NHS
Bedfordshire, Luton and Milton Keynes
Commissioning Collaborative

Network Contract DES Structured Medication Reviews

Some Frequently Asked Questions

The 2020/21 Network Contract DES Specification includes requirements relating to delivery of a structured medication review (SMR) and medicines optimisation service by primary care networks (PCNs).

1. What are SMRs?

SMRs are designed to be a comprehensive and clinical review of a patient's medicines and detailed aspects of their health. They are delivered by facilitating shared decision-making conversations with patients aimed at ensuring that their medication is working well for them. They are not a cursory glance down the patient's list of medicines.

NICE Medicines Optimisation – NG5 20151 defines a SMR as: "A critical review of a persons' medicines with the objective of:

1. Reaching an agreement with the person about the treatment
2. Optimising the impact of medicines
3. Minimising the number of medication related problems
4. Reducing waste." (and environmental impact – NHS long term plan).

The following do not count as a full clinical medication review, but may be useful as part of the medication review process:

- technical check of the medication list or tidying up medication records e.g. removing unrequested items from repeats or dose optimisation
- switching to a formulary item
- "linking" medication to a "problem"
- re-authorising the repeat list or reviewing an individual medication/ disease without reviewing all medication as above
- asking the patient "is everything else alright?" at the end of a consultation
- an MUR, a Medicines Use Review by community pharmacists

Please refer to our BLMK Medicines Optimisation website for further guidance on the SMR process, including Arden's SMR template guides and care home pharmacy technician support/input in the care home SMR process:

https://medicines.blmkccg.nhs.uk/categories/care-homes/care-homes-structured-medication-reviews/

2. What are the advantages of undertaking SMRs?

There is evidence that people with long-term conditions and using multiple medicines have better clinical and personal outcomes following a SMR. They also reduce medicines-related admissions to hospital and reduce primary care consultations.

Improved medicines use will also improve patient outcomes, ensure better value for money for the NHS (e.g. by reducing inappropriate prescribing of low priority medicines) and reduce waste.

3. Who can undertake an SMR?

- **GPs**

- **Clinical Pharmacists** who have completed – or at least be enrolled on – the Primary Care Pharmacy Educational Pathway (PCPEP) or a similar training programme that includes independent prescribing

- **Advanced Nurse Practitioners** who are experienced in working in a generalist setting and able to take a holistic view of a patient's medication

4. Which patients would benefit from an SMR?

The DES sets out five groups of patients who must be included:

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

The DES also sets out an expectation that those patients identified as clinically vulnerable to COVID-19 will be among the groups to be prioritised for a SMR.

5. How can these be prioritised?

The DES does not require all patients in all five groups to receive an SMR. However, they should all be included and prioritised according to clinical need. There are two SystmONE searches for identifying patients suitable for SMR on Arden's:

- SMR Register: Target Population: On > 10 repeat drugs
- SMR Register: Target Population: All (this includes patients on > 10 medicines; severe frailty; housebound; Care home residents; patients on high risk medicines; & fall(s) or hospital admissions in last 6 months)

Running these searches will produce a large number of patients. For example, these are some results from local practices:

Practice A (no care homes, practice population approx. 20,000) 3242 for all and 825 for >10.

Practice B (practice population approx. 12,000) 2268 for all and 445 for >10

Practice C (practice population approx. 8,000) 1097 for all and 175 for >10

The DES guidance sets out a number of possible tools for prioritisation but the BLMK Medicines Optimisation Team recommends using Eclipse SMR or NHS BSA Polypharmacy Prescribing comparators to risk stratify.

Use of templates

Practices are encouraged to use the Arden's "Drug Review" template for SMRs as it ensures consistency and use of the correct codes. Please see Appendix 3 for more details.

Community Pharmacy New Medicines Service

PCNs are required to work with community pharmacies to connect patients appropriately to the New Medicine Service, which supports adherence to newly prescribed medicines.

The service currently supports people with the following conditions who have been prescribed a new medicine:

- Asthma
- COPD
- Type 2 Diabetes
- Hypertension
- Newly prescribed anticoagulant or antiplatelet.

Further information – NHSBSA Polypharmacy Prescribing Comparators

The polypharmacy comparators consist of measures which show practices and PCNs how many patients they have on 8 or more, 10 or more, 15 or more, and 20 or more, medicines.

