

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	A new Transfer of Care initiative of electronic referral from hospital to community pharmacy in England: A formative service evaluation
AUTHORS	Nazar, Hamde; Brice, Steven; Akhter, Nasima; Kasim, Adetayo; Gunning, Ann; Slight, Sarah; Watson, Neil

VERSION 1 - REVIEW

REVIEWER	Marie Fitzgibbon, DNP, CRNP, ANP-BC St. Luke's University Health Network, Bethlehem, PA, USA
REVIEW RETURNED	27-May-2016

GENERAL COMMENTS	I was not sure if the supplementary checklist as part of the submission criteria (CONSORT, STROBE or PRISMA) was completed or if it was necessary as much of the criteria was addressed within the article.
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REVIEWER	Wasim Baqir Northumbria Healthcare NHS Foundation Trust United Kingdom
REVIEW RETURNED	29-May-2016

GENERAL COMMENTS	<p>This a very good evaluation. A couple of minor points, otherwise happy for this to be published.</p> <ol style="list-style-type: none">1. Please add a statement about ethical approval or other permissions to access patient data. Were patients who were referred are that their information could be used for purposes of research and evaluation?2. How does the readmission rate compare with readmissions generally over the same period?
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REVIEWER	Dr Matthew Boyd University of Nottingham, UK MB chairs the Health Services Research and Pharmacy Practice (HSRPP) conference committee which SS is a committee member of
REVIEW RETURNED	23-Jun-2016

GENERAL COMMENTS	Thank you for inviting me to review this paper. The authors should be congratulated on the production of this timely and well written manuscript that will be of interest to practitioners both nationally and
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	<p>internationally.</p> <p>The study describes the service evaluation of a new initiative of electronic referral from hospitals to community pharmacies. The introduction sets the scene effectively in the context of the national situation. The methods are generally very clear there are however a couple of details which are not present which I feel should be added see below. The results are clearly presented in the main and the authors recognise the limitations of their evaluation and have made appropriate comment with suggestions for further work. Some specific points:</p> <p>Page 5 line 7: "Hospital pharmacy staff would....." Could the authors say a few words about the type of staff doing the referrals and their proportions of referrals conducted?</p> <p>Page 5 line 35: MUR – this is the first time in the main body of text this abbreviation is used. This should be written in full at this point (the same applies to NMS later on)</p> <p>Page 5 line 37 "Medidose" for clarity for a wider international/non-pharmacy audience this should perhaps be better as compliance aid</p> <p>Page 6 line 6: Did the authors use a standardised definition for the multiples and independents for categorisation? Please include</p> <p>It is not clear in the methods how community pharmacies were selected/recruited. Did all take part? Was it voluntary/compulsory based on contractual obligation?</p> <p>Page 10 line 43: Flu should be influenza</p> <p>Page 11 Table 4: This table is potentially confusing. I believe the first three data are no of new re-admissions so may be clearer if listed as 0-30, 31-60, 61-90, alternatively the data should be cumulative</p> <p>Page 13 Line 17: "most referrals were sent to multiples...." This in itself is not surprising as there are generally more multiple pharmacies. Can you comment on this to the ownership demographic spread of your 207 pharmacies (or local ownership demographic if not all pharmacies participated)</p> <p>Page 14 line 22: Typo "pharmacuetical"</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

I was not sure if the supplementary checklist as part of the submission criteria (CONSORT, STROBE or PRISMA) was completed or if it was necessary as much of the criteria was addressed within the article.

Response:

Thank you for your comment. We agree that much of the information is included within the text, but the TIDIER checklist has been used to pull all the information together. This was carried out to ensure that an appropriate level of detail was also provided to describe the intervention.

Reviewer: 2

This a very good evaluation. A couple of minor points, otherwise happy for this to be published.

1. Please add a statement about ethical approval or other permissions to access patient data. Were patients who were referred are that their information could be used for purposes of research and evaluation?

