



## User Guide

# SMRLive

Supporting Primary Care to deliver the SMR Requirements

### **Data Classification: Restricted**

While not highly confidential, should be protected to prevent unauthorised access. It should be made available to authorised personnel who require it for their roles. Data integrity is crucial to prevent tampering or unauthorised changes.

## **Contents**

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Section 01      System Access

Section 02      Identification & Prioritisation



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# SMR Live Objectives

## Supporting Primary Care to deliver the SMR Requirements

SMR Live is designed to support Practices, PCNs and ICBs in providing efficient and clinically focused SMR capacity management. It enables risk prioritisation and ease of insight gathering and action planning in order to optimise Primary Care SMR activity.

This clinical support tool is fully integrated with the Advice and Guidance (Eclipse Live) service and when utilised in conjunction with the core clinical systems empowers appropriate healthcare professionals to operate in a highly effective and efficient manner.

SMR Live enables:

- 1: Identification of the SMR Case Load.
- 2: Prioritisation and capacity management.
- 3: Ease of required SMR insight gathering.
- 4: Ability to gain direct patient feedback.
- 5: Standardised SMR action plan creation.
- 6: Interoperability across the Eclipse Live platform.
- 7: Optimisation of wider SMR activity.

# SMR Live Background

SMR Live is fully integrated with the centrally assured national Advice and Guidance (Eclipse Live) Service and is designed to support the efficient delivery of Structured Medication Reviews and Medicines Optimisation activity as set out in the Network Contract Directed Enhanced Service documentation first published in September 2025/26 and all subsequent updates. This web based Clinical Support Module enables the efficient delivery of SMRs at Practice, PCN or Regional level through the application of standardised risk stratification and SMR prioritisation.

## SMR Live delivers:

### 1. Identification

Instant patient identification based on the nationally defined SMR criteria

### 2. Prioritisation

Standardised population prioritisation enabling SMR delivery aligned to potential impact

### 3. Insight

Standardised and comprehensive review portal to enable rapid medicines review and informative action planning

### 4. Action Planning

Automated action plan generation and follow up reminders

### 5. Patient Engagement

Patient specific SMR questionnaires and support available through linked web based portal

### 6. Validation

SMR patient cohorts can be tracked longitudinally to validate clinical outcomes

SMR Live provides an additional and essential SMR delivery tool that will empower regions, PCNs and Practices to optimise their delivery of quality SMRs whilst enabling the scale of reviews required in the current NHS environment.





## Network Contract Directed Enhanced Service Structured medication reviews and medicines optimisation: Guidance for 2025/26 in England

"SMRs are a National Institute for Health and Care Excellence (NICE) approved clinical intervention that help people who have complex or problematic polypharmacy. SMRs are designed to be a comprehensive and clinical review of a patient's medicines and detailed aspects of their health. They are delivered by facilitating shared decision-making conversations with patients aimed at ensuring that their medication is working well for them.

Evidence shows that people with long-term conditions and using multiple medicines have better clinical and personal outcomes following an SMR. Timely application of SMRs to individuals most at risk from problematic polypharmacy will support a reduction in hospital admissions arising from medicines-related harm in primary care. It is estimated that £400 million is spent annually in unnecessary medicines-related harm admissions to hospital.

Undertaking SMRs in primary care will reduce the number of people who are overprescribed medication, reducing the risk of an adverse drug reaction, hospitalisation or addiction to prescription medicines. Further information on the rationale behind SMRs can be found on the Royal Pharmaceutical Society web page.

Most prescribing takes place in primary care. Through the increased collaboration with the establishment of PCNs, there is a significant opportunity to support the meeting of international commitments on antimicrobial prescribing. Improved medicines use will also improve patient outcomes, ensure better value for money for the NHS (e.g. by reducing inappropriate prescribing of low priority medicines), and reduce waste and improve its environmental sustainability (e.g. by supporting patients to choose lower carbon inhalers where clinically appropriate and following a full medications review and shared decision-making process)."

