authority.

3.25. Cold Chain and Hazardous Medicines

3.25.1. The Participating Authority is responsible for assessing the risks associated with the storage, handling, delivery and administration of medicines products in accordance with their SmPC or Specials manufacturer's instructions.

3.25.2. Equipment and/or ancillaries identified as necessary to manage risks are specified in the Equipment and Ancillaries tab along with any restrictions to be applied when supplying equipment to an individual patient

3.25.3. Risk control measures to be implemented for specified categories of products are in the sections below:

3.25.3.1. Cold chain

3.25.3.2. Controlled drugs

3.25.3.3. Hazardous medicines

3.25.4. Any medicinal product requiring special handling to meet the requirements of their SmPC or Specials manufacturer's instructions is identified in the relevant product list and where applicable in the individual product dossier.

3.25.5. Suppliers will provide written information to the patient regarding appropriate stock rotation, special storage conditions, temperature monitoring, safe handling and equipment failure.

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3.25.6. Suppliers will take reasonable steps to ensure the patient understands their responsibilities regarding stock rotation, special storage conditions, temperature monitoring, safe handling and equipment failure.

3.25.7. The Supplier may offer alternatives to specified risk control measures for the service subject to acceptance by the Participating Authority.

3.25.8. The Supplier may suggest alternatives to the specified risk control measures based on their experience and to ensure the equipment and procedures used are consistent with those routinely used by its staff in the provision of similar homecare services. The benefits, costs and risk associated with each option must be explained relating to each element of the specification for which an alternative is suggested. Alternatives are subject to acceptance by the Participating Authority.

3.25.9. It is the supplier's responsibility to carry out any maintenance necessary on a patients cold chain refrigerators, if this is carried out by a third party employed by the supplier these details must be confirmed and recorded with the participating authority.

3.26. Cold Chain Medicines requiring storage between 2-8°C

3.26.1. The Supplier will operate a validated cold chain from receipt of deliveries through to delivery to the patient.

3.26.2. Storage of homecare medicines in the patient's own domestic refrigerator will be sufficient to give assurance that the medicine will be fit for purpose at the point of administration, but in some cases storage between 2°C and 8°C will need to be strictly controlled and monitored as the medicine may be particularly unstable at higher temperatures or may be damaged by freezing.

3.26.3. The Suppliers will determine the appropriate storage requirements for all medicines to be supplied using a risk-based approach, using the product's SmPC, other data from the manufacturer, or information from the Specials manufacturer.

3.26.4. Patients will be responsible for keeping refrigerators socially clean, but maintenance will be the responsibility of the Supplier.

3.26.5. If requested by the Participating Authority max/min thermometers should be provided by the contractor to be read and reset daily by the patient. More complex monitoring such as continuous monitoring or a real time device may incur additional costs for the Participating Authority.

3.26.6. The Supplier must be able to implement the temperature monitoring risk controls identified by the Participating Authority.

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3.26.7. In the event of an out of limit result being reported to the homecare provider, the effect on the medicine will be evaluated by a competent person and an audit trail kept of such assessment and the decisions taken.

3.26.8. All out of temperature limit reports received by the Supplier will be reported to the Participating Authority. Where a temperature excursion results in product being wasted and/or any interruption of treatment the Participating Authority will be notified without delay.

3.26.9. The Supplier may offer alternatives to specified risk control measures for storage of medicines in the patient's home subject to acceptance by The Authority (HealthTrust Europe).

3.26.10. The Contractor may suggest alternatives to the specified risk control measures for cold chain products based on their experience and to ensure the equipment and procedures used are consistent with those routinely used by its staff in the provision of similar homecare services. The benefits, costs and risk associated with each option must be explained relating to each element of the specification for which an alternative is suggested. Alternatives are subject to the Participating Authority's acceptance.

3.26.11. Maintenance and calibration of all refrigeration and temperature monitoring equipment will be the responsibility of the Supplier (refer to Ancillaries section).

3.27. Cytotoxic and other hazardous medicines

3.27.1. The supplier will provide appropriately labelled containers detailing any special handling precautions when supplying cytotoxic drugs.

