

Appendix 12 — Procedure for Transferring Patients between Homecare Services

Managing changeover of suppliers for existing homecare services

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1.0 Purpose

To describe how to change to a new supplier for an existing homecare service.

- Appendix 1 summarises the tasks needed to be undertaken by department.
- Appendix 2 is intended to be used as an aide-memoire for the tasks.
- Appendix 3 is an example of a suggested agenda for each meeting (part 1 and 2).

2.0 Scope

All staff involved in the homecare service for an area where there is a change in supplier

3.0 Responsibility

Pharmacy Procurement manager

4.0 Equipment/resources

Contract specification, access to meeting rooms

5.0 Procedure

As part of contract award, a member of the procurement team should be nominated as project manager to facilitate the change process. The project manager can then act as a central point of contact for all involved and can have responsibility for ensuring the actions below are carried out efficiently.

5.1. Initial Planning

5.1.1 After award of contract, a meeting to discuss the change management process should be arranged. Typically, this will be a 2-hour meeting. The first hour (part 1) will include the health board/trust's multidisciplinary team and the new suppliers. For the second hour (part 2), the group will be joined by the incumbent supplier. Ideally this meeting should be arranged within one month of contract award to ensure a timely and efficient transition of services.

5.1.2 Suggested attendees at the meeting:

- Lead pharmacist for the therapy area(s). NB: If homecare service is for adults and paediatrics, both lead pharmacists should be included.
- Clinical Nurse Specialist/clinicians for the therapy area(s). NB: If homecare service is for adults and paediatrics, both Clinical Nurse specialists should be included.
- Pharmacy Procurement team.
- Appropriate representation from the new supplier. Typically:
 - Business Development Manager
 - Customer Services Manager
 - Pharmacy/Dispensary Manager
 - Logistics Manager
 - Finance Manager
- Appropriate representation from the incumbent supplier. Typically:
 - Business Development Manager
 - Customer Services Manager

5.1.3 Send e-mail to new supplier 3 weeks before meeting to establish what information is required from health board/trust/incumbent supplier to ensure smooth transit

5.1.4 Send e-mail to incumbent suppliers 2 weeks before with a request to provide information from the new supplier, typically the following:

- i. All patients' names on homecare service (including current, on hold, planned and unscheduled patients)
- ii. Copies of current prescriptions
- iii. Summary of prescription status (number of deliveries made against it, number of deliveries left, date of renewal)
- iv. Patient demographics by drug/treatment type (name, address, unit number, date of birth, next of kin)
- v. Hardware — details of any pumps, refrigerators etc in the patients possession that are currently owned by the incumbent suppliers.
- vi. List of current ancillary items in the patient's home.
- vii. Future delivery schedules
- viii. Special delivery instructions by patient e.g. alternative delivery addresses, instructions on how to access property, any patients who currently use the 'key holding' facility, if offered
- ix. Any consent data
- x. Inventory of current stock holding

5.1.5 Health board/trust to prepare and make available at the meeting all required data received

The above information must not be stored on electronic devices, CDs, memory sticks or similar without suitable encryption. It is suggested that the advice of the health board/trust's data protection and governance manager is sought.

5.2. Meeting — Part One: Suggested Agenda Items

5.2.1 Introductions and welcome — Allow the group to meet and all names and job titles minuted for future reference.

5.2.2 Overview of specification — Go through key points of the specification to ensure clarity in the expected service level from the health board/trust and new supplier.

5.2.3 Patient data required — Review list of data required by the new supplier/health board/trust (as requested 3 weeks before meeting). Ensure systems and deadlines are in place to help with the smooth transition of this information.

5.2.4 Prescription format/requirements — Discussion between the clinical team/new suppliers regarding the style and format of the prescription and registration documents. It may be helpful to provide the new supplier with a copy of the old prescriptions in advance of the meeting. Thought should be given to any lead times with printing and a contingency plan in place should the bespoke prescriptions not be ready in time (e.g. will new suppliers accept prescriptions on stationery from incumbent supplier in the interim?).

5.2.5 Prescription process —

- How long will the prescription be valid for?
- What will be the expected turnaround time for new and existing prescriptions?
- How should treatment/prescriptions be cancelled?
- Will suppliers send a reminder to the health board/trust informing of expiry of prescription (prescription management service) or will this be handled by the clinical team?
- Will a buffer stock be required?