Response:

On p7 we declare that we consulted with both the hospital research ethics lead and NHS Health Research Authority guidance to establish the need for ethical approval. We have subsequently gone

back to the hospital research ethics lead and confirmed that the study, including the accessing and anonymising of patient data regarding readmissions was classed as service evaluation and not research and therefore did not require ethics. Within the text we have clarified our statement for no ethics being required to include the accessing of patient data in the form of readmission information.

2. How does the readmission rate compare with readmissions generally over the same period?

Response:

We have obtained this information from the hospital and found that the 30 day readmission rate was 13.2% for the same period. We now include this within the text and make a comparison to the 30 day readmission rate for the cohort of patients who received the community pharmacist follow-up and those that did not. p14 line 17

Reviewer: 3

Thank you for inviting me to review this paper. The authors should be congratulated on the production of this timely and well written manuscript that will be of interest to practitioners both nationally and internationally.

The study describes the service evaluation of a new initiative of electronic referral from hospitals to community pharmacies. The introduction sets the scene effectively in the context of the national situation. The methods are generally very clear there are however a couple of details which are not present which I feel should be added see below. The results are clearly presented in the main and the authors recognise the limitations of their evaluation and have made appropriate comment with suggestions for further work.

Response:

We thank the reviewer for their positive comments and additional points to address.

Some specific points:

Page 5 line 7: "Hospital pharmacy staff would....." Could the authors say a few words about the type of staff doing the referrals and their proportions of referrals conducted?

Response:

We have included that both pharmacists and clinical technicians made referrals, p5 line 8.

And in the results we have specified that 97.9% of referrals were generated by clinical technicians, p7 line 8.

Page 5 line 35: MUR – this is the first time in the main body of text this abbreviation is used. This should be written in full at this point (the same applies to NMS later on)

Response

Thank you for bringing this to our attention, both abbreviations have been defined on first use.

Page 5 line 37 "Medidose" for clarity for a wider international/non-pharmacy audience this should perhaps be better as compliance aid

Response

We acknowledge that this is more appropriate terminology and have replaced all uses of 'medidose' with 'compliance aid'.

Page 6 line 6: Did the authors use a standardised definition for the multiples and independents for categorisation? Please include

Response:

The pharmacies were categorised according to Bush et al (2009): supermarket; multiple (200 outlets or more); large chain (more than 20 outlets but fewer than 200); small chain (20 outlets or fewer but more than 5); independent (5 outlets or fewer).

This reference is now added into the text.(Reference 19)

It is not clear in the methods how community pharmacies were selected/recruited. Did all take part? Was it voluntary/compulsory based on contractual obligation?

Response

Community pharmacies could participate on a voluntary basis. The contract just ensures reimbursement for NMS/MUR. The text now summarises this. P5 line 13.

Page 10 line 43: Flu should be influenza

Response

Thank you; this has now been corrected within the text.

Page 11 Table 4: This table is potentially confusing. I believe the first three data are no of new re-admissions so may be clearer if listed as 0-30, 31-60, 61-90, alternatively the data should be cumulative

Response

Thank you for these suggestions. We have clarified the number of readmissions using the 0-30, 31-60, and 61-90 headings.

Page 13 Line 17: "most referrals were sent to multiples...." This in itself is not surprising as there are generally more multiple pharmacies. Can you comment on this to the ownership demographic spread of your 207 pharmacies (or local ownership demographic if not all pharmacies participated)

Response

We have added in the text that the proportion of multiple chain pharmacies within the area, p13 line 21.

Page 14 line 22: Typo "pharmacuetical"

Response

Thank you, this has been corrected.

VERSION 2 – REVIEW

REVIEWER	Marie Fitzgibbon St Luke's University Health Network, USA
REVIEW RETURNED	17-Aug-2016

GENERAL COMMENTS	Great job on the revision of your well written article. Your information contributes valuable information to reduce risk to patients during transitions of care and may help prevent unnecessary readmissions to the hospital.
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REVIEWER	Wasim Baqir Northumbria Healthcare NHS Foundation Trust United Kingdom
REVIEW RETURNED	25-Aug-2016

GENERAL COMMENTS	All previous comments have been answered. A good evaluation that will add to the evidence base and help other organisations setting up similar initiatives. Happy for it to be published.
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