

Homecare Medicines Delivery Service

Reference Number: RDF1760-23 Date of Response: 15/08/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

1. Does your trust employ one or more homecare medicine services provider(s) to deliver and/or administer medicines to patients in their normal residence? If so, what is the name of the provider(s)?

ALCURA HOMECARE
B BRAUN HOMECARE
BAXTER HOMECARE
CALEA HOMECARE
HEALTHCARE AT HOME (SCIENSUS)
HEALTHNET HOMECARE
LLOYDS PHARMACY CLINICAL HOMECARE
PHARMAXO HOMECARE
POLARSPEED HOMECARE

2. For each provider, how many active patients currently receive your homecare medicines service as of 31 July 2023?

Latest month available to end of June 2023

Sum of Total number of patients registered for the	
homecare service.	
Alcura	843
Baxter Healthcare Ltd	134
BBraun	6
Calea	≤5
Healthcare at Home	Nil
HealthNet Homecare	511
LloydsPharmacy Clinical Homecare	581
Pharmaxo Pharmacy Services Limited	221
Polarspeed	334
Sciensus	2,955

In accordance with Section 40 (2) of the Freedom of Information Act 2000, we are unable to provide figures where the number of patients is less than or equal to five and could risk the identification of those patients and breach Caldicott principles. In these cases ≤5 is used to indicate that a figure between 1 and 5 is being suppressed.

This follows NHS Digital (formerly HSCIC) analysis guidance (2014) which states that small numbers within local authorities, wards, postcode districts, CCG's providers and Trusts may allow identification of patients and should not be published.

3. For each provider, how many of these patients are administered medicines as part of the homecare service as of 31 July 2023?

Sum of Total number of patients registered for	
the homecare service.	
Alcura	843
Baxter Healthcare Ltd	134
BBraun	6
Calea	≤5
Healthcare at Home	Nil
HealthNet Homecare	511
LloydsPharmacy Clinical Homecare	581
Pharmaxo Pharmacy Services Limited	221
Polarspeed	334
Sciensus	2,955

4. For each provider, please provide a list of medications delivered and/or administered through this service.

ALCURA HOMECARE CONTRACTED ITEMS
Abiraterone
Acalabrutinib
Alectinib
Apalutamide
Axitinib
AZATHIOPRINE 25MG TABLETS
AZATHIOPRINE 50MG TABLETS (GENERICS (UK) LTD)
Baracitinib
Binimetinib
Bosutinib
Brodalumab
Cabozantinib
Certinib
CICLOSPORIN (NEORAL) 100MG CAPSULES
CICLOSPORIN (NEORAL) 25MG CAPSULES
CICLOSPORIN (NEORAL) 50MG CAPSULES
CICLOSPORIN (VANQUORAL) 25MG CAPSULES
CICLOSPORIN (VANQUORAL) 50MG CAPSULES
CINACALCET 30MG TABLETS (DR REDDY`S LABORATORIES)
CINACALCET 60MG TABLETS (DR REDDY`S LABORATORIES)
CINACALCET 90MG TABLETS (DR REDDY`S LABORATORIES)
Dabrafenib
Dasatinib
Dexamethasone
DILACORT 5MG GASTRO-RESISTANT TABLETS
Encorafenib
Enzalutamide

Erlotinib
Everolimus
Exemestane
Fremanezumab (Ajovy)
Genotropin
GENOTROPIN MINIQUICK 1MG POWDER FOR SOLUTION
FOR INJECTION
Ibrutinib
Imatinib
Lenalidamide
MYCOPHENOLATE MOFETIL 250MG CAPSULES
MYCOPHENOLATE MOFETIL 500MG TABLETS (HILLCROSS
PHARMACEUTICALS)
MYFORTIC 180MG TABLETS
MYFORTIC 360MG TABLETS
Nilotinib
Niraparib
NORDITROPIN FLEXPRO 5MG/1.5ML SOLUTION FOR
INJECTION PRE-FILLED PEN
NORDITROPIN NORDIFLEX 15MG/1.5ML INJECTION
Ocaliva
Ofatumumab
Osimertinib
Pazopanib
Pomalidomide
PREDNISOLONE 1MG TABLETS
PREDNISOLONE 2.5MG GASTRO-RESISTANT TABLETS
PREDNISOLONE 5MG GASTRO-RESISTANT TABLETS
PREDNISOLONE 5MG TABLETS
RAPAMUNE 1MG TABLETS
RAPAMUNE 2MG TABLETS
RAPAMUNE 500MICROGRAM TABLETS
Ruxolotinib
SOMATROPIN (EPR) (NORDITROPIN FLEXPRO) 10MG/1.5ML PRE-FILLED PEN
SOMATROPIN (EPR) (NORDITROPIN FLEXPRO) 5MG/1.5ML
PRE-FILLED PEN
SOMATROPIN (RBE) 15MG/1.5ML INJECTION SOLUTION
SOMATROPIN (RBE) 200MICROGRAM POWDER FOR
SOLUTION FOR INJECTION
SOMATROPIN (RBE) 800MICROGRAM POWDER FOR
SOLUTION FOR INJECTION
SOMATROPIN (RBE) (OMNITROPE SUREPAL 10)
10MG/1.5ML INJECTION SOLUTION
SOMATROPIN (RBE) (OMNITROPE SUREPAL 5) 5MG/1.5ML
SOLUTION FOR INJECTION CARTRIDGE
Sorafenib
Sotorasib
Sunitinib
TACROLIMUS (ADOPORT) 500MICROGRAM CAPSULES
TACROLIMUS (ADOPORT) 5MG CAPSULES
TACROLIMUS (ADOPORT) 750MICROGRAM CAPSULES

