**Appendix R**

**Transfer of established home parenteral nutrition (HPN) patient from one Purchasing Authority (HPN centre) to another; including transition of patients from paediatric to adult services**

This form should be completed by the current and new HPN centre for any patient transfers from one Purchasing Authority to another

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| Patient name:  | NHS number: |
| Name of current HPN centre: | New HPN centre: |
| Has patient consented to transfer and sharing of information from current HPN centre to new HPN centre: Yes/No |
| Reason for transfer: (For example, patient request, transition to adult services) |
| Has the new HPN centre agreed to take on the patient?Yes/No Name of consultant they will be under:Date: |
| Current Supplier (homecare company): | New Supplier (homecare company): If patient is changing Supplier, then Appendix S also needs to be completed. |
| Is the relevant Supplier(s) aware of the patient transfer?  | Yes/No |
| Transfer of prescription |
| Have new Purchasing Authority received patient prescription? | Yes/NoDate | Comments |
| Any non-framework items on prescription? | Yes/No | Comments, for example what is the arrangement for any non-framework items? |
| Have new Purchasing Authority obtained new Blueteq number? | Yes/No | New Blueteq number |
| Transfer of ancillary list |
| Have new Purchasing Authority received patient ancillary list? | Yes/NoDate | 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 for example fully nursed, or nursed for specific procedures e.g. connection, dressing change |
| 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 Purchasing Authority have 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 Purchasing Authority to the new Purchasing Authority.

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| --- | --- |
| Old Purchasing Authority | End date for invoicingBlueteq number deactivated Yes/No |
| New Purchasing Authority | Start date for invoicing |