Transfer of and discharge from care policy

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Introduction

This policy details the procedures to ensure the safe and effective transfer of, or discharge from, care at Thanet Health Community Interest Company (TH CIC). Transfers and discharges are not unique occurrences, and all staff have a duty to ensure the timely transfer of information for patients who are transferring from, or being discharged to, the company or Practice.

Transferring to another primary care service provider

Patients may wish to transfer from Thanet Health CIC to another provider for a number of reasons such as:

- They have moved into a new area
- There is a practice closer to their place of work or child's school
- There are issues at their current practice
- The practice has taken actions to remove the patient from their list

Patients have a right to change GP and are not expected to give a reason for transferring. However, it is helpful if they inform the why they are leaving.

Although Thanet Health Community Interest Company do have any registered patients, the transferring of the patient's healthcare records is done using the electronic system 'GP2GP', which is a fast, safe and secure system ensuring that the patient's healthcare record is available for their first consultation at their new practice.

The GP2GP service is a three-stage process[1] as detailed below:

1. The first stage is to register the new patient on the clinical system and perform a Personal Demographics Service search, to see if the patient has an entry on the

[1] NHS Digital GP2GP

Spine. A successful search and match will request their electronic health record to be sent.
2. The second stage, sending, is automated and usually takes no more than a couple of minutes.
3. Once the record is received, the third stage is to integrate or file the record into the clinical system. This makes it available for use within the practice and also informs the sending practice if they need to print copies of the record or attachments, before they send the Lloyd George envelope to the new practice.

NHS Digital advises that the integration process is to be carried out promptly.

Benefits of GP2GP

The benefits of GP2GP are:

- Continuity of care; patient records are available for the first consultation at the new practice
- Safer prescribing as the new practice has a record of both current and previous medications
- Repeat medication information is readily available
- No requirement for patients to provide a detailed history as this information is already available to their new clinical team

Transferring patients to other care service providers

This type of transfer, which includes transfers to residential/nursing homes, is multifaceted and may involve a number of services, such as specialist nurses, district nurses and community services; all are to be involved in the planning and implementation of the transfer.

The Royal Pharmaceutical Society introduced four key principles which are aimed at encouraging a culture that supports the safe and effective transfer of information[2]. They are:

1. Healthcare professionals transferring a patient should ensure that all necessary information about the patient's medicines is accurately recorded and transferred with the patient, and that responsibility for ongoing prescribing is clear
2. When taking over the care of a patient, the healthcare professional responsible should check that information about the patient's medicines has been accurately received, recorded and acted upon
3. Patients (or their parents, carers or advocates) should be encouraged to be active partners in managing their medicines when they move, and know in plain terms why, when and what medicines they are taking
4. Information about patients' medicines should be communicated in a way that is timely, clear, unambiguous and legible – ideally generated and/or transferred electronically

[2] Royal Pharmaceutical Society – Good Practice Guidance

In addition to the above, it may be necessary to transfer the patient's records to a new GP who provides enhanced services to the residents of the care home. In such instances, the GP2GP service is to be used.

At all times, information regarding the patient and the transfer is to be recorded on the patient's healthcare record.

Transfer of care/shared care

The 2017/18 NHS Standard Contract[3], issued in April 17, details specific requirements pertaining to the transfer of care, and shared care:

Before the transfer of a patient to another Service under this Contract and/or before a Transfer of Care or discharge of a patient, the Provider must liaise as appropriate with any relevant third-party health or social care provider, and with the patient and any Legal Guardian and/or Carer, to prepare and agree a Care Transfer Plan. The Provider must implement the Care Transfer Plan when delivering the further Service, or transferring and/or discharging the patient, unless (in exceptional circumstances) to do so would not be in accordance with Good Practice. A Commissioner may agree a Shared Care Protocol in respect of any clinical pathway with the Provider and representatives of local primary care and other providers. Where there is a proposed Transfer of Care and a Shared Care Protocol is applicable, the Provider must, where the patient's GP has confirmed willingness to accept the Transfer of Care, initiate and comply with the Shared Care Protocol.

