Make sure you get updates from us by joining the SPS Website

You can register at www.sps.nhs.uk and once registered, you can go to the top right hand of the registration page and **‘edit your profile’**

Choose your interests and networks including **Medicines Use and Safety Interest**

Don’t forget to tick the box at the bottom of the page to say you would like us to keep in touch!

You will then receive information and invitations to events run by the MUS Network

The first stop for professional medicines advice

CONSULTANT PHARMACIST PODCASTS

We have produced a series of podcasts interviewing Consultant Pharmacists about their specialty in the context of COVID-19.

These are intended to provide hints and tips for all pharmacists.

Subjects include

- **Antimicrobials**
- **End of Life Care**
- **Mental Health**
- **Respiratory**
- **Cardiology**
- **Haematology**
- **Paediatrics**
- **Share Decision Making**

All recordings and more information can be found here
https://www.sps.nhs.uk/articles/primary-care-professional-support-consultant-pharmacist-support/

Medicines Use & Safety Webinar
2 July 2020

Care homes: Structured medication reviews through remote consultations during the COVID-19 pandemic

- The webinar itself will start at 1pm. Shortly before 1pm the SPS webinar host will be doing sound checks so bear with us if you hear this more than once!
- **To join the audio call 0203 478 5289 Access code: 163 897 5211#**
- The webinar will be recorded, and both recording and slide set will be available on the SPS website – under Networks (you need to be logged onto the SPS site to access the recording)
- If you want to make a comment or ask a question – please use the "chat" function. (You need to choose to direct your question to "All Participants" from the drop-down box)
- The presenters will answer questions at the end of the presentation

Upcoming MUS Events

WEBINARS (with reference to COVID-19):

8 July: Antimicrobial stewardship in the context of COVID-19

21 July: COVID-19 and respiratory medicine

NETWORK EVENT:

3rd November (anticipated):

- **Virtual conference around how and why pharmacists will see hospital patients in the future**

Structured medication review in care homes during COVID 19

Professor Nina Barnett
Consultant Pharmacist, Care of older people
London North West University Healthcare NHS Trust
Medicines Use and Safety Division,
NHS Specialist Pharmacy Service
Visiting Professor, Kingston University, London

Lelly Oboh
Consultant Pharmacist, Care of older people
Guys and St Thomas NHS Trust
NHS Specialist Pharmacy Service
Chair, Clinical Specialist Pharmacists Group, PCPA

The first stop for professional medicines advice

Overview

- Strategic context for SMRs
- SMRs in care homes during COVID
    - What makes this different now
- How to do SMRs in Care Homes
    - SMR Processes
    - Consultation structure
    - Patient-centred care
    - Shared decision making
    - Tools
- Summary

SMR defined as an outcome focused and patient centred intervention

NICE Medicines Optimisation Guidance NG5 2015

An SMR is a critical examination of a person's medicines with objective of

1. **Reaching an agreement** with the person about treatment
2. **Optimising the impact** of medicines
3. **Minimising number of medication-related problems**
4. **Reducing waste**.

GP Contract DES SMR service spec 2020

- **WHAT?** **Comprehensive and clinical review** of a patient's medicines and detailed aspects of their health
- **WHO?** People with **complex or problematic polypharmacy**
- **HOW?** delivered by facilitating **shared decision making conversations** with patients
- **WHY?** ensure their medication is **working well for them**

Strategic context for SMRs in GP contract

From 1st Oct 2020 PCNs will

1. **Use appropriate tools to identify and prioritise patients who would benefit from an SMR**
2. **Offer and deliver SMRs (depending on PCN’s clinical pharmacist capacity)**
3. **Ensure invitations to patient, explain benefits and what to expect from SMRs**

Who should undertake SMRs?

4. **ONLY appropriately trained clinicians within their sphere of competence**
   - Prescribing qualification
   - Advanced assessment and history taking skills

   OR

   - Be enrolled in a current training pathway to develop this qualification and skills.

