

Title	<b>HOME OXYGEN SUPPLIES</b>			Number	<b>CL43</b>
Effective From:	01.02.06	Duration:	No end date	Review:	01.07.24
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Other Ref:	HOOF – Home Oxygen Order Form				

## Version Control

(Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

<b>DATE</b>	<b>CHANGE</b>	<b>CHANGED BY</b>
21.03.16	Reviewed, no changes	SM
14.04.22	Reviewed. Link removed	SMcD
19.07.23	Reviewed. Major changes made (new provider and process added) HOOF A Form still current.	SMcD

## 1 Introduction

Since October 2012 arrangements for the provision of Home Oxygen Services in England (and Wales) have been made in line with two key national publications and NICE guidance

Please note that there is a single form to order home oxygen for patients (refer to appendix 1 for form). The home oxygen service is provided direct to patients' homes by Baywater Healthcare.

## 2 Non-emergency supplies

BADGER cannot initiate oxygen therapy. We can only arrange oxygen for patients already on long term oxygen (patients known as LTOT patients). For initial prescribing of oxygen, the patient must have an assessment and prescription by an appropriate specialist (consultant physician or paediatrician). Requests for new prescriptions for home oxygen supplies should normally be directed to the patient's specialist or GP (for referral to the community home oxygen team). Badger cannot arrange these appointments. If a clinician thinks oxygen is required and cannot wait for a non-emergency consultation or referral, the patient should be referred to hospital.

LTOT patients will already be registered with a supplier. Those requesting a routine supply should contact Baywater Healthcare, the regional supplier. Baywater stipulate that all contact is via email/web access and they provide no telephone number is provided.. Baywater Healthcare can liaise with any other supplier nationally if necessary, for example if the patient is away from their home area / usual supplier..

### 3 Emergency / urgent supply (within four hours)

Badger clinicians can order an emergency supply of Oxygen for a patient on LTOT. Most instances are out of hours when the patient has forgotten to order their usual ongoing supply and will run out before a routine supply can be delivered. The Badger out-of-hours clinician will order oxygen as an emergency / urgent supply. In this case Baywater Healthcare will provide the emergency supply within FOUR hours of receiving the request. If the patient requires Oxygen more urgently than this, they should be advised to consider hospital admission as Baywater do not guarantee early delivery.

### 4 BADGER Procedure

1. In the first instance contact should be made via the team leader with the duty associate medical director (AMD), the medical director or if uncontactable, the executive chair.
2. Master copies of the Home Oxygen Order Forms (HOOF A) and the Home Oxygen Consent Forms (HOOF) are in the standard forms folders at the centres and on Adastra Comms – Standard Forms.
3. On instruction from the duty Medical Director the master HOOF A is copied and completed with as much information as is possible by the clinician.
4. The clinician should contact the patient or their representative to obtain any missing information and will complete the form.

**HOOF A FORM**  
**ALL SECTIONS MARKED \* ARE MANDATORY AND MUST BE COMPLETED**  
**Baywater Healthcare will not process incomplete forms. See Appendix 1**

5. The HOOF A is emailed to [BHLTD.ehoof@nhs.net](mailto:BHLTD.ehoof@nhs.net) or via the online portal [www.baywater.co.uk](http://www.baywater.co.uk) or Oxishop [www.oxshop.org](http://www.oxshop.org) (West Midlands only). NO FAXES. The company should confirm by email that they have received the form and will then activate the request and arrange delivery of the oxygen supply as specified within 4 hours. If no confirmation is received, the email should be re-sent.
6. Completed HOOF forms are passed to the Team Leader and forwarded to the patient's registered GP practice by nhs.net email.


Baywater Healthcare Website: <https://www.baywater.co.uk/>

<https://www.baywater.co.uk/app/uploads/2022/11/Home-Oxygen-Order-Form-HOOF-Part-A.pdf>

Baywater Healthcare contact number (for health professionals ONLY): 0800 373 580

## Appendix 1 (HOOF A form for ordering LTOT and non-specialist or temporary order

**Home Oxygen Order Form (HOOF)**  
**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*				<b>2. Carer Details (if applicable)</b>	
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"/> Follow the link to find more help <a href="https://www.pcc-cic.org.uk/article/home-oxygen-order-form">https://www.pcc-cic.org.uk/article/home-oxygen-order-form</a>					
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		

## Appendix 2

### **NHS Website Home Oxygen Guidance**

[Home oxygen therapy – NHS \(www.nhs.uk\)](http://www.nhs.uk)

**For NICE Guidance for chronic respiratory conditions, please go to**

<https://www.nice.org.uk>

[Oxygen | Treatment summaries | BNF | NICE](#)