3.27.2. Patients will be provided with the appropriate equipment for disposing of any cytotoxic waste that is generated through use. This waste will be collected and disposed of as required.

3.27.3. The supplier will perform a risk assessment and provide PPE if this is required. The employees must be trained in the use of PPE, and it must be adequately maintained, stored and safe to use.

3.27.4. Injectable cytotoxic drugs should only be dispensed if they are prepared for administration.

3.27.5. As described in the 2002 Control of Substances Hazardous to Health Regulations (COSHH), cytotoxic substances are deemed as hazardous. Due to this, procedures must be in place for the safe disposal of waste and presented back to HTE. All relevant staff should be familiar with these procedures.

3.27.6. If the drug is exposed to the patient, the staffing of the supplier or the general public in a harmful way, this is to be reported under the RIDDOR act of 2013.

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3.27.7. Where the Supplier's nursing staff administers cytotoxic or hazardous medicines, the Supplier is responsible for ensuring the Nurse carries a suitable spill kit.

3.27.8. Where a spill kit is required, the patient must be appropriately trained in its use. Responsibility for training of the patient for use of the spill kit shall be agreed by the Supplier and Purchasing Authority prior to service commencement.

3.28. Controlled Drugs

3.28.1. The supply of controlled drugs must be compliant with the Misuse of Drugs Act 2001.

3.28.2. Only registered professionals may administer such substances. Relevant documentation will be sent to the Trust by the supplier for verification of staffing certifications.

3.28.3. The supplier will ensure that the prescription is delivered and administered by the healthcare professional in a safe manner.

3.28.4. If the Professional suspects misuse, they must inform the Supplier immediately, who will liaise with the Participating Authority in regard to action moving forward.

3.28.5. Supplier failure to adhere to the aforementioned act, will be considered a breach of contract between the two parties and will result in termination.

3.29. Ancillaries

3.29.1. Where there is a choice of ancillary stated within this specification any patient may choose any type of ancillary from the list unless it is clearly marked "restrictions may apply".

3.29.2. A specification for each product the Supplier is able to offer must be provided upon the request of the Participating Authority or Contracting Authority, with the average usage per patient per month/year; any applicable restrictions; and minimum safety stock levels.

3.29.3. The Supplier may suggest an ancillary list and ancillary specifications based on their experience and to ensure the ancillaries used are consistent with those routinely used by its staff in the provision of similar homecare services. The benefits, costs and risk associated with the using either the Purchasing Authorities ancillary list of the Supplier's Ancillary list must be explained and may include reduced cost due to buying power or fewer line items being stocked by the Supplier; reduced clinical risk because staff are using the same ancillaries as other contracts; more/less wastage.

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3.29.4. Deliveries of ancillaries should be with routine delivery of medicines wherever possible. No additional delivery cost will be paid for separate ancillary deliveries, unless there are exceptional circumstances, and it has been agreed by the Participating Authority.

3.29.5. The Participating Authority or Supplier must have a robust process for managing initial supplies and replenishment of ancillaries to ensure continuity of patient treatment. It is the Supplier's responsibility to check stock levels and replenish the patient's additional requirements for ancillary products on a regular basis.

3.29.6. The Supplier must have robust processes to manage requests from the Participating Authority and/or Patient for ancillaries not on the specified Ancillary lists. Direct Patient requests for exceptional supply of ancillaries will be referred to the Participating Authority.

3.29.7. Where latex is present in ancillaries used at any time during the homecare service the Supplier will inform the Participating Authority.

3.30. Equipment

3.30.1. There may be potential cases where portable equipment is distributed in different ways, due to differing requirements. This will be defined in the medical pathway for the service, which can be found in the Commercial envelope of the ITT. These services can differ as per the below:

3.30.1.1. Portable equipment is to be delivered to the patient by the Supplier with or prior to the initial consignment of medication.

