



# Good Practice Guidance for Care Homes: Structure Medication Review (SMR) for Healthcare Professionals

## Introduction

A Structured Medication Review (SMR) is an [evidence-based](#) comprehensive, holistic, person-centred review of a resident’s medication, taking into consideration all aspects of their health with the objective of reaching an agreement with the resident about:

- their treatment goals,
- optimising their medication,
- the benefits and risks of their medications,
- minimising the number of medication-related problems/harm,
- reducing medicines waste.

All the medicines a resident is taking or using must be taken into consideration within an SMR.

An SMR is not:

the act of re-authorising repeat prescriptions, or  
a review of some specific medicines during a long-term condition review.

Shared decision-making between the resident and the healthcare professional are essential during an SMR. This ensures the resident’s preferences, beliefs, values and circumstances are considered. It also ensures the resident understands, through discussion and information sharing:

- the risks, benefits, and possible consequences of different options, including pharmacological and non-pharmacological treatment, or no treatment,
- the balance between the benefits, risks of, and alternatives to, taking medication.

## Policies and procedures

It is good practice for the care home medicines policy to include the requirement to identify residents who would benefit from an SMR.

[Pathway for Medicines Reconciliation & Structured Medication Review \(SMR\)](#)

## When should an SMR occur?

An SMR should be completed for any resident:

- Who has recently moved into the care home,
- Who has recently been discharged from hospital,
- Who has moved from one care home to another care home,
- Who has had recent change(s) to their medications from another healthcare professional such as from a specialist, an outpatient clinic appointment, specialist nurse, District Nurse (stopped, started, dose and/or frequency changed),
- Who has had a change in their state of well-being,
- Who has had [recent falls](#), or has started to fall more frequently,
- Any resident about whom the care staff are concerned.

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The frequency of an SMR should be agreed by the MDT, safety being the most important factor. SMRs should be undertaken at least annually and are best linked into regular care and support planning reviews.

Many care home residents will be living with frailty, multi-morbidity and polypharmacy due to an increasing ageing population.

Reviewing and balancing a resident's:

- health needs,
- treatment burden,
- wishes and ability to comply with this,
- increased risks of adverse drug reactions (ADRs),
- risks versus benefits associated with medicines' use,

by managing polypharmacy, deprescribing and shared decision making is essential.

Clinical decisions are unlikely to be based solely on clear, recognised treatments for conditions, but also require interpretation in the resident's circumstances.

### What are the benefits of an SMR?

The benefits of an SMR include:

- involving the resident in the decision-making process and empowering them to have a better understanding of the medicines they take results in better patient outcomes,
- less risk of harm from medicines, e.g. adverse drug events, side effects, hospital admission,
- reduction in pill burden,
- reduced waste of medicines.

### Who can carry out an SMR?

PCNs must ensure that only appropriately trained clinicians working within their sphere of competence undertake SMRs.

These clinicians should have a prescribing qualification, advanced assessment and history taking skills or be enrolled in a current training pathway to develop these and should be able to take a holistic view of a person's medication.

Clinical pharmacists are expected to conduct the majority of SMRs, but suitably qualified advanced nurse practitioners (ANPs) who meet the above criteria, as well as GPs, can also do so.

Residents can be referred for an SMR to the:

- PCN clinicians (Pharmacists, ANPs and GPs),
- GP practice,
- [ICB MOCH team](#).

### What are the key components of an SMR?

Key components of an SMR are:

- **Personalised approach** (what matters most to the person).  
An understanding of the person's
  - needs
  - preferences
  - goals
  - values
  - circumstancesshould be established, together with other key components of an SMR.
- **Shared decision-making** principles should underpin the conversation.
- **Safety** – the balance between the benefits and risks of current treatment, any alternatives to medication, and starting new medicines.
- **Effectiveness** – medication should have evidence of clinical and cost effectiveness.

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A suggested template for information to include as part of an SMR is attached (Appendix 1). The SMR template should be used as a guide, checklist and/ or prompt, to support a consistent approach, as a reminder to avoid any omissions, and as an assurance of the provision of a high standard of care.

**Each SMR should be personalised to the individual.**

Timely follow-up, monitoring and review following stopping, starting or a change in dosage of medication is an important part of the SMR process.

