

Non-Specialist/Primary Care Guide to ordering Home Oxygen

Oxygen Therapy is used to treat hypoxemia. It is not particularly effective in treating breathlessness without evidence of low oxygen levels. The measurement of oxygen saturations using a pulse oximeter should be used to inform decision-making around the use of oxygen therapy. Any underlying condition should be well managed and other medication optimised which treats the suspected cause of their hypoxemia before initiating oxygen therapy.

Published research does not support the routine use of oxygen in palliative care and at the end of life for the relief of, or palliation of, breathlessness. Other medications would be better employed in the treatment of dyspnoea.

To enable the home oxygen service to provide an effective cost efficient service the following guidelines have been written for your use.

Risk Assessment and Information Sharing

Before ordering oxygen for a new patient ensure that both the Initial Home Oxygen Risk Mitigation Form (IHORM) and Home Oxygen Consent Form (HOFC) have been completed.

http://www.bochomeoxygen.co.uk/en/images/IHORM%20form_tcm1109-421574.pdf. If the risks identified on the IHORM indicate significant levels of risk the patient should be discussed directly with the Oxygen Assessment Team Tel: 0300 1310 111.

Home Oxygen Order Form (HOOF)

Home Oxygen therapy is now charged per item of equipment and for every visit BOC make to see the **patient**. **Whenever possible** hospital staff, GPs and practice staff should avoid ordering oxygen or changing existing oxygen orders themselves and refer to the Oxygen Assessment Team on Tel: 0300 1310 111. If absolutely necessary hospital staff, GPs and practice staff may order home oxygen by completing Part A of the HOOF (page 4). Part B of the HOOF (not shown) must only be completed by the Oxygen Assessment team.

From 31st January 2020 HOOFs will no longer be accepted by email or fax. Home oxygen orders should be placed using the HOOF on the BOC Portal <https://www.bochealthcare.co.uk/hop/>

Use of this portal is recommended as you can:

- Submit Home Oxygen Order Forms online.
- Review previous Home Oxygen Order Forms you've submitted.
- Review Home Oxygen Order Forms submitted by colleagues within a prescriber group which can be requested via your HOS lead.
- Check patient prescription information such as flow and hours of use.
- Check what equipment and cylinders a patient holds.
- Review a patient's compliance with their prescription.
- See any safety concerns, either current or historic.

Clinicians must register with BOC to use the portal.

How do I register for the Home Oxygen Portal?

Registration is quick and simple.

Log on to www.bochop.co.uk click "Register Here" and follow the instructions. Registrations are processed same day, usually within 30 minutes, and you will receive email confirmation that you can now access the Portal. Once registered, you'll be given access to the Part A online ordering form.

In order to register and to comply with Information Governance requirements, you will need:

- An @nhs.net email address.
- Internet Explorer 11 or the latest versions of Google Chrome or Mozilla Firefox on your computer or device.

As data is encrypted and transferred securely between the Portal and your device, you can access the Portal from anywhere you can get a connection without worry of data being intercepted in transit.

A standard delivery service is 3 working days.

- Where a 3 day HOOF is received in the days prior to a public holiday, BOC will use all reasonable endeavours to provide and complete the supply, in order to avoid the patient having a lengthy delay which would otherwise occur

Next working day deliveries are available for discharge or assessment/follow-up patients

- To aid discharge planning BOC will also specify AM or PM installation -please liaise with BOC to ensure discharged patients are able to receive training ***N.B. cut off for receipt of HOOF for next day delivery is 5pm***

Urgent supply requests will be completed within 4 hours of receipt of the request.

- **Important note:** *Urgent supply requests (4 hour HOOF)* should be reserved for emergencies only, as these are very costly to the NHS. and **should be avoided if at all possible.**

Please ensure that the most appropriate service is selected

Completing the HOOF

The clinician needs to complete a home oxygen order form HOOF Part A and include:

- The name and address of the Assessment team. This is Oxygen Assessment Team, West Wing, Broomfield Hospital. Tel: 0300 1310 111
- Flow rate required written as a single number and the hours of use. (e.g. 2lts/min for 1.5 hours per day and not 2 – 4 lts/min prn use.) If a patient requires oxygen on an infrequent basis the preferred option for this type of therapy is to order oxygen for 1.5 hours per day only unless longer hours of use have been assessed as clinically necessary.
- Choice of Equipment. A static concentrator will, in the majority of cases, be the most cost efficient method of delivering oxygen therapy to the patient. Dependent on the hours of use, choose appropriate equipment i.e. either cylinders or a concentrator and mask or cannulae. For 1 lt/min –Nasal Cannulae only. 2 Lts/min -24% mask + Nasal Cannulae 4 Lts/min – 28% mask + Nasal Cannulae.
- Requesting Green tubing is worth considering if the patient poses a high trip risk.
- Delivery Details-please avoid 'emergency' ordering of oxygen (4 hours) and use standard delivery whenever possible. Emergency oxygen should only be initiated in the following circumstances as it is an expensive option.