The polypharmacy comparators also identify patients taking a combination of medicines known to increase risk of harm, such as multiple anticoagulants or medicines which, when taken together, have cumulative anticholinergic side effects, increasing the risk of falls, confusion, constipation and other issues.

PCN pharmacists can access the polypharmacy comparators via ePACT2.

Further information – Eclipse SMRLive

If practices can currently access Eclipse Live/ Eclipse Radar, there is a new SMR tool that allows prioritisation of patients according to risk.

Risk is stratified by a scoring system defined as SMR points. Points are allocated to a patient based on recent prescribing safety alerts, degree of polypharmacy, anticholinergic burden score, degree of frailty, number of prescribed addictive medications or medications in priority groups and recent emergency hospital admissions*. The SMR points score is then used to rank patients within a practice or at PCN level to identify those at the highest potential risk of harm from the medications (see appendix 1).

Patients can also be identified by SMR pathways e.g. polypharmacy, care homes, high risk drugs, they can then be further risk stratified within these pathways.

* emergency hospital admission data is only available to practices that have access to Eclipse Vista

You can locate an introductory video of how to utilise this initial version of SMRLive module on the Eclipse Live lander page following your standard login. Further user guidance and materials will be shared very soon. SMR Live can be accessed at https://www.nhspathways.org/nhspathways/login.aspx

Currently, PCN pharmacists need to ask the Practice Manager of each of the practices within the PCN to send an email to support@prescribingservices.org to request a login. PCN Pharmacists will need a separate Eclipse login for each of the practices.

PCN-level logins are in development and we will advise when these are ready.

Further information – PrescQIPP Polypharmacy SystmONE/EMIS Searches

The searches have been built by PrescQIPP to support practices to identify patients that come up on the Polypharmacy dashboard indicators on ePACT 2. They can also be used to refine the patients identified in the Arden's SMR Polypharmacy searches.

The searches breakdown patients into those over 65 years, 75 years and 85 years, and on more than 8, 10, 15 and 20 medicines, making the numbers more manageable (see appendix 2). In addition it will allow practices to identify patients on a combination of medicines known to increase risk of harm, such as multiple oral anticoagulants and anti-platelets, anticholinergics and patients on one or more medicines likely to cause kidney injury (DAMN drugs).

For support on adding the PrescQIPP searches to SystmONE or EMIS please contact the CCG Medicines Optimisation Team.

6. How should the SMRs be coded?

Structured medication review (procedure) Snomed code 1239511000000100 is linked to READ code Structured medication review (Y282b).

The Arden's SMR "Drug Review" template will add the READ code if the box at the top of the template is selected, see appendix 3.

7. How many SMRs does each practice have to do?

The number of SMRs that a PCN is required to offer will be determined and limited by their clinical pharmacist capacity. The number per PCN Clinical Pharmacist will be advised by Primary Care colleagues.

