Structured Medication Review (SMR) Process for Pharmacists
Patient centred approach, shared decision making & holistic needs.

Definition
A SMR is a critical examination of a person's medicines with the objectives:

1. Reaching an agreement with the person about treatment
2. Optimising the impact of medicines
3. Minimising number of medication-related problems
4. Reducing waste.

NICE Medicines Optimisation Guidance NG5 2015

Support from CCG Care Home Medicines Optimisation Team
If support is required from the CCG Care Home Medicines Optimisation Team, please refer to the NHS BLMK ICS CCG Care Home Medicines Optimisation Team (MOT) Service Referral Pathway.

Who would benefit from an SMR?

- People living in care homes
- Patients with complex and problematic polypharmacy, specifically those on 10 or more medications
- Patients taking medicines commonly associated with medication errors
- Patients with severe frailty, who are particularly isolated or housebound or who have had recent hospital admissions and/or falls.
- Patients using potentially addictive pain management medication.

DES Structured medication reviews and medicines optimisation guidance

Further Prioritisation
- Acute illness (including COVID-19) that may need changes to medicines
- Optimising medicines at end of life (e.g. prescribing & deprescribing)
- Recent discharge from hospital
- New care home residents: rapid clinical review (with the MDT if needed)
- Other at-risk groups (e.g. severely frail, renal dysfunction, high risk medicines including insulin, anticoagulants, lithium, and falls risk)
- Unmonitored high-risk medicines
- High risk conditions in COVID-19 e.g. COPD
- Abnormal biochemical markers where medicines could be implicated

Proactive Identification

- 'Call to action' letter priorities
- Use SMR specific criteria
- Tools for finding patients:
  - Electronic Frailty Index (eFI)
  - PINCER
  - NHSBSA indicators /EPACT2
  - ECLIPSE Live
  - GP/Ardens local searches
  - MDT meetings/clinics

1. Person Identified

Reactive Identification

- Patient or care home self-referral (e.g. ADR's, not coping)
- Practitioner referrals (e.g. Non-adherence etc)

2. Preparation for Medication Review

Tips
- Contact GP practice and care home with intention to review.
- Agree with practice/care home priority patients (platforms include MDT & risk stratification).
- Agree with practice/care home how best to communicate (e.g. telephone, email, S1 task).

IT considerations and planning
- Ensure full SystmOne access to appropriate GP practice 'and agree an appropriate level of authorisation to allow changes to be made to repeat medication, if needed .
- If possible, gain access to ICE via the practice (you will need your GPhC registration number).

3. Clinical Preparation & Review Tools

Review clinical notes and medication list

Recommended Sources of Information:

- QOF Timeline
- Major/Minor Active Problems
- Summary & Family History
- Repeat Template
- Sensitivities and Allergies
- Quick Glance (BP, pulse, weight, BMI)
- Communication requirements (e.g. Interpreter required?)

- Vaccinations
- Communication & Letters
- Pathology and Radiology
- Journal entries
- Recent acute medication

Tips

- Work your way down the tabs on the left hand side of SystmOne as a prompt.
- To copy the repeat medication, right click on one of the medications on this list and select 'Open as CSV'. This will open an Excel spreadsheet, which can be copied and pasted.
- If a resident is temporarily registered with the practice (e.g. respite residents), you may need to reconcile medication from discharge letter/repeat slip etc.

Evidence Based Tools, Guidance & Resources for Structured Medication Reviews

- NHS SPS Patient Centred Approach
- NHS Scotland 7 Steps Medication Review
- Ariadne's Principles
- STRIP (Netherlands)
- CONSULT Tool (see overleaf)
- BRAN (Shared Decision Making Tool)
- SLAM NHS Trust ACB Risk Scales
- Consultation Skills for Pharmacy Practice

- CRIME Tool (Italy)
- STOPIT
- ACB Calculator
- Aging Brain tool
- Beers Criteria
- STOPP Start Toolkit
- STOPPFrail
- FORTA (Fit For The Aged) (Germany)