TACROLIMUS (ADOPORT) 1MG CAPSULES

TACROLIMUS (ADVAGRAF) 1MG MODIFIED RELEASE CAPSULES

TACROLIMUS (ADVAGRAF) 3MG MODIFIED RELEASE CAPSULES

TACROLIMUS (ADVAGRAF) 5MG MODIFIED RELEASE CAPSULES

TACROLIMUS (PROGRAF) 500MICROGRAM CAPSULES

TACROLIMUS (PROGRAF) 5MG CAPSULES

TACROLIMUS (PROGRAF) 1MG CAPSULES

Trametinib

B BRAUN HOMECARE CONTRACTED ITEMS

HOME PARENTERAL NUTRITION BAG

HOME PARENTERAL NUTRITION BAG; NURSING CHARGE FOR HOMECARE

HOME PARENTERAL NUTRITION BAG; SODIUM CHLORIDE 0.9% 1000 ML INFUSION FOR HOMECARE; HOME PARENTERAL NUTRITION BAG; SODIUM CHLORIDE 0.9% WITH 8MMOL MAGNESIUM FOR HOMECARE

NURSING CHARGE FOR HOMECARE; HOME PARENTERAL NUTRITION BAG

ONDANSETRON INJECTION FOR HOMECARE

SODIUM CHLORIDE 0.9% WITH 8MMOL MAGNESIUM FOR HOMECARE; HOME PARENTERAL NUTRITION BAG; SODIUM CHLORIDE 0.9% 1000 ML INFUSION FOR HOMECARE

BAXTER HOMECARE CONTRACTED ITEMS

ANCILLARY PACK 2 FOR CF HOMECARE

ANCILLARY PACK 2 FOR CF HOMECARE; CEFTAZIDIME FOR HOMECARE; ANCILLARY PACK 1 FOR CF HOMECARE

CEFTAZIDIME FOR HOMECARE

DAILY FRIDGE RENTAL FOR CF HOMECARE

HOME PARENTERAL NUTRITION BAG

HOME PARENTERAL NUTRITION BAG; PANTOPRAZOLE INFUSION FOR HOMECARE; TAUROLOCK LINELOCK FOR HOMECARE

HOME PARENTERAL NUTRITION BAG; SODIUM CHLORIDE 0.9% 2000 ML INFUSION FOR HOMECARE

HOME PARENTERAL NUTRITION BAG; SODIUM CHLORIDE 0.9% WITH 8MMOL MAGNESIUM FOR HOMECARE; SODIUM CHLORIDE 0.9% 2000 ML INFUSION FOR HOMECARE

HOME PARENTERAL NUTRITION BAG; TAUROLOCK LINELOCK FOR HOMECARE

NURSING CHARGE FOR HOMECARE

PANTOPRAZOLE INFUSION FOR HOMECARE; HOME PARENTERAL NUTRITION BAG

SODIUM CHLORIDE 0.9% INJECTION

SODIUM CHLORIDE 0.9% INJECTION; ANCILLARY PACK 1 FOR CF HOMECARE; ANCILLARY PACK 2 FOR CF HOMECARE SODIUM CHLORIDE 0.9% 1000 ML INFUSION FOR HOMECARE; SODIUM LACTATE (HARTMANNS) INFUSION FOR HOMECARE; SODIUM CHLORIDE 0.9% WITH 8MMOL MAGNESIUM FOR HOMECARE

SODIUM CHLORIDE 0.9% 2000 ML INFUSION FOR HOMECARE

SODIUM CHLORIDE 0.9% WITH 10MMOL MAGNESIUM FOR HOMECARE

TAUROLOCK LINELOCK FOR HOMECARE

TAZOCIN 4G/0.5G POWDER FOR SOLUTION FOR INFUSION VIAL

WATER FOR INJECTIONS INJECTION

CALEA HOMECARE CONTRACTED ITEMS

HOME PARENTERAL NUTRITION BAG

HOME PARENTERAL NUTRITION BAG; HOME PARENTERAL NUTRITION BAG

HOME PARENTERAL NUTRITION BAG; HOME PARENTERAL NUTRITION BAG; HOME PARENTERAL NUTRITION BAG

HOME PARENTERAL NUTRITION BAG; SODIUM CHLORIDE 0.9% 1000 ML INFUSION FOR HOMECARE

SODIUM CHLORIDE 0.9% 1000 ML INFUSION FOR HOMECARE

HEALTHCARE AT HOME (SCIENSUS)

