**Appendix S**

**Transfer of established home parenteral nutrition (HPN) patient from one approved Supplier (homecare company) to another**

This form should be completed by the Purchasing Authority (HPN centre) when any patient transfers from one Supplier (homecare company) to another

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| Patient name: | | NHS number: |
| Name of current Supplier: | | New Supplier: |
| Has this transfer of homecare been agreed by the HPN clinical advice and management group? Yes/No | | Date agreed: |
| Has patient consented to transfer and sharing of information from current Supplier to new Supplier: Yes/No | | |
| Reason for transfer: (For example, breakdown of therapeutic relationship between patient and Supplier, current Supplier no longer able to provide service) | | |
| What service(s) are required from the new Supplier?  Compounding/delivery Yes/No Nursing Yes/No  MCB Yes/No | | |
| Compounding/delivery able to take patient?  Yes/No | | Nursing able to take on patient?  Yes/No/not applicable |
| Transfer of prescription | | |
| Has new Supplier received patient prescription? | Yes/No  Date | Comments |
| Any non-framework items on prescription? | Yes/No | Comments, for example what is the arrangement for any non-framework items? |
| Transfer of ancillary list | | |
| Have new Purchasing Authority received patient ancillary list? | Yes/No  Date | Comments |
| Any non-framework items on ancillary list? | Yes/No | Comments, for example what is the arrangement for any non-framework items? |
| Name of pump | Number of pumps | Clinical reason 2nd pump indicated (if applicable) |
| Nursing requirements | | |
| Does the patient currently receive nursing? | Yes/No | Details |
| If patient receives long term nursing what is the reason they require this | Reason for long term nursing | |
| Will patient/carer require nursing for training? | Yes/No | Details |

Once the new Supplier has received a copy of the patient’s prescription, ancillary list and nursing requirements a mutually agreeable date for formal transfer can be agreed. This date will be the date the invoicing switches from the old Supplier to the new Supplier

|  |  |
| --- | --- |
| Old Supplier | Date of collection of equipment  End date for invoicing |
| New Supplier | Date of instillation visit  Date of first delivery  Date of first nursing visit (if applicable)  Start date for invoicing |