# Step 1: System Access

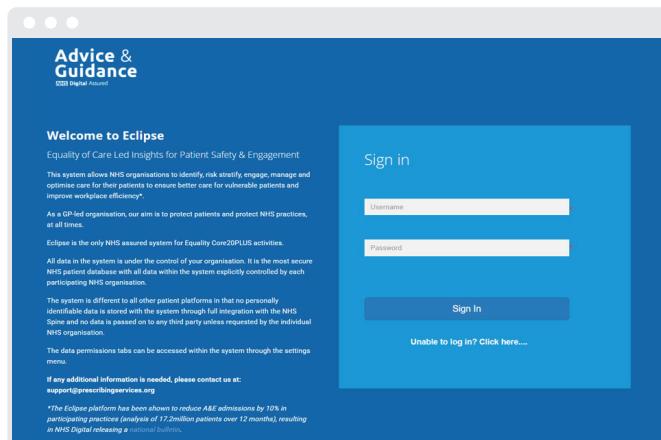
# SMR Live Guide

SMR Live offers key steps to identify and review your priority patients in need of SMRs:

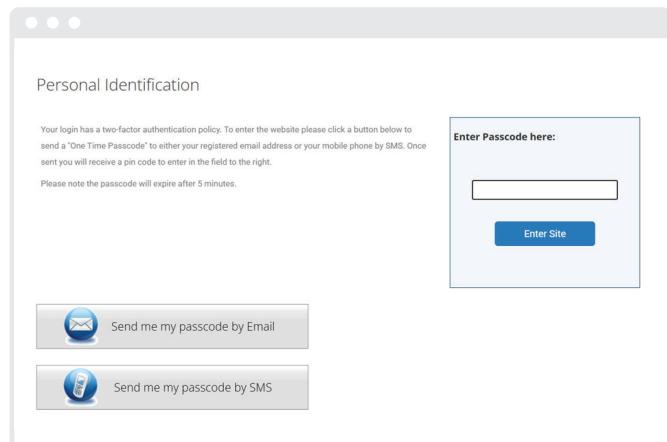
- Access the SMR Live system
- Identify your patients in need of an SMR
- Prioritise patients
- Gather required SMR insight
- Create action plans

## How to access the SMR Live system

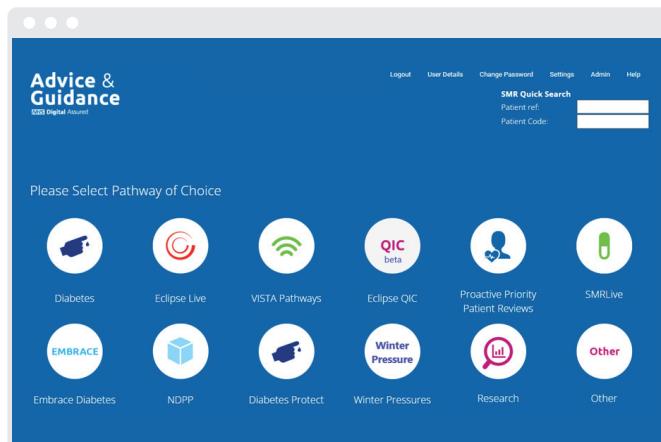
Your Eclipse Live interface can be accessed via [www.nhspathways.org](http://www.nhspathways.org) or <https://secure.nhspathways.org> if using the N3/HSCN and require patient identifiable data.



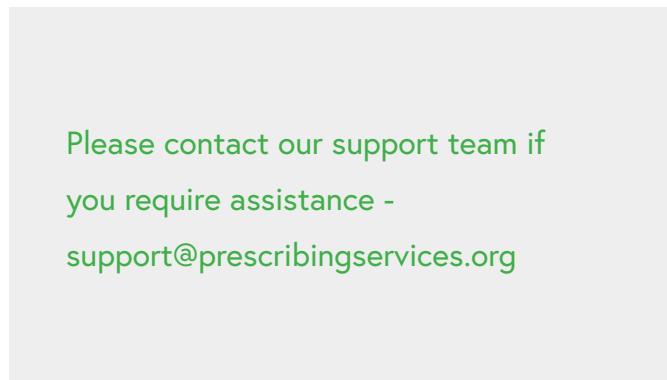
You will be provided with a username and password sent directly to your NHS email. You will need the details provided to access the system.