ABATACEPT PRE-FILLED PEN 125MG INJECTION SOLUTION

ABATACEPT PRE-FILLED SYRINGE 125MG INJECTION SOLUTION

ABIRATERONE ACETATE 500MG TABLETS

ABIRATERONE ACETATE 500MG TABLETS; PREDNISOLONE 5MG TABLETS

ABROCITINIB 200MG TABLETS

ADALIMUMAB (AMGEVITA) 20MG/0.4ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE

ADALIMUMAB (AMGEVITA) 40MG/0.8ML SOLUTION FOR INJECTION PRE-FILLED DEVICE

ADALIMUMAB (AMGEVITA) 40MG/0.8ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE

ADALIMUMAB (HUMIRA) 20MG/0.2ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE

ADALIMUMAB (HUMIRA) 40MG/0.4ML SOLUTION FOR INJECTION PRE-FILLED DEVICE

ADALIMUMAB (HUMIRA) 40MG/0.4ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE

ADALIMUMAB (HYRIMOZ) 40MG/0.8ML SOLUTION FOR INJECTION PRE-FILLED DEVICE

ADALIMUMAB (HYRIMOZ) 40MG/0.8ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE

ADALIMUMAB (IMRALDI) 40MG/0.8ML SOLUTION FOR INJECTION PRE-FILLED DEVICE

ADALIMUMAB (IMRALDI) 40MG/0.8ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE

ANAKINRA 100MG/0.67ML INJECTION

BOSULIF 500MG FILM COATED TABLETS

BRAMITOB 300MG/4ML NEBULISER SOLUTION

BRONCHITOL 40MG INHALATION POWDER HARD CAPSULES
WITH TWO DEVICES
CAYSTON 75MG POWDER FOR SOLUTION FOR
NEBULISATION
CAYSTON 75MG POWDER FOR SOLUTION FOR
NEBULISATION; PULMOZYME 2.5MG/2.5ML UNIT DOSE
NEBULISER SOLUTION
CAYSTON 75MG POWDER FOR SOLUTION FOR
NEBULISATION; QUINSAIR 240MG NEBULISER SOLUTION
CERTOLIZUMAB PEGOL PRE-FILLED PEN 200MG/1ML
INJECTION SOLUTION
CERTOLIZUMAB PEGOL PRE-FILLED SYRINGE 200MG/1ML
INJECTION SOLUTION
COLOBREATHE 1 662 500UNIT INHALATION POWDER
CAPSULES WITH DEVICE
COLOBREATHE 1 662 500UNIT INHALATION POWDER
CAPSULES WITH DEVICE; TOBI PODHALER 28MG
INHALATION POWDER CAPSULES WITH DEVICE
COLOMYCIN 2MILLION UNIT POWDER FOR SOLUTION FOR
INJECTION OR NEBULISATION
COSENTYX 150MG/1ML INJECTION SOLUTION
DARBEPOETIN ALFA (ARANESP) 40MICROGRAM PRE-FILLED
SYRINGE
DEXAMETHASONE 500MICROGRAM TABLETS (ASPIRE
PHARMA LTD)
DEXAMETHASONE 500MICROGRAM TABLETS (ASPIRE
PHARMA LTD); ABIRATERONE ACETATE 500MG TABLETS
DEXAMETHASONE 500MICROGRAM TABLETS (ESSENTIAL
GENERICS); ABIRATERONE ACETATE 500MG TABLETS
DIMETHYL FUMARATE 120MG GASTRO-RESISTANT
CAPSULES 120MG GASTAG RESISTANT
ELEXACAFTOR 100MG AND IVACAFTOR 75MG AND
TEZACAFTOR 50MG TABLETS
ELEXACAFTOR 100MG AND IVACAFTOR 75MG AND
TEZACAFTOR 50MG TABLETS; KALYDECO 150MG TABLETS
ELEXACAFTOR 50MG AND IVACAFTOR 37.5MG AND
TEZACAFTOR 25MG TABLETS
ELEXACAFTOR 50MG AND IVACAFTOR 37.5MG AND
TEZACAFTOR 25MG TABLETS; IVACAFTOR 75MG TABLETS
EMGALITY 120MG/1ML SOLUTION FOR INJECTION PRE-
FILLED PEN
ETANERCEPT PRE-FILLED PEN (BENEPALI) 50MG INJECTION
SOLUTION
ETANERCEPT PRE-FILLED PEN (ENBREL) 50MG INJECTION
SOLUTION
ETANERCEPT PRE-FILLED SYRINGE (BENEPALI) 25MG
INJECTION SOLUTION
ETANERCEPT PRE-FILLED SYRINGE (BENEPALI) 50MG
INJECTION SOLUTION
FINGOLIMOD 500MICROGRAM CAPSULES
ICLUSIG 15MG TABLETS
IMATINIB 100MG TABLETS
IMATINIB 100MG TABLETS (ACCORD HEALTHCARE LTD)
IMATINIB 400MG TABLETS (ACCORD HEALTHCARE LTD)

