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**BHR ICP Structured Medication Review (SMR) Position Statement 2021/23**

The National DES (Directed Enhanced Service) Guidance dated 31.3.21 **requires** PCNs to agree the number of SMRs (Structured Medication Reviews) to be carried out with their CCG.

BHR ICP are recommending 300 SMR for each financial year per Full Time Equivalent (FTE) PCN Clinical Pharmacist, on the following basis:

* The recommendation starts from August 21. Therefore, **for 2021/22** the recommendation is **200 SMRs per FTE PCN Clinical Pharmacist. This will include any SMR completed from April 2021**
* Adjustments will be made for time spent at a vaccination site or if a pharmacist is ill or due to any other very special circumstances agreed with BHR ICP Medicines Management Team (MMT). This will be taken out of the hours worked by the pharmacist on a quarterly basis
* Training and ongoing training support will be provided by the BHR ICP MMT, as outlined below
* Ideally the Eclipse SMR tool is used to identify the patients for whom the greatest benefit will potentially result from an SMR

**Coding SMRs**

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

**Benefits to PCNs and GP practices**

SMR are an essential and prescribed part of the PCN DES (Directed Enhanced Service). They bring together many aspects of a PCN pharmacist’s roles and skills.

When considered holistically, the benefits to PCNs and GP practices are significant, some are outlined below-

* **Reduction in GP time** -resolving complex medication regimes especially during acute consultations or when an issue arises. GPs can refer patients to the PCN pharmacists
* **Reduction in hospital admissions-** Prevent medication related admissions through proactive identification using eclipse SMR live e.g., falls, anti -cholinergic burden, electrolyte imbalances
* **Complicated Post discharge SMRs**- provide support for practices in complex medication discharges where several medications have changed. PCN pharmacists can also get community pharmacists to support such discharges via the Discharge Medication Service. This will save ‘to and fro.’ between practices and pharmacies especially around Dossett boxes
* **Training** – The bespoke training provided by the ICP MMT will enhance the skills of PCN pharmacists and provide a support network which will be of value beyond SMRs
* **QOF and LIS support** - PCNs can ask their pharmacists to incorporate elements of QOF and LIS within the SMRs. For example - parts of the respiratory and AF QOF and LIS could be incorporated in an SMR, if the PCN wishes to do so

**Support for Training**

PCN pharmacists are at various stages in their development. The BHR ICP MMT is making available the following support for PCN pharmacists who require it:

* **Introductory sessions** – Three sessions starting 28th June 21 and running weekly. These will cover – (1) What is an SMR; (2) How to undertake an SMR; (3) Key clinical tips and case studies
* **Monthly support sessions**
* **A local SMR training portfolio**
* **Support from a prescribing adviser** allocated to the PCN

**Number of SMRs**

The DES specification **requires** PCNs to agree the number of SMRs to be carried out with their CCG.

Rationale:

* On the basis of one hour per SMR, to work towards 300 SMR per annum, would require 6-7 hours per week approximately per FTE clinical pharmacist, taking into account holidays
* The target of 300 SMR per FTE Clinical Pharmacist per annum, pro rata 200 for remainder of 2021/22 is on the lower end of targets set by CCGs nationally. Some are as high as 900
* The target of 300 SMR per FTE Clinical Pharmacist per annum was discussed and agreed at the BHR ICP Medicines Safety and Governance Group
* Some PCNs within NEL have already done more than 150 SMR

**Identification of Patients for SMRs**

* The cohort of patients in whom an SMR could be carried is vast and is approximated to be 20% of the list size of a PCN
* The greatest benefit will be realised when carried out in those patients who are on the most medications and most at risk of medication related problems
* The Eclipse SMR Live tool, identifies the priority patients for whom the greatest benefits will be potentially realised from SMRs. This tool risk stratifies patients based on numerous parameters including polypharmacy, anti-cholinergic burden, frailty, prescribing alerts etc. Even within the priority cohort, it grades the patient based on the greatest risk. Therefore, BHR ICP recommends the Eclipse SMR tool is used to identify patients suitable for an SMR
* Bespoke Training is available on the Eclipse SMR tool which is different to the Eclipse Live tool