Once you have entered the system, you will be met with a two-factor identification. This will send a passcode to either your email address (the email address used to send the login details) or your personal work can be added once logged into the system under 'user details' tab.



This is the front page of Eclipse, in order to do an SMR, you will need to click onto the SMRLive pathway.



### Note:

If you are logging in as a PCN user, your home screen may look different, but you will see the SMR Live module icon.

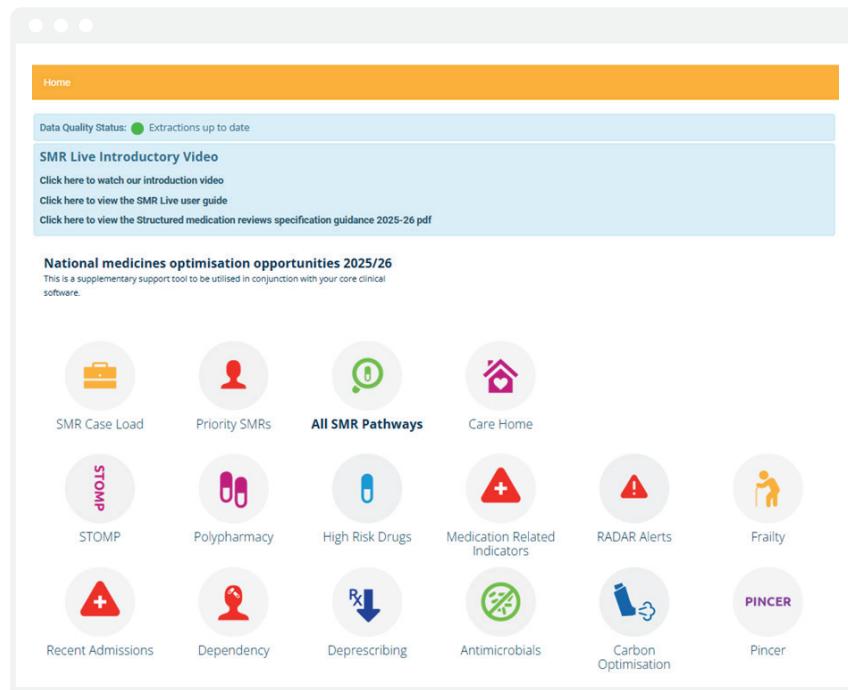
## Step 2: Identification and Prioritisation

# Home Page

On the SMR Live Home Page there are a number of different icons. The numbered icons relate to **The Structured medication reviews specification guidance 2025/26 document**, enabling ease of identification of patients within any of those risk categories.

Clicking on these icons displays a relevant list of pathways. Patients within the pathway can be accessed by clicking 'View'.

Additionally Data Quality Status and help guides can be found at the top of the screen.



