How to deliver SMRs efficiently and effectively within a PCN

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SEPTEMEBER 2020

One less pill

"The optimal use of medicines is fundamental to the health and wellbeing of the nation. Clinical pharmacists working in every new primary care networks multidisciplinary team will deliver this challenge because if we keep adding medicines and never subtracting, we multiply the problems for patients."

Steve Williams

Senior Clinical Pharmacist, Bay PCN, and member of the National Overprescribing Review Short Life Working Group

Declarations of Interest

- Non-Medical Prescribing rep NHS Regional Medicines Optimisation Committee (South)
- Honorary Clinical Lecturer University of Manchester Pharmacy School
- Lead Clinical Pharmacist PrescQIPP Practice Plus
- One Less Pill Ltd consultancy
- Pharma - Nil

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- Metrics (Relevant, Objective, Collectable)
- Supply and Demand

PCN Patient profile July 2020

**Dependent on correct coding*

Practice	Number of Patients	Number of patients on 1 or more repeat medicines	Number of patients 65 or older	Number of patients moderate / severe frailty*	Number of patients in care homes	Number of patients house bound*
WM	18,421 (46%)	5,640 (31%)	5,036 (27%)	878 (4.8%)	268 (1.5%)	50 (0.3%)
DR	9,977 (25%)	2,553 (26%)	1,368 (14%)	220 (2.2%)	62 (0.6%)	56 (0.6%)
L	3,775 (10%)	1,156 (31%)	920 (24%)	31 (0.8%)	3 (0.1%)	9 (0.2%)
Wn	6,691 (19%)	1,271 (19%)	830 (12%)	21 (0.3%)	37 (0.9%)	19 (0.3%)
PCN Total	38,864	10,620 (27%)	8,154 (21%)	1,150 (3%)	370 (1%)	134 (0.3%)

Supply : Pharmacist sessions available to perform SMRs

Based on 44 weeks / year

Pharmacist	Sessions a week	Sessions a year	Sessions Oct-Apr
SW	2	88	44
AC	2	88	44
MH (2.5 days via DHC SLA)	5	220	110
PCN Total sessions (3 hrs each)	9 sessions	396 sessions	198 sessions

Supply : Pharmacist sessions available to perform care home SMRs

Based on 44 weeks / year
Session = 3 hours

Pharmacist	Sessions a week	Sessions a year	Sessions Oct-Apr
ANO (2 days via SLA)	4	176	88

Demand: Poypharmacy & high risk medicines patients based on NHSBSA EPACT Nov-Dec 2019

https://www.nhsbsa.nhs.uk/epact2

(2 month period to give accurate picture. Includes housebound & care home patients included)

Practice	15+ meds	10+ meds	8+ meds	NSAID/ DAMN	ACB 6+	Anti thrombotics x3
WM	17	236	584	114	43	0
DR	23	158	302	33	35	0
L	6	57	146	16	9	0
Wn	8	82	171	27	30	0

Demand: Pharmacist Sessions needed to perform SMRs

Based on 60 mins / SMR including pre and post follow up 15 min appt

Practice	10+ meds	NSAIDS+DAMN drugs, ACB6+ , Antithrombotics	Total
WM	236 hrs	157 hrs	393 hrs
DR	158 hrs	68 hrs	226 hrs
L	57 hrs	25 hrs	82 hrs
Wn	82 hrs	57 hrs	139 hrs
PCN Total sessions (3 hrs each)	178 sessions	102 sessions	280 sessions

Demand 1 : Care Home patients

- Approx 400 patients
- Min 1 hour for each SMR including pre and post follow ie 400 hours
- TOTAL = 133 sessions a year (NB supply = 176 sessions / year)

Demand 2 : All other SMR patients

- Total = 280 proactive SMR sessions a year (NB supply = 317 sessions / year)
- Leaves
  - 37 sessions to cover DFMs / Frailty
  - 79 reactive sessions for referrals by clinician / patient / carer / agency

BMA

NHS England

Update to the GP contract agreement 2020/21 - 2023/24

6 February 2020

Structured Medication Review and Medicines Optimisation

From 1 April 2020, each PCN will:

1	Use appropriate tools to identify and prioritise patients who would benefit from a Structured Medication Review, which will include those: • in care homes; • with complex and problematic polypharmacy, specifically those on 10 or more medications; • on medicines commonly associated with medication errors[26]; • with severe frailty[27], who are particularly isolated or housebound patients, or who have had recent hospital admissions and/or falls; and • using potentially addictive pain management medication.
2	Offer and deliver a volume of SMRs determined and limited by PCN clinical pharmacist capacity, demonstrating all reasonable on-going efforts to maximise that capacity.
3	Ensure invitations to patients explain the benefits and what to expect.
4	Ensure that only appropriately trained clinicians working within their sphere of competence undertake SMRs. These professionals will need to have a prescribing qualification and advanced assessment and history taking skills, or be enrolled in a current training pathway to develop this qualification and skills.
5	Clearly record all SMRs within GPIT systems.
6	Actively work with their CCG to optimise quality of prescribing of (a) antimicrobial medicines, (b) medicines which can cause dependency, (c) metered dose inhalers, where a low carbon alternative may be appropriate and (d) nationally identified medicines of low priority.
7	Work with community pharmacies to connect patients appropriately to the New Medicines Service which supports adherence to newly prescribed medicines.

In delivering these requirements, PCNs must have due regard to separate guidance.

PBB PCN
SMR DES 2020/21 Aims

- 80% Proactive ie 317/396 sessions a year
  - (158 /198 Oct-Apr)
  - Primary focus: All 10+ meds Epact 2
  - Secondary focus: NSAID /DAMN / ACB 6+ / Medicines with high risk of harm > 120mg / day morphine equivalents / Dependence Forming Medicines (DFMs)

- 20% Reactive ie 79/396 sessions a year
  - (40/198 Oct-Apr)
  - Referral by clinician / patient / carer / agency

- Care Home patients are separate - additional 176 sessions

Demand : GP contract re Structured Medication Review (SMR) and Medicines Optimisation – PBB PCN position July 2020

NHSE Ask	PCN
All patients in care homes as per the Enhanced Health in Care Home specification	Provided by DHC SLA Pharmacy Service
Patients with complex and problematic polypharmacy, specifically those on 10 or more medications	Invite all on > 10 meds via NHSBSA EPACT 2 Polypharmacy Indicators
patients who are being prescribed medicines that are commonly and consistently associated with medication errors	PINCER tool in operation Focus on NSAIDS , DAMN drugs , Antithrombotic s
severe frailty who are particularly isolated or housebound patients, or who have had recent hospital admissions and/or falls;	Very broad but includes reviews by Frailty ANP or GP or by Pharmacist if > 60 with non-elective admission ACB 6+ as proxy measure ? Will rely on reactive SMRs identified by any practitioner or patient/ carer / agency
using potentially addictive pain management medication	> 120mg / day morphine equivalents / PrescQIPP Dependency Forming Medicines search

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