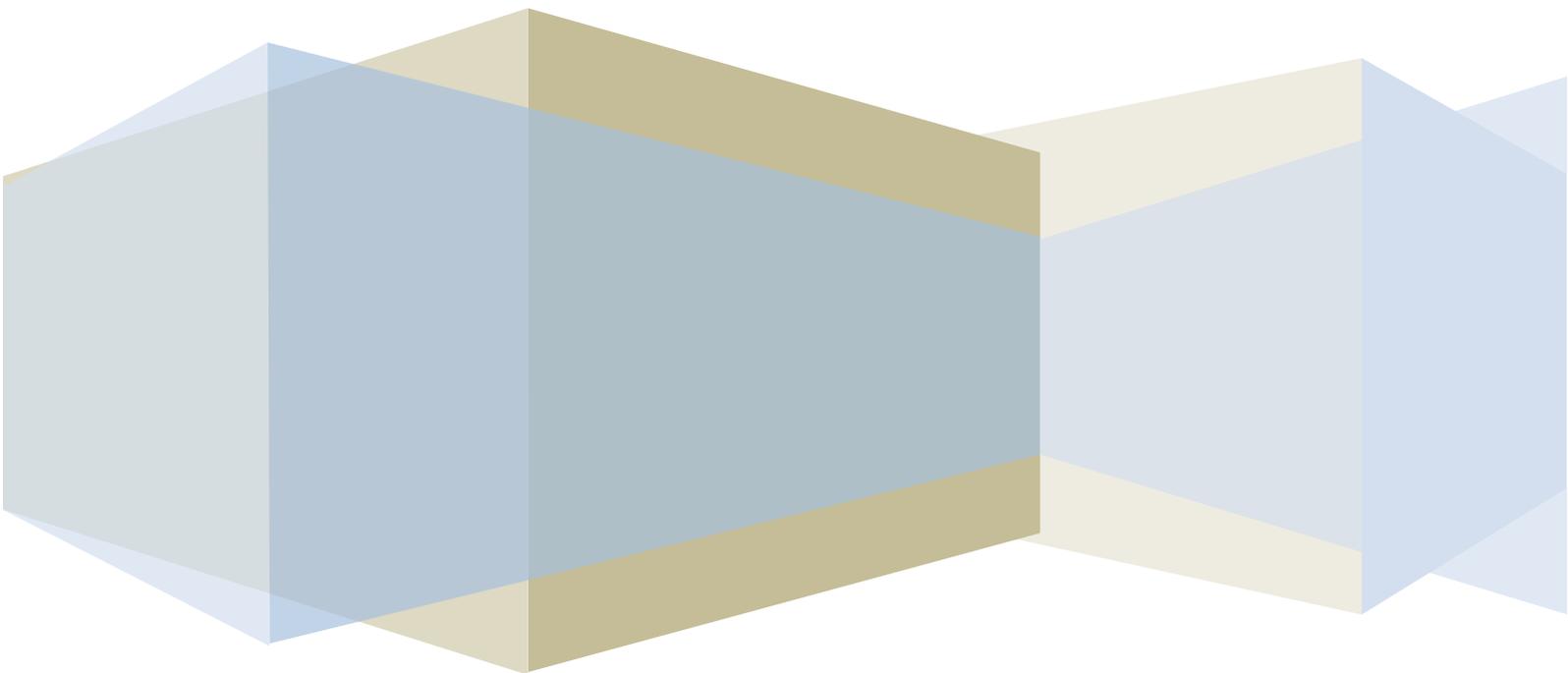


Pharmacy Referral Project: Test & Learn Review - Year 2

Ageing Better in Camden, June 2017

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Executive Summary

The executive summary will outline the reasons behind our recommendation to end the Pharmacy Project. For full details, please refer to the full report.

Introduction

The project began on 1st October 2015, when 13 local pharmacies, with delivery drivers, were commissioned to identify older people who were lonely or isolated. They were paid to refer into the Ageing Better in Camden programme for a fee of £5 for a referral that required a quick conversation and a quick form and £36 for a referral which required a consultation and more comprehensive referral.

Year 1 - Summary

In Year 1 the Pharmacy Project produced 25 referrals from 13 Pharmacies in the borough of Camden (between Quarter 2 – 4). Out of the 25 referrals, 15 were a comprehensive referral and 10 a 'quick' referral with an expenditure of £590.

