

# Innovation Agency – Academic Health Science Network for the North West Coast

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| **Refer-to-Pharmacy****Dates: 2015-2016** |
| **Overview summary**A bespoke Hospital to Community Pharmacy electronic referral system was created, with which a total of 3,664 referrals were made between 1st January and 27th September 2016.Hospital readmissions at 28 days for the same diagnosis (Jan-June) dropped from 4.2 per cent to 3.2 per cent, equivalent to around 80 fewer patients readmitted. |
| Challenge identified In October 2011 nationally commissioned community pharmacy consultations became available to help patients get the best from their medicines post-discharge. Signposting patients to these services proved ineffectual so **Refer-to-Pharmacy** was created to bridge this gap.The aims were to create an electronic referral system that was very quick and easy to use in hospital so that every eligible patient could be referred. The system provides the community pharmacist with all necessary patient demography, a clear reason for referral and a copy of their discharge summary (identical to their GP’s and at the same time). **Refer-to-Pharmacy** has been designed to be easily spreadable to other health economies.The aim is to improve medicines adherence leading to improved health outcomes, reduction in readmissions and medicines waste. Patients are told it will help them***get the best from their medicines and stay healthy at home*.****Key features*** An intuitive system that allows rapid referral and easy identification of a patient’s regular community pharmacy, or helps patients to identify a community pharmacy of their choice
* Makes a copy of a patient’s e-discharge letter available at the desired community pharmacy at the point of hospital discharge
* Creates the right environment for behavioural change at the hospital and community ends to ensure all eligible patients are referred from hospital, and effectively dealt with at the community pharmacies
* Monitors performance and outcomes (including liaising with Manchester University to conduct a service evaluation)
* Creating demand to spread the innovation to other health economies (including liaising with the Royal Pharmaceutical Society to create a ‘Referrals Toolkit’ to aid spread)
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| **Impacts / outcomes*** A total of 3,956 referrals have been made since go-live (29.10.15) made up of:
	+ 14,08 blister pack patients information referrals
	+ 925 Medicines Use Review consultation referrals
	+ 600 General Information referrals
	+ 568 New Medicine Service consultation referrals
	+ 384 Care Home patient information referrals
	+ 71 Home Visit referrals since 25th June 2016
* Hospital readmissions at 28 days for the same diagnosis (Jan-June) dropped from 4.2 per cent in 2015 to 3.2 per cent in 2016, equivalent to around 80 fewer patients readmitted.
* A service evaluation is underway with the School of Pharmacy at Manchester University. Early findings indicate that the hospital pharmacy team have adopted the system rapidly with all staff stating it saves them time (a five minute phone call to a community pharmacy has reduced to a [12-second referral](https://www.youtube.com/watch?v=9rzIk9f16PI)).
* Community pharmacists have similarly adopted the system well with comments such as “I’m about to retire - I wish you’d been doing this years ago”.
* Patients have responded well to consent to be referred with only a handful not consenting – they are shown a film on their bedside TV to inform their decision (viewable at **www.elht.nhs.uk/refer**).
* In July 2016 Refer-to-Pharmacy received the *Patient Safety Award for* ***Best Emerging Technology or IT***. In September 2016 Alistair Gray received the *Royal Pharmaceutical Society’s* ***Leadership in Pharmacy*** award for the development of refer-to-Pharmacy.
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| **Plans for the future:**A Hospital-admission notification message live from October 2016 allowing community pharmacists to stop advanced dispensing of blister pack users and care home residents medicines saving them time and reducing medicines waste (as changes to medicines in hospital will mean those prescriptions would not be suitable for use).A real time readmissions report directly using referrals data and comparing it with live Trust readmissions data live from October 2016, so an objective impact of referrals on all readmissions can be demonstrated.A messaging system to allow community pharmacists to communicate with GPs in relation to the outcome of consultations post-referral is in development.The Innovation Agency has supported the introduction of the system in East Lancashire and is continuing to support the spread of Refer-to-Pharmacy through introductions to different professional networks, Trusts and key influencers; and through promotion via speaking opportunities at events; a video interview; and online communications. |
| **Tips for the future:*** Involve all key stakeholders (Local Pharmaceutical Committee (LPC), Hospital Pharmacy Team, Hospital IT, Medicines Management team from CCGs) in discussions from concept to evaluation
* Involve the local hospital communications team from the outset to keep health professionals informed of plans, development and outcomes; and to make the public aware of the development
* Have a hospital champion to make sure the development is effectively implemented by the Trust and utilised by the pharmacy team. Monitor real time referral data to keep staff focused.
* Have a community pharmacy champion (probably identified by LPC) to ensure effective uptake of referrals by community pharmacists and unpick any issues that develop. The hospital team may need to support this process in the early weeks to help embed behaviour.
* Have an evaluation plan and share outcomes with all stakeholders.
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