

A guide to the Home Oxygen Order Form

Part A



Air Products Clinicians Helpline

Telephone: 01270 218050

8.00am-5.00pm, Monday to Friday
(open 24 hours for urgent calls only)



Introduction

During 2012, the National Health Service (NHS) is changing the process of ordering home oxygen supplies:

1. The Home Oxygen Order Form (HOOF) has changed. HOOF Part A should be used when the request is made by non specialist Health Care Professionals (HCPs) or to supply pending a specialist review. HOOF Part A is restricted to static oxygen equipment only.
2. Ambulatory equipment can only be ordered via a HOOF Part B, completed by an HCP specialising in home oxygen therapy after the patient has undergone an oxygen assessment.
3. When completing the HOOF (Part A or B), clinicians can order not only the flow rate and hours of use but also select the appropriate equipment to install (namely for HOOF Part A static cylinders and / or static concentrators)
4. The NHS wishes each new HOOF submitted to now supersede any previous HOOF for that patient. So it is vital that you ensure each new HOOF submitted for an existing home oxygen patient fully reflects all the equipment you wish the patient to have. If you are completing a HOOF Part A for a patient who currently has ambulatory oxygen equipment, you may need to refer the patient for specialist oxygen assessment as per your local care pathway. If you do not wish the ambulatory equipment to be removed when we process the new HOOF Part A and whilst they await an assessment you will need to explicitly instruct us on the HOOF not to remove any previously ordered ambulatory oxygen.

This change has come about as a consequence of two key national publications, together with the NICE guidance:

1. The Outcomes strategy for people with Chronic Obstructive Pulmonary Disease (COPD) and asthma in England
2. Home Oxygen Services Good Practice Guide to Assessment and Review
3. National Institution for Health and Clinical Excellence (NICE) Guidelines ref GC101 (Chronic Obstructive Lung Disease update)



This booklet

- Details how you should order the equipment from us
- Explains how to complete the Home Oxygen Order Form (HOOF)
- Explains the Home Oxygen Consent Form (HOCF)
- Provides information regarding the equipment available
- Gives you guidelines on which equipment to order
- Explains how the supply and service of the equipment will subsequently be managed

How to complete the HOOF

(Part A)

The HOOF Part A should be used where the request is made via non-specialist HCPs, or for temporary supply pending a specialist review.

Historically, up to 40% of HOOFs have had to be rejected due to critical missing patient, clinical and prescriber information. Every HCP can dramatically reduce the number of rejections by simply ensuring that the form is completed fully and legibly.

The NHS wishes each new HOOF submitted to now supersede any previous HOOF for that patient. So it is vital that you ensure each new HOOF submitted for an existing Home Oxygen patient fully reflects all the equipment you wish the patient to have. If you are completing a HOOF Part A for a patient who currently has ambulatory oxygen equipment, you will need to refer the patient for specialist oxygen assessment as per your local care pathway. If you do not wish the ambulatory equipment to be removed when we process the new HOOF Part A and whilst they await an assessment you will need to explicitly instruct us on the HOOF not to remove any previously ordered ambulatory oxygen.

This guide will take you through each section and help you to complete the HOOF Part A so that it is right first time.



The individual sections:

Sections 1 and 2 - Patient and carer details

These require patient and carer information. Please fill in all the boxes, making sure to include the NHS number and any contact telephone numbers.

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.

Section 3 - Clinical details

Complete the clinical coding to assist in data management and on-going reviews to provide an integrated care plan for the patient where required. Clinical Code definitions can be found in section 14 of the HOOF Part A.

On the very rare occasion where the patient is using NIV/CPAP or is paediatric patient, it is recommended that you refer to their respiratory clinician/ paediatrician.

3. Clinical Details	
3.1 Clinical Code(s)	
3.2 Patient on NIV/CPAP	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3 Paediatric Order	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 - Patient's registered GP information

Section 4 needs to contain the details of the GP with whom the patient is registered.