The lack of referrals through Year 1 led to a review of the process in Year 2. The review aimed to identify the issues leading to the poor results and explore further opportunities within the project with an emphasis on creating new and relevant referrals. Research was obtained through conducting surveys to get feedback from the Pharmacies and Community Connectors, pharmacy visits, meetings with the Community Connectors and organisation of a series of events in existing and new pharmacies and a supermarket.

Year 2 – Summary

Following a relaunch including revised materials including the introduction of a scratch card, in Year 2 the project produced 100 referrals from 13 pharmacies between Quarter 1 – 4. Out of the 100 referrals, 73 were from scratch cards, 20 using the self-assessment form, 3 on the long form and 4 on the short form. The total expenditure for year 2 was £639.

After the initial push at the start of the project, the referrals peaked in Year 2 Quarter 2 at 54 referrals but 51 of these, had unsuccessful outcomes. Out of 100 referrals collected in Year 2, only 3 clients successfully engaged through the Pharmacy project with activities within Camden following support from the Community Connectors. 97% of referrals were unsuccessful due to the following:

- Community Connectors being unable to contact clients.
- Clients deciding that the service was not for them.
- Inappropriate referrals such as clients living outside of the borough.
- Client getting over period of illness or mobility issues

The amount of referrals received from Year 1 to Year 2 increased by 400% however, out of the total number of referrals received in Year 2, only 3% were successful in connecting an older client to their community.

Issues Identified

Engagement levels from the pharmacies were very varied. The positive survey feedback collected from the Lead Pharmacists did not correlate with the challenges expressed by the Community Connectors nor did it mirror the reduction in quantity and quality of referrals received throughout Year 2. Visiting the pharmacies confirmed these contradictions, however none of the pharmacies expressed reluctance to continue with the project, even though the project was clearly not working for them. It appeared that the Healthy Living Project had an effect on their motives for taking part and that it was beneficial for them to be seen to be involved. It was also very apparent that the pharmacy business was competitive and challenging. They have a lot going on and the Ageing Better project was an 'add on'.

Each pharmacy worked uniquely and a 'one path fits all approach' to the project did not work due to: different management styles, available time, space and staff. The Ageing Better in Camden message often got lost within the pharmacies, as the 'tool box and materials' were competing for space, alongside a number of other relevant projects leaflets. The majority of pharmacies preferred to give customers scratch cards to fill in as they were quicker to complete. This was problematic for data capturing purposes, as the scratch cards have the least client information on them, and the older people did not always include contact details. This, and the misspelling of names on the card, led to communication challenges between the Community Connectors and clients. It was also noted that some pharmacies got a lot of their custom from the hospitals in Camden, which, due to their size and status saw a lot of out-of-borough older people who Community Connectors were then unable to support.

The foot fall in the pharmacies during the events was slow and irregular with customers of varying age. Many customers took leaflets and information for friends or families, rather than associating the project with themselves. It was difficult to get anyone to discuss personal issues or fill in a scratch card in a shop environment and with strangers. Those that did want to discuss issues and problems often needed signposting to other areas for support.

The time spent in Gospel Oak proved that it was hard to engage with the Bengali community and that the project materials and activities were not instantly relevant or appealing to a large part of the community within this area of Camden.

The supermarket event was the most successful with regard to foot fall and being able to engage with the community. However, it was successful as a marketing event for the Community Connectors, but not as a way of obtaining referrals.

Overall, the event process was slow with only 1 referral gained from 12 events and that client has not been able to engage due to illness. To conclude, there was no way to effectively monitor the outcome of these events, therefore it did not feel productive enough to warrant the time spent (30 hours in total).

Recommendations

The report concludes that obtaining client referrals through pharmacies has been challenging for all parties involved and that with a 3% success rate it is not worth the financial investment and staff resource to continue into Year 3.

It is recommended that funding should be stopped for the project however, Pharmacies and Community Connectors are encouraged to continue to work together to support older people in reconnecting with their communities.

