Results There were 30 TTA prescriptions between August-December 2016. 11 were handwritten and 19 were electronic. The average time to complete the process of a TTA was 20 (19–21) minutes for handwritten and 14 (12–16) minutes for a typed electronic version. The average number of items prescribed was equivocal between the groups. There were 8 enquiries raised by the pharmacy team, equating to an additional 4 min average of extra processing time per TTA. For the first two months there were 5 enquiries raised, 4 were related to legibility. A further 3 enquiries were raised up to December and these were related to prescribing practices.

Conclusion The time taken to process TTAs has been reduced with the introduction of an electronic printed version. By learning from this cycle, we hope to continue our improvement in the discharge process by preventing delays. By using the model for improvement, small changes can help improve patient care.

Discussion There was often a lack of agreement in cases, reflecting the complexity of admission avoidance.

Using the CQC criteria alone, between 9.2% and 12.9% of admissions could have been avoided, we disagreed and felt they were unavoidable. However, combined with those who are also appropriate for an ACP this could reduce admissions on average by 15.9%.

Our aim is for a practitioner to offer ACP to inpatients at Tameside Hospital to reduce readmissions.