

refertopharmacy



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Refer-to-Pharmacy is an electronic referral system that allows pharmacists and pharmacy technicians to refer people from the hospital bedside to their community pharmacist for various kinds of post-hospital discharge support with their medication.

It provides the community pharmacist with all the information they need to contact their patient to arrange a convenient time to carry out a New Medicine Service or Discharge Medication Review, or to make sure their patient record is up to date to check that future prescriptions from the patient's GP have the right information on them. The New Medicine Service and Discharge Medication Reviews are medicines adherence services commissioned nationally in England that have been offered by community pharmacies since October 2011.

Research has shown that they improve medicines adherence and patient outcomes. The New Medicine Service (NMS), where the community pharmacist and their patient have three consultations within the first month of starting certain medicines for long-term conditions, has been shown to increase adherence to medication regimens by 10%.¹ Medicines adherence i.e. taking medicines as intended really matters, for instance, someone not taking their antihypertensives can lead to higher blood pressure, which can lead to stroke and lower quality of life.

Discharge Medication Reviews, where the pharmacist and their patient have a consultation around changes to medicines made in hospital, have also been shown to improve adherence. In a recent evaluation in Wales it was found that for every £1 million spent delivering these reviews £3 million was freed up as a result of avoided A&E attendances, hospital admissions and drug wastage.² Patients are often unaware of these services and, even with signposting by the hospital pharmacy team, they most often miss out on the opportunity for their community pharmacist to help them get the best from their medicines when they are potentially at their most vulnerable following changes to their medication in hospital.

Here are some of the issues that are caused by, or lead to, poor medicines adherence which the seamless care offered by Refer-to-Pharmacy can address:

- 50% of patients with chronic disease do not take their medication as prescribed³
- Up to 40% of medications may be discontinued during hospitalisation⁴
- 60% of patients with chronic disease (N=300) admitted to hospital had three or more medicines changed during their hospital stay⁵
- 6.5% of adult hospital admissions may be medicine-related, with 30% of these due to non-adherence to medicines for chronic illness⁶
- The cost to the NHS of wasted medicines has been estimated at £150 million annually, with poor adherence to medicines identified as contributing a significant amount, in terms of both wastage and suboptimal use of medicines⁷
- The costs of admitting patients who do not take their medication as directed have been estimated to be between £36 million and £196 million⁸

Once Refer-to-Pharmacy has been successfully deployed in East Lancashire the desire is to spread the innovation to other health economies. Webstar Health, the Refer-to-Pharmacy software developers, will be the prime contact for other Trusts and CCGs and will work with East Lancashire hospitals which will be a reference site for organisations wishing to see Refer-to-Pharmacy in action. Refer-to-Pharmacy can be configured to meet local health economy demands if other referral types are required e.g. smoking cessation, care home or domiciliary MUR. Ultimately it is configurable to facilitate a referral from any health care professional to another.

Refer-to-Pharmacy has built in audit tools to measure various key performance indicators, and in 2015 the School of Pharmacy at Manchester University to carry out a feasibility study into the Refer-to-Pharmacy process to independently analyse outcomes.



Alistair Gray, *Clinical Services Lead Pharmacist*, East Lancashire Hospitals NHS Trust

Getting information to community pharmacists is a tricky issue. We have tried signposting patients to these services and asking them to take their discharge letter with them, but hardly anybody follows through on this request. I've heard from several colleagues around the country reporting the same issue. It's not surprising though — there are many things happening to a patient while they are in hospital, and there's too much to take in. This makes the community pharmacy services all the more valuable — if only patients could be engaged. I believe Refer-to-Pharmacy will solve this problem.



Dr. John Dean, *Consultant Physician*, East Lancashire Hospitals NHS Trust

In hospital new medicines may be started or others have dose changes or may be stopped altogether which can lead to potential problems when someone is discharged from hospital, as medication at home and prescription repeat order slips are not up to date with these changes. Developing a good relationship with a local pharmacy can be key for people to get the best from their medicines, especially for people with a long term condition or for vulnerable elderly patients using multiple medicines. Refer-to-Pharmacy means, for the first time, the hospital pharmacy team can make sure their patients get the right support from their community pharmacist when they return home.



Dr. Muzaffar Pervez, *GP*, Darwen Health Centre

Discharge from hospital is a key part of a person's road to recovery but the tricky part of coming home from hospital is to understand their medication regimen on discharge. Unfortunately not all of the patients manage this during this stressful period and there is always a chance of error. Refer-to-Pharmacy will not just cut down the chances of medication error, but it will also reduce medication waste, improve the health economy and improve health outcomes. I really welcome and fully support this initiative by East Lancashire Hospitals as a GP and prescribing lead for Blackburn with Darwen CCG.



Richard Seal, *Chief Pharmacist*, NHS Trust Development Authority

The Trust Development Authority is supporting NHS Trusts to make the best possible use of medicines. We know that helping people with their medicines and making sure that information is shared appropriately between healthcare professionals leads to better outcomes. The Refer-to-Pharmacy scheme at East Lancashire Hospitals is a great example of innovative thinking that I'm sure will make a real difference for patients.



Helen Gordon, *Chief Executive Officer*, Royal Pharmaceutical Society

Refer-to-Pharmacy means that patients get access to the kind of seamless care we'd all want for ourselves and our relatives. When patients move between care providers information about their medicines can get lost or confused. Patients have a much better experience with the continuity of care this scheme provides. It ensures the right medicines and good information are provided to patients so they get the best outcomes from their treatment.



Linda Bracewell, *Community Pharmacist*, Baxenden Pharmacy

As a community pharmacist I'm well placed to support patients with taking their medicines after they have been in hospital. For example, I recently had an elderly lady come in to my pharmacy who had been in hospital for bowel surgery. She re-started her naproxen tablets she had at home for pain relief and had stopped taking her lansoprazole capsules as she mistakenly thought these were her anticoagulant. Her discharge letter made no mention of naproxen as she hadn't taken it in to hospital with her. I was able to make sure she understood what each of her medicines were for and to make sure she was safely taking only the correct ones. Refer-to Pharmacy alerts me to a patient's discharge and provides the vital information about medication changes. It reduces the chance of someone just turning up - I can make sure they come in at a convenient time so that I can provide the help needed to keep a patient safe, and sometimes preventing them being readmitted to hospital.

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