Background

The pharmacy project within Ageing Better in Camden was developed in the bid phase with input from Camden & Islington Local Pharmacy Committee (LPC) and was supported by the LPC chairman and Chief Executive. Other partners were also keen to engage with pharmacies as there were no existing partnerships and referral pathways that linked pharmacies with statutory and third sector older people services. The Service Level Agreement with the pharmacies lists the following aims of the service:

- 1.1. To identify older people who are known or thought to be socially isolated and lonely or at risk of social isolation and loneliness
 - To talk with older people and encourage/enable them to fill in a 'first contact form' as a one page referral form to Ageing Better in Camden
 - To ensure the older person has an understanding of the possibilities of 'reaching out to reconnect'

- 1.2. To ensure older people who come into contact with the pharmacy know that Ageing Better in Camden operates to prevent loneliness and social isolation and has a range of services and programmes to support people out of loneliness and social isolation
 - To leave older people Ageing Better in Camden literature
 - To prompt older people to read and consider Ageing Better in Camden literature

- 1.3. To ensure older people have the opportunity and appropriate level of encouragement from their 'known' pharmacy staff in order to reconnect with other people and their community.
 - Simplifying the range of options of social interaction to ones that make sense for that person
 - Making it 'safe' and achievable to reconnect
 - Improve the older person's self esteem
 - Recommend new activities and reconnect with old activities
 - Refer on to Ageing Better in Camden or another organisation
 - Identify practical problems in reconnecting with community activities
 - To ensure the older person has an understanding of the possibilities of 'reaching out to reconnect'
 - Ensuring that there is active participation of the older person with shared decision making and agreement about any changes.

The bid identified the potential for 1500 referrals in the first year with 20 pharmacies taking part. This was based on estimates by the Local Pharmacy Committee that each pharmacy would generate about 75 referrals. Pharmacies have been involved in other schemes generating referrals mainly around smoking cessation and raising awareness on alcohol consumption or cancer risk. These schemes offer a financial incentive per referral made and it was decided this was the best way forward. No management or administration resources and costs were allocated to this project in contrast to all other projects. A total budget of

£67480 was allocated to the project for year 1 with a similar amount for year 2. After re-allocating some of the Year 1 funding to other priorities and expenditure on training and referrals an under spend of about £53,000 was carried forward to year 2.

Pharmacies were invited to take part through an open tender process in 2015. The tender process showed that interest from pharmacies was not as high as estimated despite the financial incentives on offer e.g. £5 for a short and £36 for a long form completed and referral made to Community Connectors. Only 13 pharmacies responded to the tender and attended the training session. Out of these 3 did not return the signed SLA and a further 4 made no referrals at all. Only 6 pharmacies made any referrals by the end of June 2016. The largest number of referrals was made by Fine pharmacy with a total of 8 referrals.

The pharmacy project was seen by the Community Connectors as a key source of their referrals and way to identify older people at risk of loneliness and isolation but not engaged in services or reluctant to come forward through using the pharmacies existing contacts and knowledge of older people at risk in their area. As well as generating referrals it was also hoped that this would lead to the engagement of pharmacies in the wider Ageing Better work.

There is currently significant interest in work with pharmacies and a number of groups and organisations are working on ways to engage pharmacies in health promotions issues in the widest sense. In 2014 the Loneliness and Isolation Working Group of the Age Action Alliance ran a six week pilot project with two large Boots stores in Hampshire and produced a report on their findings¹. They used a self-assessment questionnaire that was given to older people collecting prescriptions and those coming in for a Medicine Use Review. The form asked if people wanted to find out how to get involved in activities in their area, if they wanted to find out about help that was available locally as well as demographic questions and to rate their health. In total 115 questionnaires were returned with 58% having been completed but only 32% requested further help or information. Those requesting help or information were passed to Age UK Hampshire who responded to all referrals within 2 days. The questionnaires were very well received by the public and the pharmacies. Take up was considerably higher in one pharmacy than the other due to the support of the local store manager.

Healthwatch Lewisham and Bexley recently produced a report on pharmacy services in Bromley². The aim of the report was to get an insight into the patient experience and to look in detail at:

- Dispensing of prescriptions
- Promotion of public health and healthy lifestyles
- Signposting to other services
- Patient feedback

The report identified that people were very happy with their local pharmacy in terms of dispensing but were unfamiliar with some of the other services pharmacies offer. In

¹ Making Connections: Project report from Age Action Alliance Loneliness and Isolation Working Group, 2014.

² Healthwatch Bromley and Lewisham: Pharmacy Services in the London Borough of Bromley, 2016.

particular few people went to the pharmacist to seek advice and information preferring to go to their GP and even fewer expected the pharmacy to be able to signpost them to other services.