4. Patient's Registered GP Information	
4.1 Main Practice name:*	
4.2 Practice address:	
4.3 Postcode*	4.4 Telephone no.

Section 5 - Assessment service (hospital or clinical service)

Please complete the details of the Assessment Service that will be used for follow up purposes.

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.:	
		6.3 Discharge date: / /	
5.3 Postcode:	5.4 Tel no:		

Section 6 - Ward details (if applicable)

If the patient is in hospital and due for discharge, section 6 should be completed. This will enable us to liaise with the hospital to ensure a smooth and consistent process with minimal delays or disruptions.

6. Ward Details (if applicable)	
6.1 Name:	
6.2 Tel no.:	
6.3 Discharge date:	/ /

Sections 7, 8 and 9 - Ordering

Section 7 relates to the oxygen the patient should use. The amount of oxygen being ordered needs to be stated in litres per minute, together with the number of hours of therapy required per day.

In section 8, the mode by which the oxygen is to be delivered should be selected. When a static concentrator is chosen, backup static cylinders will automatically be supplied.

For section 9, a choice of either nasal cannula or mask should be made.

7. Order*		8. Equipment*		9. Consumables*	
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			

Section 10 - Delivery details

Please indicate the delivery timescale required.

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"/>

Be aware that there are cost implications when requesting an urgent (4 hours) delivery.

Please bear in mind the “next calendar day” installation option is only contractually allowable for hospital discharges or following formal blood gas oxygen assessment (where HOOFF Part B should be used).

Section 11 - Additional patient information

This section should be used to advise us of any special information relating to the patient’s oxygen supply and on-going supply requirements. This could include, for example, physical disabilities, language difficulties, non-English speaker.

11. Additional Patient Information

Section 12 - Clinical contact (if applicable)

The details of the clinical contact for the patient need to be incorporated here. It is possible that this may be the same person signing the HOOF Part A and, in this case, those details must be repeated here.

12. Clinical Contact (if applicable)	
12.1 Name:	
12.2 Tel no.	12.3 Mobile no.

Section 13 - Declaration

This declaration must be fully completed before the HOOF Part A is sent to us. We would strongly advise that 'Referred for assessment' boxes are completed.

It is very important that not only is the declaration signed, but also a fax number/NHS email address is provided so that we are able to send confirmation/corrections back.

13. Declaration*			
I declare that 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 confirm that I am the registered healthcare professional responsible for the information provided. I also confirm that the patient has read and signed the Home Oxygen Consent Form.			
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:			

The HOCF

You will need to ask the patient to complete a Home Oxygen Consent Form (HOCF) in order to allow the sharing of the patient's details with the supplier. The HOCF does not need to be sent with the HOOF to the supplier, because your signature in the HOOF declaration box confirms that you have obtained consent to share the patients' data with us. The original HOCF should be kept for your records and a copy provided to the patient.

It is worth emphasising with patients the part of the Home Oxygen Consent Form that states that the patient agrees to allow the supplier reasonable access to their property to install, refill, service and also remove equipment as appropriate. This will help patients to understand that this may be a temporary order and that following assessment it may be proved that the equipment is not clinically necessary and so will be removed.

