

Refer-to-Pharmacy

The world's first fully integrated hospital to community pharmacy referral system

Refer-to-Pharmacy provides community pharmacists with a hospital admission notification so they can stop dispensing for a patient – **saving time and reducing medicines waste.**

At discharge the system automatically sends a clear reason for referral and a full copy of a patient's discharge summary.

Refer-to-Pharmacy has been developed in collaboration with the hospital pharmacy teams in East Lancashire to fit around the hospital and community pharmacy teams' working needs.

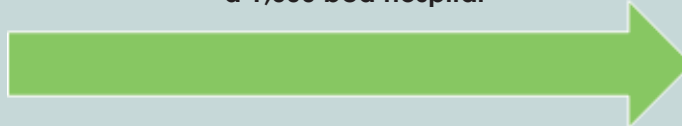
Refer-to-Pharmacy makes transfer of care a part of every patient interaction.

East Lancashire Hospitals NHS Trust's Philosophy



Every Eligible Patient Referred

120-140 discharge a day from a 1,000 bed hospital



Every Referred Patient Accepted

Realising the benefits of referring at scale means a philosophy of every single patient being referred and every referred patient being accepted

Three Steps to Referral

1. WHO?

2. WHY?

3. WHERE?

Key Features to Refer-to-Pharmacy

- Efficient Workflow
- No re-keying of data
- Extremely quick and intuitive
- Hospital admission notification
- Referrals sent automatically
- Discharge correspondence automatically included
- Report tools provided

Refer-to-Pharmacy is multi-award winning

Refer-to-Pharmacy received the 2016 Patient Safety Award for Best Emerging Technology or IT. In September 2016 Alistair Gray, Clinical Services Lead Pharmacist at ELHT received the Royal Pharmaceutical Society's Leadership in Pharmacy award for the creation and take up of Refer-to-Pharmacy. Refer-to-Pharmacy also received the Building Better Healthcare award for Best Communications or IT product.

Demonstrations of Refer-to-Pharmacy can be seen at
www.elht.nhs.uk/refer

SecondaryCare

powered by Cegedim Rx

Refer-to-Pharmacy is the world's first fully integrated Hospital to Community Pharmacy referral system

The scheme was developed in partnership with East Lancs Hospital Trust to enable hospital pharmacists and pharmacy technicians to refer patients directly to community pharmacies when they are discharged.

It offers huge benefits including a reduction in re-admissions and increased opportunities for medicines optimisation in the community.

Refer-to-Pharmacy provides the pharmacist with information to arrange a New Medicine Service (NMS) or Discharge Medication Review and ensure patient records are up-to-date.

The NMS and Discharge Medication Reviews are medicines adherence services commissioned nationally in England. Research has shown they improve medicines adherence and patient outcomes.

The New Medicine Service, where community pharmacist and patient have three consultations within the first month of starting medicines for

long-term conditions, has shown a **10% increased adherence** to medicine regimes. Discharge Medication Reviews, where pharmacist and patient have a consultation around changes to medicines made in hospital, also demonstrate improvements. A recent evaluation in Wales found that for every £1million spent delivering these reviews £3million was freed up due to avoided A&E attendances, hospital admissions and drug wastage.

Successfully deployed in East Lancashire, the desire is to spread Refer-to-Pharmacy to other health economies.

Hospital Admission Notifications drive safety, productivity, & reduce medicines waste

From March 2017 sending hospital admission notifications has been part of ELHT's medicines reconciliation process, and new questions have been asked of community pharmacists completing referrals since then. Here are just some of the outcomes reported between March and September 2017:

Measure

Net **time saved** by community pharmacies not dispensing prescriptions

Harm prevented through identification of unintentional GP prescribing errors

Net **items saved** and not dispensed at average item cost of £8.78

(source PSNC, April 2017)

Outcome

130 hours

76 patients

326 items

Refer-to-Pharmacy reduces hospital re-admissions

Comparing readmission rates for people at 28 days and with the same diagnosis during January to July 2017 indicates a **0.8% reduction** compared to the same period in 2015, before Refer-to-Pharmacy was live.

This equates to **100 fewer people readmitted each year** at an average stay costing £3,500 each.