

MEDICINES MANAGEMENT GUIDE TO PRESCRIBING

Section 7 – Home Oxygen

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7 HOME OXYGEN

The current supplier of home oxygen is Vivisol (formerly Dolby Vivisol).

It is recommended that healthcare professionals register with Vivisol at [Register - Vivisol](#) for information, advice and guidance on oxygen.

7.1 OXYGEN THERAPIES

This is not intended to be a clinical guideline but supports decision-making and processes related to supply of home oxygen. Further clinical information can be found in:

[NHSE: Good HOOOF guide for primary care and out of hours teams](#)

[London Clinical Oxygen Network: Advice on Oxygen Treatment for Cluster Headache in Adult](#)

[BTS Guideline for oxygen use in healthcare and emergency settings](#)

Short burst (SBOT)	Where oxygen therapy is only required on an as required basis for short periods of time. Patients may require assessment for long term oxygen and need specialist referral
Emergency oxygen	Where a GP or out of hours service decides oxygen is needed urgently in the home but the patient does not require hospital admission. Vivisol will deliver within four hours of receipt. Patients should then be referred to the relevant specialist team for assessment of on-going need
Long-term (LTOT)	Where, usually after specialist assessment, a patient requires continuous oxygen for several hours a day and/or night (including where this is part of palliative care for patients being cared for at home) - this is usually delivered via a concentrator.
Ambulatory	Where, following specialist assessment, it is considered that a patient has a clinical need (e.g. desaturation on exertion) or is on LTOT and requires the greater mobility provided by the use for portable or ambulatory oxygen (e.g. to continue to attend school or work)

7.2 SPECIALIST ASSESSMENT

Clinical good practice guidelines recommend that patients requiring LTOT or ambulatory oxygen should be referred to a respiratory consultant/specialist practitioner for assessment

Patients must be clinically stable for 5-6 weeks before assessment (including blood gases) for LTOT can be conducted – during this time they may be prescribed a trial of SBOT

Specialist teams will assess the patient and order oxygen if appropriate when:

- a GP has referred a patient for specialist assessment
- a patient is discharged from hospital
- a patient's needs are re-assessed as part of clinical follow up and review services

After assessment, many patients will remain under the care of the specialist who should liaise directly with Vivisol whilst also keeping the GP informed.

7.3 ORDERING & SUPPLYING HOME OXYGEN

In order to supply home oxygen, Vivisol must:

- Be assured that an Initial Home Oxygen Risk Mitigation Form (IHORM) and Home Oxygen Consent Form (HOCF) has been completed for an individual patient; AND
- Have received a Home Oxygen Order Form (HOOF) Part A or Part B

7.3.1 Risk mitigation and consent

Without consent there is no agreement to share a patient's data with local emergency response teams including the fire service and associated health system partners. In March 2017 the Home Oxygen Consent Form was combined with a new Initial Home Oxygen Risk Mitigation Form (IHORM). 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.

Patients must understand that if consent is not given or withdrawn, equipment will not be provided.

The IHORM and HOCF form must be completed for all patients receiving home oxygen for the first time and will be available via EMIS. DO NOT send these forms to the supplier, they should be added to the patient notes and a declaration made of their existence on the HOOF. Alternatively, they can be obtained from:

- Vivisol – [IHORM and HOOF Part A - Vivisol](#) for download along with guidance or the HOOF team on 0800 077 8020
- Prescribing Advisory Database – [Guidelines : Oxygen \(res-systems.net\)](#)

7.3.2 Home oxygen order form (HOOF)

Ordering of home oxygen is done via a HOOF. There are 2 types of HOOF; Part A and Part B.

When completing a HOOF form, it is important that every section is filled out fully and legibly as errors or omissions will result in delays of service provision. Patients must be informed of their oxygen prescription (flow rate, hours per day and when they should be using their oxygen).