- STOMP
- CPPE Learning Disabilities Hub
- PrescQIPP Improving Medicines & Polypharmacy Appropriateness Clinical Tool (IMPACT)

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4. Review Medication (with patient, care home staff, family member(s) etc as appropriate)

Process

- Make contact via appropriate means (telephone, video call etc).
- Involve patient/resident/family if possible and consent obtained (In Practice: Guidance on Consent - GPhC).
- Recommended general questions:
  ⇒ Adherence to medication
  ⇒ Does patient have capacity to be involved?
  ⇒ Continence status
  ⇒ How is diet, fluid intake, sleep etc?
  ⇒ Can patient verbalise needs (e.g. Pain)?
  ⇒ Mobility/weight bearing and falls status
  ⇒ Check allergies status on MAR/care home record
  ⇒ Any up-to-date observations, such as weight and BP.
  ⇒ Any OTC or complementary medications

Tips for Care Home Medication Reviews

- Speak to a member of care home staff who knows the residents well. This does not need to be the manager or deputy.
- Telephone at appropriate times of the day: Around 11am (following morning medication round) and 3pm (following lunchtime medication round) tend to be best.
- Use 'goal setting' questions before and after the consultation
- Perform a 'final check' at the end of your review:
  ⇒ Are all conditions treated appropriately?
  ⇒ Any outstanding QOF?
  ⇒ Drug – Drug Interactions
  ⇒ Drug – Disease Interactions
- If a resident is incontinent, they should be prescribed a barrier cream (e.g. Cavilon x 92g).
- If a resident is immobile, check if this is likely to be long-term or temporary.

The 7 Steps Medication Review

1. **Aim** - What matters to the patient?
2. **Need** - Identify essential drug therapy.
3. **Need** - Is the patient taking unnecessary drug therapy?
4. **Effectiveness** - Are therapeutic objectives being achieved?
5. **Safety** - Is the patient at risk of ADRs or suffers actual ADRs?
6. **Efficiency** - Is drug therapy cost-effective?
7. **Patient-Centred** - Is the patient willing and able to take drug therapy as intended?

NHS Scotland 7 Steps Medication Review

CONSULT Guide to Remote Consultations

Consider — Decide whether the consultation is remote or not

Organise — Check technology is in place

Necessary — Ensure all the required information is to hand

Start — Initiate the consultation effectively

Undertake — Work through the consultation

Listen — Consider patient needs and agree next steps

Terminate — Close the consultation appropriately

CONSULT Tool

5. Discussion with GP/Practice Pharmacist - Agree actions via appropriate means (e.g. S1 tasks, email, telephone.)

6. Document Review and Action Changes on S1 using an Arden's template.

Agree with the practice which Arden's template should be used (e.g. 'Care Home Resident' template / 'Pharmacist' template). Complete template, including the 'Drug Review' template and select 'Structured Medication Review' (marked with a blue star), as appropriate. Yellow stars within the Arden's templates denote key fields. Link repeat medications to 'problems'.

7. Communicate Review to Care Home & Community Pharmacy (if applicable)

Process:

- Save the completed Arden's template as a PDF and email to care home and community pharmacy via NHS.net .
- Safety-net as appropriate.
- Organise a follow-up and task a follow-up to yourself on SystmOne, if needed.

Tips:

- Add a read receipt to email to ensure home receive written confirmation of the medication review.
- Include safety-netting information in the Arden's template so home have written advice.

8. Finalise Review (including costing) on Spreadsheet & Save Securely.

- Complete all columns of the spreadsheet & ensure summary page reflects data accurately.
- Always save records to a secure drive.
- Agree a clinically appropriate timeframe to next SMR (e.g. Six months for complex polypharmacy patients or twelve months if patient is not frail, is stable and monitoring is up to date.)

Costing/Reporting/National Metrics

- If required by practice/PCN/CCG report cost-savings as appropriate.
- For regular medicines stopped as part of the medication review, find cost using the latest Drug Tariff PDF file and multiply monthly cost by 13 to calculate annual saving.
- For PRN medications stopped, calculate cost only if issued regularly.

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