Structured Medication Reviews Programme Overview



What is a SMR?

Structured Medication Review (SMR) is -

- A comprehensive, evidenced based, holistic, personalised, structured review of a patient's medication with the objective of reaching an agreement with the patient.
- It is vital that shared decision making is incorporated into the SMR processes by -
 - Treatment
 - Optimisation
 - Minimising the number of medication-related problems
 - Reducing waste
- SMR aim to improve wellbeing, reduce hospital admissions, identify / manage / stop inappropriate
 medicines and allow patients to communicate their experience and requirements
- SMR is the best tested intervention to reduce polypharmacy

Purpose of SMR H&J programme

- Embed and improve SMR delivery within Health and Justice (H&J) practice
- Secure settings to be in alignment with the national priority to improve medicines optimisation and reduce polypharmacy
- Establishing key actions arising from the SMR delivery programme
- Provide information to practitioners working in the H&J sector on the delivery of SMR
- SMR activity to be monitored and assured centrally, regionally and locally

Programme Key Steps

Research

- National, regional & local SMR research
- SMR Working Groups
- Attending Webinars

Resource & Training Toolkit

- Aid SMR delivery by enhance knowledge and Skills
- Range of guidance, resources and training

Polypharmacy Action Learning Sets

- Provided by the Health Innovation
 Network
- Aim to help H&J prescribers with further understanding in stopping inappropriate medicines

SMR Brief

- Act as a 'How to guide'
- Aimed at staff who work within H&J who participate / carry out SMR delivery
- May help implantation

Survey and Report

- Survey cascaded to 120 secure sites
- Detailed report on survey outcomes

Templates

- Researching suitable templates to assist and record SMR
- SNOMED codes and data required to capture activity
- Ardens and ECLIPSE live

Resource and Training Toolkit

Put together to enhance knowledge and skills with aiding SMR delivery.

Contains a variety of information and guidance which is suitable for a range of clinical staff.

Broken down into the following sections –

- National guidance on SMR
- National guidance on polypharmacy and deprescribing
- Supporting information
- Studies and research
- Shared decision-making
- Training resources
- SMR delivery
- Patient information
- Adherence information

Section A - National guidance on SMRs

Item	Source	Link	Summary	Suitable audience
A.1	Network Contract	NHSE Report Template	Guidance on SMRs and	Suitable for all staff
	Directed Enhanced		Medicines Optimisation	
	Services			
A.2	NHS England	NHSE SMR and Medicines Optimisation	Guidance on SMRs and	Suitable for all staff
			Medicines Optimisation	
A.3	NHS England	NHSE National medicines optimisation opportunities	Guidance on the 16	Suitable for all staff
		<u>2023/24</u>	national medicines	
			optimisation opportunities	
			for the NHS in 2023/24	
A.4	Department of Health	Department of Health & Social Care - Good for you,	A plan to reduce	Suitable for all staff
	and Social Care	good for us, good for everybody	overprescribing to make	
			patient care better, safer,	
			support the NHS and	
			reduce carbon emissions	
A.5	National Institute for	NICE Quality statement - SMRs	Quality statement for	Suitable for all staff
	Health and Care		SMRs	
	Excellence (NICE)			
A.6	NHS England	NHSE Multidisciplinary Approach to SMRs	Multidisciplinary approach	Suitable for all staff
			to SMRs	
A.7	Royal Pharmaceutical	Structured Medication Reviews in England	Position statement	Suitable for all staff
	society (RPS)			
A.8	NHS England	NHS England » Stopping over medication of people	Guidance on how	Suitable for all staff
		with a learning disability and autistic people (STOMP)	organisations deliver	
		and supporting treatment and appropriate	STOMP & STAMP during	
		medication in paediatrics (STAMP)	SMRs	