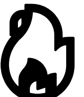
Competencies needed

- Therapeutic knowledge and its application managing mLTCs
- Communication skills (incl. coaching, goal setting and shared decision making)
- Skills to deliver patient centred care, values based care, multidisciplinary working

Documentation and Collaboration

5. **Clearly record all SMRs within GP IT systems**
6. **Actively work with CCGs to optimise quality of prescribing**
    - antimicrobial medicines
    - medicines which can cause dependency,
    - metered dose inhalers, low carbon alternatives
    - nationally identified medicines of low priority.
7. **Work with community pharmacies to connect patients appropriately to the New Medicines Service to support adherence to newly prescribed medicines**.

Burning Question



Is there National guidance on SMRs?

- SMR guidance due out from NHSE/I before Oct 2020
- We already know a lot from NICE NG5, DES service spec, NHS long term plan, NICE SC1
    - Priority patients for SMRs, patient-centred approach, shared decision-making, evidence based, intended outcomes

Who should have an SMR?

GP contract DES SMR

- Care homes
- Complex and problematic polypharmacy esp ≥10 medicines
- Medicines associated with medication errors (20 NHSBSA indicators)
- Severe frailty (eFI >0.36)
  - Isolated or housebound
  - Recent hospital admission/falls
- Potentially addictive pain medicines

- Weekly MDT 'home round' for residents prioritised according to need & based on MDT clinical judgement and care home advice (EHCH DES by 1st Oct 2020)
- Call to Action in care homes (19th May 2020)

SMRs in care homes during COVID

Call to Action May 2020

- CCGs, PCNs and practices should co-ordinate pharmacy teams to provide support to **care home residents** and **staff** in 4 key areas incl.
  - Deliver **SMRs** via video or telephone consultation
- New staff 'redeployed' will need basic training and resources to work in care homes ▸RPS training resource and SPS Hub
- SMR must be patient centred and care home centred
- Different patient groups to prioritise for SMRs
- Different focus on medicines related issues for SMR consultation
- Remote vs face to face consultations (hypervigilance, ++ asking)

Who should be prioritised for SMRs in care homes during COVID19?

1. Patients with COVID-19 symptoms
2. Acute illness that may need changes to medicines (e.g. due to renal impairment, sick day rules)
3. Optimising medicines at end of life (e.g. prescribing & deprescribing)
4. Recent discharge from hospital (e.g. medicines reconciliation)
5. New residents: rapid clinical review (with the MDT if needed) and medicines reconciliation to optimise medicines
6. Other at-risk groups (e.g. renal dysfunction, high risk medicines including insulin, anticoagulants and lithium, and falls risk)

 https://www.sps.nhs.uk/articles/pharmacy-and-medicines-support-to-care-homes-urgent-system-wide-delivery-model/

Tools and strategies for identifying or case finding patients for SMR

- ✓ Electronic Frailty Index (eFI)
- ✓ PINCER (IT intervention to identify patients at risk of medication errors)
- ✓ NHSBSA indicators /EPACT2 data (access to prescribing data at practice level)
- ✓ ECLIPSE Live
- ✓ PrescQIPP CIC searches www.prescqipp.info
- ✓ GP local searches
- ✓ ?MDT meetings/clinics

During COVID

- ❑ Regular proactive check-in with care homes
- ❑ Discussing risks stratification patient list
- ❑ Care home or MDT referrals
- ❑ RESTORE2 escalations
- ❑ List /report of new residents/ discharges
- ❑ Local GP searches

Do not overwhelm care homes with extensive SMR lists!

What medicines issues should be prioritised in SMR consultations during COVID-19?

1. Prevent HARM ⇨ Immediate safety vs long term meds optimisation

- ⚠ Unmonitored high-risk medicines
- ⚠ High risk conditions in COVID e.g. respiratory, CVD, diabetes, falls, delirium
- ⚠ Abnormal biochemical markers where medicines could be implicated (if known/available)
- ⚠ Polypharmacy/deprescribing ⇨ safety more important than reducing numbers
- ⚠ Reduce risks of spread of infection between residents and staff/carers

What medicines issues should be prioritised in SMR consultations during COVID-19?

