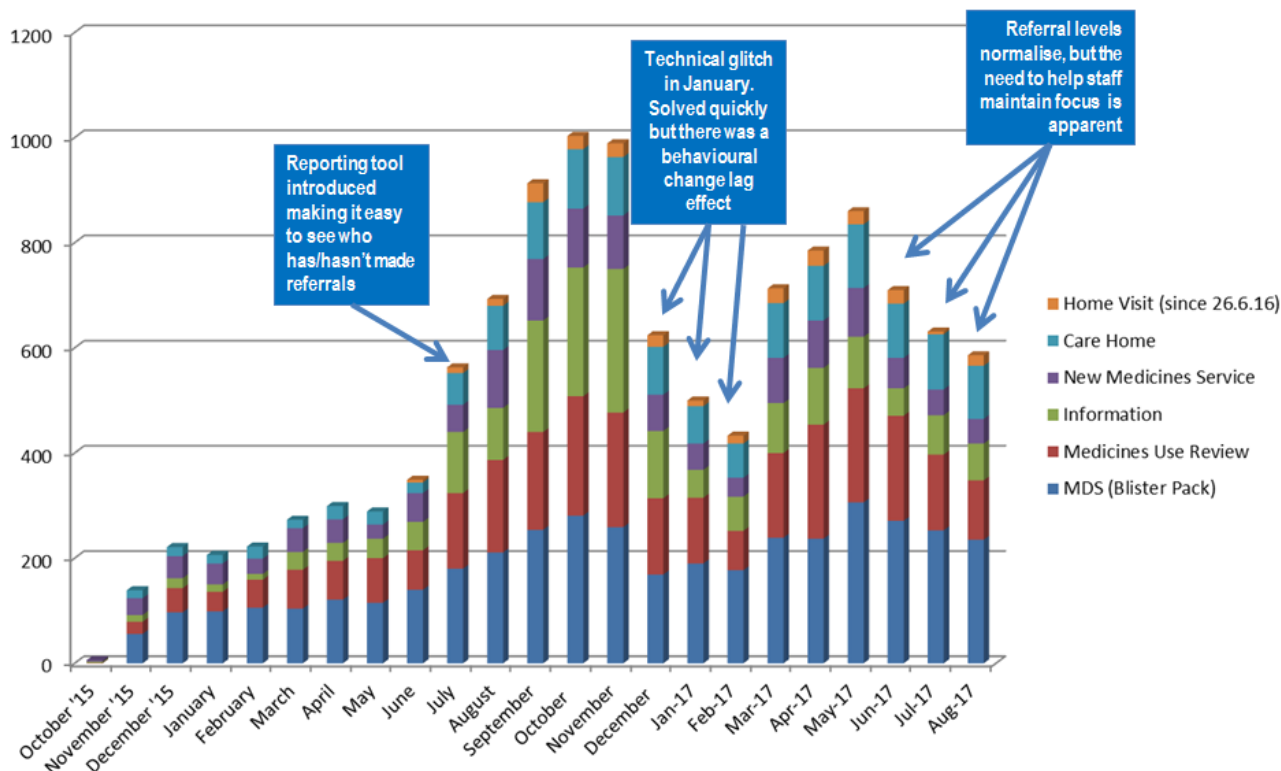


Welcome to the September 2017 Refer-to-Pharmacy newsletter; as ever feel free to pass it on within your networks.

There has been a bit of a gap since the last newsletter (April '17) as much time and effort has been spent co-ordinating Phase 2 of our Dedicated Ward Pharmacy (DWP) project. More of this in a moment after a Refer-to-Pharmacy update.

As Refer-to-Pharmacy approaches its second birthday in October, I thought it would be good to show total referrals made to date. The grand total is **12,007** hospital to community referrals between 29.10.15 to 31.8.17, and as you can see from the chart there is quite a story to tell.



The recent monthly variation is interesting and I think comes from a combination of human factors. A few vacancies have developed over the last few months which have been filled, but with the usual lag between leavers and starters, and experience dilution. With much effort gearing up for Phase 2 DWP I think a little less focus has been applied to referrals.

So... there's gonna be some focus in the next few weeks!

We're continuing to see heartening outcomes from the local community pharmacists when they complete a referral. These are highlights from April to August:

- 72 patients had unintentional errors spotted on their first post-discharge GP's prescription showing the virtue of timely sharing of discharge information
- 117 hours (net) have been saved by community pharmacies by **NOT dispensing prescriptions** whilst their regular patients were in hospital; showing the power of Hospital Admission Notification messages e.g. blister pack users and care home patients

- 262 prescription items have **NOT** been dispensed and wasted for the same reason (with an average value of just less than £10 each)

I was fortunate enough to relay this information at the [EXPO](#) event in Manchester last week and at a [Lancashire STP](#) event the week before

And at last Refer-to-Pharmacy is going live at a second site. In the next few weeks Leighton Hospital ([Mid-Cheshire Hospitals NHS Trust](#)) is rolling R2P out. I can't wait to see how they get on.

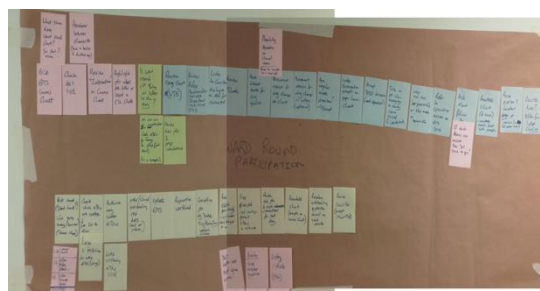
Now, to the Dedicated Ward Pharmacy project. A quick reminder: DWP is where a pharmacist spends their working day on one ward with appropriate pharmacy technician support. They accompany consultant-led ward rounds ensuring that safe, effective prescribing decisions are made at the point of prescribing, discharge planning is effective, patients are properly counselled on medicines changes, and they are referred to their community pharmacist for post-discharge follow-up. And technicians concentrate on medicines reconciliation and creating the medicines elements of e-discharge letters.

Last year's pilot showed our patients were getting better faster and staying healthy at home. Phase 1 led to the service being embedded on 8 wards and now we enter Phase 2...

...The Trust has invested in the pharmacy directorate to deliver the service on twenty-four wards. Recruitment has taken place and people are starting between now and November.

We've managed to get the School of Pharmacy from Manchester University to carry out research into the outcomes so there'll be independent academic rigour brought to our data. [Greater Manchester AHSN](#) are on board too, and have facilitated a core pharmacy team to attend an Improvement Science course with [Haelo](#) over the coming year to help us maximise the project's potential.

So far, we've filled a corridor with process maps and started several tests of change using [PDSA](#) cycles. We're focussing on medicines reconciliation, but secondary measures include length of stay, readmissions, time of discharge and of course referrals to community pharmacy.



Now you may think this sounds like something out of [The Carter Report](#). There is an awful lot of overlap, and in fact Lord Carter visited us in July and was given a [first-hand account of DWP](#) by Emma Coupe, one of our respiratory pharmacists (she's the one on the right).



More to come next time.

Many thanks,

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