

Structured Medication Reviews in Primary Care

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BACKGROUND

- Structured Medication Reviews (SMRs) are a nationally commissioned **clinical intervention** designed to comprehensively evaluate patients with **problematic polypharmacy** ^[1]
- They have the potential to **improve patient care** and **clinical outcomes** through pharmacological interventions
- There are five initial **prioritised patient cohorts** included within the network contract directed enhanced service (DES) who would benefit from a SMR to **reduce** risk of **medicines-related harm**
- PCNs are required to proactively **identify patients without a baseline figure or target provided** ^[2]
- The expectation is for PCNs to **review all identified patients**, yet the **number of SMRs** which can be completed by PCN clinical pharmacists is **limited** by their available **capacity**
- PCNs need to establish a **process for SMR case loading** to **maximise** the use of **pharmacist resource** to carry out the **intervention**

METHOD

Using **SNOMED browser** a selection of codes were identified which **mapped the five SMR cohorts**

Utilising **EMIS** to create searches to **identify these cohorts based on retrospective clinical coding**

The **number of patients** in each cohort were recorded as well as the numbers who were identified in **more than one** of the **five prioritised cohorts**

RESULTS

- Of a total practice list size of **7936 patients**, **1578 (19.9%)** of those patients were within the **five SMR cohorts** **252 patients** were present within **two of the cohorts**, **57** in **three cohorts**, **18 patients** in **four cohorts** with **1 patient** within **all five SMR cohorts**.
- Following the focus group discussion, an **estimated 95 minutes** on average was agreed as the time needed to **complete** all requirements of a **SMR** including *preparation, consultation with patient, recording on clinical system, referrals and follow-up*.
- This would equate to approximately **5 SMRs** to be completed **per working day** or **950 per year** - for a **full time equivalent clinical pharmacist** at **100% of capacity** allocated to **SMR completion**

CONCLUSION

- These results show that a **significant proportion** of the practice population are **required** to receive a **SMR** under the new **PCN DES** ^[3]
- This **highlights** the need for **further refinement** of the **clinical searches** and **prioritisation** of **patients** within **multiple cohorts** to make best use of the **pharmacy resource**
- As **PCN ambitions** are to **recruit** further **pharmacy professionals**, this project gives useful **scope** to the **systematic process** needed to incorporate **patient prioritisation** into **medication review**

REFERENCES

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