Welcome to the November 2016 edition of the Refer-to-Pharmacy newsletter – please pass it on within your networks.

Firstly I need to wish a Happy First Birthday to Refer-to-Pharmacy – it passed this mark on the 29th October and in that first year we made 5176 referrals – and that was from a standing start as you can see from the bar chart below.

Refer-to-Pharmacy is now a triple award winner too. As well as the Patient Safety Award and the Royal Pharmaceutical Society's Leadership in Pharmacy awards it has also become the _Building Better Healthcare Best Communication or IT Product_ award recipient for 2016. The award was presented by John Wilkes and the very FAB Roy Lilley.

As predicted last month we broke the 'Mach 1' barrier in October making _1003 referrals_ in total, and with an acceptance rate from community pharmacist of 85%.

The bar chart below really does illustrate how things have taken off in recent months with a bit of a Cambrian Explosion starting from July and the twin cultures of _Every Eligible Patient: Accepted_ and _Every Referred Patient: Accepted_ being evident.
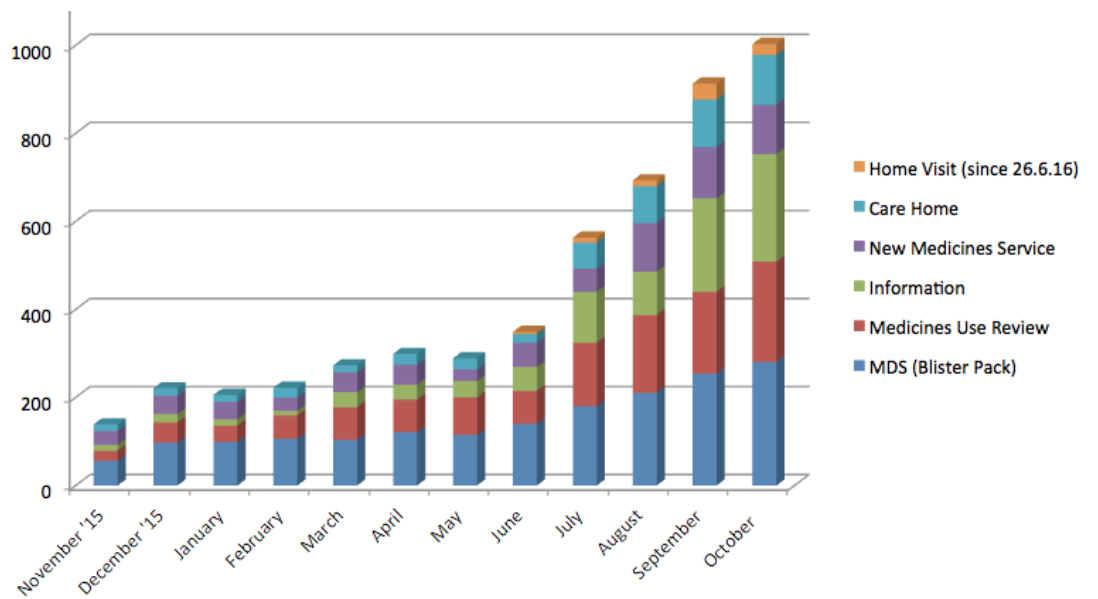
Thank you to those who provided advice about how to interpret our readmissions data – this has led to a conference call with Manchester University School of

Pharmacy we now have a good idea how to use the data we have; I'll report the outputs of this as soon we have them.

I know there has been a recent article in the [BMJ](#) following a study at Newcastle, which hints that community pharmacists have a positive effect on readmissions rates. I strongly suspect that the Refer-to-Pharmacy data will amplify this signal.

Some of you have also asked about the cost of implementing Refer-to-Pharmacy and I can give you an indication. The monthly licence cost is around £400/month per hospital. There may be a set-up and implementation cost. That cost can only be determined following a scoping conversation between a hospital's IT department and the software developers (Webstar Health) - based on who needs to do what around the hospital's patient administration system. This should be balanced against a reduction in medicines waste and readmissions (the first 2 people NOT readmitted pay for a year's license fee based on [Lord Carter's weighted activity units](#) or WAUs of £3,500/patient episode).

Those eagled-eyed amongst you may have spotted the typographical error in the latest brochure I attached last time – the y-axis had the wrong scale on the referral numbers bar chart. This has been corrected on the e-version (attached) and can also be accessed via he R2P app at bit.ly/r2pharm.

And finally… I've been invited to speak about R2P at the American Society of Health-System's Pharmacists (ASHP) at their mid-year conference in December. They've suggested speakers provide a short video promo to encourage people to come to one's session. So with that in mind I've tweeted [Alistair Gray's Letter to America](http://bit.ly/2ewxh0V) (http://bit.ly/2ewxh0V).

Until next time…