3.30.1.2. Portable equipment is to be provided to the patient at the clinic.

3.30.1.3. The Supplier will provide an installation visit for equipment x,y,z etc.

3.30.2. The Supplier will provide an installation visit for equipment or as otherwise agreed between the Patient and the Supplier. The equipment needed will be defined in the medicines pathway, which can be found in the commercial envelope as part of the ITT. As part of this, the Supplier needs to ensure the patient/carers feels informed and confident about the use and maintenance of the equipment and knows all relevant contact details for assistance. An installation visit report must be provided to the Participating Authority for any installation, service, maintenance or calibration of equipment. This visit report must highlight any issues that were encountered.

3.30.3. The Supplier should maintain safety stocks of critical equipment and ancillaries to ensure continuity of patient treatment and/or allow new patient to be referred to the service in accordance with the timescales in this specification.

3.30.4. All equipment must be traceable. Records must be kept of current location and/or installation, maintenance, next service or calibration due date.

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Equipment records for individual patients are to be made available to the Purchasing Authority on request.

3.30.5. Patients have responsibility to use equipment in accordance with the instructions provided. The Supplier should provide written patient information that includes step by step instructions on how to use the equipment. A telephone helpline number should be provided. We would welcome the use of innovative formats, to suit the requirements of the individual patient and carers.

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3.31. Compounded Drugs

3.31.1. Compounded drugs should be sourced from a unit holding a manufacturers special licence. This licence should also be granted by the MHRA.

3.31.2. The Supplier must inform the Participating Authority if the compounding is to be subcontracted to a third party. It is the Supplier's responsibility to ensure that the subcontractor(s) are compliant with recent laws.

3.31.3. The Supplier will provide, whether it be internal or subcontracted, documentation to the Participating Authority confirming these works can be carried out.

3.31.4. Every Pharmacist that will oversee this compounding, will be registered with the GPhC and subject to the Standards for Conduct, Ethics and Performance and requirements relating to Continuing Professional Development (CPD). This certification will be sent to the Participating Authority by the Supplier.

3.31.5. All compounders will be qualified to the relevant training standards of the inhouse provider.

3.31.6. The Participating Authority reserves the right to audit the premises of the Supplier (or their proposed subcontractor(s)), to ensure that the location of the compounding is compliant to UK standards.

3.31.7. The Participating Authority also reserves the right to audit and monitor premises throughout the duration of the contract, to ensure these standards are upheld.

3.32. Clinical Services

3.32.1. If the service you are bidding for is a prescription dispensing and delivery to a collection point only, without prescription management or patient contact then this clause is not applicable

3.32.2. The Clinical Services to be provided are as outlined in the Medicines Pathway and specified in the Clinical Service Protocols and Individual Patient Care Plan.

3.32.3. The Participating Authority is responsible for assessing the risks associated with clinical services.

3.32.4. The potential clinical services that may be required can be found within the Mini Competition documentation, which will be required when the

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Authority calls off under the framework. The Participating Authority will specify the clinical services to be provided for each patient on the registration form.

3.32.5. Clinical Services will be provided during normal working hours or as otherwise specified in the Clinical Service Protocol

3.32.6. The Participating Authority will ensure clinical escalation contacts are available at all times whilst clinical services are being provided.

3.32.7. Upon occasion, there may be a requirement for an out of hours service. The Participating Authority will inform The Supplier of the usual protocol in this instance.

3.32.8. When Clinical Services include medicine administration under the supervision of a Healthcare Professional, or administration via the Healthcare Professional themselves, the Supplier will ensure a copy of the prescription or full patient specific administration instructions are on the dispensing label, at the point of administration.

3.32.9. The Supplier is responsible for scheduling clinical services in accordance with the medicine pathway and clinical service protocol. The Supplier will ensure that any clinical services are performed at the times and venues agreed between the parties and shall give as much notice as reasonably practicable if for any reason they are unable to meet the agreed service level. Wherever possible the Supplier will maintain continuity of staffing for an individual patient.