5.2.6 Delivery Schedule — Clarification and agreement regarding how often treatments will be delivered and any unusual delivery schedules for specific patients. Discussion will also be held with new supplier regarding how patients who currently use a key holding facility will be recruited to the service.

5.2.7 Ancillary list — Clarify and agree list of ancillaries with new supplier and clinical team. Discuss how ancillaries will be replaced (set monthly amount delivered or 'topped up' as necessary).

5.2.8 Removal of waste — Agreement from new supplier of how they intend to handle removal of waste (i.e. packaging etc) and clinical waste (i.e. full sharps bins, expired stock etc).

5.2.9 Purchase of hardware — Discussion surrounding whether new supplier intends to purchase any relevant hardware from incumbent supplier or provide patients with new equipment (if requested in specification).

5.2.10 Invoicing requirements — Agreement on best process for invoicing health board/trust for homecare services. The health board/trust needs to consider the following:

- Will an order be raised before the prescription is sent or retrospectively?
- Who will receive the invoice?
- Will any new drug codes/cost centres need to be set up on the pharmacy computer system?
- Will the health board/trust require a consolidated monthly invoice or an individual invoice?
- What data will the health board/trust require on the invoice (e.g. cost per case drugs will require some way of identifying the patient name, unit number)

5.2.11 Start dates:

- Of contract — Group to suggest a start date of contract which will be agreed in part two of meeting.
- New patients — Typically, new patients would start on or immediately after the contract start date with the new supplier. It may be sensible to delay potential new starters until after the new contract start date, unless this would disrupt the patient's treatment.
- Existing patients — Will all existing patients receive their deliveries from one set date or will there be a phased approach (in cases of large patient numbers)? The main issue surrounding the transfer of existing patients is how to handle the mid prescription patients i.e. they have received half their deliveries against a 6-month prescription. This can be handled one of three ways:

Process	Pros	Cons
Rewrite all prescriptions with a new 6-month validity	Assured accuracy and currency of new prescriptions Transcription can take place directly from copies provided by incumbent supplier	Large workload for clinical team Prescriptions will all expire at the same time in 6 months
Rewrite the remainder of the prescription i.e. if 2 months of treatment have been made against a 6-month prescription, new prescription is written for 4 months	Would ensure that prescription expiry is staggered Assured accuracy and currency of new prescriptions	May prove to be a complicated task Would require detailed information and co-operation from incumbent supplier Greater possibility of error in delivery times
Stagger the changeover of contract. Patients come on to the new service upon expiry of old prescription	Would reduce bottleneck of workload for all staff Assured accuracy and currency of new prescriptions	Would prolong the length of time taken to transfer patients (up to 6 months) Would reduce any savings made on contract.

5.2.12 Contacting patients — Key staff from the health board/trust and new supplier should be given the responsibility of contacting patients. The patients should be contacted in a three stage approach:

- Letter from the health board/trust informing patients of change, when change will be effective from, reasons for change and reassurance that care will not be affected.
- Goodbye letter from incumbent supplier informing patient that their deliveries will be made by another supplier effective from the agreed date. The letter should be agreed by the health board/trust before being sent to patient.
- A welcome letter and welcome pack from new supplier, reassuring patient of seamless care, and informing them of their new contact number and the date from which the change will be effective. This letter should be agreed by the health board/trust before being sent to patients.

5.2.13 Review and summary of actions. Each agreed action should have a date of completion and a person responsible.

5.3. Meeting — Part Two: Suggested Agenda Items

5.3.1 Introductions and welcome — Introduce the incumbent suppliers to the rest of the group from part one.

5.3.2 Required patient data — Review of data provided by incumbent supplier to ensure all required fields of data have been provided. The clinical team will carefully review accuracy of data after the meeting and feedback to incumbent supplier any errors.

5.3.3 Ancillary items — Agreement requested from incumbent supplier that ancillary items currently with the patient will not be removed upon contract termination.

5.3.4 Hardware — Person identified from new supplier and incumbent supplier charged with negotiating over the sale of hardware. Agreement should be reached within one week of date of meeting and fed back to project manager.