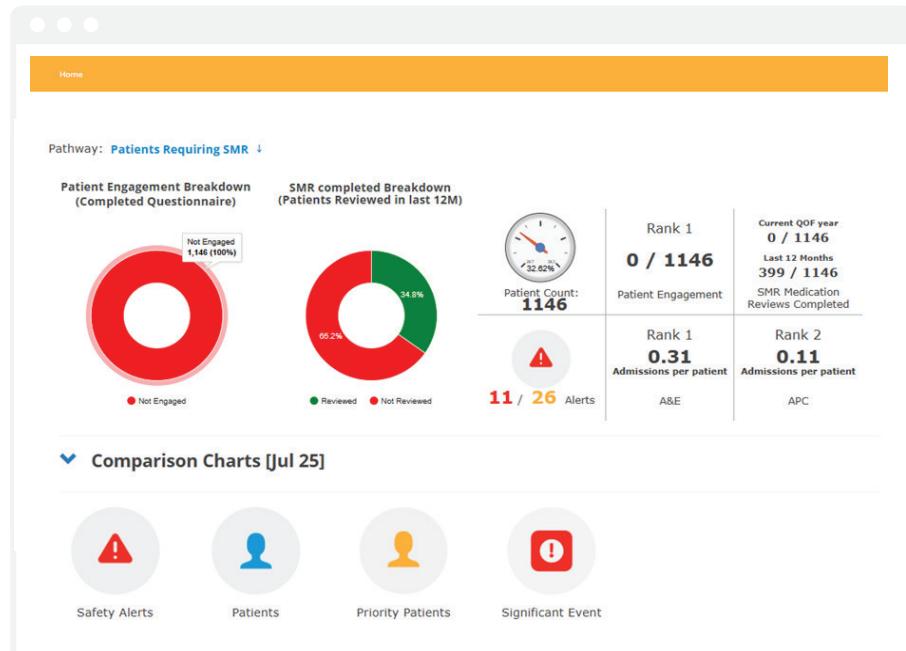
This is the main SMR pathway and from here you can see every patient that needs an SMR in accordance with the NHS guidelines.

Clicking on **SMR Case Load** will show every patient within the practice that requires an SMR.



## Case Load

Overview of all patients meeting one or more SMR criteria. You will see a very large number of reviews needed to comply with national requirements. Around 20% of patients are in need of a structured medication review creating a large workload to optimise these groups. SMR Live is designed to provide capacity management and prioritisation.



**Safety Alerts:** View safety alerts relating to these patients.

**Patients:** View list of all SMR patients.

**Priority Patients:** divides every patient within the practice that needs an SMR into subcategories.

**SMR Medication Reviews Completed:** Count of SMR action plans marked as completed in both the current QOF year and last 12 months.



# Priority SMRs

Priority SMRs will automatically risk stratify your patients, using different parameters that constitute the need for a structured medication review. Each parameter is weighted to produce an overall SMR Risk Score.

Home

## Patients Requiring SMR

Filters: None

		Total Patients (Patients Requiring SMR)	Total Patients in cohort	% Patients in cohort	Core20PLUS Filter ▾
Priority Patients					
SMR risk score > 20, on a minimum of 5 drugs, no SMR since 01/04/2025		1146	Loading...		<a href="#">View</a>
SMR risk score between 10 and 20, on a minimum of 5 drugs, no SMR since 01/04/2025		1146	327	28.53%	<a href="#">View</a>
Priority Group		Total Patients (Patients Requiring SMR)	Total Patients in cohort	% Patients in cohort	Core20PLUS Filter ▾
Patient in 5 or more SMR pathways		1146	66	5.76%	<a href="#">View</a>
Patient in 4 SMR pathways		1146	50	4.36%	<a href="#">View</a>
Patient in 3 SMR pathways		1146	133	11.61%	<a href="#">View</a>
SMR Risk Score 7		1146	80	6.98%	<a href="#">View</a>
SMR Risk Score 7, no SMR in current QOF year		1146	Loading...		<a href="#">View</a>
SMR Risk Score 8		1146	91	7.94%	<a href="#">View</a>
SMR Risk Score 8, no SMR in current QOF year		1146	Loading...		<a href="#">View</a>

Eclipse breaks patient groups down into priority based on a variety of factors. Those most in need of an SMR are placed at the top.

Home

SMR risk score > 20, on a minimum of 5 drugs, no SMR since 01/04/2025, Patients Requiring SMR

Please be aware this page may take a long time to load.