2. Improve Medicines EFFECTIVENESS and symptom control

- Acute needs ⇨ swallowing difficulties, BPSD covert/anticipatory medicines
- Uncontrolled condition/symptom ⇨wrong choice of antibiotic, pain, EoL

3. Timely ACCESS and SUPPLY

- alternatives re shortages

4. Impacting on care home workload

The SMR process?

The **PROCESS**: Must apply principles of

- **shared decision making**
- **holistic needs of the patient**,
- **provide advice**, **signpost** and **onward referrals** e.g to healthy living pharmacies

- Not one-off ⇨**ongoing process** with **regular review and follow** up episodes
- Clearly **record** all SMRs within GPIT systems
- Collaborative working – CCGs, Community pharmacist

National Guidance to support the process and tools to facilitate SMR 'to follow' by Oct 2020

Evidence based tools

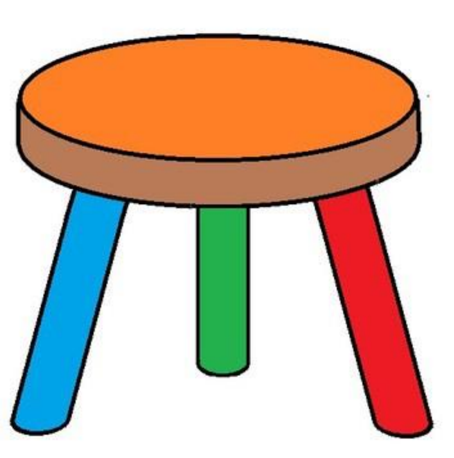
Examples for drug selection and to identify potentially inappropriate medicines (PIMs) in older people

- STOPP/START tool vs 2 2015 (O'Mahony et al) http://ageing.oxfordjournals.org/content/early/2014/10/16/ageing.afu145.full
- STOPPFrail 2017 (O'Mahony et al) https://academic.oup.com/ageing/article/46/4/600/2948308
- SLAM NHS Trust Anticholinergic Burden (ACB) Risk Scales http://www.medichec.com/assessment
- CRIME (Criteria to assess appropriate Medication use among complex Elderly patients) Italy https://www.ncbi.nlm.nih.gov/pubmed/24234805
- Beers Criteria (Updated 2019). US https://www.ncbi.nlm.nih.gov/pubmed/30693946
- FORTA (Fit fOR The Aged) 2015 App. Germany https://www.ncbi.nlm.nih.gov/pubmed/27166962

Also need Tools for shared decision making and goal setting

Evidence Based Practice and SMR

Integrating best research evidence with clinical expertise and patient values ***(Sackett et al. BMJ 1996)***



- ✓ Best available research evidence
- ✓ Clinical judgement of the practitioner
- ✓ Patient's circumstances, **goals**, **values** & wishes

Available SMR tools and approaches that incorporate the patient's values in SMRs for older people living with frailty and multi-morbidities

Incorporates

Patient preferences
Medicines reconciliation
Shared decision making
Use of research evidence and interprets in context of individual patient situation

- Recognises heterogeneity of older people
- Multimorbidities incl. falls
- Function and Cognition
- Tolerance of ADEs
- Life expectancy and trajectory
- Health goals & preferences
- Social support available
- Willingness and capability to adhere to medicines

Monitoring and follow up
Communication and Care coordination

Examples*

- NHS SPS Patient centred approach 2016
- NHS Scotland 7- Steps (App) 2018
- Ariadne's principles 2014 (Germany)
- Iterative 3-step process 2018 (US)
- STRIP 2017 (Netherlands)
- RPS polypharmacy Guidance 2018. Getting our medicines right. (Appendices)