The Pharmacy lead within Public Health fed back that engagement with pharmacies is challenging as currently pharmacies are being approached by a number of different agencies to run a wide range of campaigns. Making sure you are on their agenda and are a priority needs regular input. His suggestions included focussing the effort over a limited time period, using Scratch cards and keeping good records of their use in each pharmacy, engaging with the Healthy Living Champions in the Healthy Living Pharmacies rather than pharmacists as they are often longer standing staff (many pharmacist are locums).

Public Health is in the process of accrediting more local pharmacies as Healthy Living Pharmacies. Being part of the Ageing Better project would be a significant part of the evidence needed to be accredited so this might be useful in engaging more pharmacies.

The Chief Executive of Camden & Islington Local Pharmacy Committee echoed many of the issues raised by the pharmacies and highlighted the use of Scratch cards in other public health campaigns run by pharmacies. The Scratch cards are developed by the National Pharmacy Association (NPA) and are available for a wide range of topics from smoking cessation and drink awareness to cancer risk and sexual health.

Scratch cards proved to be effective therefore for the Pharmacy Project, Year 2, the NPA worked with Ageing Better in Camden to develop a Scratch card that could be used as a tool to identify older people at risk of loneliness and isolation.

An Ageing Better 'Tool Box' was developed in collaboration with the Pharmacists that included all necessary tools and forms needed for the processing of referrals within the pharmacies with an aim to strengthen the branding and appeal of the project.

For year 2, a Project Administrator role for Ageing Better was created to oversee the Pharmacy project more closely. The Community Connectors were also brought further into the project as a link between the pharmacies and Ageing Better. Both resources aimed to support the pharmacies, streamline the referral process and take care of practicalities such as material distribution. The reallocation of the pharmacies amongst the Community Connectors supported a more balanced geographical split between the team as demonstrated in the table below which enabled a fairer share of work load.

Pharmacies	Greenlight (NW2 3HD) Dales (NW3 6HN) Aqua (NW6 1NB) Hill (NW3 3NR) IPSA (NW3 6JP)	Greenlight (NW1 2NU) Evergreen (NW1 1DA) Kings (NW1 4BU)	Sandylight (NW5 4EG) Fine (NW5 4EB)	Grafton (W1T 5AZ) John Walker (WC1H 9QX)	Republic (NW3 2QX)
Number of Pharmacies	5	3	2	2	1
Community Connector	Emma	Laura	Rezaul	John	Sarah

Most of the pharmacies estimated that they had about 100 people over 60 years on repeat prescriptions. That would equate to a total of about 1200 people across the 12 pharmacies, who have signed a contract. If we assume that pharmacies ask all the people over 60 years to complete either the Scratch card or the self-assessment form and we get a return rate similar to the Hampshire project of 30% this would mean a total of 400 people. This is significantly lower than the 1500 referrals budgeted for the project and would mean additional resources are available to explore other avenues.

This information has been taken from the Year 1 Test & Learn Report³ written by Silvia Schehrer and the work completed in year 2 of this project was executed on the recommendations of her report.

In Year 1 the Pharmacy Project produced 25 referrals from 13 Pharmacies in the borough of Camden between Quarter 2 - 4. Out of the 25 referrals, 15 were done on the longer form and 10 on the shorter form with an expenditure of £590. The lack of referrals through Year 1 led to a review of the process in Year 2.

³ Pharmacy Referral Project – Test & Learn Review – Year 1, Silvia Schehrer, 2016.

Review

The review was an opportunity to assess the project outcomes for Year 2 alongside all partners involved. The review aims to understand why the Pharmacy Project was not working and shows the approaches taken to improve the project outcomes of Year 1.

Pharmacy and Community Connectors Project Feedback

Online surveys were sent to the Pharmacies and Community Connectors to gain feedback on how they felt the project was working for them. Pharmacy project leads were asked to get as many of their staff to complete the survey including pharmacists, dispensers and counter staff in order to gain insights from all involved.

Pharmacy Feedback Summary

Feedback was received from 12 pharmacies but only from the service leads therefore it was felt that there was a lack of insight from counter staff, which, would have been useful. The overall feedback from the service leads was very positive. It was felt that they had a good understanding of the ABC project and that it was a good use of their time. There was still some confusion around the payment process with 2 pharmacies but this had seen improvements from the first quarter.

