

Welcome to the June 2019 [Refer-to-Pharmacy](#) newsletter... and last one via the current email distribution list.

**It's been one year since the last newsletter and the reason for the long interval has been me trying to figure out how to keep interested parties informed, *without* being lynched by the [GDPR](#) police!**

I've considered Mail Monkeys and like... but finished locking my account; then I recently came across the rather wonderful Microsoft Forms, which is free if one has a Hotmail/Outlook account.

**So, if you would like to continue to receive occasional newsletter on pharmacy developments from East Lancashire Hospitals [click here to sign up for future newsletters](#).**

Alternatively receive updates via [Twitter](#), [Facebook](#) or [LinkedIn](#).

**[Refer-to-Pharmacy](#) is now in its fourth year of existence in Pennine Lancashire and has (almost) become business-as-usual with the philosophy: every eligible patient is referred.**

I thought it would be useful to take stock of 3+ years of acquired data.

**Over 28,000 people have been referred to their community pharmacy, or to our domiciliary Medicines Support Team, for post-discharge support with their medicines.**

Since March 2017 we've been making *Hospital Admission Notifications* to community pharmacies and a handful of [Dispensing Doctor practices](#); and started capturing new outcome data:

- **Over 400 hours/year are being saved by community pharmacies through *not* dispensing medicines whilst their patients are in hospital... and this figure is under-reported**
- Over 1200 prescriptions have *not* been dispensed – work on £10/prescription to keep the maths simple for savings... and this also is under-reported, so the true benefits are higher.
- **Over 250 incidents of harm prevention have been reported as a result of sharing Transfer of Care information with community pharmacists, who have then spotted prescribing errors on the first GPs' prescriptions post-discharge.**

The run chart below shows referral numbers for the past year, which looks impressive...



...but a recent audit of completed discharge letters revealed there were a number of patients eligible for a New Medicine Service or Medicines Use Review who were *not* referred!

The potential referral rate is perhaps two to three times higher.

This has resulted in some 'comms' with the team, and via the wonderful [Microsoft Forms](#), a quiz based on 15 randomly selected, anonymised, real Transfer of Care discharge letters.

How would you do?

Find out and take the [June R2P Weekend Quiz](#).

And in other news, [#DedicatedWardPharmacy](#) is also now in its fourth year and my Trust has made the final tranche of investment available for scale up so that all wards that Pharmacy visit have an optimised service.

For most wards this means a pharmacist will spend all their working time on the same (single) ward, and routinely take part in the daily consultant-led MDT ward round.

This has not been without its challenges... over the last three years we have recruited a net 20+ pharmacists and 14+ pharmacy technicians. And with natural staff turnover this has meant 40+ new individuals have actually joined the team since 2016.

And we have continued to use quality improvement methodology on our processes and systems. This can be illustrated with the Medicines Reconciliation run chart below.



The blue line is Medicines Reconciliation activity, the red line shows the staffing establishment of whole time equivalent pharmacists (Bands 6, 7 & 8a), while the green line shows the actual numbers of pharmacists employed each month.

There was a staffing nadir in July 2018, but the medicines reconciliation activity was 14% higher than the previous time (a year earlier) when the same number of pharmacists were employed. The improvement is a result of system development and team members' improving experience and competence.

If you want to find out what happened next, come see my presentation at the [Pharmacy Clinical Congress](#) on 7<sup>th</sup> June (11am, Clinical Leadership Theatre)... or [sign up for the newsletter](#).

Until next time... (maybe)...

Many thanks,



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