3.32.10. Following the provision of a clinical service intervention, a report should be made to the Participating Authority's Clinical Team within 48 hours or as soon as possible if there are any clinical concerns. Any new or changed risks identified during a clinical home visit will be recorded and the Individual Patient Care Plan updated with new or changed risk control measures. Processes for recording and transmission of clinical records between the parties must be via approved methods that are IGT Level 2 compliant. Transmission of clinical records may be in electronic or paper form via a postal service. All methods must be IGT Level 2 compliant.

3.32.11. A summary report or log including clinical services and clinical interventions must be available for each individual patient at the request of the Participating Authority.

3.33. Additional training and competence provisions for Supplier’s staff who are providing clinical services

3.33.1. Suppliers must ensure all their staff have knowledge of clinical governance and be committed to clinical supervision, customer care and complaints handling.

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3.33.2. Suppliers should supply information on the level of knowledge and expertise on the medicines and equipment used in the clinical specialities relevant to this tender for homecare services, including the methods and frequency of training and accreditation used. For example;

3.33.2.1. Relevant equipment management

3.33.2.2. Evidence based clinical decision making

3.33.2.3. Side effect management

3.33.2.4. Disease awareness

3.33.2.5. Specific therapies, as prescribed

3.33.2.6. Drug cost awareness

3.33.2.7. Reconstitution of drug awareness e.g. Myozyme –protein strands are produced if not reconstituted according to guidelines/policy

3.33.2.8. ICH/cGCP

3.33.3. Suppliers should also ensure any new staff or staff moving between roles are trained accordingly prior to taking responsibility for delivery of the homecare services. Where staff are in training, it is anticipated that they will be supervised until they have been formally assessed and deemed competent.

3.33.4. The Supplier must facilitate Continual Professional Development (CPD) for all professional staff as required by their respective professional body. The Supplier must have a robust mechanism to ensure that relevant professional registrations are maintained.

3.33.4.1. Suppliers must have policies on the following and must ensure that all clinical staff are trained and monitored for compliance:

3.33.4.2. Medicines Policy

3.33.4.3. Policy for informed consent to clinical service/intervention

3.33.4.4. Records Management Policy

3.33.4.5. Zero tolerance and policy for the withdrawal of care

3.33.4.6. Detailed understanding of the relevant medicines pathway

3.33.5. Suppliers must have policies on the following and must ensure that all clinical staff providing clinical services involving medication administration are trained and monitored for compliance:

3.33.5.1. Anaphylaxis Management Guidelines

3.33.5.2. Infection Control Manual

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3.33.5.3. Resuscitation Policy and Guidelines

3.33.5.4. Lone Worker Policy (incorporating working alone care and chaperoning)

3.33.6. The Suppliers clinical staff are expected to undergo 2 days initial training and 1-day refresher training per year alongside Participating Authority staff in addition to the Supplier's internal training.

3.34. Home Visits

3.34.1. The Supplier will adhere to the Participating Authority's Policy giving conditions of entry into the patient's home, which will be provided upon the provision of the service, and which may be updated from time to time.

3.34.2. All staff visiting a patient's home will carry photographic identification which will be shown on arrival.

3.34.3. All staff visiting the patient at home will be courteous, helpful and maintain patient confidentiality. Visiting staff are to be flexible and respect patients' and carers' needs and will comply with any reasonable conditions of entry laid down by the patient. Visiting staff will be dressed appropriately.

3.34.4. Contactor's staff must check the patient continues to consent to the visit and actions to be taken by the staff on each occasion they enter the patient's home. Staff must respect any patient's wishes if they withdraw consent they have previously given.

3.34.5. The Supplier will use its best endeavours to ensure that any non-clinical home visits are performed at the times and venues agreed between the parties and shall give as much notice as reasonably practicable if for any reason they are unable to meet the agreed service level.

3.34.6. Following a home visit, a report should be made to the Participating Authority within 48 hours if the planned activity could not be completed. Any new or changed risks identified during a non-clinical home visit will be recorded and the Individual Patient Care Plan updated with new or changed risk control measures.

3.34.7. A summary report or log including non-clinical Home Visits must be available for each individual patient on request of the Participating Authority.

3.34.8. The supplier will use its best endeavours to ensure that any non-clinical home visits are performed at the times and venues agreed between the parties and shall give as much notice as reasonably practicable if for any reason they are unable to meet the agreed service level.