The image shows a thumbnail of the Home Oxygen Order Form (HOOF) Part A. The form is titled 'Home Oxygen Order Form (HOOF) Part A (Home Oxygen Assessment - Non-Specialist or Temporary Order)'. It includes the NHS logo and various sections for data entry: 1. Patient Details (Name, Title, Address, Postcode, Phone, Email, Date of Birth, Sex, Ethnicity, Religion, Language, Deafness, Hearing Aid, Vision, Glasses, Contact Lenses, Diabetes, Allergies, Current Medication, Previous Conditions, Current Conditions, Current Treatments, Current Services, Current Support, Current Equipment, Current Consumables); 2. Clinical Details (Diagnosis, Referral Source, Referral Date, Referral Reason, Referral Specialist, Referral Consultant, Referral Hospital, Referral Date, Referral Time, Referral Location, Referral Status, Referral Outcome, Referral Comments); 3. Patient's Registered GP Information (GP Name, GP Address, GP Phone, GP Email, GP Date of Birth, GP Sex, GP Ethnicity, GP Religion, GP Language, GP Deafness, GP Hearing Aid, GP Vision, GP Glasses, GP Contact Lenses, GP Diabetes, GP Allergies, GP Current Medication, GP Previous Conditions, GP Current Conditions, GP Current Treatments, GP Current Services, GP Current Support, GP Current Equipment, GP Current Consumables); 4. Assessment Service (Hospital or Clinical Service) (Service Name, Service Address, Service Phone, Service Email, Service Date of Birth, Service Sex, Service Ethnicity, Service Religion, Service Language, Service Deafness, Service Hearing Aid, Service Vision, Service Glasses, Service Contact Lenses, Service Diabetes, Service Allergies, Service Current Medication, Service Previous Conditions, Service Current Conditions, Service Current Treatments, Service Current Services, Service Current Support, Service Current Equipment, Service Current Consumables); 5. Order (Order Type, Order Date, Order Time, Order Location, Order Status, Order Outcome, Order Comments); 6. Equipment (Equipment Name, Equipment Address, Equipment Phone, Equipment Email, Equipment Date of Birth, Equipment Sex, Equipment Ethnicity, Equipment Religion, Equipment Language, Equipment Deafness, Equipment Hearing Aid, Equipment Vision, Equipment Glasses, Equipment Contact Lenses, Equipment Diabetes, Equipment Allergies, Equipment Current Medication, Equipment Previous Conditions, Equipment Current Conditions, Equipment Current Treatments, Equipment Current Services, Equipment Current Support, Equipment Current Equipment, Equipment Current Consumables); 7. Consumables (Consumable Name, Consumable Address, Consumable Phone, Consumable Email, Consumable Date of Birth, Consumable Sex, Consumable Ethnicity, Consumable Religion, Consumable Language, Consumable Deafness, Consumable Hearing Aid, Consumable Vision, Consumable Glasses, Consumable Contact Lenses, Consumable Diabetes, Consumable Allergies, Consumable Current Medication, Consumable Previous Conditions, Consumable Current Conditions, Consumable Current Treatments, Consumable Current Services, Consumable Current Support, Consumable Current Equipment, Consumable Current Consumables); 8. Additional Patient Information (Additional Information Name, Additional Information Address, Additional Information Phone, Additional Information Email, Additional Information Date of Birth, Additional Information Sex, Additional Information Ethnicity, Additional Information Religion, Additional Information Language, Additional Information Deafness, Additional Information Hearing Aid, Additional Information Vision, Additional Information Glasses, Additional Information Contact Lenses, Additional Information Diabetes, Additional Information Allergies, Additional Information Current Medication, Additional Information Previous Conditions, Additional Information Current Conditions, Additional Information Current Treatments, Additional Information Current Services, Additional Information Current Support, Additional Information Current Equipment, Additional Information Current Consumables); 9. Clinical Contact (If applicable) (Clinical Contact Name, Clinical Contact Address, Clinical Contact Phone, Clinical Contact Email, Clinical Contact Date of Birth, Clinical Contact Sex, Clinical Contact Ethnicity, Clinical Contact Religion, Clinical Contact Language, Clinical Contact Deafness, Clinical Contact Hearing Aid, Clinical Contact Vision, Clinical Contact Glasses, Clinical Contact Contact Lenses, Clinical Contact Diabetes, Clinical Contact Allergies, Clinical Contact Current Medication, Clinical Contact Previous Conditions, Clinical Contact Current Conditions, Clinical Contact Current Treatments, Clinical Contact Current Services, Clinical Contact Current Support, Clinical Contact Current Equipment, Clinical Contact Current Consumables); 10. Declaration (Declaration Name, Declaration Address, Declaration Phone, Declaration Email, Declaration Date of Birth, Declaration Sex, Declaration Ethnicity, Declaration Religion, Declaration Language, Declaration Deafness, Declaration Hearing Aid, Declaration Vision, Declaration Glasses, Declaration Contact Lenses, Declaration Diabetes, Declaration Allergies, Declaration Current Medication, Declaration Previous Conditions, Declaration Current Conditions, Declaration Current Treatments, Declaration Current Services, Declaration Current Support, Declaration Current Equipment, Declaration Current Consumables); 11. Clinical Code (Clinical Code Name, Clinical Code Address, Clinical Code Phone, Clinical Code Email, Clinical Code Date of Birth, Clinical Code Sex, Clinical Code Ethnicity, Clinical Code Religion, Clinical Code Language, Clinical Code Deafness, Clinical Code Hearing Aid, Clinical Code Vision, Clinical Code Glasses, Clinical Code Contact Lenses, Clinical Code Diabetes, Clinical Code Allergies, Clinical Code Current Medication, Clinical Code Previous Conditions, Clinical Code Current Conditions, Clinical Code Current Treatments, Clinical Code Current Services, Clinical Code Current Support, Clinical Code Current Equipment, Clinical Code Current Consumables).

