

Office of the Chief Scientific Officer

NHS England

80 London Road

SE1 6LH

[england.homeoxygen@nhs.net](file:///C:\Users\sfleming\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\XD7GLCBM\england.homeoxygen@nhs.net)

0113 824 9216

March 2017

CCG Clinical Leaders

CCG Accountable Officers

Regional Home Oxygen Leads

Gateway number: **06381**

Dear Colleague,

**Home Oxygen Risk Management**

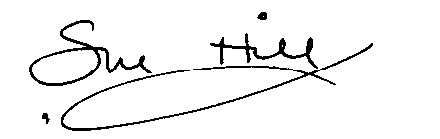
It has come to the attention of NHS England that consent forms are not always being signed for new patients, creating information governance and data protection issues and resulting in an extremely serious risk to the management of home oxygen services. Without this consent there is no agreement to share the patient’s data with local emergency response teams including the fire service and associated health system partners.

In response to this the current Home Oxygen Consent Forms (HOCFs) are being withdrawn and will now be combined with a new Initial Home Oxygen Risk Mitigation Form (IHORM) that is being introduced. **New Forms can be used fromMarch 2017 with dual working until the 31st July 2017 when the current HOCF can no longer be used.** The information supplied on the form should raise awareness of the risks associated with providing home oxygen along with highlighting the potential danger to patients utilising the service, thus allowing the clinician to make a considered risk based decision before submitting a request. The IHORM form has been developed and peer reviewed to produce this final document.

A detailed brief will be distributed to CCGs service leads, clinicians and all those with responsibility for the requesting of home oxygen. All users will be made aware of the issues and the risks associated with not signing the consent forms when ordering oxygen. The brief will emphasise the consent and IHORMs **must** be completed for all new patients and identify which forms are affected.

The decision to request oxygen in a patient’s home requires careful consideration of both clinical and environmental requirements. Although a clinician can only be guided by patient’s answers in a clinical environment, managing the safety of the patient and those living around them must be considered paramount.

Yours faithfully,



Professor Sue Hill OBE PhD DSc CBiol FRSB Hon FRCP Hon FRCPath

Chief Scientific Officer

Enc:

Home Oxygen Risk Mitigation Form (IHORM)

IHORM FAQ

**Home Oxygen Documentation Brief**

March 2017

# Purpose

The Home Oxygen Order Form (HOOFs) is changing and a new Initial Home Oxygen Risk Mitigation Risk Form (IHORM) is being added to the Home Oxygen Consent form (HOCF).

New Forms should be used from March2017 with a dual working of the existing HOOF and HOCF forms until 31st July 2017.

# Forms Affected

* Home Oxygen Order Form Part A (HOOF part A)
* Home Oxygen Order Form Part B (HOOF part B)
* Home Oxygen Consent Form (HOCF)

# Changes

1. HOOF declaration now includes (x) boxes to confirm a HOCF and IHORM have been completed or confirm that one has been completed previously.
2. The clinical code is now mandatory
3. Clinical code 21 ‘unknown’ has been removed and clinical code 20 has been updated to “Other where no other code is applicable”.
4. HOCF is being replaced with the combined HOCF IHORM form and will be cascaded to all users

*Please note – these important changes have been introduced nationally and failure to endorse the HOOF with a mark (x) in the appropriate boxes will result in the HOOF being rejected, which could result in a delay to the provision of oxygen equipment to patients and/or a four hour Urgent Order being submitted.*

*It should be noted that the HOS Contractor will still carry out a risk assessment at the patients home when oxygen equipment is installed and at six monthly intervals; any concerns from the HCP can be highlighted in the additional information box of the HOOF.*

# New Forms

* Initial Home Oxygen Risk Mitigation Consent Form
* HOOF Part A