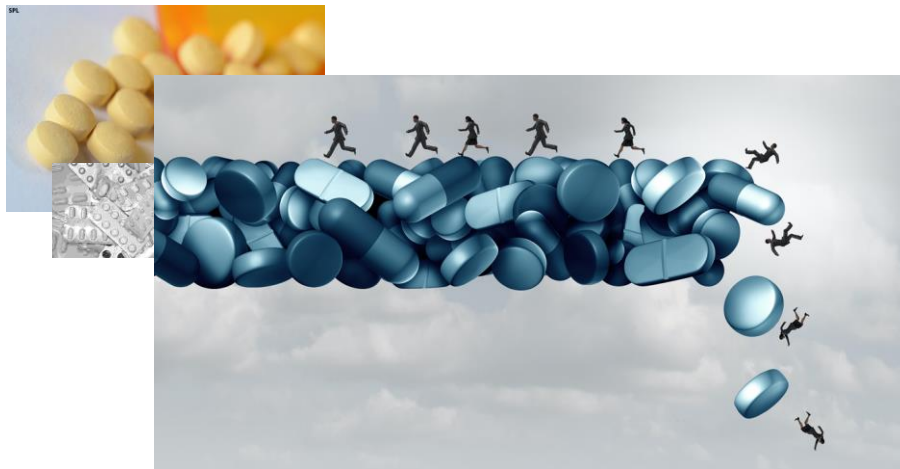


Bitesize Education and Training Session 4

Impact of SMRs: stopping medication and reducing costs, reducing polypharmacy, ACB reduction and decreased CO² emissions

19th March 2024



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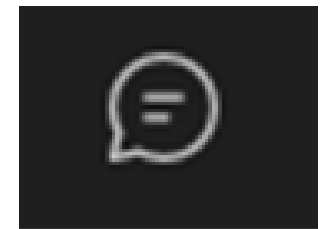
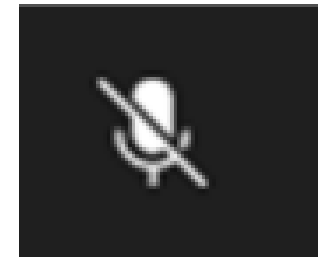
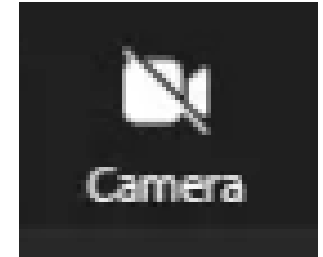
Speaker:

- Andrea McGuinness - PCN Lead Pharmacist, Skelmersdale, Lancashire

Welcome & Housekeeping

Thank you for joining us today!

- ✓ The session is for 30-minutes (20-minute presentation and 10-minute Q&A session).
- ✓ Please switch off your cameras and put yourselves on mute.
- ✓ Please use the chat function if you want to ask a question or for comments.
- ✓ Please respect others' views and opinions. (We have prescribers from across the system on the call – primary, secondary care and community).
- ✓ Please use the chat function to network with your peers and share ideas.
- ✓ At the end of the session there is a short feedback questionnaire – the link to access this will be put into the chat.



Please note the 20-minute presentation will be recorded, and the slides and the recording will be uploaded to the LSC Training Hub website for you to download.

'Impact of SMRs: stopping medication and reducing costs, reducing polypharmacy, ACB reduction and decreased Co2 emissions.'

A McGuinness PCN Lead Pharmacist,
Skelmersdale, Lancashire

Pharmacist roles in primary care

- NHS introduced various ARRS roles to support GPs in Primary care:

Besides increasing the capacity for patients to see a healthcare professional

What are the other benefits?

What evidence is there to support continued use of these roles?

Benefits of SMRs

- Patient safety- dose adjustments based on CrCl, BP, weight changes
- Poly pharmacy- duplicate medication, high doses
- ACB – risk of falls, confusion and death
- Hospital admissions- frailty, fracture risk, HbA1c control
- Cost savings- stopping inappropriate medication
- Co2- NHS greener agenda

Resistance to SMRs

- Time restraints- 30mins- article:
- [Structured medication reviews should last at least 30 minutes, confirms NHS lead - The Pharmaceutical Journal \(pharmaceutical-journal.com\)](#)
- Alternative uses of Pharmacist time: QoF, appointments, annual reviews, audits, QI, patient safety searches, medication reviews, Medicines information, supply issues, MHRA recalls