HOOF Part A

Any qualified Healthcare Professional (HCP) can order static cylinders and static concentrators, using a HOOF Part A. The Part A enables GPs and other non-specialist clinicians to request these items (and these items only) in the following likely cases:

- **Emergency:** *A GP or out of hours service considers that a patient does not need to be admitted to hospital, but has an immediate need for oxygen (i.e. hypoxia measured via pulse oximetry). Referrals should then be made to the relevant specialist team (home oxygen service assessment and review team HOSAR) to assess longer term requirements. N.B urgent requests can be delivered by Vivisol within 4 hours (see section 7.5)*

- **Palliative care:** *A terminally ill patient, requiring oxygen therapy as part of symptomatic relief for dyspnoea due to hypoxia, who may be being cared for at home or in a hospice (i.e. palliative care).*
- **Cluster headache:** *On advice from a specialist neurology team*

Note: Oxygen should not be ordered for dyspnoea without hypoxaemia as there is no therapeutic effect. (ref: NICE April 2011. Lung Cancer – The diagnosis and treatment of lung cancer).

- HOOFs should be completed on line through Vivisol portal at [DolbyVivisol hoofGuidePartAForm](#) (Registration required on first use)
- Alternatively the HOOF part A form can be downloaded from [IHORM and HOOF Part A - Vivisol](#) and then sent to hoof.dv@nhs.net

HOOF Part B

The HOOF Part B is for specialist Healthcare Professionals trained in assessing and reviewing patient's home oxygen needs (e.g. respiratory specialist practitioners). The HOOF Part B gives access to a wider range of treatment modalities, including several options for ambulatory oxygen.

HOOF Part B should only be completed after the patient has undergone a formal clinical assessment. This may include blood gases being checked and the patient being assessed using the appropriate equipment. The choice of equipment ordered will depend on the flow rate required, hours of usage and whether an ambulatory option is required.

Ordering of oxygen should only routinely be done by respiratory specialists (exceptions include palliative care). Oxygen for patients suffering from cluster headaches and paediatric patients should only be initiated under the recommendation of the relevant specialist.

7.3.3 Ordering process

All IHORMs and HOCFs should be:

- filed in the patient's notes (original form)
- copied and given to the patient

All HOOFs should be completed on line through Vivisol portal at [DolbyVivisol hoofGuidePartAForm](#) (Registration required on first use.

Alternatively the HOOF part A form can be downloaded from [IHORM and HOOF Part A - Vivisol](#) and then sent to hoof.dv@nhs.net.

- Vivisol support is available from the HOOF team on 0800 077 8020

On receipt of the HOOF Vivisol will:

- Confirm that they have received the form (within 24 hours) OR contact clinician to clarify any query (within 24 hours or within 1 hour for urgent deliveries)
- activate the request and arrange delivery of the oxygen as specified
- undertake any necessary installation and provide all the necessary equipment to the patient
- ensure that the patient is trained in its use before informing the specialist team that the order has been completed
- maintain regular contact with the patient to ensure that they have the necessary supplies and that their equipment is regularly maintained

A HOOF remains valid and Vivisol will continue to provide oxygen supplies until they are either notified of a change in the patient's requirements by completing a new HOOF, or if supply is terminated by notifying them. It is recommended that patients should be reviewed regularly to determine whether they still require oxygen or whether their oxygen requirements have changed.

If a patient dies or no longer requires oxygen, Vivisol and the ICB must be notified, so their oxygen account can be closed or amended, otherwise the ICB may continue to be billed until notification.

7.4 HOLIDAY PROVISION

Asthma & Lung UK provide patient advice on planning ahead [Travelling with oxygen | Asthma + Lung UK \(asthmaandlung.org.uk\)](#)

7.4.1 Travelling within the United Kingdom (except Scotland or Northern Ireland)

If patients require oxygen away from home using the same equipment with the same flow rate and hours of use they have at home, they can request a temporary/secondary supply. **At least 3 weeks** before departure the Vivisol Customer Contact Centre should be called on **0800 917 9840** (Freephone) with the following information:

- Confirmation of permission from the owner/manager of the property to allow use of equipment and to permit delivery and removal
- Full details of the temporary address
- Dates for which equipment is required

If a patient needs different or additional equipment (for instance portable oxygen) to travel within the UK, they need to advise their Healthcare Professional. Please allow **at least 3 weeks** before changed equipment is required for a new HOOF part B to be processed. Sections 12 and 13 of the HOOF Part B must be completed to provide details such as arrival and departure dates, contact details at the destination and the address where the oxygen will be required. This HOOF should then be submitted to Vivisol in the normal way and they will arrange the supply to the holiday address.