For specific drugs/classes CADEN guidelines
www.Deprescribing.org

Tools: Key publications

- **NHS Scotland and The Scottish Government 2012, Updated April 2018.** Polypharmacy Guidance, realistic prescribing
- **Kings Fund 2013** Polypharmacy and medicines optimisation : Making it safe & sound.
- **NHS Wales Health Board 2013** Polypharmacy: Guidance for Prescribing in Frail Adults Practical guide, full guidance, BNF sections to target
- **PrescQIPP NHS Programme 2011 -** Safe and appropriate medicines use, Polypharmacy & Deprescribing
- **NHS Specialist Pharmacy Services 2013:** Polypharmacy and deprescribing resources.
- **NICE multimorbidity guidance https://www.nice.org.uk/guidance/ng56**
- **and database of treatment effects** and
- **Canadian Deprescribing Network and Deprescribing.org** https://deprescribing.org/resources/deprescribing-guidelines-algorithms/
- **RPS polypharmacy Guidance 2018.** Getting our medicines right

NHS Scotland Polypharmacy 7-Step process (App)

7 Steps process	
Aims	1. What matters to patient?
Need	2. Identify essential meds? 3. Does patient take unnecessary meds?
Effectiveness	4. Are therapeutic objectives met?
Safety	5. Any adverse effects or risks of adverse effects?
Cost effectiveness	6.Is med cost-effective?
Patient centredness	7. Is patient willing and able to take medicine?

http://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/04/Polypharmacy-Guidance-2018.pdf

Symptom based tool

Problem: Bleeding

(Consider risk of uncontrolled, severe HTN, bleeding disorder drug/non drug cause)

Anticoagulants consider course length for DVT/PE.

- NOACs: consider kidney function
- Warfarin: consider interacting medicines, adequate monitoring.

Antiplatelet drug with anticoagulant for AF or 2nd anti-platelet drug (without clear indication)

Aspirin (particularly if >160mg per day) or if past PUD without PPI cover

Bisphosphonates if upper GI bleed or past PUD

Corticosteroids if past PUD

NSAIDs with anticoagulant; if past PUD or with antiplatelet/corticosteroid without PPI cover

Problem: Constipation

Aluminium antacids
Opioids
Anticholinergics (see list under 'Falls')
Oral Iron
Verapamil

See also STOPP App

Summarised from the full list of medicines that contribute to problems in the elderly (STOPP2 O'Mahoney et al 2014) available via CLAHRC NWL or Pharmacy at Chelsea & Westminster Hospital

endorsed by

STOPIT
medication review

Screening Tool for Older Peoples' Inappropriate Treatment

Medicines Summary

National Institute for Health Research
CLAHRC - North West London

Symptom based tool

Problem: Falls

(consider anticholinergic burden
-ACB, postural hypotension, ataxia)

Anticholinergic drugs including:
-bladder antimuscarinics
(particularly Oxybutinin, Tolterodine)
-gut antimuscarinics (e.g Dicycloverine)
-bronchodilator antimuscarinics
(e.g. Ipratropium, Tiotropium)
Drugs with **Anticholinergic** S/Es particularly:
-Amitriptyline, Clomipramine (tricyclics)
-Chlorphenamine, Clemastine (and all older, sedating antihistamines)
-Paroxetine
-Phenothiazines (all), Clozapine, Haloperidol, Olanzepine
ACE Inhibitors (e.g Enalapril)
Alpha blockers (e.g Doxazosin, Tamsulosin)
Antipsychotics (some also ACB)
ARBs Angiotensin Receptor Blockers ('Sartans')
Benzodiazepines (e.g Diazepam)
Calcium Channel Blockers (e.g Amlodipine)
Nitrates, Isosorbide
Opioids including Buprenorphine, Tramadol
Vasodilators Vasodilators used in HF
(e.g Hydralazine)
Z –drugs (e.g Zopiclone)