WAATINID ACCORD TARIFFO (TELAN MICHER)
IMATINIB 400MG TABLETS (TEVA UK LTD)
INTERFERON BETA-1A (AVONEX) 6MILLION UNITS/0.5ML
SOLUTION FOR INJECTION PRE-FILLED PEN
INTERFERON BETA-1A (AVONEX) 6MILLION UNITS/0.5ML
SOLUTION FOR INJECTION PRE-FILLED SYRINGE
INTERFERON BETA-1A SOLUTION FOR INJECTION PRE-
FILLED PEN 44MICROGRAM/0.5ML (12MILLION UNITS)
INTERFERON BETA-1A SOLUTION FOR INJECTION PRE-
FILLED SYRINGE 44MICROGRAM/0.5ML (12MILLION UNITS)
IVACAFTOR 75MG TABLETS
IVACAFTOR 75MG TABLETS; ELEXACAFTOR 50MG AND
IVACAFTOR 37.5MG AND TEZACAFTOR 25MG TABLETS
JYSELECA 200MG TABLETS
KALYDECO 150MG TABLETS
KALYDECO 150MG TABLETS; ELEXACAFTOR 100MG AND
IVACAFTOR 75MG AND TEZACAFTOR 50MG TABLETS
KALYDECO 150MG TABLETS; SYMKEVI 100MG+150MG
FILM COATED TABLETS
KALYDECO 75MG GRANULES
LENALIDOMIDE 15MG CAPSULES
LENALIDOMIDE 5MG CAPSULES
LENALIDOMIDE 5MG CAPSULES; CLASTEON 800MG
TABLETS
METHOFILL 25MG/0.5ML SOLUTION FOR INJECTION PRE-
FILLED INJECTOR
METOJECT PEN 10MG/0.2ML SOLUTION FOR INJECTION
PRE-FILLED PEN
METOJECT PEN 12.5MG/0.25ML SOLUTION FOR INJECTION
PRE-FILLED PEN
METOJECT PEN 15MG/0.3ML SOLUTION FOR INJECTION
PRE-FILLED PEN
METOJECT PEN 17.5MG/0.35ML SOLUTION FOR INJECTION
PRE-FILLED PEN
METOJECT PEN 20MG/0.4ML SOLUTION FOR INJECTION
PRE-FILLED PEN
METOJECT PEN 22.5MG/0.45ML SOLUTION FOR INJECTION
PRE-FILLED PEN
METOJECT PEN 25MG/0.5ML SOLUTION FOR INJECTION
PRE-FILLED PEN
METOJECT PEN 25MG/0.5ML SOLUTION FOR INJECTION
PRE-FILLED PEN; ADALIMUMAB (IMRALDI) 40MG/0.8ML
SOLUTION FOR INJECTION PRE-FILLED DEVICE
NURSE TRAINING FEE FOR HOMECARE
OFATUMUMAB 20MG/0.4ML SOLUTION FOR INJECTION
PRE-FILLED PEN
OFATUMUMAB 20MG/0.4ML SOLUTION FOR INJECTION
PRE-FILLED PEN; OFATUMUMAB 20MG/0.4ML SOLUTION
FOR INJECTION PRE-FILLED PEN
ORKAMBI 100MG+125MG GRANULES
ORKAMBI 150MG+188MG GRANULES
PLEGRIDY 125MICROGRAM/0.5ML SOLUTION FOR
INJECTION PRE-FILLED PEN