7.4.2 Travelling to Scotland or Northern Ireland

All patients will require a new HOOF Part B. Please allow **at least 3 weeks** before changed equipment is required for a new HOOF part B to be processed. Sections 12 and 13 of the HOOF Part B must be completed to provide details such as arrival and departure dates, contact details at the destination and the address where the oxygen will be required. This HOOF should then be submitted to Vivisol in the normal way and they will arrange the supply to the holiday address.

7.4.3 Travelling abroad

Oxygen equipment provided by Vivisol should not be taken out of the region and patients should be informed that travelling abroad with oxygen may not be a free service. Patients are responsible for making their own arrangements well in advance of their departure date.

A UK Global Health Insurance Card (UK GHIC) or UK European Health Insurance Card (UK EHIC) covers the provision of oxygen ([NHS Business Services Authority](#)). In most cases patients will have to use the authorised oxygen company for the country they are travelling

to. They will also have to make their own arrangements, including arranging for permission from the hotel to deliver and install the equipment. There may also be costs that the GHIC will not cover.

7.5 EMERGENCY PROVISION

Complete the HOOF in the normal way, identifying that this is an URGENT request in “Delivery Details” section. Oxygen will be provided within 4 hours of receipt of the HOOF. Patients should then be referred to the relevant specialist team for assessment of ongoing need. **Note there is an additional cost for urgent delivery.**

7.6 HOSPITAL DISCHARGE

Vivisol can provide oxygen services to a patient’s home within 24 hours of notification of the patient’s discharge if NEXT (calendar) day delivery is requested in “Delivery Details” section. Ward details should also be provided. The cut-off point is 5pm on the day of order.

7.7 NURSING/RESIDENTIAL HOMES REQUESTING OXYGEN

Oxygen is a drug and should only be ordered for patients following individual assessment (preferably by a specialist team with the exception of palliative care) or used by emergency services. Use of oxygen by an untrained person can have disastrous consequences.

The private supply of oxygen to nursing/residential homes is not supported by ICBs and nursing/residential homes using oxygen in this manner do so at their own risk.

Homes should be reminded that Vivisol can deliver emergency oxygen within 4 hours of receipt of a HOOF from a GP.

Where oxygen is needed more urgently than this the ambulance service should be called.

7.8 MANAGING OXYGEN COSTS – PRESCRIBING ADVICE

The tariff charged for oxygen has been agreed nationally by the Department of Health and the suppliers. The ICB is charged per delivery and per refill, and for equipment rental. It is important that prescribers therefore order the right amount and type of equipment – if assistance with this is required, contact the Vivisol support line, available 24/7, on **0800 917 9840**.

Where a GP feels it is appropriate for him/her to prescribe oxygen, patients should then be referred to specialist teams as soon as possible for further assessment. Patients requiring ambulatory oxygen should be referred for specialist assessment and considered for Pulmonary Rehabilitation.

Equipment remains the property of Vivisol and must be removed by them. Any changes in patient requirements necessitating in removal must be notified to Vivisol and the ICB immediately to avoid unnecessary charges.

7.9 RESOURCES AND CONTACTS

NHS England and the Regional Oxygen Leads have produced a Good HOOF guide for Primary Care and Out of Hours teams

Vivisol operates a dedicated advice service for clinical staff who may wish to discuss their patient's needs and will also provide an office hours advice and support service for patients and carers on the use and maintenance of equipment and a 24-hour emergency service for patients experiencing problems with their equipment.

Patient and Clinician support	Freephone: 0800 917 9840 (24 hrs a day, 7 days a week)
HOOFs	<ul style="list-style-type: none"> • Completed on line through Vivisol portal at DolbyVivisol hoofGuidePartAForm (Registration required on first use) • HOOF part A form can be downloaded from IHORM and HOOF Part A - Vivisol and then sent to hoof.dv@nhs.net • HOOF Support 0800 077 8020 • Secure email hoof.dv@nhs.net
Website	Vivisol
Clinical information	NHSE: Good HOOF guide for primary care and out of hours teams London Clinical Oxygen Network: Advice on Oxygen Treatment for Cluster Headache in Adult BTS Guideline for oxygen use in healthcare and emergency settings