

Hi,

I'm sending this second of occasional updates on the [Refer-to-Pharmacy](#) project to people who have shown an interest during its development and release phases. Please pass it on to any colleagues who you feel may be interested.

Since go live on 29th October 2015 a total of 1064 referrals have been made from the East Lancashire hospitals end. Things have really only got going in 2016 and year to date we've made 657 referrals. These are made up of:

- 312 – Information on changes to blister packed medicines
- 143 – Post-discharge medicines use reviews (MURs)
- 107 – New Medicine Service
- 49 – Information on changes to Care Home residents medicines
- 46 – Miscellaneous information medicine changes

The [Refer-to-Pharmacy](#) software is just the enabler of change - the success of the project is down to the **Human Factors of the people using it amongst the hospital pharmacy team and the community pharmacy recipients; and this is where the challenge and effort is going at the moment.**

At the hospital end we are exploring ways to make a community referral become absolutely routine in the minds of the pharmacists and pharmacy technicians. There have been all the usual updates, posters, discussions, 1-2-1s etc. etc. and we've come a long way since October where the baseline was effectively zero. The soon to be received reporting tool will provide a deeper understanding of who the star referrers are and who needs a bit more support for a 'referral-mind-set' to become routine.

In the community the Lancashire Local Pharmaceutical Committee (LPC) has really gotten behind the concept to help with their human factors. Serendipitously a pharmacy technician has been employed to provide support to the LPC on many fronts... including supporting community pharmacies to utilise [Refer-to-Pharmacy](#). The wonderful Julia has unpicked a number of issues which has increased the number of referrals being successfully processed, and in a timely manner. Examples include a change in the regular pharmacist at one pharmacy where they previous incumbent hadn't handed over sign on details; pharmacists using the system and not providing an outcome to close the episode making it look incomplete.

Researchers from Manchester University School of Pharmacy continue to work on a service evaluation of [Refer-to-Pharmacy](#) and in February numerous hospital pharmacists and pharmacy technicians were interviewed about the service. The interviews have now moved on to the community side and there is also a big data dump of information to sift through to analyse the first few months of activity.

The Royal Blackburn Hospital hosted the first of two [CPPE](#)-led training session in early February for local community pharmacists aimed at helping them utilise the information provided with a referral (i.e. their patients' discharge letters) and hone their consultation skills to help them help all our patients *get the best from their*



medicines and to stay healthy at home.

Another bit of serendipitous alignment has been the publication by the Pharmaceutical Press of the [Clinical Pharmacy Pocket Companion](#) which is a medicines optimisation tool to help anyone practising or interested in clinical pharmacy. Entries have been written by over 40 renowned experts in various fields with medicines optimisation tips that intentionally cross the interface from hospital to community pharmacy – with many of the sections of the second edition intentionally designed to meet the need of community pharmacists receiving hospital referrals.

Finally, interest in obtaining [Refer-to-Pharmacy](#) in other health economies continues to grow. Several organisations have been in touch or have been met up with and some have progressed to developing business cases. Fingers crossed East Lancashire Hospitals NHS Trust won't be the only [Refer-to-Pharmacy](#) for much longer.

If you want to know more before my next update, please get in touch.

Many thanks,

A handwritten signature in black ink that reads 'Alistair'.

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