FILLED PEN; PLEGRIDY 125MICROGRAM/0.5ML SOLUTION FOR INJECTION PRE-FILLED PEN PREDNISOLONE 5MG TABLETS PREDNISOLONE 5MG TABLETS; ABIRATERONE ACETATE *500MG TABLETS* PROMIXIN 1MILLION UNITS POWDER FOR SOLUTION FOR **NEBULISATION** PROMIXIN 1MILLION UNITS POWDER FOR SOLUTION FOR NEBULISATION; SODIUM CHLORIDE 0.9% INJECTION PULMOZYME 2.5MG/2.5ML UNIT DOSE NEBULISER SOLUTION *PULMOZYME* 2.5MG/2.5ML UNIT DOSE NEBULISER SOLUTION; CAYSTON 75MG POWDER FOR SOLUTION FOR NEBULISATION **PULMOZYME** 2.5MG/2.5ML UNIT DOSE NEBULISER SOLUTION; PROMIXIN 1MILLION UNITS POWDER FOR **SOLUTION FOR NEBULISATION** 2.5MG/2.5ML UNIT DOSE NEBULISER PULMOZYME SOLUTION; QUINSAIR 240MG NEBULISER SOLUTION RAVULIZUMAB 1 100MG/11ML CONCENTRATE FOR SOLUTION FOR INFUSION VIAL REBIF 22MICROGRAM/0.5ML (6MILLION UNITS) SOLUTION FOR INJECTION CARTRIDGE 44MICROGRAM/0.5ML (12MILLION UNITS) SOLUTION FOR INJECTION CARTRIDGE RINVOQ 15MG MODIFIED RELEASE TABLET RISANKIZUMAB 150MG/1ML SOLUTION FOR INJECTION PRE-FILLED DEVICE RISANKIZUMAB 150MG/1ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE 105MG/1.17ML SOLUTION FOR ROMOSOZUMAB INJECTION PRE-FILLED DEVICE SANDOSTATIN LAR 20MG POWDER FOR SUSPENSION FOR **INJECTION** SECUKINUMAB 150MG/ML INJECTION SOLUTION SECUKINUMAB 300MG/2ML SOLUTION FOR INJECTION PRE-FILLED DEVICE SIMPONI PRE-FILLED PEN 100MG INJECTION SOLUTION SIMPONI PRE-FILLED PEN 50MG INJECTION SOLUTION SIPONIMOD 0.25MG TABLETS; SIPONIMOD 2MG TABLETS SIPONIMOD 2MG TABLETS SODIUM CHLORIDE 0.9% INJECTION SODIUM CHLORIDE 0.9% INJECTION; COLOMYCIN 1MILLION UNIT POWDER FOR SOLUTION FOR INJECTION OR **NEBULISATION** SODIUM CHLORIDE 0.9% INJECTION; COLOMYCIN 2MILLION UNIT POWDER FOR SOLUTION FOR INJECTION OR NEBULISATION; PULMOZYME 2.5MG/2.5ML UNIT DOSE **NEBULISER SOLUTION** SODIUM CHLORIDE 0.9% INJECTION; PULMOZYME 2.5MG/2.5ML UNIT DOSE NEBULISER SOLUTION; PROMIXIN 1MILLION UNITS POWDER FOR SOLUTION FOR **NEBULISATION**

PLEGRIDY INITIATION PACK SOLUTION FOR INJECTION PRE-

SOLIRIS 300MG/30ML CONCENTRATE FOR SOLUTION FOR
INFUSION
SOMATROPIN (RBE) 15MG/1.5ML INJECTION SOLUTION
SOMATROPIN (RBE) (OMNITROPE SUREPAL 10)
10MG/1.5ML INJECTION SOLUTION
SOMATROPIN (RBE) (OMNITROPE SUREPAL 5) 5MG/1.5ML
SOLUTION FOR INJECTION CARTRIDGE
SOMATULINE AUTOGEL 120MG INJECTION SOLUTION
SOMATULINE AUTOGEL 60MG INJECTION SOLUTION
SOMATULINE AUTOGEL 90MG INJECTION SOLUTION
SPRYCEL 20MG FILM COATED TABLETS
STELARA 45MG/0.5ML INJECTION SOLUTION
STELARA 90MG/ML INJECTION SOLUTION
TALTZ PRE-FILLED PEN 80MG INJECTION SOLUTION
TALTZ PRE-FILLED SYRINGE 80MG INJECTION SOLUTION
TASIGNA 200MG CAPSULES
TASIGNA 200MG CAPSULES
TECFIDERA 240MG GASTRO-RESISTANT CAPSULES
TILDRAKIZUMAB 100MG/1ML SOLUTION FOR INJECTION
PRE-FILLED SYRINGE
TOBI PODHALER 28MG INHALATION POWDER CAPSULES
WITH DEVICE TOBI PODHALER 28MG INHALATION POWDER CAPSULES
WITH DEVICE; COLOBREATHE 1 662 500UNIT INHALATION
POWDER CAPSULES WITH DEVICE
TREMFYA 100MG/1ML INJECTION
UPADACITINIB 30MG MODIFIED RELEASE TABLET
VANTOBRA 170MG/1.7ML NEBULISER SOLUTION
VEDOLIZUMAB 108MG/0.68ML SOLUTION FOR INJECTION
PRE-FILLED PEN
VEDOLIZUMAB 108MG/0.68ML SOLUTION FOR INJECTION
PRE-FILLED SYRINGE
WATER FOR INJECTIONS INJECTION
XELJANZ 10MG TABLETS
XELJANZ 5MG TABLETS
XOLAIR 150MG/1ML INJECTION
XOLAIR INJECTION 75MG/0.5ML; XOLAIR 150MG/1ML
INJECTION
XTANDI 40MG FILM COATED TABLETS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
HEALTHNET HOMECARE CONTRACTED
ITEMS
AIMOVIG PRE-FILLED PEN 140MG INJECTION SOLUTION
AUBAGIO 14MG FILM COATED TABLETS
BELIMUMAB 200MG/1ML SOLUTION FOR INJECTION PRE-
FILLED DEVICE
BENRALIZUMAB PRE-FILLED PEN 30MG/1ML INJECTION
SOLUTION SOLUTION
BIMEKIZUMAB 160MG/1ML SOLUTION FOR INJECTION
PRE-FILLED DEVICE
BRODALUMAB PRE-FILLED SYRINGE 210MG/1.5ML
INJECTION SOLUTION