- Admission avoidance
- Distressing dyspnoea in palliative care associated with reduced oxygen saturation levels (oximetry)-Oxygen is not always needed for these patients and a fan may often provide relief
- Make BOC aware in 'Additional information' of any risks that might affect the delivering engineer e.g. dogs, confused patients, agitated relatives, or if the patient smokes.

If you have any questions regarding BOC equipment or how to order home oxygen for your patients contact on 0845 609 4345 (Clinician Line).

Information on how to complete the HOOF can be found here

<http://www.bocclinicalservices.co.uk/en/healthcare-professionals/hoof/index.html>

When using the portal email a copy of the completed HOOF (download as pdf from portal) and the IHORM/consent form to the Oxygen Assessment Team on MECCG.MidEssexPCTHOS@nhs.net

Long Term Oxygen Therapy can only be initiated by the Oxygen Assessment Team following capillary blood gas analysis. Patients can be given short burst oxygen in the interim if absolutely necessary and must be referred to the Oxygen Assessment Team on 0300 1310 111

Ambulatory and portable oxygen may only be ordered by the Oxygen Assessment team.

If you need to order oxygen for a patient who is visiting in the Mid Essex area and normally lives out of area, please ensure that the patients' home GP details are completed. BOC charges are set against the GP details and oxygen for patients from other areas should not be charged to Mid Essex CCG.

If a patient is moving house HOOFs are no longer required. The patient should be advised to notify BOC about their change of address giving as much notice as possible.

'Holiday' HOOFs are no longer required. Patients should be advised to contact BOC directly giving a minimum of 3 days notice and installations on Saturdays are now available. However, obviously the more notice that patients can give, particularly during this transition period, the better.

If you have any queries or require further information please contact the Oxygen Assessment team in the first instance, or Paula Wilkinson, Chief Pharmacist and Home Oxygen Lead paula.wilkinson@nhs.net

Home Oxygen Order Form Part A (Before Oxygen Assessment – Non-Specialist or Temporary Order)

All fields marked with a '*' are mandatory and the HOOF will be rejected if not completed

1. Patient Details					
1.1 NHS Number*		1.7 Permanent address*		1.9 Tel no.	
1.2 Title				1.10 Mobile no.	
1.3 Surname*				2. Carer Details (if applicable)	
1.4 First name*				2.1 Name	
1.5 DoB*				2.2 Tel no.	
1.6 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	1.8 Postcode*		2.3 Mobile no.	
3. Clinical Details			4. Patient's Registered GP Information		
3.1 Clinical Code*		4.1 Main Practice name:*			
3.2 Patient on NIV/CPAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.2 Practice address:			
3.3 Paediatric Order	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.3 Postcode*	4.4 Telephone no		
5. Assessment Service (Hospital or Clinical Service)			6. Ward Details (if applicable)		
5.1 Hospital or Clinic Name:			6.1 Name:		
5.2 Address			6.2 Tel no.:		
5.3 Postcode:			6.3 Discharge date: / /		
5.4 Tel no:					
7. Order*		8. Equipment*		9. Consumables*	
		For more than 2 hours/day it is advisable to select a static concentrator		(select one for each equipment type)	
Litres / Min	Hours / Day	Type	Quantity	Nasal Canulae	Mask % and Type
		8.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate			
		8.2 Static Cylinder(s) A single cylinder will last for approximately 8hrs at 4l/min			
10. Delivery Details*					
10.1 Standard (3 Business Days) <input type="checkbox"/>		10.2 Next (Calendar) Day <input type="checkbox"/>		10.3 Urgent (4 Hours) <input type="checkbox"/>	
11. Additional Patient Information			12. Clinical Contact (if applicable)		
			12.1 Name:		
			12.2 Tel no.		12.3 Mobile no.
13. Declaration*					
I declare that I am the registered healthcare professional responsible for the information provided; the information given on this form for NHS treatment is correct and complete. I understand that if I knowingly provide false information, I may be liable to prosecution or civil proceedings.					
* I have completed/or confirm there is a previously signed copy of the Home Oxygen Consent Form HOCF <input type="checkbox"/> AND the Initial Home Oxygen Risk Mitigation Form IHORM <input type="checkbox"/>					
Name:			Profession:		
Signature:			Date:	Referred for assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fax back no. or NHS email address for confirmation / corrections:					
14. Primary Clinical Code					
CODE	Condition	CODE	Condition		
1	Chronic obstructive pulmonary disease (COPD)	11	Neuromuscular disease		
2	Pulmonary vascular disease	12	Neurodisability		
3	Severe chronic asthma	13	Obstructive sleep apnoea syndrome		
4	Interstitial lung disease	14	Chronic heart failure		
5	Cystic fibrosis	15	Paediatric interstitial lung disease		
6	Bronchiectasis (not cystic fibrosis)	16	Chronic neonatal lung disease		
7	Pulmonary malignancy	17	Paediatric cardiac disease		
8	Palliative care	18	Cluster headache		
9	Non-pulmonary palliative care	19	Other primary respiratory disorder		
10	Chest wall disease	20	Other If no other category applicable		

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Date	Version	Amendment
January 2020	1.0	Taken out reference to emailing HOOF as no longer accepted by BOC. All orders to be placed via the portal