The branded box enabled better engagement with older people and allowed staff to start conversations around the topics of isolation and loneliness. However, customers were dubious about referring themselves without a clearer idea of what they are being referred to. Some thought that the process was too vague and suggested a need for additional materials on activities. There were also some thoughts around pharmacies working directly with older people and GP's.

Community Connectors Feedback Summary

The positive feedback that came from the survey was that the Community Connectors had been able to visit their pharmacies regularly and build up good relationships with them. They also believed that many of the pharmacies had solid and trusting relationships with their clients that would encourage engagement with the project.

There were concerns that the pharmacies didn't actually have a large amount of older people that they could refer that fit the eligibility criteria. This was due to the fact that many of the referrals were leading to dead ends (referrals from people under the age of 60 or living out of the borough) and the whole process was very time consuming. There were also mixed thoughts on the strength of the printed materials (scratch cards, short and long referral form) and ideas on how these could be improved.

Feedback included ideas around events in pharmacies to build strong and positive community links as well as the scratch cards being distributed to post offices, libraries and local shops to target a wider reach.

Success stories from Quarter 2 included a client from Kings Pharmacy who attended chair based exercises at Third Age Project (TAP) and who wanted to walk to the Crypt Centre with a volunteer for other activities. A client from Evergreen was introduced to bingo at SPCA

through the project and wanted to try chair based exercises at TAP with the help from a volunteer.

Issues identified

- The positive top line feedback from the Pharmacies did not correlate with the challenges expressed by the Community Connectors nor did it mirror the reduction in quantity and quality of referrals received in Quarter 2.

Action

- This lack of synchronicity highlighted the need to visit the Pharmacies and speak to counter staff to identify and problem solve.
- Need to visit pharmacies to find out if they had exhausted their older people client base.
- Need to develop a programme of events to support counter staff in engaging with customers.

Pharmacy Visits

Yogendra Parmar (CEO Camden & Islington LPC) and I visited the 13 pharmacies to see how they had approached the project, what successes and problems they had encountered and how they thought best to move forward to gain further referrals. It was a good opportunity for Yogendra to speak to the Pharmacists and for me to get feedback from the counter staff, who, work directly with the customers.

The service lead at Evergreen (NW1 1DA) has been managing the pharmacy with her family for 20 years. Her approach to the project was to target specific customers individually as she knew them on both a personal and medical level. This meant that her referrals were low but when she did refer someone to the project, they understood the purpose of their referral and what to expect next.

Grafton (W1T 5AZ) at the top of Tottenham Court Road had been unsuccessful in getting project referrals due to the location of their shop being central to offices and shops and older people made up a small amount of their client base. They felt that they had already approached all of their older customers and didn't want to push them as once they had had enquired about the box and decided they were not interested, it was harder to engage with them on the project again.

Hill (NW3 3NR) is located within a newsagent and has very limited space. They struggled with the size of the box and suggested an A5 strut card with relevant images of older people doing activities would work better for them as a talking point to engage with customers about the project. They preferred not to use the words isolation and loneliness when talking to older people but suggest that they get involved with local activities. They wanted more image based information on local activities that they could refer to so that the older people knew what they were signing up for.

Dales (NW3 6HN) was very quiet and they expressed concerns with competing with other pharmacies for prescriptions. The box was displayed on the counter with scratch cards only. They had made a decision to only use the scratch cards as they were less time consuming to

fill in. They felt that they had targeted the majority of their older customers and that a lot of them still had partners and therefore did not need the service. This raised concerns over their understanding and perception of the project which was a good insight.

Counter staff at Sandylight (NW5 4EG) were enthusiastic about the project and had enjoyed the training they received. All materials were on display and staff said that they used the method of asking older people if they knew a friend that might be interested in joining local activities to encourage interest and engagement. They thought an instore event on market day would be a positive way of getting the project known in the community.

Fine (NW5 4EB) is on the same road as Sandylight and owned by the same lead Pharmacist however, they are run very differently. Sandylight is large, friendly but less modern and Fine is small but clinical and more formal. This is worth noting to observe how different pharmacies operate even if under the same management. The counter staff in Fine staff expressed problems engaging with the Asian community as the older women did not have or embrace hobbies outside of their families and were dismissive of the service or reluctant to be inquisitive about the offerings. They did not feel it was relevant to them. No box or materials were on display but this was the pharmacy that felt that the invoicing process was not clear therefore it may have had a negative impact on their attitude to the project.