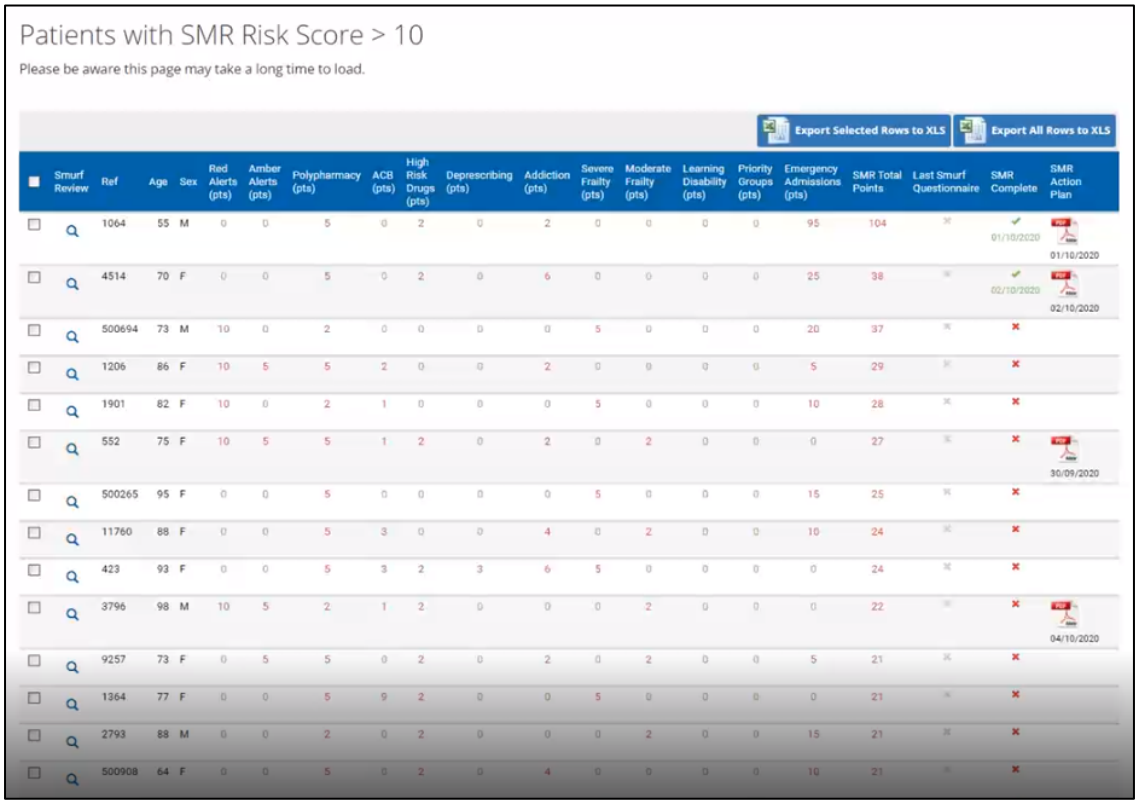
8. **How often should SMRs be conducted?**
There is no documented timeframe for the interval between reviews but it is generally accepted that for frail elderly patients the interval for SMR should be six months (or less if changes are made and an earlier review is appropriate), similarly for those on complex regimes including more than ten medicines. If the patient not frail, is stable and monitoring is up to date this could be extended to 12 months where clinically appropriate.

BLMK Medicines Optimisation Team

October 2020

Appendix 1: Eclipse SMRLive

Patients SMR Points Score: CCG Level



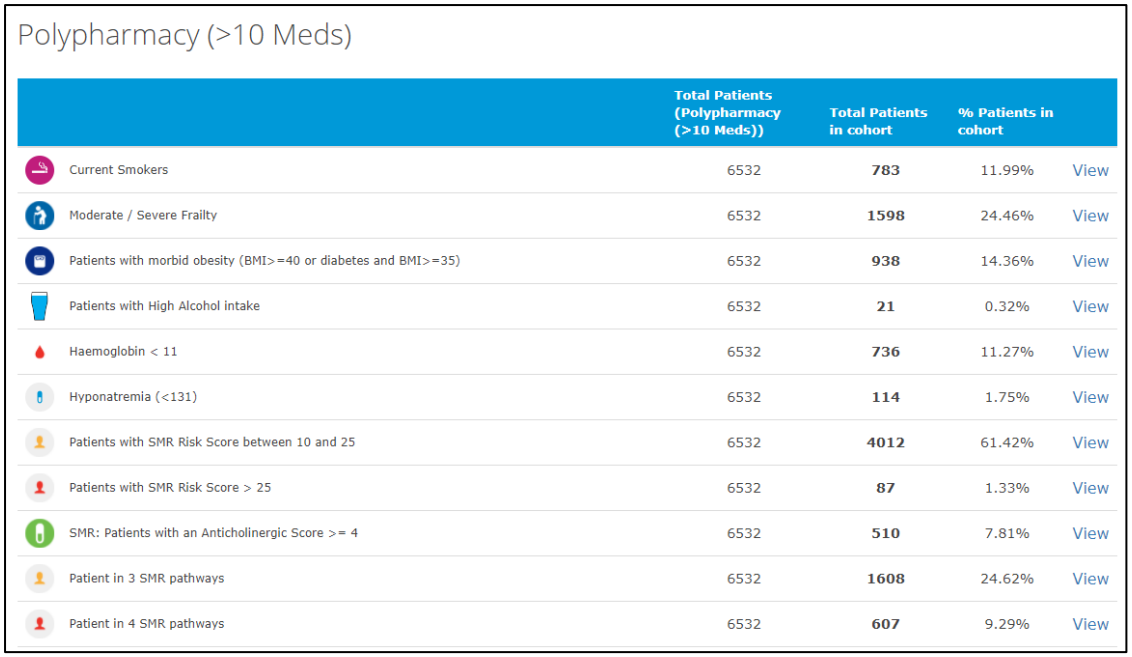
Patients with SMR Risk Score > 10

Please be aware this page may take a long time to load.