3.34.9. The Supplier shall check stock levels either physically or remotely and replenish ancillaries on a regular basis.

3.34.10. The Supplier shall inform the Purchasing Authority if a patient's ancillary usage deviates from the expected usage level.

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3.35. Additional training and competence provisions for supplier's staff who are providing non-clinical home visits

3.35.1. Suppliers must have policies on the following and must ensure that all clinical staff are trained and monitored for compliance.

3.35.1.1. Medicines Policy

3.35.1.2. Policy for informed consent to clinical service/intervention

3.35.1.3. Records Management Policy

3.35.1.4. Zero tolerance and policy for the withdrawal of care

3.35.1.5. Detailed understanding of the relevant medicine's pathway

3.35.2. Suppliers must have policies on the following and must ensure that all clinical staff providing clinical services involving medication administration are trained and monitored for compliance.

3.35.2.1. Anaphylaxis Management Guidelines

3.35.2.2. Infection Control Manual

3.35.2.3. Resuscitation Policy and Guidelines

3.35.2.4. Lone Worker Policy (incorporating working alone care and chaperoning)

3.35.3. The Suppliers clinical staff are expected to undergo 2 days initial training and 1 day refresher training per year alongside Participating Authority staff in addition to the Supplier's internal training.

3.36. Generation of purchase orders by the participating authority

3.36.1. The Participating Authority will generate Purchase Orders as detailed below and transmit them to the Supplier. Where patient identifiable information is included in the purchase order, the transmission will be via approved methods that are IGT Level 2 compliant or otherwise specified in the Data Sharing or Data Processing agreement. Transmission of Purchase Orders may be in electronic or paper form via a postal service. All methods must be IGT Level 2 compliant.

3.37. Receipt of Purchase Orders from Participating Authority by Supplier

3.37.1. Suppliers should be able to receive orders transmitted via an electronic solution e.g., via e-commerce however there may on occasion be the requirement for a non-electronic solution. This can be further defined upon a Participating Authority's provision of the service.

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3.38. Purchases by the supplier

3.38.1. The Participating Authority authorises the Supplier to purchase specified medicines, ancillaries and equipment for use in the homecare services at Participating Authority framework prices where they exist, or at the manufacturers NHS Hospital purchase price, subject to the agreement of the relevant manufacturers and/or wholesaler. The Participating Authority is responsible for notifying the Supplier of such contract or framework or NHS hospital prices. The Supplier will make reasonable efforts to secure agreement for the framework, contract or NHS hospital prices and the Participating Authority will provide every assistance possible to ensure the Supplier is successful in gaining that agreement.

3.38.2. Where the Supplier is accessing NHS prices on the NHS's behalf, the Participating Authority will aim to give 28 days' notice to the Supplier of any new or changed contract or framework pricing that they may have been granted access to use on behalf of the NHS to deliver the service.

3.38.3. The Supplier will use all reasonable endeavours to source all unspecified medicines, ancillaries and equipment at cost effective prices and any mark-up applied by the Supplier must be proportional to the additional costs incurred by the Supplier in sourcing those products.

3.38.4. Product and/or medicine provided by manufacturers or wholesalers to the Supplier for the use by patients of the Participating Authority under this framework are not for resale by the Supplier to any third party.

3.38.5. The Supplier will be responsible for the ordering, receipt, control and payment for all medicinal products and ancillaries and will be responsible for the maintenance of adequate stock levels to satisfactorily meet the requirements of this framework.

3.39. Invoicing

3.39.1. The Supplier will be responsible for the ordering, receipt, control and payment for all medicinal products and ancillaries and will be responsible for the maintenance of adequate stock levels to satisfactorily meet the requirements of this framework. The Supplier should submit Invoices electronically e.g .via the Pharmacy Messaging Service, if requested by the Purchasing Authority. Where patient identifiable data is included, transmission must be via approved methods that are IGT Level 2 compliant or otherwise specified in the Data Sharing or Data Processing agreement between the Supplier and the Participating Authority. Transmission of Invoices may be in electronic or paper form via a postal service. All methods must be IGT Level 2 compliant.