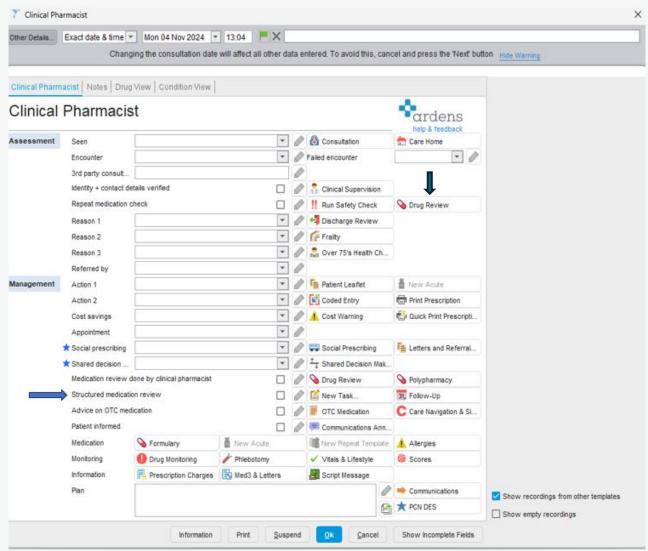
SMR Brief

- Acting as a 'How To' guide
- Obtaining feedback from Health and Justice Pharmacy Advisory Group and SMR Working Group members
- Aimed at staff who work within secure settings
- Provide information on SMR
- Tools and resources available to support delivery
- Best practice examples from site visits
- May help clinical teams embed and deliver SMR as part of their service provision



Template Examples - Ardens

- Aligns with the Network Contract Directed Enhanced Services (DES) 2024/25
- Can be used in conjunction with SystmOne (S1)
 HJIS
- Currently used across 70+ secure sites
- SMR tick box to record SMR delivery which generates SNOMED code
- Drug review function used by clinicians to aid SMR consultation
- Functionalities to run reports on specific medication or indicators
- Additional items to templates including
 - Formularies
 - STOMP
 - Polypharmacy
 - Prescribing safety



Template Examples – The 7 Steps Approach

Primary Care clinicians tend to use the NHS Scotland 7 Steps Approach to assist with SMR delivery.

- What matters to the patient
- Identify essential drug therapy
- Does the patient take unnecessary drug therapy
- Therapeutic objectives being achieved
- Patient at risk of Adverse Drug Reactions (ADRs) – explore if the patient is experiencing side effects
- Drug therapy cost effective
- Able to take drug therapy as intended

The 7-Steps medication review



R Scottish Government Effective Prescribing & Therapeutics Division

The following 7-Steps are intended as a guide to structure the review process and are presented as:

- · table 2a an overview of key considerations at each step
- · table 2b an overview of therapeutic groups by each step
- table 2c provides greater detail on table 2b by therapeutic area and is an amalgamation of existing collections of medication assessment tools (START/STOP, DQIP and others)

N.B. No list can be comprehensive and the reviewers clinical judgement and experience continues to be essential in tailoring the advice given to the needs of an individual patient and to identify other additional medication related problems.

Step 1: (Aim) What matters to the patient.

- · Identify aims and objectives of drug therapy by asking the patient what matters to you.
- · Explain any key information such as laboratory markers
- Establish treatment objectives with patient through shared decision making

Step 2: (Need) Identify essential drug therapy.

- · Separate the list of medicines which the patient is taking
- Ensure patient understand the importance of essential drug therapy
- All medication whether herbal, prescribed or traditional remedies should be included

Step 3: (Need) Does the patient take unnecessary drug therapy?

- For the remaining drugs, it should be verified that each has a function in achieving the therapeutic goals or outcomes that matter most to the patient
- · Review preventative treatment to ensure the patient is able to continue taking medicine for required time to gain benefit (Drug Efficacy (NNT) table).
- Can lifestyle changes replace any unnecessary drug therapy?

Step 4: (Effectiveness) Are therapeutic objectives being achieved?

- · Check treatment choice is the most effective to achieve intended outcomes
- If this is not the case, the possibility of patient non-adherence should be investigated as a potential explanation. Otherwise, the need for dose titration may also be considered. 50% of patients taking four or more medicines don't take them as prescribed. (Medication Adherence: WHO Cares?).

Step 5: (Safety) Is the patient at risk of ADRs or suffers actual ADRs?

- The presence of ADRs can sometimes be identified from laboratory data (e.g. hypokalaemia from diuretic use)
- The patient may report such symptoms (including drug-drug and drug-disease interactions, but also the patient's ability to
- · Ask the patient specific questions (e.g. about the presence of anticholinergic symptoms, dizziness or drowsiness). If patient is experiencing ADRs, use Yellow Card Reporting.

