Welcome to the July 2016 Refer-to-Pharmacy newsletter.

Not all referral systems are the same. Most are ineffectual but sound the same in principle. A Model-T Ford and a Ford Focus both have 4 wheels an engine and go from A to B – they sound the same, but they're not the same – I know which I'd rely on day in and day out to get me to work and back.

ELHT started off the referral journey relying on patients taking their discharge letters to their community pharmacists in person – it didn't work – this is perhaps the Flintstone's solution to extend the car analogy. There's a great article in this week's PJ that compares current systems around the world – judge for yourself.

For me, this approach is what led to several light bulbs going on in succession. To be an effective process pharmacists must electronically receive a copy of a discharge letter, AND knowing the complications and limitations burdened by the hospital pharmacy team the referral system absolutely has to be quick. Another article published this week expands on our R2P journey.

I was at an AHSN Medicines Optimisation meeting earlier this month where there was a lively debate about the referrals options available. There was agreement that a cultural/behavioural shift is required to deliver successful transfer of care irrespective of the referral system. This makes perfect sense… *and* you need an effective IT solution to enable this change; one without the other doesn't work… you need both, and it starts with the IT.

An Olympian sub-10 second referral may be possible next month with some tweaks to the hospital end of Refer-to-Pharmacy. The current record is 11 seconds and I have documentary evidence of a 12-second referral being made. Speed is important as it maximises the potential to the health economy to improve medicines adherence, reduce medicines waste and reduce readmissions. Our mantra is: *Every Eligible Patient Referred*.

So how are we doing? Here are the year to date figures: Total referrals to 28th July are **2819**. Made up of:

- **1094** MDS (blister pack users)
- **706** Medicines Use Reviews (MURs)
- **353** New Medicine Service (NMS)
- **409** Information referrals
- **234** Care Home residents with medicine changes
- **25** Home Visit referrals to Medicines Support Team (since 24th June)

The daily rate of referrals is continuing on an upward trend as the team's behavioural shift continues; we are regularly in the 30s and are getting mid-40s at least once a week. I think our ceiling is somewhere between 60 & 70

referrals/day, so still a little way to go.

Changes have also been made to the community pharmacy end of R2P this month to make it easier to capture and report on outcomes – more to follow next time. Check out the screen snap:

What else? Some of you will know R2P won the Patient Safety Award Patient Safety Award for Best Emerging Technology or IT earlier this month. Thank you to those who voted in I Love My Pharmacist; and I have just found out I've been shortlisted for the Royal Pharmaceutical Society's Leadership in Pharmacy Award – I find out about both of these in September. 2016 is the year of awards to shine a light on Refer-to-Pharmacy to stoke demand for its spread.

A final word on the #DedicatedWardPharmacy project. Many of our new pharmacists and technicians start their induction on Monday; we hope to roll the first of the extra 12 wards that will have a dedicated/embedded ward pharmacist from the beginning of September. Results to follow.

Have a good holiday, this year I'm off to sunny Spain, Y VIVA ESPAÑA!

Many thanks,

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