Get the best from your medicines and stay healthy at home

Safe | Personal | Effective

www.elht.nhs.uk/refer
Refer-to-Pharmacy is an electronic referral system that allows pharmacists and pharmacy technicians to refer people from the hospital bedside to their community pharmacist for various kinds of post-hospital discharge support with their medication.

It provides the community pharmacist with all the information they need to contact their patient to arrange a convenient time to carry out a New Medicine Service or Discharge Medication Review, or to make sure their patient record is up to date to check that future prescriptions from the patient’s GP have the right information on them. The New Medicine Service and Discharge Medication Reviews are medicines adherence services commissioned nationally in England that have been offered by community pharmacies since October 2011.

Research has shown that they improve medicines adherence and patient outcomes. The New Medicine Service (NMS), where the community pharmacist and their patient have three consultations within the first month of starting certain medicines for long-term conditions, has been shown to increase adherence to medication regimens by 10%. Medicines adherence i.e. taking medicines as intended really matters, for instance, someone not taking their antihypertensives can lead to higher blood pressure, which can lead to stroke and lower quality of life.

Discharge Medication Reviews, where the pharmacist and their patient have a consultation around changes to medicines made in hospital, have also been shown to improve adherence. In a recent evaluation in Wales it was found that for every £1 million spent delivering these reviews £3 million was freed up as a result of avoided A&E attendances, hospital admissions and drug wastage. Patients are often unaware of these services and, even with signposting by the hospital pharmacy team, they most often miss out on the opportunity for their community pharmacist to help them get the best from their medicines when they are potentially at their most vulnerable following changes to their medication in hospital.

Here are some of the issues that are caused by, or lead to, poor medicines adherence which the seamless care offered by Refer-to-Pharmacy can address:

- 50% of patients with chronic disease do not take their medication as prescribed
- Up to 40% of medications may be discontinued during hospitalisation
- 60% of patients with chronic disease (N=300) admitted to hospital had three or more medicines changed during their hospital stay
- 6.5% of adult hospital admissions may be medicine-related, with 30% of these due to non-adherence to medicines for chronic illness
- The cost to the NHS of wasted medicines has been estimated at £150 million annually, with poor adherence to medicines identified as contributing a significant amount, in terms of both wastage and suboptimal use of medicines
- The costs of admitting patients who do not take their medication as directed have been estimated to be between £36 million and £196 million

Once Refer-to-Pharmacy has been successfully deployed in East Lancashire the desire is to spread the innovation to other health economies. Webstar Health, the Refer-to-Pharmacy software developers, will be the prime contact for other Trusts and CCGs and will work with East Lancashire hospitals which will be a reference site for organisations wishing to see Refer-to-Pharmacy in action. Refer-to-Pharmacy can be configured to meet local health economy demands if other referral types are required e.g. smoking cessation, care home or domiciliary MUR. Ultimately it is configurable to facilitate a referral from any health care professional to another.

Refer-to-Pharmacy has built in audit tools to measure various key performance indicators, and in 2015 the School of Pharmacy at Manchester University to carry out a feasibility study into the Refer-to-Pharmacy process to independently analyse outcomes.
Getting information to community pharmacists is a tricky issue. We have tried signposting patients to these services and asking them to take their discharge letter with them, but hardly anybody follows through on this request. I’ve heard from several colleagues around the country reporting the same issue. It’s not surprising though — there are many things happening to a patient while they are in hospital, and there’s too much to take in. This makes the community pharmacy services all the more valuable — if only patients could be engaged. I believe Refer-to-Pharmacy will solve this problem.

In hospital new medicines may be started or others have dose changes or may be stopped altogether which can lead to potential problems when someone is discharged from hospital, as medication at home and prescription repeat order slips are not up to date with these changes. Developing a good relationship with a local pharmacy can be key for people to get the best from their medicines, especially for people with a long term condition or for vulnerable elderly patients using multiple medicines. Refer-to-Pharmacy means, for the first time, the hospital pharmacy team can make sure their patients get the right support from their community pharmacist when they return home.

Discharge from hospital is a key part of a person’s road to recovery but the tricky part of coming home from hospital is to understand their medication regimen on discharge. Unfortunately not all of the patients manage this during this stressful period and there is always a chance of error. Refer-to-Pharmacy will not just cut down the chances of medication error, but it will also reduce medication waste, improve the health economy and improve health outcomes. I really welcome and fully support this initiative by East Lancashire Hospitals as a GP and prescribing lead for Blackburn with Darwen CCG.