Problem: Confusion

Anticholinergics (see list under 'Falls')
-particularly in pts with delirium or dementia
Tricyclic antidepressants (also ACB)
Antipsychotics (some also ACB)
Benzodiazepines (e.g Diazepam)
Centrally acting antihypertensives
(e.g Methyldopa, Clonidine)
Opioids (including Buprenorphine, Tramadol)

Problem: Metabolic disturbance

(electrolyte imbalance, dehydration etc)
Think Kidneys – Review ALL doses

ACE Inhibitors and ARBs (hyperkalaemia)
-particularly if also on potassium-sparing diuretics e.g Amiloride/Aldosterone antag
Antidepressants (particularly SSRIs: ↓Na)
Diuretics (e.g thiazides: ↓K ↓Na, ↑Ca)
NSAIDs if eGFR <50 (AKI)
Metformin if eGFR <30 (lactic acidosis)
Hazardous combinations: ACEi/ARB + diuretic + NSAID (Triple Whammy)
Dehydration + Metformin or ACEi/ARB or Diuretic or NSAID (Sick Day guidance)

Shared decision Making

Why involve patients in medicines related care?

- What patients want often differs from what we think they want
- When well informed, people make different choices about treatment⇨ less unwanted interventions
- Patient and clinicians consistently **overestimate the benefits** of treatments and **underestimate the harms**
- Enhances the way resources are allocated ⇨ reduce unwarranted clinical variations⇨ *Provide services for patients who don't need or wouldn't choose them and withhold the same services from people who do or would*

https://www.england.nhs.uk/shared-decision-making/making-shared-decision-making-happen-the-common-challenges

Shared Decision making, multimorbidity and frailty

Care is better when it recognises what the patient's problems are rather than what the diagnosis is. **Starfield 2009**

Shift in later life in:

- **Health outcomes** : disease-specific ⇨ generic
- **Patient's values**: life expectancy⇨quality of life
- Management is not the simple sum of the parts⇨Trying to control one disease ⇨ worsens another
- Chronic diseases maybe well controlled, but QoL and function declining
- More we ask people to do (treatment burden)⇨ More overwhelmed ⇨less likely to do

Negotiate expectations, explore health seeking behaviours ⇨ consultations, A&E visits, repeat prescribing, seeking health advice, own safety nets, coping strategies

Why is SDM important?

Hilary Term
[2015] UKSC 11
On appeal from: [2013] CSIH 3; [2010] CSIH 104

JUDGMENT

Montgomery (Appellant) *v* Lanarkshire Health Board (Respondent) (Scotland)

before

Lord Neuberger, President
Lady Hale, Deputy President
Lord Kerr
Lord Clarke
Lord Wilson
Lord Reed
Lord Hodge

JUDGMENT GIVEN ON

11 March 2015

Heard on 22 and 23 July 2014

How do we do it? BRAN

https://www.choosingwisely.co.uk/about-choosing-wisely-uk/

BENEFITS

RISKS

ALTERNATIVES

Do NOTHING

Specialist Pharmacy Service

Evidence based & patient-centred SMR

Identify or receive referral for frail older person

Assess patient

Define context and overall goals

Identify medicines with potential risks

Assess risks and benefits in context of individual patient

Agree actions to stop, reduce dose continue or start

Communicate actions with all relevant parties

Monitor and adjust regularly

Patient circumstances, goals, values and wishes

Clinical judgement

Evidence base

© N Barnett 2018. Adapted from : Patient-centred polypharmacy process (outer circle) Barnett NL, Oboh L, Smith K. Patient-centred management of polypharmacy: a process for practice. Eur J Hosp Pharm. 2016 Mar 1;23(2):113-7.
http://ejhp.bmj.com/content/23/2/113

Remote consultations: how to undertake them

Use a checklist: CONSULT

Consider remote consultation or not?
Organise and test technology
Necessary requirements to hand
Start the consultation purposefully
Undertake the review
Listen and agree next steps
Terminate appropriately

For more details see https://www.pharmaceutical-journal.com/cpd-and-learning/learning/remote-consultations-how-pharmacy-teams-can-practise-them-successfully/20208102.article

What does this mean in practice?