If care is transferred to Thanet Health Community Interest Company and no prior liaison has taken place, the letter template at Annex A is to be used.

The practice may also opt to write to Thanet CCG advising them of the breach of contract. A template is provided at Annex B.

Discharge from secondary care to GP

If a patient on the practice list has been admitted to the local hospital(s), the hospital will follow its own discharge policy. The discharge will be classed as either minimal or complex, as defined below:

- Minimal – patients requiring little or no care
- Complex – patients requiring specialist care post-discharge. The discharging hospital will communicate such requirements to the relevant teams

The hospital discharging the patient will provide a detailed care plan and will also provide a discharge letter for the patient's GP; this can be sent directly to the GP at the request of the patient. Discharge letters are a valuable communication tool which provide the view of the specialist at discharge and any changes to the patient's medication. The timeliness of this information is key to maintaining patient safety.

[3] NHS Standard Contract 2017/18

The Royal Pharmaceutical Society guidance applies equally to discharges to and from the practice.

Homeless patients

Homeless patients are entitled to register at any practice; they do not have to register at a specialist homeless practice. If the clinician believes it to be in the interest of the patient to register at a practice, they should discuss this with the patient and if the patient is in agreement a transfer of care is to be initiated.

In addition, the company can provide additional support by signposting the patient to Streetlink, which is an outreach service. Homeless patients should be offered the use of a phone to contact the service on 0300 500 0914 or the use of the internet: www.streetlink.org.uk

Removal from the practice list

Removing patients from a practice list is a sensitive issue and the need to do so may arise as a result of:

a. The relationship between the GP and the patient breaking down
b. Violent, threatening or abusive behaviour towards staff and other patients
c. The patient moving out of the area

Should it be deemed appropriate to remove the patient from a practice list as a result of points a. or b. above, the practice is to notify Thanet CCG – Primary Care Team, stating the specific reasons for removal. It should be noted that removal may only be authorised if in the preceding twelve months the patient has been provided with a written warning, unless:

a. The doctor has reasonable grounds to believe that issuing a warning would be harmful to the patient's mental or physical health, or put practice staff at risk
b. The patient has moved outside the doctor's practice area

Removal from the practice list by the CCG Primary Care Team will take effect eight days after the notification is received. Should the patient require treatment within this time, the practice is to continue to provide care and treatment as required.

The CCG Primary Care Team will notify the patient and the practice when the request has been processed, advising the patient that they are no longer on the practice list.

Any incidents of violent or threatening behaviour towards staff or patients, and where there have been fears for safety, are to be reported to the police immediately. In such instances, patients can be removed from the practice list quickly. The practice is to notify the CCG Primary Care Team and request immediate removal. This request is to be followed up in writing within seven days.

Notwithstanding the difficulties of such circumstances, the patient should be informed of the practice's decision unless:

- It may place staff and patients at risk
- The mental health and well-being of the patient may be compromised
- It is not reasonably practicable to do so

An accurate record is to be annotated on the patient's healthcare record.

ANNEX A – RESPONSE TO SHARED CARE LETTER

Dear Provider,

Re: [Patient identifier label]

The above patient was [discharged from your inpatient/day case care] [seen in your outpatient clinic] on [insert date]. You have initiated a shared care arrangement without seeking the essential agreement and consent from the patient's GP.

This failure breaches Section 11 of the standard contract which came into force on 1 April 2017, to which all NHS organisations have signed up. The contract sets new requirements to reduce inappropriate and bureaucratic workload shift onto GP practices.

Section 11 states:

11.3 Before the transfer of a Service User to another Service under this Contract and/or before a Transfer of Care or discharge of a Service User, the Provider must liaise as appropriate with any relevant third party health or social care provider, and with the Service User and any Legal Guardian and/or Carer, to prepare and agree a Care Transfer Plan. The Provider must implement the Care Transfer Plan when delivering the further Service, or transferring and/or discharging the Service User, unless (in exceptional circumstances) to do so would not be in accordance with Good Practice.

