

Welcome to the March 2017 [Refer-to-Pharmacy](#) newsletter; as ever feel free to pass it on within your networks.

There are a couple of pieces of R2P news before (as promised in the January newsletter) I provide a short update on my Trust's *Dedicated Ward Pharmacy* project.

In February, the *Hospital Admission Notification* upgrade went live. This means the hospital team can now let a patient's community pharmacist know when they're admitted to hospital (and at *any* time from the point of admission) so that dispensing in the community can be paused whilst that patient is in hospital.

This will be particularly useful for Care Home residents and blister pack users, and anyone else where it's likely their medicines are dispensed and prepared in advance. It'll save the community pharmacy time and, crucially for the health economy, reduce medicine waste.

How much will medicine waste reduce by?

I don't know... yet; but I'll be able to tell you next time as the pharmacies are asked that very question when they electronically complete a referral. The screen shot image shows what this looks like.

Did this information prevent an unintentional prescribing error from the next GP's prescription? * Yes there was an unintentional pr

Briefly explain your selected option if you feel further information helps (optional):

Has Refer-to-Pharmacy saved time or cost additional time for this patient?: * Saved time Neither saved or cost time Cost time

Please estimate how many minutes were saved: *

Has Refer-to-Pharmacy reduced or generated medicines waste for this patient?: * Reduced wasted medicines No effect on wasted medicines Caused additional wasted medicines

Please tell us how many items were NOT dispensed: *

Here's a short screen grab film which shows [all the new functionality in action](#).
<https://youtu.be/uU6-2IH0--A>

In other R2P news, the service was a finalist in the [North West Coast Research and Innovation Awards](#) at the beginning of February. I was fortunate enough to receive the Innovation Champion award, pictured below with veteran ITN reporter [Lawrence McGinty](#) and [Lord Mawson](#).



Now... *Dedicated Ward Pharmacy* – a few newsletters ago I mentioned my Trust had given the go-ahead for a phased implementation of a new pharmacy service model (certainly new for us) which serendipitously overlapped with the [Carter Report](#) requirements for pharmacy like a large [Venn Diagram](#).

The gist of the service is the pharmacist spends their entire day on the same ward (rather than attempting to service 2, 3 or even 4 wards). They accompany the consultant-led ward round making sure the right medicine choices are made, all queries are resolved, and stuff like VTE prophylaxis and antimicrobial stewardship 'just happen'.

And they stay on the ward afterwards to make sure various post-ward round activities, discharge planning, and patient counselling happen too.

The pharmacy technician concentrates on medicines reconciliation and preparing the medicine elements of patients' electronic discharge letters.

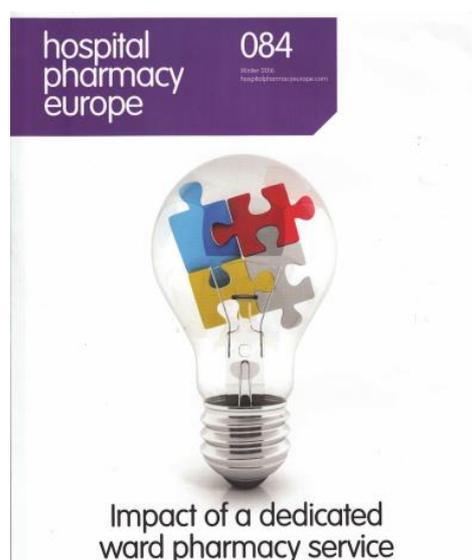
To make sure the benefits of this approach were demonstrated we have measured everything that could be measured.

What we have found is that patients are getting better faster, they're going home earlier in the day, and they're staying healthy at home. That is, there's been a reduction in length of stay and readmissions rates, and an improvement in medicines safety and patient/staff experience.

Oh, and a sizeable reduction in drug expenditure.

There's too much detail to go into here. Fortunately, the current edition of *Hospital Pharmacy Europe* has an article about [what we did and what we found](#).

There's a [nice editorial](#) too and a fab front cover!



We believe the service provides much improved value and safety, and is potentially a model to be spread. The final piece of good news is that funding

has been secured for Manchester University to carry out an independent evaluation of *Dedicated Ward Pharmacy* to demonstrate its value, and with academic rigour and no bias.

More on this in future newsletters, and in next time's I hope to update you on new sites for [Refer-to-Pharmacy](#).

If you have any questions please get in touch.

Many thanks,



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