Consider remote consultation or not?	*What's needed? Information (email/text) phone, video or f2f ?*
Organise required technology	*Are software and hardware working* *Can I use them confidently?*
Necessary requirements to hand	*Clinical records, environment (quiet, lighting, camera), equipment available, recording method?*
Start the consultation purposefully	*Can you hear and see each other* *Others present (carers, interruptions)* *Explain oddities, taking notes,* *Agree agenda (both)* *Outline structure, manage expectations (time)*
Undertake the review	*Use you standard process e.g. 7 steps* *Remember to keep person-centred,* *Triage and arrange f2f if needed*
Listen and agree next steps	*Use SDM (benefit risk alternative no action).* *Check in and summarise often* *Offer information and organise new appt. if needed*
Terminate appropriately	*Both you and patient summarise actions* *Remember safety netting, describe* *Be the last to leave the call*

What can help you have an effective consultation for people with a disability?

PREPARE

Patience is imperative

Required time allocated

Environment appropriate

Pay attention, remain “present”

Adapt your language

Remember short sentences and summaries

Empathy and compassion at all times

Adapted from Barnett N Journal of Medicines Optimisation 2016 2 (4)72-76
https://www.pharman.co.uk/uploads/imagelib/pdfs/Journal_articles_by_issue/JoMO_Dec_2016/Improving%20pharmacy%20consultations.pdf

Remote consultations and Communicating with patients

NHS

Prepare what you'd like to cover before the consultation

At the start of the consultation: find out

- What they know about SMR
- What they want to know
- What they are worried about in relation to medicines
- Their goal for medicines in their lives

Share your agendas, agree today's priorities for SMR

Focus on what matters to the patient first

Use structured methods to balance evidence, their preferences and medicines in the context of their lives

What to consider in SMR

CONSULTATION:

- Will take **longer** than average
- Often more difficult over the phone or video (may take longer)
- Be person-centred., Must show you care
- Make time for SDM (may need another call, resources)
- Beware about assumptions:
  - expressions amplified or minimised by video
  - when voice doesn't match gender in the notes

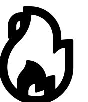
What Does NICE say?

During an SMR, **take into account**:

- person's (family or carers), **views, concerns, questions , problems and understanding** about medicines
- all prescribed, over-the-counter and complementary medicines
- how **safe** the medicines are, **how effective** for the person,
- how **appropriate** they are, and **in line with national guidance**
- person past or potential risk factors for developing ADE
- any **monitoring** that is needed

NICE. Medicines Optimisation Guidance NG5. 2015 recc 1.4.3

Burning Question



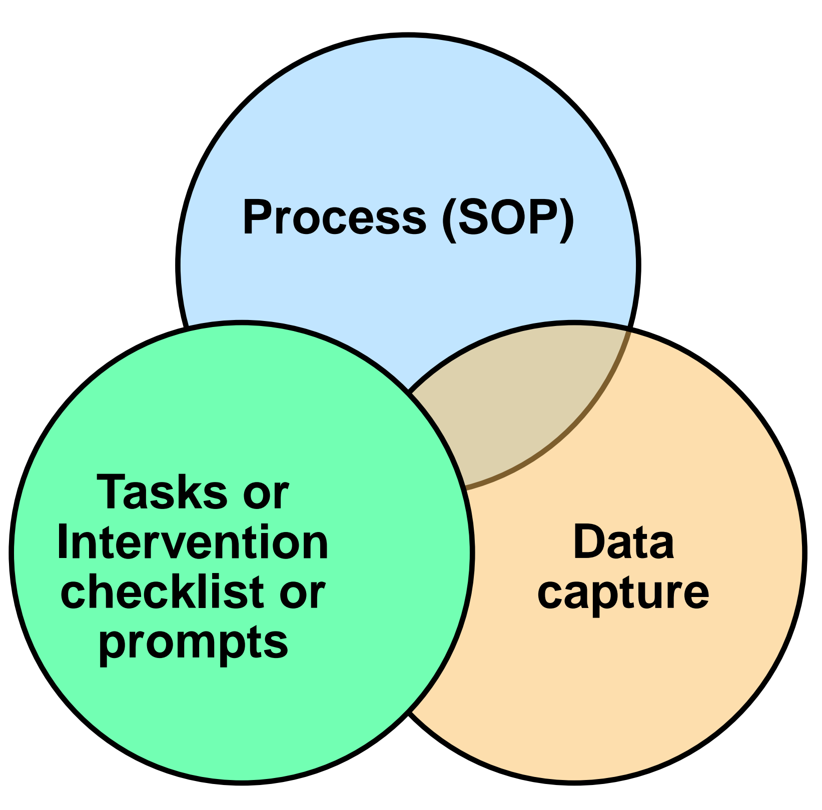
Is there a National SMR template?