5.3.5 Proposed start date of contract — Discussion by all on the feasibility of start date.

5.3.6 Existing patients — Agreement made between all regarding the most efficient process of managing the transfer of existing patients.

5.3.7 Contacting patients — Incumbent supplier to be informed that patients will require a letter to say goodbye and wishing them well for the future. The letter shall be sent after initial contact by the health board/trust has been made. Project manager to agree letter and advise incumbent supplier when to issue.

5.3.8 Review and summary of actions. Each agreed action should have a date of completion and a person responsible.

5.4. Tasks for clinical team following meeting

5.4.1 Arrange letter to inform patients of change and provide telephone number of a health board/trust contact who they can call if they have any questions.

5.4.2 Rewrite any prescriptions or registration forms required by the new supplier in advance of first delivery.

5.4.3 Check the list of patient demographics and prescription copies provided by incumbent supplier for accuracy.

5.4.4 Review and follow-up any named actions resulting from the meeting.

5.4.5 Notify project manager once a task has been completed.

5.5 Tasks for new supplier following meeting

5.5.1 Print new prescriptions and registrations forms in agreement with requirements of clinical team.

5.5.2 Arrange deliveries for existing health board/trust patients to ensure seamless care. Deliveries should match closely the next expected delivery date by the incumbent supplier. Patients should not be left without treatment beyond their due date.

5.5.3 Upon notification by health board/trust, the new supplier will send out welcome packs and letter to patients stating the following:

- i. Brief overview of company
- ii. Reassurance that they will receive seamless care and quality service
- iii. A named contact at the company along with a direct telephone line, preferably free-phone or geographical number.
- iv. A back up contact in case of absence or holiday
- v. A 24-hour emergency number if appropriate
- vi. Date of next delivery

5.5.4 Negotiate with incumbent supplier regarding purchase of hardware. Negotiations should be completed within one week of meeting. If agreement cannot be reached, new supplier will have a contingency plan to replace hardware.

5.5.5 Arrange a key holding service for patients if required as part of contract.

5.6. Tasks for incumbent supplier following meeting

5.6.1 Arrange goodbye letter to patients.

5.6.2 Enter into negotiations with new supplier regarding purchase of hardware. If agreement cannot be reached, incumbent supplier will arrange for removal of hardware from patients home. This will be conducted discreetly and at the patient's convenience and soon after installation of new equipment by new supplier.

5.6.3 Incumbent supplier will be fully compliant in the transfer of patient data and ensure that such data is transferred securely.

5.6.4 Patients who have provided a key to the incumbent supplier for access to house during deliveries will have their key returned to them securely with last delivery or before end of contract date.

5.7. Miscellaneous tasks following meeting

5.7.1 A robust invoicing system set up. Health boards/trusts may need to add new drug codes and/or cost centres to stock management system.

5.7.2 Arrange follow up meeting at least one week prior to contract start date to review actions if necessary. Meeting should include all named contacts including incumbent supplier.

5.8 Tasks following start of contract

5.8.1 Clinical teams to feed back to project manager any initial problems

5.8.2 New supplier's named contact will also act as trouble-shooter for initial problems

5.8.3 Meeting to be arranged after two months to assess changeover process.

5.8.4 In liaison with health board/trust, new supplier will conduct a patient survey to assess the effectiveness of the changeover.

Annex 1: Task list for changing contract to new supplier for homecare medicines

1. Pharmacy Procurement Team Tasks

After award of contract:

- 1.1 Identify key staff to attend a change management meeting and assign a 'project leader' to manage the changeover of suppliers.
- 1.2 Arrange change management meeting between clinical teams, new supplier and incumbent supplier.
- 1.3 Book room for meeting.
- 1.4 Notify attendees of time and venue
- 1.5 Request details from new supplier regarding what information they need for the meeting
- 1.6 Arrange agenda for meetings
- 1.7 Send meeting agendas to clinical team and new supplier
- 1.8 Send relevant section of meeting agenda to the incumbent supplier
- 1.9 Send list of requirements identified in 1.5 to incumbent supplier along with a request to provide patients demographics at the meeting
- 1.10 Print off contract specification for meeting
- 1.11 Liaise with procurement business manager (if not attending meeting) to assess invoicing requirements

Points at meeting (part one):

