SUPPLEMENTAL FILE 1

Item	Description
Name of intervention	Transfer of Care initiative
Rationale of intervention	Community pharmacists are well-placed within the primary care setting to follow-up recently discharged patients for medication-, condition- and health-related issues. These interactions aim to improve the continuity of care as patients transition back to community settings from hospital discharge.
Resources	*PharmOutcomes* was required as the web-based tool to make referrals from hospital to community pharmacy. The hospital staff were provided with awareness/training on *PharmOutcomes*, and on the remit of the service. Patients were provided with a very brief chat by hospital pharmacy staff on the opportunity to have a follow-up by a community pharmacist. (No leaflets/advertising/informative information provided) The community pharmacists were provided with a launch event to describe the procedure within the hospital and what the follow-up might look like. Area managers were contacted by Local Pharmacy Committee to inform them of the service and ensure they encourage their community pharmacists to check *PharmOutcomes* and action referrals.
Procedures	Hospital procedure: All hospital pharmacy staff were responsible to identify patients who, in their clinical judgement, would benefit from a follow-up visit by their community pharmacist (there was no specific eligibility criteria of the patient cohort). Such patients were approached on the wards and asked for consent to be referred. On obtaining consent the hospital pharmacy staff would enter the details of the patient onto *PharmOutcomes* (name, date of birth, reason for referral, preferred details of community pharmacist). Community pharmacist procedure: Community pharmacists were required to access their *PharmOutcomes* records on a regular basis (every day) to check for referrals which they were required to 'accept' and commence actioning; 'reject' and provide a reason or 'complete' if actioned. In all cases pharmacists had to contact the patient to assess the need for or type of follow-up intervention. Depending on patient response a variety of pharmaceutical advice and services were provided. All activities provided to the patient were recorded in *PharmOutcomes*.
Providers	Hospital pharmacy staff including pharmacy technicians, and pharmacists were provided with brief training on *PharmOutcomes* and directed to make referrals to patients they thought might benefit from a follow-up upon

	discharge into community. Referrals were promoted as part of the normal role in the care of the patients and were not provided with incentivisation or reimbursement. Community pharmacy staff were provided with a launch event to introduce the service remit and description. Follow-up of referrals were promoted as part of the normal role in the care of the patient. Services that were entitled to reimbursement as per standard community pharmacy service arrangements included: New Medicines Service (NMS); Medicines Use Review (MUR); enrolment on smoking cessation programmes; flu vaccination.
Delivery	Hospital pharmacy staff approached patients admitted onto wards for consent to be followed up by a community pharmacist. Community pharmacists contacted the referred patients on the contact number provided to the hospital staff. Advice, discussions and consultations may have taken place via telephone or in person at the community pharmacy. In some cases such interaction may have taken place with a patient representative.
Locality	If an intervention was carried out within a community pharmacy it was undertaken within a consultation room.
Dose	A patient was only approached once in the hospital to consent for a referral to community pharmacy. In the case a referral was made, community pharmacists would contact the patient. There was no stipulated number of times this should be done. Also the timeframe within which contact should be made with the patient is dependent upon how often the *PharmOutcomes* messaging system is checked. Once a referral is seen it should be actioned, and the informal guidance recommends that community pharmacists try to contact the patient within 3 working days of receiving the referral. The time frame for the NMS is initial patient engagement, then intervention usually 7-14 days after engagement and then a follow-up usually 14-21 days after the intervention.
Tailoring or personalised	Each interaction was tailored to the patient. The community pharmacist made contact with the patient by telephone and would simply enquire as to the well-being of the patient. The subsequent service provision or advice and counselling was dependent upon patient expressed need.
Modifications	The referral form was modified through the course of the delivery to reduce the amount of data required to be manually entered by the hospital staff. Hospital staff did not have to make a recommendation for an action by the community pharmacist, just a referral was made. An open box was left for staff to enter details if required.
How well (planned	Hospital staff were given motivating presentations on a regular basis to encourage referral rates. Community pharmacists were encouraged by

fidelity)	their Local Pharmacy Network Lead to complete referrals received. Members of the project team monitored service activity through observing data input on *PharmOutcomes*.
How well (actual fidelity)	There was no record of how many patients that had been approached for a referral who thence actually provided consent or desire to be followed up in community. A project team within the hospital would access *PharmOutcomes* on a monthly basis to review referral follow-ups by community pharmacists. Action rates would be observed and if referrals had not been actioned this would be fed back to area managers of the community pharmacies to contact the pharmacists and investigate reasons for not actioning.