In Quarter 4 Kings were successful in obtaining new referrals by stapling scratch cards to all prescriptions of those over 60. They got 25 scratch cards returned however none of these included telephone numbers or email addresses. This meant that communication could only be made with clients by post which is the hardest way for the Community Connectors to engage with older people at this stage of the referrals process and they have not been able to make contact with them.

Sandylight & Fine also trialled this process but with no successful referrals.

Issues identified

- The visits confirmed the contradictions raised via the positive survey feedback as none of the pharmacies expressed reluctance to continue with the project even though it was very obvious in some stores that the project just wasn't right for them. Not always a fault of their own, it did seem that the Healthy Living Project had an effect on their motives for taking part and that it was beneficial for them to be seen to be involved. It was also very apparent that the pharmacy business was competitive and challenging. They have a lot going on and the Ageing Better project was an 'add on'.
- It was clear that each pharmacy worked uniquely to the next and that a 'one path fits all approach' to the project would not work due to the different management styles, available time, space and staff.
- The Ageing Better in Camden message often got lost within the pharmacies as the box and materials were competing for space alongside a number of other relevant projects leaflets.

- The majority of pharmacies preferred to give customers scratch cards to fill in as they were quicker however the scratch cards have the least client information on them and if filling it in independently, the older people did not always include telephone or email address (if they have one) information. This and misspelling of names on the card has led to client identification and duplication problems on Charity Log as well as creating communication challenges for the Community Connectors.
- There is a need to make the project instantly relevant or appealing to small community groups for example using relevant images and language to attract the Bengali community.
- Some pharmacies get a lot of their custom from the hospitals in Camden, which, due to their size and status see a lot of out of borough older people who Community Connectors are then unable to support

Action

- After meeting all of pharmacies the following were dropped from the project due to lack of target client base, engagement or project knowledge. **John Walker/ Grafton/ Republic / ISPA**
- Momentum to be created around the project by holding monthly events in key pharmacies with Community Connectors enabling us to refresh training of counter staff and obtain front line experience to understand troubleshooting.

Community Connectors Meeting

To understand the project from the perspective of the Community Connectors, I met with them to discuss the points they had raised in the Survey.

Community Connectors work with clients for 3-6 months. If a client has not engaged with an activity during this time frame then a befriending service is offered. They provide clients with lots of information and sign posting outside of the project boundaries that assist client needs.

Issues identified

- Clients reluctant to include all personal information required on forms and scratch cards which results in them not being able to be contacted quickly or at all. Community Connectors requested for the D.O.B to be added to the scratch cards on the next print run as this would be a valuable piece of information for Charity Log when identification issues are concerned for example; names are unreadable on forms.
- Discussions around softening of the category we are putting clients in (isolated, lonely) and further training (role play and resistance) needed for pharmacy staff having conversations around isolation. The size of the pharmacy plays an important role as if it is too small, conversations are harder to initiate.

- Direct feedback and concerns on existing pharmacies that mirrored our decisions to drop 4 from the project as well as opportunities for new pharmacies in uncovered areas.
- The Community Connectors had mixed feedback on the project potential due to some not having pharmacies to look after in their area and others, having many and dealing with a time consuming process.
- Two issues were raised on referrals. Often the older people did not remember that they had filled in the scratch card when the Community Connector had called them. Also, the same people kept getting referred but were not making communication for the Community Connector to be able to help them.

Action

- Printing of *'Thank you for completing an Ageing Better in Camden 'making Connections' scratch card'* which counter staff would hand to the client once they had completed a scratch card. A letter was then sent to the client with an image of both the scratch card and the completion card so that the older people would make the connection.

Pharmacy & Supermarket Events

A series of events in key existing pharmacies, a new pharmacy and a supermarket were planned in collaboration with the Community Connectors with the aim of further exploring the reach of the project with an emphasis on getting new referrals through hand to hand marketing and building a rapport with the local community. Events were marketed through posters and word of mouth from counter staff instore up to 2 weeks in advance to encourage older people to pop by for a biscuit and a chat.

A total of 14 events were held over a period of 3 months, 12 in the existing 9 pharmacies, 1 new pharmacy and 1 supermarket.