- a) Intro and welcome
- b) Overview of specification
- c) Patient data required
- d) Prescription format/requirements
- e) Prescription process
- f) Delivery schedule
- g) List of ancillaries
- h) Removal of waste
- i) Purchase of hardware
- j) Invoicing requirements
- k) Agreement on start dates
- l) Process for contacting patients regarding change of contract
- m) Review and summary of actions including assigning a designated named contact for new supplier and clinical team

Points at meeting (part two):

- a) Intro and welcome
- b) Patient data required
- c) Ancillary items
- d) Hardware
- e) Proposed start date of contract
- f) Transfer of existing patients
- g) Contacting patients
- h) Review and summary of actions including assignment of a named contact at incumbent supplier

Post meeting

- 1.12 Check with information governance manager that the method of transfer of data is compliant with guidance relating to the transfer and security of patient identifiable data
- 1.13 Inform AWDCC of change of contract (if required)
- 1.14 Produce Gantt chart for time line of actions and distribute to all involved
- 1.15 Organise follow up meeting to occur 1 week before agreed start date
- 1.16 Write letter to inform patients of supplier change. Agree with clinical team prior to distribution
- 1.17 Send patient letter to new supplier to distribute on behalf of the health board/trust
- 1.18 Inform incumbent supplier that they can now send their 'Goodbye' letter
- 1.19 Inform new supplier that they can distribute welcome packs.
- 1.20 Discuss effect on health board/trust stock holding with store managers

Post-start tasks

- 1.21 Arrange patient questionnaire to assess changeover
- 1.22 Arrange post change meeting with new suppliers/clinical teams

2. Incumbent supplier tasks

After award of contract

- 2.1 Arrange suitable representation of staff to attend change management meeting at the health board/trust
- 2.2 Prepare file of patient demographic data

Points at meeting:

- a) Provide requested data to clinical team
- b) Provide new supplier with current list of patient's ancillary requirements
- c) Provide new supplier with current hardware held in patients home
- d) Arrange process of negotiation with new supplier for sale/transfer of hardware and ancillaries
- e) Provide health board/trust procurement team with details of any stock held by company that may be part of a designated allocation under the Purchasing and Supplies Agency national framework
- f) Provide project manager with a designated named contact

Post Meeting:

- 2.3 Send letter to patients informing them of their last delivery and provide reassurance that their next delivery will be from the new supplier
- 2.4 Arrange collection of any hardware in patients home that is not included as part of the sale/transfer of hardware items

3. Clinical team tasks

After award of contract:

- 3.1 Provide list of all current, on hold, and planned patients to procurement team

Points at meeting:

- a) Provide a named contact for clinical team
- b) Agree how to transfer data for existing patients
- c) Agree start date of new contract
- d) Agree style and format of prescription
- e) Agree on prescription process

Post meeting

3.2 Check all data provided by incumbent supplier for accuracy and forward checked data to the project manager

3.3 Write new prescriptions and registration forms if necessary and forward to new supplier

3.4 Agree patient letter with procurement team

3.5 Act as information contact for patients regarding the switch

Post-start tasks:

3.6 Monitor and record any initial problems with deliveries. Notify project manager and new suppliers named contact of any incidents/occurrences

3.7 Attend meeting to assess efficiency of change management process

4. New Supplier tasks

After award of contract

4.1 Arrange suitable representation of attendees for meeting

4.2 Send list of preliminary requirements to procurement team

Points at meeting:

a) Present change management plan

b) Provide clinical team and project manager with examples of prescription/registration form stationery

c) Arrange negotiations with incumbent supplier for possible purchase of hardware

d) Provide project manager with a named contact

e) Agree start date of contract

Post meeting:

4.4 Assist clinical teams in the writing of new prescriptions

4.5 Arrange initial delivery schedules

4.6 Arrange installation of hardware in patient's homes if not included in the sale/transfer of hardware from the incumbent supplier

4.7 Distribute 'welcome packs' to patients before first scheduled delivery

4.8 Telephone patients to arrange mutually convenient time for first delivery

Post-start tasks

4.9 Make first delivery — provide feedback and evidence to project manager and clinical team that these have occurred

4.10 Attend post change review meeting

4.11 Distribute a health board/trust led questionnaire to assess the patient's opinion of the switch