



Structured Medication Review (SMR) workload requirement/liability per PCN

Headlines

Workings indicate that a PCN covering 50,000 patients with average instances of reported incidents (based on nationally provided figures) would require the following:

- Allowing for an average time per SMR 20 minutes (double consultation), which is a maximum of 12 SMRs per 4h session; A WTE pharmacist working 10 sessions per week = capacity of 400 sessions per annum = 4,800 SMRs per annum;
- Calculations indicate an average of 4,739 SMR per PCN (across: care home, polypharmacy, multiple LTCs, falls, severe frailty).
- **Requirement to cover this SMR Specification = 1 WTE pharmacist**

- If you add-in patients on hypertensive, antiplatelet or NSAID, but take from this figure the ones on 10+ medications this will require an additional 13,644 SMRs per annum per PCN.
- A WTE pharmacist would need to work an additional 1,137 sessions per annum to complete this add-on work.
- **Requirement to cover the additional activity to SMR specification = extra 2.8 WTE pharmacists**

- Additional cost for a clinical lead to oversee and support pharmacist in this work assuming 5% of patients (237-919 patients) need further review = 20-77 sessions per annum.
- **Clinical lead support = 0.4-1.5 sessions per week**

- Administrative support to maintain register and ensure the patient is invited and attends appointment, assuming on average take 10min per patient per annum = 790 – 3,063 hrs per annum.
- **Administrative support = 0.4-1.6 WTE**

- **Cost of office disposables, equipment use, building wear/tear, room use etc not included.**

The draft specifications and contract documents currently indicate that PCNs will be reimbursed up to 70% of costs for pharmacist positions up to 3.8 roles.

PCNs are liable for the additional 30% salary costs for pharmacists conducting the SMR, and for costs associated with clinical and administrative support and office disposables.

Negotiations are ongoing (22/1/20).

Additional un-resourced requirements / confounding facts

- Significant numbers of patients will fall into multiple groups not taken into account.
- Patients on 10+ medications are included in the list of those with multiple LTCs.



Londonwide LMCs

The professional voice of London general practice

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- Not included those with medicines commonly and consistently associated with medication errors as suspect most will be in another category but could greatly increase the numbers to an estimated 30% of PCN population.



Evidence utilised in calculations:

UK population

56,075,912 2011 census data

[Current England only estimated around 55million](#)

This equates to 1,122 PCNs each with a 50,000 patient population

Patients in care homes [410,000](#)

Patients in care homes per PCN = 365

Polypharmacy (10+ medications) [2.7%](#) = 1,514,049 patients

Patients with 10+ medication per PCN =1,349 patients

Medicines commonly and consistently associated with medication errors

Table 1: Top 10 medicines associated with fatal medication errors

Medicine or class	Number (%)	Medicine or class	Number (%)
Methotrexate	37 (26%)	Other anticoagulants	7 (5%)
Warfarin	13 (9%)	Aspirin	6 (4%)
Opioids	9 (6%)	NSAID	6 (4%)
Digoxin	8 (6%)	Beta-blockers	5 (4%)
Theophylline	9 (6%)	Antibiotics	4 (3%)

Table 2: Top 20 medicines associated with nonfatal events (hospitalisations, prolonged hospitalisations, life-threatening condition, and disability) due to medication errors

Medicine or class	Number (%)	Medicine or class	Number (%)	Medicine or class	Number (%)
Methotrexate	51 (11%)	Antiepileptics	17 (4%)	ACE inhibitors	11 (2%)
Theophylline	51 (11%)	Beta-blockers	17 (4%)	Glucocorticoids	11 (2%)
NSAID	39 (8%)	Warfarin	17 (4%)	Antipsychotics	10 (2%)
Opioids	32 (7%)	Other anticoagulants	15 (3%)	Calcium-channel blockers	9 (2%)
Digoxin	28 (6%)	Potassium-sparing diuretics	14 (3%)	Insulin	7 (1%)
Aspirin	23 (5%)	Antibiotics	13 (3%)	Antidepressants	7 (1%)
Diuretics	22 (5%)	Sulfonylureas	12 (3%)		

14% population prescriptions antihypertensives =7,850,912 = 6,997 per PCN



11% population prescriptions NSAID = 6,168,350 = 5,498 per PCN

5% population antiplatelet = 2,803,796 = 2,498 per PCN

Total of 3 main groups = 14,993 per PCN

[Source: Health Survey for England 2016 - prescribed medicines](#)

Multiple LTCs/co-morbidities [2.9million patients](#)

Multiple LTCs per PCN = 2,585 patients

Housebound, isolated or frail patients - [218,000 fall presentations to AE per annum](#)

Fall presentation per PCN = 194

Received a comprehensive geriatric assessment

tbc

Severe frailty

[3% of the over 65yr population](#) = 276,692

Per PCN = 246 patients

65+ = 9,223,073

Addictive pain management medication

tbc