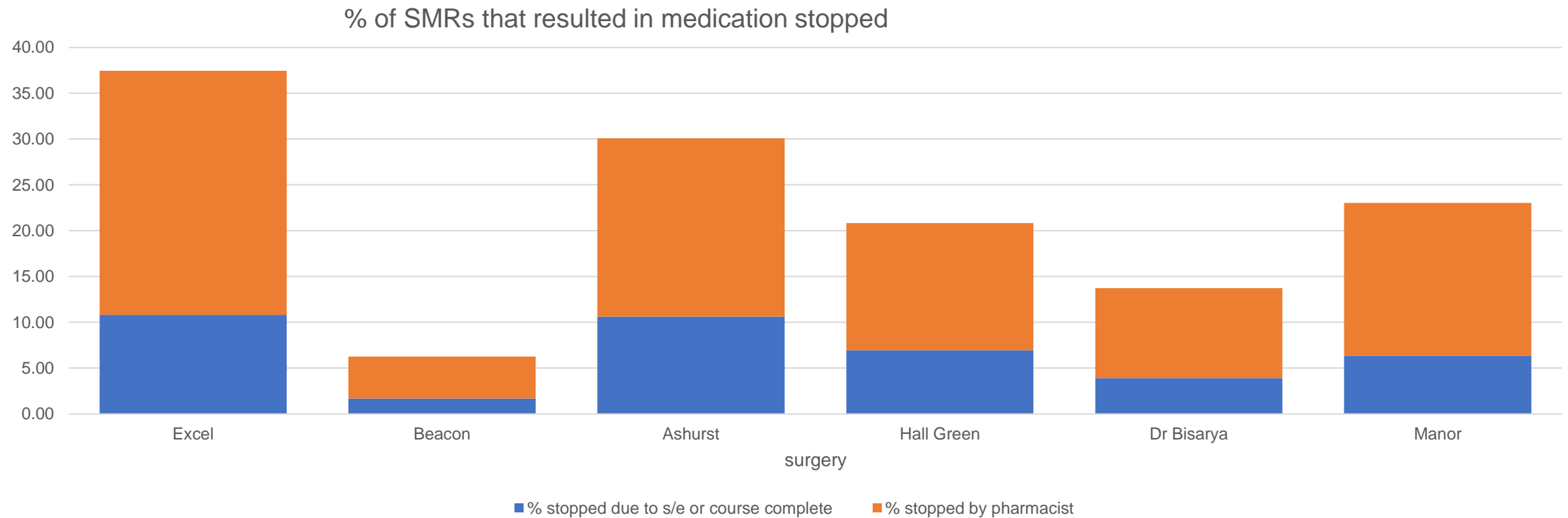
Tools used

- Stop start tool: [OC STOPP START Toolkit ELHE version.pdf \(elmb.nhs.uk\)](https://elmb.nhs.uk/oc-stop-start-toolkit-elhe-version.pdf)
- Renal handbook
- Frax: frax.shef.ac.uk/FRAX/tool.aspx?country=1
- ACB score: [ACB Calculator Medichec Anticholinergics.pdf \(uea.ac.uk\)](https://uea.ac.uk/ACB-Calculator-Medichec-Anticholinergics.pdf)
- SMR checklist
- EMC
- BNF

Results 2022-23

- A total of 1067 SMRs were completed
- 26% of patients had a medication stopped (282 items) – saving £19,508.16 (based on drug tariff prices at the time)
- 10% of patients had a dose reduction (112 items reduced)
- Overall ACB exposure was reduced (reducing falls risks) - !
- Approximately every pound spent on pharmaceuticals generates greenhouse gas emissions of 0.1558kg CO₂e. (cost savings to on prescribing and reduced emissions)
- Reduced emissions by approx.= 3039.37 kg CO₂

Medication stopped breakdown



Next steps for 2023-24

- Quicker extraction of data due to SMR template update
- Quantifying ACB reduction
- Sharing results nationally via abstract or poster presentation
- Showing the value of the pharmacist roles in completing SMRs
- Assessing hospital admissions due to falls to see if had SMR previously

Thank you for listening

Please complete our short feedback questionnaire by clicking on the link that has been put into the chat.

Please note: all feedback will be anonymous



Next session: 16th April 2024
Peer Review
Focus Area: Repeat Prescribing
Speaker: David Kelly – Lead Clinical Pharmacist, Highfield Surgery, Blackpool

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Question and Answer



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