11.4 A Commissioner may agree a Shared Care Protocol in respect of any clinical pathway with the Provider and representatives of local primary care and other providers. Where there is a proposed Transfer of Care and a Shared Care Protocol is applicable, the Provider must, where the Service User's GP has confirmed willingness to accept the Transfer of Care, initiate and comply with the Shared Care Protocol.

Failure to liaise with and/or seek appropriate agreement from primary care following discharge of a patient from inpatient or day case care, or from an outpatient appointment wastes millions of GP appointments annually and incurs unnecessary additional bureaucracy on hard-pressed GP surgeries. It also creates a great deal of confusion and stress for patients. It can also put GPs in a position of prescribing outside their competence and can cause clinical safety risks.

☐ **We are unable to take on this request for shared care, since we do not feel we have the necessary expertise and skills to take clinical responsibility for the prescribing and monitoring of this specialist medication.**

☐ **We are unable to prescribe this medication under shared care arrangements, since the prescribing of this medication has not been commissioned as a shared care enhanced service from this GP practice.**

For the avoidance of doubt, shared care arrangements have not been agreed or accepted for this patient by this practice, and we ask you to make necessary arrangements to provide this care to this patient.

While we appreciate that these contractual requirements are fairly new and may take some time to embed, the arrangements around shared care prescribing merely reflect what should be standard good practice and in keeping with GMC guidelines.

We would be grateful if you could review your Trust policy to ensure it complies with these contractual obligations, and that whenever a shared care protocol is considered appropriate, that you must first seek agreement with the patient's general practitioner, and in the absence of this agreement, that it remains the Trust's responsibility to continue to prescribe for the patient.

We have notified Thanet CCG, as the commissioner, of this breach in view of their responsibility to ensure delivery of the standard hospital contract.

Yours faithfully,

This template was produced by the BMA[4].

ANNEX B – BREACH OF CONTRACT – SHARED CARE – LETTER TO CCG

Do not insert any patient-identifiable information in communications to the CCG without patient consent

Dear [CCG Chair/Chief executive],

[4] BMA – NHS England Standard Contract Guidance

Implementation of changes to the standard hospital contract

As you are aware, a new standard hospital contract came into force on 1 April 2017, with new requirements to reduce inappropriate bureaucratic workload shift onto GP practices**.**

I am writing to advise you that [insert Trust] has breached the following requirement:

[Please tick as appropriate]

- ☐ Providers to issue 'fit notes' (previously sick notes) to patients under their care, where required.

- ☐ Timely production and transmission of clinic letters (where clinically required) following clinic attendance, to GP practices, no later than 10 days (from 1 April 2017) and 7 days (from 1 April 2018).

- ☐ A requirement for hospitals to put in place efficient arrangements for handling patient and GP queries promptly and publicise these arrangements to patients and GPs, on websites and appointment/admission letters; and ensure that they respond properly to patient queries themselves, rather than passing them to practices to deal with.

- ☐ Providers to supply patients with medication following attendance at OPD for the period established in local practice or protocols, but at least sufficient to meet the patient's immediate needs up to the point at which the clinic letter reaches the GP.

- ☐ Hospitals must only initiate shared care arrangements where the patient's GP is content to accept the transfer of responsibility.

I attach a copy of the letter which we sent to the trust on [insert date] in relation to this matter. (Only include patient-identifiable information if you have patient consent for this; otherwise please anonymise the letter before including a copy.)

I would be grateful if you would advise what measures you will take in relation to this specific breach, as well as the measures which you, as the commissioner, are taking to ensure these new contract requirements are implemented to cease inappropriate bureaucratic burdens on GPs, at a time when most practices are struggling to cope with unsustainable demands.

I look forward to your response.

Yours faithfully,

This template was produced by the BMA[4].