DUPILUMAB 300MG/2ML SOLUTION FOR INJECTION PRE-FILLED DEVICE DUPILUMAB 300MG/2ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE DUPIXENT 200MG/1.14ML SOLUTION FOR INJECTION PRE-FILLED PEN DUPIXENT 200MG/1.14ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE ERENUMAB PRE-FILLED PEN 70MG INJECTION SOLUTION KYNTHEUM PRE-FILLED SYRINGE 210MG/1.5ML INJECTION SOLUTION LEDAGA 160MICROGRAM/G GEL NUCALA 100MG/1ML SOLUTION FOR INJECTION PRE-FILLED PEN PONESIMOD 20MG TABLETS ROMOSOZUMAB 105MG/1.17ML SOLUTION FOR INJECTION PRE-FILLED DEVICE SARILUMAB PRE-FILLED PEN 200MG/1.14ML INJECTION **SOLUTION** TERIPARATIDE (SONDELBAY) SOLUTION FOR INJECTION 2.4ML PRE-FILLED PEN TRALOKINUMAB 150MG/1ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE LLOYDS PHARMACY CLINICAL HOMECARE ARANESP 130MICROGRAM INJECTION CAYSTON 75MG POWDER FOR SOLUTION FOR **NEBULISATION** CEFTAZIDIME FOR HOMECARE CEFTAZIDIME FOR HOMECARE; HEPARIN SODIUM (HEPSAL) 10 UNITS/ML FLUSH FOR HOMCARE; SODIUM CHLORIDE 0.9% INJECTION CEFTAZIDIME FOR HOMECARE; SODIUM CHLORIDE 0.9% INJECTION; ANCILLARY PACK MIXED FOR CF HOMECARE DARBEPOETIN ALFA (ARANESP) 100MICROGRAM PRE-FILLED SYRINGE DARBEPOETIN ALFA (ARANESP) 100MICROGRAM SURECLICK INJECTION DARBEPOETIN ALFA (ARANESP) 10MICROGRAM PRE-FILLED **SYRINGE** DARBEPOETIN ALFA (ARANESP) 150MICROGRAM SURECLICK INJECTION DARBEPOETIN ALFA (ARANESP) 20MICROGRAM PRE-FILLED **SYRINGE** DARBEPOETIN ALFA (ARANESP) 20MICROGRAM SURECLICK **INJECTION** DARBEPOETIN ALFA (ARANESP) 30MICROGRAM PRE-FILLED DARBEPOETIN ALFA (ARANESP) 40MICROGRAM PRE-FILLED **SYRINGE** DARBEPOETIN ALFA (ARANESP) 40MICROGRAM SURECLICK DARBEPOETIN ALFA (ARANESP) 50MICROGRAM PRE-FILLED **SYIRNGE**

DARBEPOETIN ALFA (ARANESP) 60MICROGRAM PRE-FILLED DARBEPOETIN ALFA (ARANESP) 60MICROGRAM SURECLICK **INJECTION** DARBEPOETIN ALFA (ARANESP) 80MICROGRAM PRE-FILLED **SYRINGE** DARBEPOETIN ALFA (ARANESP) 80MICROGRAM SURECLICK GENOTROPIN GOQUICK 12MG POWDER FOR SOLUTION FOR INJECTION GENOTROPIN GOQUICK 5.3MG POWDER FOR SOLUTION FOR INJECTION GENOTROPIN MINIQUICK 1MG POWDER FOR SOLUTION FOR INJECTION GENOTROPIN MINIQUICK 600MICROGRAM POWDER FOR **SOLUTION FOR INJECTION** GLATIRAMER (COPAXONE) 20MG/1ML INJECTION GLATIRAMER (COPAXONE) 40MG/1ML INJECTION HEPARIN SODIUM (HEPSAL) 10 UNITS/ML FLUSH FOR **HOMCARE** HEPARIN SODIUM (HEPSAL) 10 UNITS/ML FLUSH FOR HOMCARE; HOME PARENTERAL NUTRITION BAG; HOME PARENTERAL NUTRITION BAG; SODIUM CHLORIDE 0.9% 1000 ML INFUSION FOR HOMECARE: HOME PARENTERAL **NUTRITION BAG** HOME PARENTERAL NUTRITION BAG HOME PARENTERAL NUTRITION BAG; GLUCOSE 5% INFUSION FOR HOMECARE; ONDANSETRON INJECTION FOR **HOMECARE** HOME PARENTERAL NUTRITION BAG; HOME PARENTERAL NUTRITION BAG; SODIUM CHLORIDE 0.9% 1000 ML INFUSION FOR HOMECARE; PANTOPRAZOLE INFUSION FOR **HOMECARE** HOME PARENTERAL NUTRITION BAG; NURSING CHARGE FOR HOMECARE HOME PARENTERAL NUTRITION BAG; NURSING CHARGE FOR HOMECARE; PANTOPRAZOLE INFUSION FOR HOMECARE; ONDANSETRON INJECTION FOR HOMECARE HOME PARENTERAL NUTRITION BAG; TAUROLOCK LINELOCK FOR HOMECARE IVEMEND 150MG POWDER FOR SOLUTION FOR INFUSION: SODIUM CHLORIDE 0.9% INFUSION **MAVENCLAD 10MG TABLETS** MIRCERA 50MICROGRAM/0.3ML INJECTION MIRCERA 75MICROGRAM/0.3ML INJECTION NURSING CHARGE FOR HOMECARE NURSING CHARGE FOR HOMECARE; HOME PARENTERAL **NUTRITION BAG** NURSING CHARGE FOR HOMECARE; HOME PARENTERAL NUTRITION BAG; PANTOPRAZOLE INFUSION HOMECARE; SODIUM CHLORIDE 0.9% 1000 ML INFUSION FOR HOMECARE NURSING CHARGE FOR HOMECARE; SODIUM CHLORIDE