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3.39.2. The Supplier should submit Invoices electronically e.g., via the Pharmacy Messaging Service, if requested by the Purchasing Authority.

3.39.3. Where patient identifiable data is included, transmission must be via approved methods that are IGT Level 2 compliant or otherwise specified in the Data Sharing or Data Processing agreement between the Supplier and the Participating Authority. Transmission of Invoices may be in electronic or paper form via a postal service. All methods must be IGT Level 2 compliant.

3.39.4. Invoices should contain a unique identifier, e.g., order number and should match the pricing schedule unless otherwise agreed by the Participating Authority in accordance with this specification.

3.39.5. All invoices will be supported by proof of delivery unless specifically agreed with the Participating Authority i.e., cases where a key holding arrangement is in place. Acceptable proof should normally be provided by means of a signature of the patient or their carer/representative on either a paper document intended for the purpose or digital device. Where an electronic signature is captured, a mechanism shall exist such that a copy or facsimile thereof may be provided to the Trust. In order to reduce environmental impact Suppliers may make electronic images available providing such systems meet acceptable NHS information security guidelines.

3.39.6. In exceptional cases where the original proof of delivery is lost, damaged or unavailable for some other substantive reason the Supplier may provide a declaration of delivery providing the following information:

3.39.6.1. Dispensing & Despatch date

3.39.6.2. Delivery Date and Route or Carrier information and evidence

3.39.6.3. How the delivery was confirmed, by who, and when

3.39.7. The Supplier's declaration must be made by an authorised person and such declarations found to be false will be considered as a breach of this agreement.

3.40. Capital Equipment

3.40.1. All equipment must be traceable. The records relating to equipment owned by the Participating Authority must be made available on request by the Supplier.

3.41. Statement of accounts and Payments

3.41.1. Participating Authority will pay undisputed invoices 30 days from the date of receipt in line with public sector prompt payment Policies.

3.42. Risk, Liability and Insurance

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3.42.1. Where medicines or ancillaries or equipment are unusable due to action or inaction of the Supplier, the unusable items will be collected and replaced at no expense to the Participating Authority or, if resupply is not clinically appropriate a credit note will be raised against the invoice for those unusable items. Unusable items may only be resupplied at the cost of the Participating Authority when approved by the Participating Authority.

3.42.2. Where a fault, breakdown or damage to equipment is established as being due to the patient's/carers negligence, misuse or failure to observe any instructions or training concerning the use of the equipment, the Supplier shall have the right to recover the cost of repair or replacement from the Participating Authority, provided that such negligence, misuse or failure was not caused or contributed to by any action of or failure to take action by the Supplier. Equipment may only be resupplied or repaired at the cost of the Participating Authority when prior approval has been given by the Participating Authority.

3.42.3. Suppliers must maintain professional indemnity (medical malpractice) insurance as appropriate to the services being provided.

3.42.4. Clinical risk assessment is integrated into the development of all homecare services and appropriate measures are implemented to mitigate identified risks.

3.42.5. Homecare services are subject to regular clinical audit of expected vs. actual outcome and patient safety incidents

3.42.6. Evidence of good clinical practices are maintained and available for clinical audit including hand-over of duty of care between members of the homecare team, and between homecare organisations.

3.42.7. Assurance of the quality of services and evidence of maintenance of good clinical governance is maintained where any homecare services or part thereof is sub-contracted to another homecare organisation.

3.42.8. Suppliers must have a robust quality system in place which includes policies on the following and must ensure that all staff comply with them.

3.42.8.1. Health and safety Policy

3.42.8.2. Environmental Policy

3.42.8.3. Bribery Policy

3.42.8.4. Complaints and incidents policy

3.42.8.5. Safeguarding vulnerable people policy

3.42.8.6. Equality & Diversity Policy

3.42.8.7. Lone Worker Policy

3.42.8.8. Medicines Policy

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3.42.8.9. Privacy Policy

3.42.8.10. Records Management Policy

3.42.8.11. Social Value Policy

3.42.8.12. Transition Policy (Paediatric to adult care)

3.42.8.13. Zero tolerance and policy for the withdrawal of care

3.42.9. Where relevant national guidelines are in place it is mandatory that these are adopted. Where national guidelines are not in place or if the Supplier is unsure, then the Supplier shall liaise with the Purchasing Authority to confirm mutually acceptable guidelines.