Export Selected Rows to XLS | Export All Rows to XLS

Smurf Review	Ref	Age	Sex	Red Alerts (pts)	Amber Alerts (pts)	Polypharmacy (pts)	ACB (pts)	High Risk Drugs (pts)	Deprescribing (pts)	Addiction (pts)	Severe Frailty (pts)	Moderate Frailty (pts)	Learning Disability (pts)	Priority Groups (pts)	Emergency Admissions (pts)	SMR Total Points	Last Smurf Questionnaire	SMR Complete	SMR Action Plan
	1064	55	M	0	0	5	0	2	0	2	0	0	0	0	95	104		01/10/2020	01/10/2020
	4514	70	F	0	0	5	0	2	0	6	0	0	0	0	25	38		02/10/2020	02/10/2020
	500694	73	M	10	0	2	0	0	0	0	5	0	0	0	20	37			
	1206	86	F	10	5	5	2	0	0	2	0	0	0	0	5	29			
	1901	82	F	10	0	2	1	0	0	0	5	0	0	0	10	28			
	552	75	F	10	5	5	1	2	0	2	0	2	0	0	0	27			30/09/2020
	500265	95	F	0	0	5	0	0	0	0	5	0	0	0	15	25			
	11760	88	F	0	0	5	3	0	0	4	0	2	0	0	10	24			
	423	93	F	0	0	5	3	2	3	6	5	0	0	0	0	24			
	3796	98	M	10	5	2	1	2	0	0	0	2	0	0	0	22			04/10/2020
	9257	73	F	0	5	5	0	2	0	2	0	2	0	0	5	21			
	1364	77	F	0	0	5	9	2	0	0	5	0	0	0	0	21			
	2793	88	M	0	0	2	0	2	0	0	0	2	0	0	15	21			
	500908	64	F	0	0	5	0	2	0	4	0	0	0	0	10	21			

Patient in SMR Pathway – Prioritisation: CCG Level



Polypharmacy (>10 Meds)

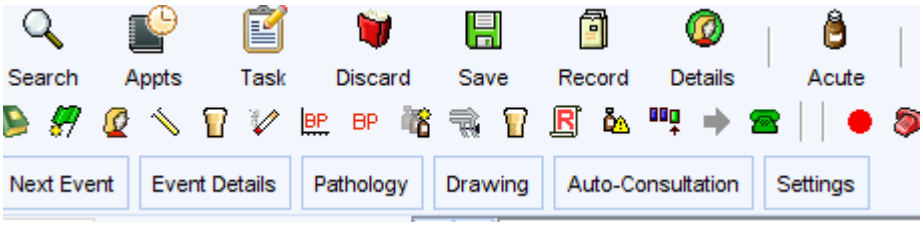
	Total Patients (Polypharmacy (>10 Meds))	Total Patients in cohort	% Patients in cohort	
Current Smokers	6532	**783**	11.99%	View
Moderate / Severe Frailty	6532	**1598**	24.46%	View
Patients with morbid obesity (BMI>=40 or diabetes and BMI>=35)	6532	**938**	14.36%	View
Patients with High Alcohol intake	6532	**21**	0.32%	View
Haemoglobin < 11	6532	**736**	11.27%	View
Hyponatremia (<131)	6532	**114**	1.75%	View
Patients with SMR Risk Score between 10 and 25	6532	**4012**	61.42%	View
Patients with SMR Risk Score > 25	6532	**87**	1.33%	View
SMR: Patients with an Anticholinergic Score >= 4	6532	**510**	7.81%	View
Patient in 3 SMR pathways	6532	**1608**	24.62%	View
Patient in 4 SMR pathways	6532	**607**	9.29%	View