### Who should be involved in the SMR?

An SMR should involve:

- The resident, taking into account any cognitive impairment/ lack of mental capacity to make decisions about health and welfare,
- A family member, relative, trusted friend if the resident would like this,
- A representative (Lasting Power of Attorney (LPA) for health and welfare) if the resident does not have capacity,
- A healthcare professional,
- Any carers or nursing staff involved in the resident's care.

### Who else may be involved in the SMR?

Other people who may be involved in the SMR include:

- Specialist healthcare professionals who are involved in the resident's care, e.g. Dietitian, Tissue Viability Nurse (TVN), Diabetes Specialist Nurse (DSN), District Nurse (DN), Speech and Language Therapist (SLT),
- Other members of the person's multi-disciplinary team (MDT),
- Carers,
- Social prescribers,
- Voluntary services.

### Sustainability

Sustainable healthcare works in partnership with patients and communities to improve health, whilst reducing the impact of the climate and ecological crisis. The health and care system in England is responsible for an estimated 4-5% of the country's carbon footprint, with prescribing being the largest contributor in primary care.

Medicines optimisation, ensuring the right patients get the right choice of medicine, at the right time aims to:

- improve patient outcomes,
- ensure medicines are taken correctly,
- avoid unnecessary medicines,
- reduce wastage of medicines, and
- improve medicines safety.

Medicines wastage, overprescribing and polypharmacy all contribute to the carbon footprint. Greener prescribing initiatives, reducing the carbon footprint with the aim of reaching net carbon zero, include:

#### ➤ **Inhalers**

Some inhalers, e.g. metered-dose inhalers (MDIs) contain powerful greenhouse gases. Some residents may be able to switch inhalers to more environmentally friendly inhalers,

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such as dry-powder inhalers which do not contain propellants which produce powerful greenhouse gases.

The most important thing is to keep the disease under control.

Used inhalers should be returned to the community pharmacy for safe disposal.

➤ **Insulin Pens**

PenCycle aims to recycle/repurpose any Novo Nordisk disposable devices.

The initiative covers any Novo Nordisk Flextouch® or Flexpen® disposable pens used in medications to treat diabetes, obesity or growth hormone treatments.

➤ **Blister packs**

Empty medication blister packs can be recycled at some community pharmacies.

## Record keeping

There are several codes for medication reviews available from the [NHS Digital Primary Care Domain Reference Set Portal](#).

Two codes relate to SMR, plus one code to a Polypharmacy medication review.

If appropriate, the Polypharmacy code may be used in addition to the SMR code.

SNOMED code description	SNOMED code
Structured medication review (procedure)	1239511000000100
Medication review declined (situation)	412725004
Polypharmacy medication review (procedure)	870661000000100

### **The SMR code should only be used when a full SMR has been undertaken.**

The SMR should be clearly and concisely documented in the resident's clinical record.

All medication changes, including the reasons for the changes, should be recorded in the resident's clinical record.

If a medication is stopped, the reason for stopping the medication should be included to ensure it is not restarted in error.

Any medications which have been stopped should be appropriately disposed of as stated in the care home Medicines Policy (refer to Good Practice Guidance: Disposal of medicines in care homes for further information and support).

An action plan should be agreed and documented for those medicines reviewed, including changes, support, monitoring, follow up, sign posting, referral, and safety netting.