3.42.10. Where Services include clinical home visits, Suppliers must have policies on the following and must ensure that all clinical staff providing clinical services involving medication administration are trained and monitored for compliance.

3.42.10.1. Anaphylaxis Management Guidelines

3.42.10.2. Infection Control Manual

3.42.10.3. Resuscitation Policy and Guidelines

3.43. Introduction to insight

3.43.1. inSight is an e-Catalogue, e-Commerce and Spend Analytics solution designed to bring efficiencies to both members and suppliers that are part of HealthTrust's group purchasing network. There are no supplier fees to transact with any of our members or other HealthTrust Europe clients who adopt inSight. Our goal is to ensure that all documents are able to flow electronically between HealthTrust members and suppliers without the need for multiple service providers and electronic connections. With one simple connection to inSight our members and suppliers will be able to communicate electronically with each other and save money. We have been investigating this solution for a number of years and have contracted with a global provider who specialise in these type of networks and already facilitate the transaction of 1.7 million purchases every week in 150 countries.

3.43.2. The e-Catalogue solution component enables members to acquire a single, secure procurement portal where all HealthTrust, local and third-party content can be hosted and managed within the same environment. inSight supports enriched catalogue content, including images, data sheets, cross links and many other media assets, which help improve the quality and accuracy of the purchasing process. Suppliers are able to upload catalogue data and contract prices directly in to the inSight environment via portal or API. This content can be made available at point-of-use within member

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organisations in a variety of different ways, including standard and transparent punch-out.

3.43.3. The e-Commerce solution component enables full EDI, with a dedicated e-Invoicing module. Many solutions only offer e-invoices as a 'PO-flip', without any advanced compliance or quality checks. inSight offers these features for all invoices, even where a formal PO has not been raised. This will significantly improve process efficiency and reduce material costs associated with paper-based processes when trading with HealthTrust's members who adopt inSight, without the need to pay any transaction fees. Other benefits include complete visibility of transaction status and less resource required to identify and resolve invoice and payment queries.

3.43.4. On 16th April 2014, the European Parliament and the Council agreed a Directive on e-invoicing in public procurement, which entered into force on the 26th May 2014. The Directive includes a requirement for contracting authorities, including NHS providers, to offer their suppliers the ability to submit electronic invoices. The Department of Health has engaged with key group purchasing organisations (including HealthTrust) to help deliver the national strategy and ensure that the correct solutions are in place. inSight is also GS1 accredited and capable of transacting with third parties via PEPPOL, which offers members and suppliers an easy route to compliance with NHS e-Procurement Strategy mandates moving forward.