Appendix 2: PrescQIPP Polypharmacy Searches

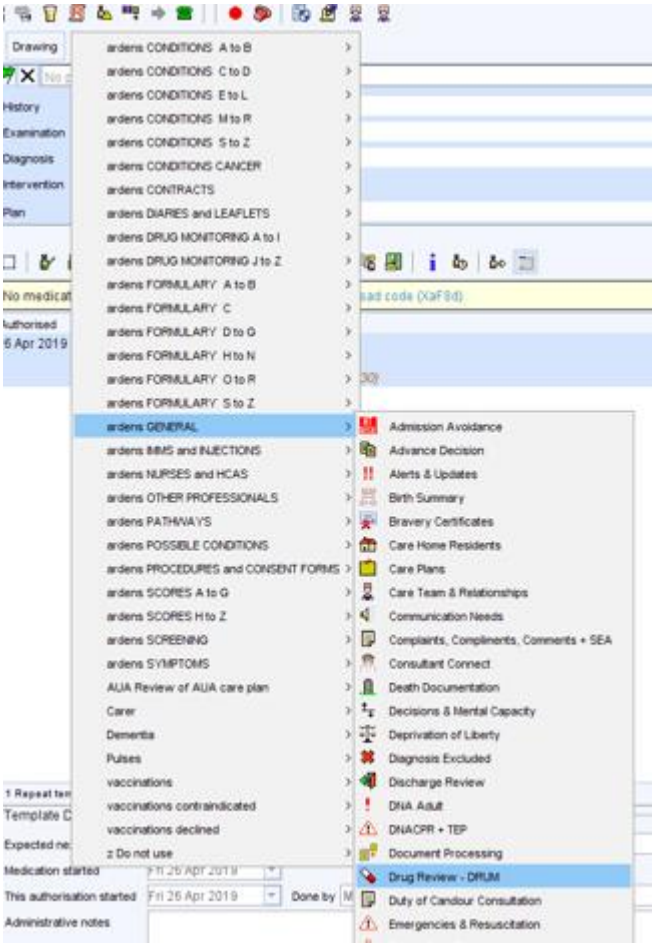
1 All BNF chapters in polypharmacy all ages break down by event to show number of repeats	3333
1 All BNF chapters in polypharmacy all ages, event count greater than 10	500
1 All BNF chapters in polypharmacy all ages, event count greater than 15	124
1 All BNF chapters in polypharmacy all ages, event count greater than 20	35
1 All BNF chapters in polypharmacy all ages, event count greater than 8	817
2 All BNF chapters in polypharmacy seach over 65 break down by event to show number of repeats	1952
2 All BNF chapters in polypharmacy seach over 65, event count greater than 10	384
2 All BNF chapters in polypharmacy seach over 65, event count greater than 15	90
2 All BNF chapters in polypharmacy seach over 65, event count greater than 20	27
2 All BNF chapters in polypharmacy seach over 65, event count greater than 8	611
3 All BNF chapters in polypharmacy seach over 75 break down by event to show number of repeats	1126
3 All BNF chapters in polypharmacy seach over 75, event count greater than 10	251
3 All BNF chapters in polypharmacy seach over 75, event count greater than 15	55
3 All BNF chapters in polypharmacy seach over 75, event count greater than 20	18
3 All BNF chapters in polypharmacy seach over 75, event count greater than 8	400
4 All BNF chapter in polypharmacy search over 85 break down by event to show number of repeats	294
4 All BNF chapter in polypharmacy search over 85, event count greater than 15	20
4 All BNF chapter in polypharmacy search over 85, event count greater than 20	4
4 All BNF chapter in polypharmacy search over 85, event count greater than 8	137
5 Oral anticoagulants and/or Antiplatelets in the last month 65 and over	722
5 Oral anticoagulants and/or Antiplatelets in the last month 75 and over	479
5 Oral anticoagulants and/or Antiplatelets in the last month 85 and over	155
5 Oral anticoagulants and/or Antiplatelets in the last month All ages	869
6 DAMN drugs issued in the last month	1596
7 DAMN medicines which include a NSAID	32
8 All ACB drugs over 65	957
8 All ACB drugs over 85	169
8 All ACB over 75 years	593
8 All drugs in ACB work all ages	1793