0.9% WITH 10MMOL MAGNESIUM FOR HOMECARE

NURSING CHARGE FOR HOMECARE; SODIUM CHLORIDE 0.9% WITH 8MMOL MAGNESIUM FOR HOMECARE

ONDANSETRON INJECTION FOR HOMECARE; HOME PARENTERAL NUTRITION BAG

POVIDONE-IODINE 10% ALCOHOLIC SOLUTION

POVIDONE-IODINE 10% ANTISEPTIC SOLUTION

POVIDONE-IODINE 10% ANTISEPTIC SOLUTION; SODIUM CHLORIDE 0.9% INFUSION; SODIUM CHLORIDE 0.9% INFUSION; IVEMEND 150MG POWDER FOR SOLUTION FOR INFUSION

SODIUM BICARBONATE 4.2% INFUSION

SODIUM CHLORIDE 0.9% INFUSION

SODIUM CHLORIDE 0.9% 1000 ML INFUSION FOR HOMECARE; SODIUM CHLORIDE 0.9% WITH 8MMOL MAGNESIUM FOR HOMECARE

SODIUM CHLORIDE 0.9% 2000 ML INFUSION FOR HOMECARE; SODIUM CHLORIDE 0.9% 1000 ML INFUSION FOR HOMECARE; HOME PARENTERAL NUTRITION BAG; TAUROLOCK LINELOCK FOR HOMECARE

SODIUM CHLORIDE 0.9% WITH 10MMOL MAGNESIUM FOR HOMECARE; NURSING CHARGE FOR HOMECARE

SOMATROPIN (RBE) 1.4MG POWDER FOR SOLUTION FOR INJECTION

SOMATROPIN (RBE) 15MG/1.5ML INJECTION SOLUTION

SOMATROPIN (RBE) (OMNITROPE SUREPAL 10) 10MG/1.5ML INJECTION SOLUTION

SOMATROPIN (RBE) (OMNITROPE SUREPAL 5) 5MG/1.5ML SOLUTION FOR INJECTION CARTRIDGE

SOMATULINE AUTOGEL 120MG INJECTION SOLUTION

SOMAVERT 15MG POWDER FOR SOLUTION FOR INJECTION

TAUROLOCK LINELOCK FOR HOMECARE; HOME PARENTERAL NUTRITION BAG; HOME PARENTERAL NUTRITION BAG; PANTOPRAZOLE INFUSION FOR HOMECARE; ONDANSETRON INJECTION FOR HOMECARE

TERIPARATIDE (TERROSA) 600MICROGRAM SOLUTION FOR INJECTION 2.4ML CARTRIDGE WITH PEN

TOCILIZUMAB (ROACTEMRA) 162MG/0.9ML SOLUTION FOR INJECTION PRE-FILLED DEVICE

TOCILIZUMAB (ROACTEMRA) 162MG/0.9ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE

XOLAIR 150MG/1ML INJECTION

PHARMAXO HOMECARE CONTRACTED ITEMS

ILUMETRI 100MG/1ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE

TILDRAKIZUMAB 100MG/1ML SOLUTION FOR INJECTION PRE-FILLED SYRINGE

POLARSPEED HOMECARE CONTRACTED ITEMS

ESBRIET 801MG TABLETS

NINTEDANIB (OFEV) 100MG CAPSULES

NINTEDANIB (OFEV) 100MG CAPSULES; NINTEDA	NIB
(OFEV) 150MG CAPSULES	
NINTEDANIB (OFEV) 150MG CAPSULES	
NINTEDANIB (OFEV) 150MG CAPSULES; NINTEDA	ANIB
(OFEV) 100MG CAPSULES	
PIRFENIDONE 267MG CAPSULES; ESBRIET 267	7MG
CAPSULES	
PIRFENIDONE 267MG TABLETS	
PIRFENIDONE 267MG TABLETS (TEVA UK LTD)	
PIRFENIDONE 267MG TABLETS; PIRFENIDONE 801	lMG
TABLETS	
PIRFENIDONE 801MG TABLETS	
PIRFENIDONE 801MG TABLETS (TEVA UK LTD)	
PIRFENIDONE 801MG TABLETS; PIRFENIDONE 267	7MG
TABLETS	