The new pharmacy Day Lewis (NW5 2TJ) was chosen as it is on a busy main road in Kentish Town, in an area that currently had no existing pharmacies. The aim was to target an uncovered area and work with a pharmacy with a higher footfall. The Sainsbury's (NW6 4HS) was chosen as their charity partner is the Abbey Community Centre and it has a high footfall on the busy Kilburn High Road.

Issues identified

- The foot fall in the pharmacies during the events was slow and irregular with customers of varying age. Some great conversations were had with the community who were in full support of the project. However, many customers took leaflets and information for friends or families rather than associating the project with themselves. A large number of those that engaged with us (over and under 60) knew about the organisation and some even knew about the project, however it was difficult to get anyone to discuss personal issues or fill in a scratch card in a shop environment and with strangers. Those that did want to discuss issues and problems

often needed signposting to other areas for support. 5 people enthusiastically signed up for volunteering.

- The event process was slow with no way to effectively monitor the outcome therefore it did not feel productive enough to warrant the time spent (30 hours in total). We obtained one referral through the event from Greenlight (NW1 2NU) but the lady had become unwell and had been resting with family outside of London. Her daughter had been in contact to find out more about the project and was keen to help get her mother involved in the future. Community Connectors often faced challenges with client momentum due to illness or injury.
- The supermarket event was the most successful with regard to foot fall and being able to engage with the community. However, it was successful as a marketing event for the Community Connectors but not as a way of obtaining referrals. Older men were the hardest to engage with and the most unlikely to stop for a chat. Older women and those that recognised the organisation or service were most likely to engage in conversation. Unfortunately many of the older people we spoke to lived in the borough of Brent rather than Camden and we were only able to sign post rather than refer them.

Action

- Community Connectors to consider holding additional events to target new people within their areas and develop out reach.

Year 2 Referral Outcomes

In Year 2 the project produced 100 referrals from 13 pharmacies between Quarter 1 – 4. Out of the 100 referrals, 73 were from scratch cards, 20 using the self-assessment form, 3 on the long form and 4 on the short form. The total expenditure for year 2 was £639.

After the initial push at the start of the project, the referrals peaked in Year 2 Quarter 2 at 54 but 43 of these, were unsuccessful outcomes and 8 remain open as shown in the table below. A case remains open when the Community Connectors are either waiting to hear back from a client or if their ability to take part in an activity is hindered by illness. A case is closed (after 6-8 weeks) if communication or participation cannot be made.

Referrals outcomes from all Pharmacies in Year 2 per quarter (2-4)

	ALL PHARMACIES		
	QUARTER		
	2	3	4
Successful Outcome	3	0	0
Outcome remains open	0	0	0
Unsuccessful Outcome	51	14	32
Pharmacy Referrals Made	54	14	32

As shown in the table below, out of 100 referrals, only 3 clients from the Quarter 2 referrals successfully engaged with activities within Camden through the Pharmacy project. Over 50% of the referrals were unsuccessful due to the following:

- Community Connectors being unable to contact clients.
- Clients deciding that the service was not for them.
- Inappropriate referrals such as clients living outside of the borough.
- Client getting over period of illness or mobility issues and not able to embrace activities at time of referral.

Referrals outcomes from individual Pharmacies in Year 2 (Quarters 2 – 4)

Pharmacy	Referrals Made	Positive Outcome	Outcome Remains Open	Unsuccessful Outcome
Aqua NW6	19	0	0	19
Kings NW1	32	1	0	31
Green Light NW1	19	0	0	19
Green Light NW2	0	0	0	0
Hill NW3	14	1	0	13
John Walker WC1H	2	0	0	2
Republic NW3	0	0	0	0
Dales NW3	1	0	0	1
Fine NW5	0	0	0	0
Sandylight NW5	0	0	0	0
Evergreen NW1	11	1	0	10
IPSA NW3	0	0	0	0
Grafton W1T	2	0	0	2
TOTALS	100	3	0	97

The amount of referrals received from Year 1 – Year 2 increased by 400% however, out of the total number of referrals received in Year 2, only 3% were successful in connecting an older client to their community through an activity.

Recommendations

The report concludes that obtaining client referrals through pharmacies has been challenging for all parties involved and that with a 3% success rate it is not worth the financial investment and staff resource to continue into Year 3.

It is recommended that funding should be stopped for the project however, Pharmacies and Community Connectors are encouraged to continue to work together to support older people in reconnecting with their communities.