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Appendix 2

Contract Price

Pricing valid until 10/04/2024

Supplier Name	Supplier Cat #	Suppliers Item Description	UOP	QOP	Contract Price
HEALTHNET HOMECARE	DELIVERY4	Delivery to local community pharmacy partner with extra services e.g. phoning patient, management of uncollected items. Patient counselling. Cold Chain (including acceptance of returns and waste to that community pharmacy)	EA	1	£29.00
HEALTHNET HOMECARE	DELIVERY3	Delivery to local community pharmacy partner with extra services e.g. phoning patient, management of uncollected items. Patient counselling. Non cold Chain (including acceptance of returns and waste to that community pharmacy)	EA	1	£27.00
HEALTHNET HOMECARE	DELIVERY1	Delivery to local community pharmacy partner for patient collection non cold chain (including acceptance of returns and waste to that community pharmacy)	EA	1	£27.00
HEALTHNET HOMECARE	DISPENSING1	Dispensing of oral dosage forms non refrigerated on receipt of a valid prescription	EA	1	£19.00
HEALTHNET HOMECARE	DELIVERY2	Delivery to local community pharmacy partner for patient collection cold chain (including acceptance of returns and waste to that community pharmacy)	EA	1	£29.00
HEALTHNET HOMECARE	PREMIUM3	Premium for dispensing into a dosette box/blister pack or other monitored dosage system; a premuim for a 4 week supply.	EA	1	£15.00
HEALTHNET HOMECARE	PREMIUM2	Premium for Urgent Delivery	EA	1	£195.00
HEALTHNET HOMECARE	NON2	Non cold chain delivery to a suitable address of the patients' choice within the Trust catchment area within routine delivery hours	EA	1	£27.00
HEALTHNET HOMECARE	DISPENSING4	Dispensing of commercially available pens/syringes for subcutaneous injection refrigerated on receipt of a valid prescription	EA	1	£19.00
HEALTHNET HOMECARE	DISPENSING3	Dispensing of commercially available pens/syringes for subcutaneous injection non refrigerated on receipt of a valid prescription	EA	1	£19.00
HEALTHNET HOMECARE	DISPENSING2	Dispensing of oral dosage forms refrigerated on receipt of a valid prescription	EA	1	£19.00

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HEALTHNET HOMECARE	COLDCHAIN1	Cold chain delivery to a suitable address of the patients' choice within the Trust catchment area within routine delivery hours	EA	1	£29.00

Pricing valid from 11/04/2024

Supplier Name	Supplier Cat #	Suppliers Item Description	UOP	QOP	Contract Price
HEALTHNET HOMECARE	DELIVERY4	Delivery to local community pharmacy partner with extra services e.g. phoning patient, management of uncollected items. Patient counselling. Cold Chain (including acceptance of returns and waste to that community pharmacy)	EA	1	£30.00
HEALTHNET HOMECARE	DELIVERY3	Delivery to local community pharmacy partner with extra services e.g. phoning patient, management of uncollected items. Patient counselling. Non cold Chain (including acceptance of returns and waste to that community pharmacy)	EA	1	£28.00
HEALTHNET HOMECARE	DELIVERY1	Delivery to local community pharmacy partner for patient collection non cold chain (including acceptance of returns and waste to that community pharmacy)	EA	1	£28.00
HEALTHNET HOMECARE	DISPENSING1	Dispensing of oral dosage forms non refrigerated on receipt of a valid prescription	EA	1	£20.00
HEALTHNET HOMECARE	DELIVERY2	Delivery to local community pharmacy partner for patient collection cold chain (including acceptance of returns and waste to that community pharmacy)	EA	1	£30.00
HEALTHNET HOMECARE	PREMIUM3	Premium for dispensing into a dosette box/blister pack or other monitored dosage system; a premuim for a 4 week supply.	EA	1	£15.50
HEALTHNET HOMECARE	PREMIUM2	Premium for Urgent Delivery	EA	1	£195.00
HEALTHNET HOMECARE	NON2	Non cold chain delivery to a suitable address of the patients' choice within the Trust catchment area within routine delivery hours	EA	1	£28.00
HEALTHNET HOMECARE	DISPENSING4	Dispensing of commercially available pens/syringes for subcutaneous injection refrigerated on receipt of a valid prescription	EA	1	£20.00
HEALTHNET HOMECARE	DISPENSING3	Dispensing of commercially available pens/syringes for subcutaneous injection non refrigerated on receipt of a valid prescription	EA	1	£20.00

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HEALTHNET HOMECARE	DISPENSING2	Dispensing of oral dosage forms refrigerated on receipt of a valid prescription	EA	1	£20.00
HEALTHNET HOMECARE	COLDCHAIN1	Cold chain delivery to a suitable address of the patients' choice within the Trust catchment area within routine delivery hours	EA	1	£30.00
HEALTHNET HOMECARE	PREMIUM4	Premium for Out of Trust catchment area deliveries / holiday deliveries	EA	1	£0.00
HEALTHNET HOMECARE	PREMIUM1	Premium for Out of Routine Hours Delivery	EA	1	£0.00