Step 6: (Efficiency) Is drug therapy cost-effective?

- · Opportunities for cost minimisation should be explored, but changing drugs for cost reasons should only be considered if effectiveness, safety or adherence would not be comprised.
- Ensure prescribing is in line with current formulary recommendations

Step 7: (Patient-Centred) Is the patient willing and able to take drug therapy as intended?

- · Does the patient understand the outcome of the review?
- Ensure drug therapy is tailored to patient preferences
- Agree and communicate plan with patient and/or welfare proxy
- · Even if adult lacks capacity, adults with Incapacity Act still requires that the adult's views are sought. "Adults with Incapacity Documentation" in place.

Data Capturing

Our aim is to have a holistic view with Primary Care Networks (PCNs) and H&J for SMR delivery.

On going collaborative work being carried out with GPDESA and H&J data teams to ensure accurate data will be captured once SMR is implemented.

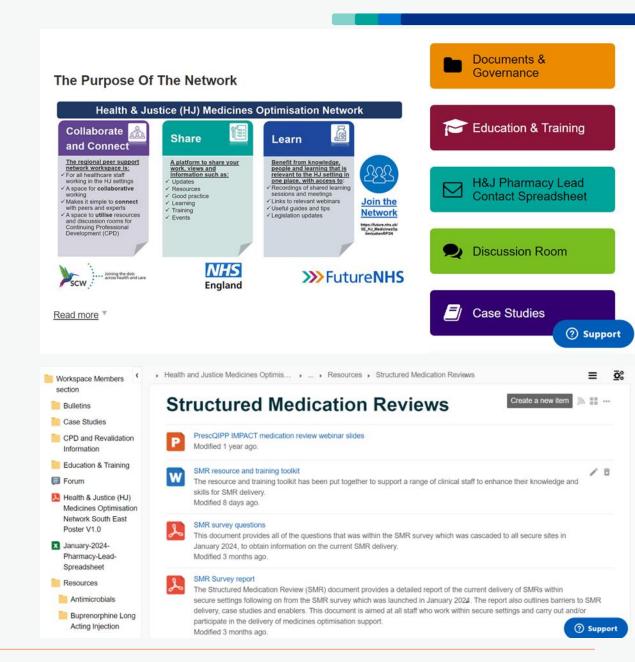
- SMR H&J indicators to align with indicators and SNOMED codes used nationally
- H&J SMR data to be a subset of national activity and outcomes
- H&J SMR data to link in with national SMR activity reports

Initially we will use the HJ NCDR dashboard to monitor HJ SMR activity using national indicator measures so we can start measuring from April 2025.

Futures Platform

NHS Future Platform hosts a space for collaborative working within H&J, where the following can be found –

- Updates
- Resources
- Good practice
- Learning & training
- Information relating to Medicines Optimisation



Next Steps

SMR Brief

- Feedback retrieved from Health and Justice Advisory Group (HJPAG) members & SMR Working Group members
- Finalise document and publish

SMR Webinar

- To be held in the new year
- Obtain advice on the format, areas of focus and training required

Implementation and monitoring

- All H&J sites to deliver SMR
- Monitoring delivery through data extraction and sharing outcomes via HJ commissioners and HJ chief pharmacy leads as part of monthly HJ MO data reports
- Provide prisoner-facing comms to support SMR engagement and understanding using prison radio interviews and WayOut TV and Inside Times

Actions for H&J Pharmacy Leads and Teams

- Use the information / resources to plan SMR implementation
- Revise what your local priority areas / cohorts are for SMR
- Raise the plans with your MMCs and wider healthcare team
- Identify training needs for pharmacy staff- look at the CPPE primary care information- get training underway
- Use the programme to identify ways to increase and use pharmacist prescribers
- Consider how pharmacy technicians can support the delivery of SMRs
- Find out from your local PCN and ICB what they are doing- link with PCN pharmacy leads and local SMR networks
- Contact us with any information/practice on how you are delivering SMRs to help us build examples of good practice and processes: hannahglover@nhs.net



Thank You



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