

Structured Medication Reviews Programme Overview



England

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

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

A decorative graphic consisting of several overlapping rounded rectangles in shades of blue, teal, and grey.

**Implementing Structured
Medication Reviews in
Health and Justice settings**

Template Examples - Ardens

- Aligns with the Network Contract Directed Enhanced Services (DES) 2024/25
- Can be used in conjunction with SystemOne (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

Clinical Pharmacist

Other Details... Exact date & time Mon 04 Nov 2024 13:04

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Clinical Pharmacist | Notes | Drug View | Condition View

Clinical Pharmacist

ardens help & feedback

Care Home

Drug Review

Assessment

Seen

Encounter

3rd party consult...

Identity + contact details verified

Repeat medication check

Reason 1

Reason 2

Reason 3

Referred by

Management

Action 1

Action 2

Cost savings

Appointment

★ Social prescribing

★ Shared decision ...

Medication review done by clinical pharmacist

Structured medication review

Advice on OTC medication

Patient informed

Medication

Monitoring

Information

Plan

Consultation

Failed encounter

Clinical Supervision

Run Safety Check

Discharge Review

Frailty

Over 75's Health Ch...

Patient Leaflet

New Acute

Coded Entry

Print Prescription

Quick Print Prescripti...

Social Prescribing

Letters and Referral...

Shared Decision Mak...

Drug Review

Polypharmacy

New Task...

Follow-Up

OTC Medication

Care Navigation & Si...

Communications Ann...

Formulary

New Acute

New Repeat Template

Allergies

Drug Monitoring

Phlebotomy

Vitals & Lifestyle

Scores

Prescription Charges

Med3 & Letters

Script Message

Communications

PCN DES

Show recordings from other templates

Show empty recordings

Information Print Suspend Ok Cancel Show Incomplete Fields

Template Examples – The 7 Steps Approach

Primary Care clinicians tend to use the NHS Scotland [7 Steps Approach](#) to assist with SMR delivery.

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

The 7-Steps medication review

 [Polypharmacy guidance: realistic prescribing](#)  [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 self-medicate)
- 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 compromised.
- 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

The Purpose Of The Network

Health & Justice (HJ) Medicines Optimisation Network

Collaborate and Connect

The regional peer support network workspace is:
✓ For all healthcare staff working in the HJ settings
✓ A space for collaborative working
✓ Makes it simple to connect with peers and experts
✓ A space to utilise resources and discussion rooms for Continuing Professional Development (CPD)

Share

A platform to share your work, views and information such as:
✓ Updates
✓ Resources
✓ Good practice
✓ Learning
✓ Training
✓ Events

Learn

Benefit from knowledge, people and learning that is relevant to the HJ setting in one place, with access to:
✓ Recordings of shared learning sessions and meetings
✓ Links to relevant webinars
✓ Useful guides and tips
✓ Legislation updates

[Join the Network](#)
https://future.nhs.uk/SE_HJ_MedicinesOptimisationRPN

SCW Joining the dots across health and care
NHS England
FutureNHS

[Read more](#)

- Documents & Governance
- Education & Training
- H&J Pharmacy Lead Contact Spreadsheet
- Discussion Room
- Case Studies
- Support

Workspace Members section

- Bulletins
- Case Studies
- CPD and Revalidation Information
- Education & Training
- Forum
- Health & Justice (HJ) Medicines Optimisation Network South East Poster V1.0
- January-2024-Pharmacy-Lead-Spreadsheet
- Resources
 - Antimicrobials
 - Buprenorphine Long Acting Injection

Health and Justice Medicines Optimis... > ... > Resources > Structured Medication Reviews

Structured Medication Reviews

Create a new item

- P** PrescQIPP IMPACT medication review webinar slides
Modified 1 year ago.
- W** SMR resource and training toolkit
The resource and training toolkit has been put together to support a range of clinical staff to enhance their knowledge and skills for SMR delivery.
Modified 8 days ago.
- 📄** SMR survey questions
This document provides all of the questions that was within the SMR survey which was cascaded to all secure sites in January 2024, to obtain information on the current SMR delivery.
Modified 3 months ago.
- 📄** SMR Survey report
The Structured Medication Review (SMR) document provides a detailed report of the current delivery of SMRs within secure settings following on from the SMR survey which was launched in January 2024. The report also outlines barriers to SMR delivery, case studies and enablers. This document is aimed at all staff who work within secure settings and carry out and/or participate in the delivery of medicines optimisation support.
Modified 3 months ago.

Support



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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