Appendix 3: Arden's Drug Review Template

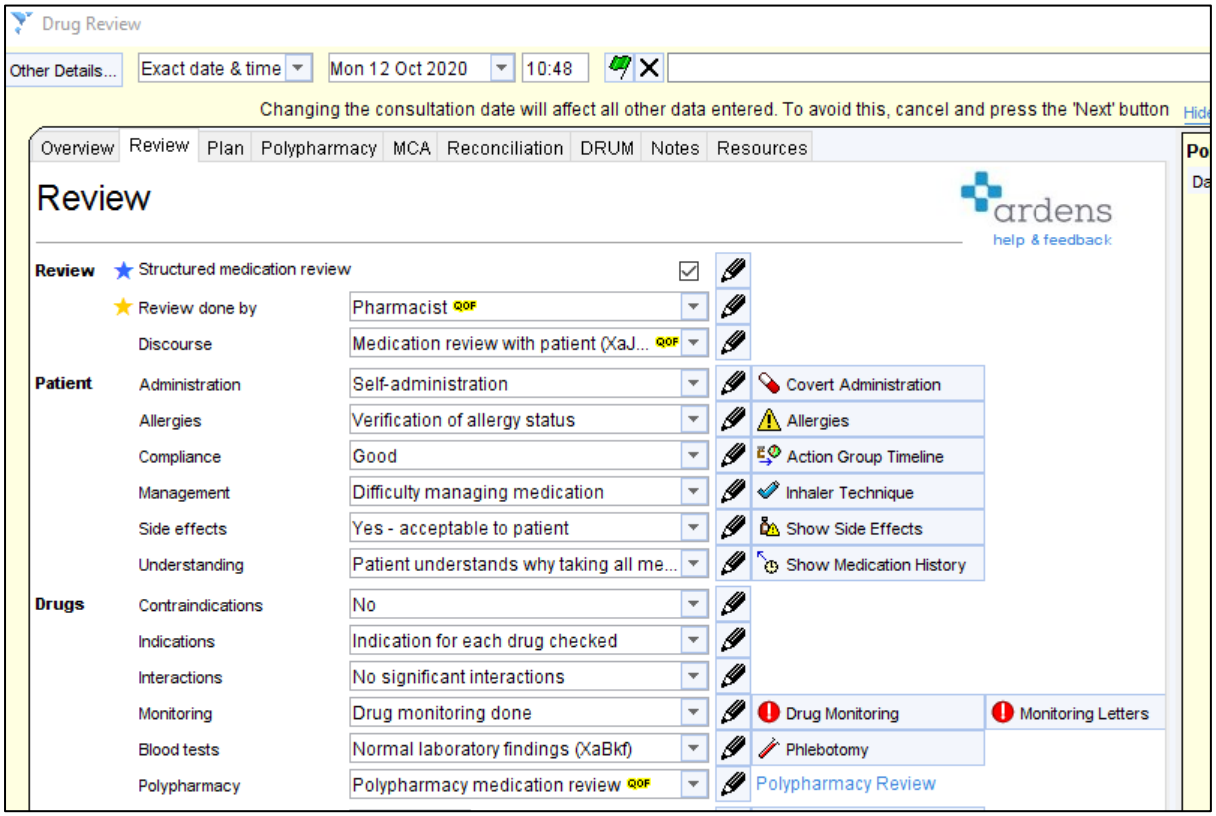
To access the SMR "Drug Review" template go to **> Auto-Consultation**



Select **ardens GENERAL > Drug Review - DRUM**



Select the **REVIEW** tab, to find the template



Pharmacist
Drug Review
Review
Structured medication review: Yes
Review done by: Medication review done by pharmacist (XaloW)
Administration: Self-administration of medication (Ua1VE)
Allergies: Verification of allergy status (Y203f)
Compliance: Drug compliance good (8B3E.)
Management: Difficulty managing medication (Xa2yG)
Side effects: Drug side effect - acceptable to patient (XaJKL)
Understanding: Patient understands why taking all medication (XaJKW
Contraindications: No (Y0428)
Indications: Indication for each drug checked (XaJJx)
Interactions: No significant drug interactions (XaJKN)
Monitoring: Drug monitoring done (XaJKO)
Blood tests: Normal laboratory findings (XaBkf)
Polypharmacy: Polypharmacy medication review (XaaCQ)
Discourse: Medication review with patient (XaJCO)
Structured medication review (Y282b)
Medication review done by pharmacist (XaloW)
Self-administration of medication (Ua1VE)
Verification of allergy status (Y203f)
Drug compliance good (8B3E.)
Difficulty managing medication (Xa2yG)
Drug side effect - acceptable to patient (XaJKL)
Patient understands why taking all medication (XaJKW)
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Polypharmacy medication review (XaaCQ)
Medication review with patient (XaJCO)