I'm sending this e-mail out to various people who were involved in the consultation for the RPS referrals toolkit last year; this took place during the development phase of Refer-to-Pharmacy. We went live on 29th October 2015 so I thought it would be timely to provide you with an update as to what has happened so far, what's going well and what's been tricky.

At the hospital end more than *260* referrals have been made. These have been a mixture of consultation-referrals (NMS, MURs) and information referrals (blister pack and care home patients, and some information-only messages). Gradually over the 4 weeks since go-live nearly all the hospital pharmacists and technicians who work on wards have been trained to use the system – there are now over *90* users who can make referrals.

The system is at its most fragile at the beginning and we are discovering snags that did not show up in testing that are being diagnosed and will shortly be resolved. The most obvious at the hospital end is that some patients can't be found when the system searches for them – this issue should be fixed in a couple of days and will at least double the numbers of patients currently referable.

The aim of the hospital team is to refer *every* eligible patient to his or her chosen community pharmacist; there will shortly be a reporting tool which will show which team members are meeting this ethos and who needs extra support to help them identify eligible patients. We are looking to refer around 70 people a day, which means an average of 2-3 referrals a week to each community pharmacy.

There are now 155 community pharmacies that have accounts to receive referrals – this is every single community pharmacy in Blackburn with Darwen and East Lancashire CCGs, plus one from across the border. At this point in time *90* referrals have been accepted and *42* have now been completed, there are some referrals awaiting acceptance, with the remainder being patients who are still in hospital pending discharge.

Feedback has been invaluable in identifying a couple of snags at the community pharmacy end. We have discovered that discharge letters that are unusually long are not always viewable – a fix is being put in place to resolve this.

What else?
By Christmas we'll get the first upgrade which will send a message out to pharmacies about blister pack (MDS) and care home patients informing them *on admission* that these patients are in hospital and to pause dispensing; then a second later automated message informs the pharmacy of discharge, plus providing a copy of the electronic discharge letter which includes any changes to medicines. This should save a lot of wasted dispensing time *and* wasted medicines.

Evaluating outcomes of referrals from hospital to community pharmacy is of interest to us all. Refer-to-Pharmacy was developed with the belief that this sort of patient-centred collaborative working will make big differences to patient health outcomes, to the health economy at large, and really demonstrate what the pharmacy profession can do. We'll shortly be developing some reporting and benchmarking tools to demonstrate outcomes, and we also have Manchester University School of Pharmacy doing some service evaluation work. It looks like they may be doing some collaborative work with other universities too – what is happening in East Lancashire is providing a research gold mine in an area where there is a paucity of evidence.

If you'd like to know more, check out the updated website for various informative resources (www.elht.nhs.uk/refer) and get in touch.

Many thanks,

Alistair Gray
Clinical Services Lead Pharmacist
MRPharmS, BSc(Hons), DipClinPharm
Alistair.gray@elht.nhs.uk