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## References

- Structured medication reviews and medicines optimisation  
[NHS England » Structured medication reviews and medicines optimisation](#)
- Network Contract Directed Enhanced Service Structured medication reviews and medicines optimisation: guidance  
[Report template - NHSI website \(england.nhs.uk\)](#)
- The Framework for Enhanced Health in Care Homes, Version 2 (march 2020)  
[the-framework-for-enhanced-health-in-care-homes-v2-0.pdf \(england.nhs.uk\)](#)
- NICE NG5: Medicines Optimisation: the safe and effective use of medicines to enable the best possible outcomes  
[Overview | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE](#)
- NICE NG56: Multimorbidity: clinical assessment and management  
[Overview | Multimorbidity: clinical assessment and management | Guidance | NICE](#)
- Specialist Pharmacy Service: Medicines Reconciliation Best Practice Resource and Toolkit  
[Medicines Reconciliation: Best Practice Resource and Toolkit – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
- NHS Scotland: Polypharmacy: Manage Medicines  
[Polypharmacy: Manage Medicines \(scot.nhs.uk\)](#)
- Good Practice Guidance for Care Homes: Medicines Reconciliation  
[file \(frimleyccg.nhs.uk\)](#)
- Good Practice Guidance: Medicines and falls prevention in care homes
- [NHS Frimley - Medicines and falls prevention \(icb.nhs.uk\)](#)
- Network Contract Directed Enhanced Service, 31 March 2021  
[Report template - NHSI website \(england.nhs.uk\)](#)
- Sustainability  
[Greener NHS \(england.nhs.uk\)](#)
- NHS Frimley Prescribing Guidelines: Respiratory  
[NHS Frimley - Respiratory \(icb.nhs.uk\)](#)  
[Inhaler choices | Asthma + Lung UK \(asthmaandlung.org.uk\)](#)  
[How inhalers affect the environment | Asthma + Lung UK \(asthmaandlung.org.uk\)](#)  
[Green Inhaler – Making your inhaler more environmentally friendly](#)  
[Inhalers – Greener Practice](#)  
<https://www.pen-cycle.co.uk/>  
[Waste & Recycling | Doing Good Feels Super | Superdrug](#)
- NHS Digital Primary Care Domain Reference Set Portal  
[Primary Care Domain Reference Set Portal - NHS England Digital](#)

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Appendix 1		Structured Medication Review Data Collection Template for Care Home Residents		 		
PCN: Reviewer:		Review date:		EMIS number:		
Resident Name:		Clinical Lead/ Nominated GP:				
Age/ DOB:						
NHS Number:		Community Pharmacy:				
Care Home: (circle)      LD    RH    NH Address:		<b>Allergy Records</b> Care Home: GP: MAR:				
Consultation:		Face to Face Y/N		Video Y/N      Telephone Y/N		
Capacity for Health & Welfare: Y/N		If N, is an LPA in place: Y/N				
Smoking Status:		Alcohol consumption:		Other substances:		
<b>Disease Registers:</b>  <b>PMH:</b>						
<b>Nutrition:</b>		SLT review Date: (most recent)		<b>Continance:</b>		
Weight (kg):      Date:		Swallowing difficulties: Y/N		Stools:      Y/N		
Height (cm):      Date:		IDDSI level:		Urine:      Y/N		
BMI		Other route for nutrition?		Pads:      Y/N		
MUST SCORE:      Date:				Catheter:    Y/N		
ONS: Y/N		Stoma:      Y/N				
<b>Mobility:</b>		<b>Aids:</b>				
Walking Aids:    Y/N		Hearing Aid: Y/N    Dentures: Y/N				
Falls Risk?      Y/N    Low / Medium / High		Visual Aid:    Y/N    Other:				
<b>BP:</b>	Automatic	Manual	<b>Pulse:</b>	<b>SpO2</b>	<b>RR</b>	<b>Temp.</b>
Date:			Date:	Date:	Date:	Date:
eGFR		estimated CrCl	Date:	LFTs & Cholesterol		Date: Date:
U&Es	Na K	Ur Cr	Date:	FBC		Date:
U&Es other			Date:	HbA1c BG		Date: Date:
eFI: mild / moderate / severe			<b>ACB score:</b>			
ROCKWOOD Score:			<a href="http://www.acbcalc.com/">http://www.acbcalc.com/</a>			
Anticipatory Care Plan in place:    Y/ N				<b>RESTORE2:</b>		
Other forms in place (e.g. ADRT): Y/N				Mental		
ReSPECT form in place:                Y/ N				Physical		
Refer to EoL:                                Y/ N				Behaviour/ ability		
COVID Vaccine: Y/N		Flu vaccine: Y/N		Shingles vaccine (if applicable): Y/N/ or NA		
<b>Medicines Reconciliation (Date):</b>			<b>Compliance/adherence/dexterity issues? Y/N</b>			
Understands why taking medications?			<b>Communication (verbal/ non-verbal):</b>			
Indications checked:			<b>Reasons for not taking:</b>			
Administration:(e.g., self-administration; NG/PEG; covert)			<b>Safety: (e.g., Allergies; ACB; ADR; DAMN; Opioids; Monitoring)</b>			
OTC medicines:			<b>Suspected side effects:</b>			
Concerns:			<b>Interactions:</b>			
			<b>Sustainability:</b>			

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