- No plans in short term, as one size doesn't fit all
- London Region Care Home Short Life Working Group and SPS writing 'guiding principles' for developing a template that is fit for purpose
- Focus is to suggest what any 'good' template should do vs 'a specific' template
- Getting best from an SMR template depends on its intended **purpose** and **user**

What about SMR Templates?

Purpose

- 3 broad functions of existing medication review templates*
- Design using principles that allow the clinician to incorporate
  - Current evidence for the medicines being reviewed
  - Patient's perspective
  - Clinician's judgement
- Facilitate good conversations vs tick box
- Facilitates good documentation
- Allows user to undertake structured comprehensive and consistent SMRs within their competence



** My personal reflection, not evidence based categories*

Bringing it all together
NHS
Proactive identification
Call to Action letter priorities
Use SMR spec criteria
Case finding Tools e.g PINCER, NHSBSA, eFI,
Run 6 monthly patient searches
Person identified
Reactive identification
Patient self-referral e.g. ADEs, not coping
Practitioner Referrals e.g non-adherence, complex needs, help seeking, MCA use, MDT cases, ToC
REFER for SMR To assess and optimise medicines use
Tools and guidance for
Medicine reconciliation SOP/checklist
Goal setting tools
Health coaching tools
Tools for patient centred approach to SMR
NHS SPS Patient centred approach
NHS Scotland 7- Steps
Ariadne's principles
Iterative 3-steps process (US)
STRIP (Netherlands)
CONSULT tool
Matters Most
Medicines reconciliation
History taking
Agree realistic goals and priorities
Tools for measuring outcomes
SMR metrics
EMIS/other template & codes
GPIT Records
NHSBSA indicators
Patient QoL
NICE standards
NHS F&F survey
Monitor and review outcomes
Co-ordinate care plan
Key Components of the SMR Process
Identify potentially inappropriate medicines
OR drugs needed
Evidence based tools/guidance to identify PIMs and for appropriate drug selection
STOPP start, STOPPFrail,
STOPIT
ACB tool
Beers
NICE LTC database
Communicate with relevant others
Refer on or 'tap into' specialists/ experts as needed
Personalise
Agree trade offs with patient based on their goals and preferences in context of multi-morbidities
Agree a care plan
Communication tools
EMIS/other SMR templates
Transfer of information templates/letters
Digital solutions
Referral templates
SBAR tool
Tools for
Shared decision making tools e.g BRAN
Health coaching tools
Values based care tools
Capacity Tests
Clinical judgement

POLL: A SHORT INTERLUDE……

While we collate your questions, we would be really pleased if you could complete a 1 minute poll which will appear on your screen. This will help us know how we are doing! The questions are:

To what extent was this event useful to you?

If this webinar was repeated, would you recommend it to your colleagues?

THANK YOU – NOW, ON TO YOUR QUESTIONS AND ANSWERS!

Questions?