

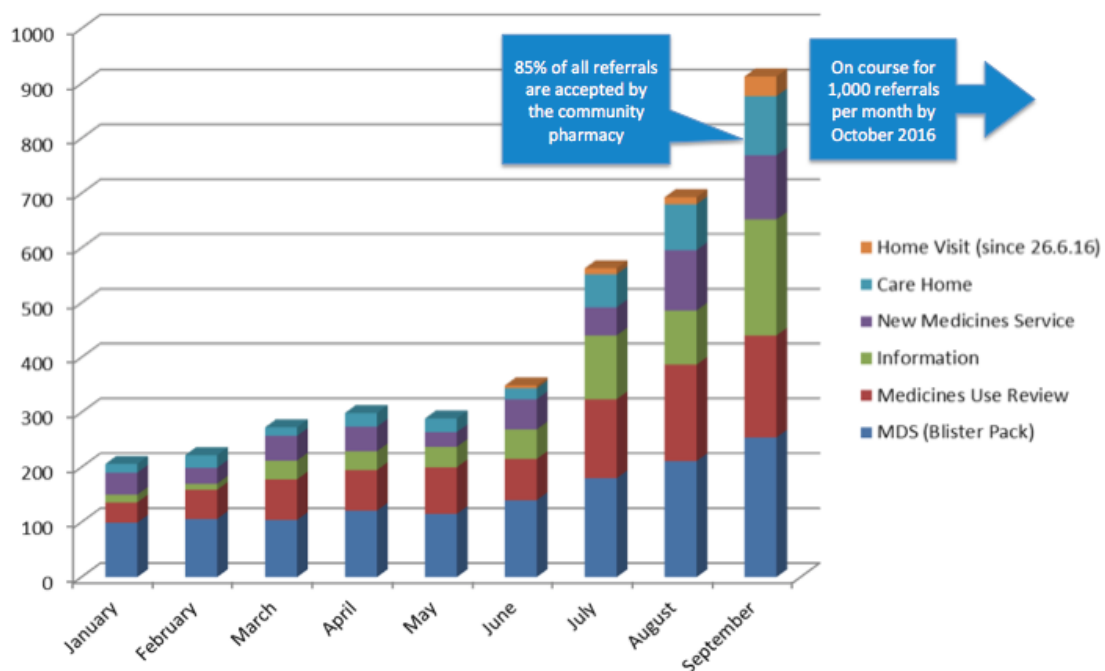
Welcome to the October 2016 Refer-to-Pharmacy newsletter; going out to anyone interested in hospital to community pharmacy transfer of care. As ever please pass it on to interested people in your networks.

Firstly I'd like to introduce the R2P mobile phone app! Thank you to my friends at Blippit for helping develop it. You can get it by typing in bit.ly/r2pharm into your mobile's search engine or by scanning this QR code. Tap on the 'i' (information icon) at the bottom of the screen to see how to add it to your home screen.



The app is the repository of all things R2P: demonstrations, interviews, films, animations, statistics, articles, publications etc. plus contact details for anyone wanting to find out more. It will also work on Chrome on a desktop but not on Internet Explorer.

September was a great month for R2P in East Lancashire. We had the best month so far – 916 referrals made from hospital with a community pharmacy acceptance rate of 85%. All the signs in October so far are that we'll break the 'Mach 1' barrier of 1,000 referrals this month, and working closely with the LPC and community pharmacists the acceptance rate should improve too.



We've started pulling out more outcome details from community pharmacy completed episodes:

- 60% of community pharmacists say R2P has saved them dispensing time - they're not dispensing unnecessary prescriptions.
- 63% report that it has reduced medicines waste – this is a follow on of the above
- 76.5% subjectively assess that there is no likelihood of their referred patients being readmitted to hospital in 28 days

Many community pharmacists are telling us that having the referral and discharge information is enhancing patient safety and care, with many picking up on unintentional prescription discrepancies on the first GP prescription following a patient's discharge form hospital.

Re-admissions.... Last month I said we were attempting to answer the ultimate question of: does using R2P reduce readmissions? I made the Hitchhiker's Guide to the Galaxy analogy that it was a bit like *the answer's 42, what's the question?* Well, to continue the [Deep Thought](#) consonance it's going to take a little time; "There is an answer. But, I'll have to think about it..."

We want an objective report but it turns out that there are a load of variables that need consideration, and finding a control group to compare against is really tricky.

And we're victims of our own success; the hospital mantra is *Every Eligible Patient Referred...* and the eligible patients are those with the most needs and vulnerabilities regarding their medicines... and therefore the most likely to be readmitted!

For example:

- **the average age of referred patients is 77, whereas the average age of all discharged patients is 49**
- **the average length of stay of a referred patients is 6 days, whereas the average length of stay of all patients is 4**
- **all care home residents and blister pack users were referred, whereas most people discharging were not blister pack users or care home residents**

If anyone can shine a light on how to solve this conundrum please drop me a line. All we have at the moment is *the hinting signal* that readmissions at 28 days for medical patients with the same diagnosis reduced by 0.8% in the first 6 months of the year.

And finally... I've attached the latest R2P brochure, which brings the story up to date. Please use it to talk to colleagues about what Refer-to-Pharmacy would mean in your health economy – the innovation is more than ready to spread elsewhere.

Until next time...