Progressing your order

Once the HOOF Part A is fully completed, please fax it to:

0800 214709

Please note: You will not need to write repeat order forms each time your patient needs a replenishment of oxygen cylinders. We are committed to delivering your patient’s oxygen requirements until we are notified otherwise.

Delivery timescales

There are three delivery options, as per Section 10 of the HOOF Part A:

- Standard (3 business days)
- Next (calendar) day
- Urgent (4 hours)

Please bear in mind the “next calendar day” installation option is only contractually allowable for hospital discharges or following formal blood gas oxygen assessment (where HOOF Part B should be used).

Urgent deliveries will be supplied within 4 hours. Next day and standard supply timescales are as shown as follows:

Please note that there is an additional charge for an urgent delivery.

Day order received	Next day installation		Standard installation	
	Received			
	Before 5.00pm	After 5.00pm	Before 5.00pm	After 5.00pm
Mon	Tue	Wed	Thu	Fri
Tue	Wed	Thu	Fri	Mon
Wed	Thu	Fri	Mon	Tue
Thu	Fri	Sat	Tue	Wed
Fri	Sat	Sun	Wed	Thu
Sat	Sun	Mon	Thu	Thu
Sun	Mon	Tue	Thu	Thu

Equipment available

Static concentrators

Static concentrators are the most convenient source of home supplied oxygen available today.

The static concentrator is electrically operated.

Note: The static concentrator does not store any volume of oxygen and it does not affect the air quality in the user's environment.

Flow rates from 0.1 lpm to 15 lpm can be accommodated (some high flow rates will require multiple concentrators).

Example concentrator - AirSep Newlife Elite

Weight 24.5kg (54lb)

Height 68cm (26.7ins)

Width 38cm (14.9ins)

Depth 28cm (11ins)

The actual model supplied may vary from the example shown.





Static cylinders (B10)

Static cylinders may be prescribed as the mode of supply for low-usage patients, and will be provided to all patients using a concentrator for use as backup in the event of power failure, or machine malfunction.

Should your patient suffer from cluster headaches, static cylinders together with a non-rebreathe mask, is normally the most suitable order.

Weight full 15kg-18kg (33lb-39lb)

Height 71cm (28ins)

Diameter 18.2cm (7.1ins)

Capacity 2122 litres



The Air Products Mode of Supply Tool with e-HOOF facility:

Together with a small group of clinicians familiar with ordering home oxygen, Air Products have developed an online tool to help clinicians make good decisions regarding home oxygen equipment. The tool recommends equipment based on:

- Clinical suitability
- Lifestyle suitability
- NHS value for money

The tool also generates an electronic HOOF Part A with built in validation so that all the mandatory fields are completed in full and the order can then be processed without rejection. The HOOF can be exported and saved for your records, and if saved as an excel table, it can be later modified if necessary and re-sent.

The tool aims to:

- Ensure equipment meets the needs of patients
- Control NHS costs
- Reduce frustration for clinicians re HOOF process

Please refer to the clinician's web pages of our website for more information on how to register for use of this tool and gain access.

www.airproducts.co.uk/homecare

tell me more

For more information
please contact us at:

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