5. For each provider, how many patient safety incidents were reported in the most recent reporting period for which you have data, and in the comparable reporting periods in 2022 and 2021 (eg if giving figs for July 2023, please also give figs for July 22 and July 21)? Please state what period the figures are for',

Sum of Number of Formal Complaints and Incidents (C/Is) opened	Year		
	2021-06	2022-06	2023-06
Alcura	Nil	≤5	7
Baxter Healthcare Ltd	Nil	≤5	≤5
BBraun	Nil	Nil	Nil
Calea	Nil	Nil	Nil
Healthcare at Home	≤5	Nil	Nil
HealthNet Homecare	Nil	Nil	Nil
LloydsPharmacy Clinical Homecare	≤5	Nil	≤5
Pharmaxo Pharmacy Services Limited	Nil	Nil	Nil
Polarspeed	Nil	Nil	Nil
Sciensus (formerly Healthcare at Home)	Nil	11	≤5

6. For each provider, As a proportion of all deliveries, what percentage of medicine and ancillaries deliveries were late in the most recent reporting period for which you have data), and in the comparable reporting periods in 2022 and 2021 (eg if giving figs for July 2023, please also give figs for July 22 and July 21)? Please state what period the figures are for.

Sum of Number of medicines and ancillaries deliveries made that were not on-time		Year	
	2021-06	2022-06	2023-06
Alcura	4.3%	8.9%	9.7%
Baxter Healthcare Ltd	4.2%	2.1%	0.0%
BBraun	0.0%	22.2%	0.0%
Calea	0.0%	20.0%	0.0%
Healthcare at Home	2.0%	0.0%	0.0%
HealthNet Homecare	13.5%	19.5%	15.2%
LloydsPharmacy Clinical Homecare	6.2%	2.0%	4.5%
Pharmaxo Pharmacy Services Limited	46.6%	31.3%	5.2%

Polarspeed	4.5%	0.0%	13.3%
Sciensus (formerly Healthcare at Home)	0.0%	4.9%	1.0%

7. For each provider, As a proportion of all deliveries, what percentage of medicine and ancillaries deliveries failed in the most recent reporting period for which you have data, and in the comparable reporting periods in 2022 and 2021 (eg if giving figs for July 2023, please also give figs for July 22 and July 21)? Please state what period the figures are for.

Sum of Number of failed deliveries	Year		
	2021-06	2022-06	2023-06
Alcura	1.2%	0.0%	2.5%
Baxter Healthcare Ltd	0.0%	2.1%	1.5%
BBraun	0.0%	0.0%	18.2%
Calea	0.0%	10.0%	0.0%
Healthcare at Home	4.9%	0.0%	0.0%
HealthNet Homecare	0.0%	1.5%	3.5%
LloydsPharmacy Clinical Homecare	13.9%	1.2%	1.7%
Pharmaxo Pharmacy Services Limited	8.0%	0.0%	0.0%
Polarspeed	5.7%	0.0%	3.7%
Sciensus (formerly Healthcare at Home)	0.0%	6.7%	9.3%

8. For each provider, As a proportion of all clinical services, what percentage of clinical services were late in the most recent reporting period for which you have data, and in the comparable reporting periods in 2022 and 2021 (eg if giving figs for July 2023, please also give figs for July 22 and July 21)? Please state what period the figures are for.

Sum of Number of delayed clinical services	Year		
Row Labels	2021-06	2022-06	2023-06
Alcura	0.0%	0.0%	0.0%
Baxter Healthcare Ltd	2.0%	0.0%	2.1%
BBraun	0.0%	0.0%	0.0%
Calea	0.0%	0.0%	0.0%
Healthcare at Home	1.6%	1.6%	0.0%
HealthNet Homecare	0.0%	0.0%	0.0%
LloydsPharmacy Clinical	0.0%	0.0%	0.0%
Homecare			
Pharmaxo Pharmacy Services	0.0%	0.0%	0.0%
Limited			
Polarspeed	0.0%	0.0%	0.0%
Sciensus	0.0%	0.0%	2.2%

9. For each provider, what proportion of the KPIs for homecare services did your service meet in in the most recent reporting period for which you have data, and in the comparable reporting periods in 2022 and 2021 (eg if giving figs for July 2023, please also give figs for July 22 and July 21)? Please state what period the figures are for.

Sum of Number of non- compliant prescriptions received during the reporting period	Year		
	2021-06	2022-06	2023-06
Alcura	0%	1%	0%
Baxter Healthcare Ltd	0%	0%	0%
BBraun	0%	0%	0%
Calea	0%	0%	0%
Healthcare at Home	3%	0%	0%
HealthNet Homecare	0%	0%	0%
LloydsPharmacy Clinical Homecare	0%	0%	0%
Pharmaxo Pharmacy Services Limited	0%	0%	0%
Polarspeed	8%	0%	0%
Sciensus	0%	2%	1%