

SUPPLEMENTAL FILE 2.

Transfer of Care – Developments made via the AHSN Project Team since July 2015

Members:

Project Lead (SB)

Project Manager

Chair of Durham, Darlington and Tees Local Pharmacy Network

Representative of North of Tyne Local Pharmacy Committee (AG)

Senior Clinical Pharmacist, Northumberland Tyne and Wear

Clinical Services Manager, North Tees & Hartlepool

Representative of Tees Local Pharmacy Committee

Practice Pharmacist, North East Commissioning Support

Representative of HealthWatch England

Representative of University of Durham (SPS)

Clinical Pharmacist, County Durham and Darlington NHS Foundation Trust

Representative of NHS England

Date	Change made	Desired outcome
October 2014	Simplified the hospital referral template so only Royal Pharmaceutical Society recommended core contents for Transfer of Care records were recorded.	Reduce time spent making hospital referrals and to allow staff to focus on the quality of referral being made.
December 2014	A mandatory 'Pharmacy Actions' field was added to the community pharmacy template.	Provide some detail about the interventions being made by the community pharmacists and therefore help motivate pharmacy staff.
December 2014	A mandatory RiO scoring field was added to the community pharmacy template.	Make community pharmacists consider the likelihood their intervention had on preventing a hospital readmission.
December 2014	Community pharmacy template was amended so the community pharmacist had to select from a drop down menu why a referral had been rejected.	Help better understand why hospital referrals were being rejected.
January 2015	After confirming that all hospital referrals would automatically qualify for approval for a telephone or domiciliary MUR service, the required application forms and guidance notes were linked to the community pharmacy template.	Reduce rejected referrals and improve patient outcomes.
January 2015	Feedback provided to hospital pharmacy staff on the outcome of their referrals (as a consequence of changes made to the community pharmacy template in December 2015).	Motivate hospital staff to make referrals.
February 2015	Original FAQ document for community pharmacists (which is attached to the community	Reduce rejected referrals and improve patient outcomes

	pharmacy template) was updated and circulated to pharmacies highlighting changes to the service and the community pharmacy template	
June 2015	<p>The list of options why hospital referrals were being rejected was changed as the default had been set as 'housebound', the default is now blank and cannot be selected.</p> <p>If the reason for rejection was selected as 'housebound' additional information was provided about how to claim payment for telephone and domiciliary MURs</p>	<p>Correct the erroneous recording of 'housebound' as the reason for rejecting a referral.</p> <p>Increase the number of housebound patients receiving support</p>
August 2015	Documents (e.g. discharge summaries) able to be attached to hospital referrals.	Allow community pharmacy medicines reconciliations, reduce medication errors and improve patient outcomes.