Care home Patients  Next Patient  Core20PLUS Filter ▾

Filters: None

Refill	Ref	Age	Drugs	MF	Medication Compendium	SMR Medication Code	SMR Plan	SMR Score	Ind. (gm)	Anticoag. (gm)	Blur (gm)	Polypolymer (gm)	ACB (gm)	Depotising (gm)	Dependence (gm)	Severe (gm)	Moderate (gm)	Learning (gm)	Depression (gm)	Priority (gm)	Emergency (gm)	Dependence Count	SMR Pathway	Last Patient Questionnaire	Depression Decile	Last Flu Vaccination	ACB	APC and AIE	Anticoag. and Bleeding Risk
Q	85	97	21	F	✓	29/12/2024	42	0	4	0	10	4	4	0	9	5	0	0	3	0	0	9	2011/2024	6	4.0	✓	2		
Q	211	82	18	M	✓	29/12/2024	36	0	6	0	10	4	6	0	6	0	2	0	3	0	0	6	20/09/2024	5	4.0	✓	2		
Q	9237	78	14	F	✓	29/12/2024	40	0	6	0	7	1	3	0	0	0	2	0	0	0	0	2	04/09/2023	5	1.0	✓	14/12/2024		
Q	20	73	11	M	✓	29/12/2024	24	0	0	3	0	2	4	0	4	0	0	0	3	0	0	4	20/12/2024	6	4.0	✓	2		
Q	661	65	16	M	✓	29/12/2024	22	0	0	0	10	4	4	0	0	0	0	3	0	0	4	20/12/2024	5	4.0	✓	2			
Q	719	79	11	M	✓	29/12/2024	24	0	0	9	0	1	3	0	3	0	0	0	3	0	0	3	29/12/2024	5	1.0	✓	1		
Q	833	76	10	F	✓	29/12/2024	24	0	0	0	0	5	4	4	0	0	0	0	0	0	0	3	29/12/2024	5	4.0	✓	14/12/2024		
Q	934	78	16	F	✓	29/12/2024	28	0	0	0	10	1	3	0	0	0	0	2	0	0	10	4	20/12/2024	6	4.0	✓	2		
Q	1486	66	22	F	✓	29/12/2024	24	0	12	0	10	0	0	0	0	0	0	3	0	0	0	3	20/12/2024	5	4.0	✓	2		
Q	1602	78	17	F	✓	29/12/2024	28	0	0	0	10	6	9	0	3	0	0	0	2	0	0	6	20/12/2024	6	4.0	✓	2		
Q	1691	73	16	M	✓	29/12/2024	26	0	0	0	10	2	4	0	4	0	0	2	0	0	5	20/12/2024	5	2.0	✓	14/12/2024			
Q	1664	67	13	F	✓	29/12/2024	21	0	0	0	7	2	6	0	3	0	0	0	3	0	0	4	20/12/2024	5	4.0	✓	2		
Q	2123	65	11	F	✓	29/12/2024	46	0	0	9	5	2	12	0	0	0	0	10	3	0	0	4	20/12/2024	5	4.0	✓	2		

This shows all patients within this subcategory.

## How SMR Risk Score is Calculated

**Red Alerts:** 10 points per alert

**Amber Alerts:** 5 points per alert

**Blue Alerts:** 3 points per alert

**Polypharmacy: >= 15 :** 10 points  
**between 12 and 14 :** 7 points  
**between 10 and 11 :** 5 points

**ACB Score:** 1 point for each ACB score

**High Risk Drugs:**

On a DOAC	3 points
On NSAIDs	3 points
On Warfarin	3 points
On Antiplatelets	3 points
On Neuroleptics	3 points
On DMARDs	3 points
On Immunosuppressant drug	3 points
On Lithium	3 points
On Carbimazole	3 points
On Aminosalicylate	3 points
On Loop diuretic	3 points
On Antidepressant	3 points

**Deprescribing:** 1 Point each  
 (to Deprescribe as Not Cost-effective)

**Dependency:**

Pregabalin	3 points
Opiates	3 points
Current Smoker	3 points
High Alcohol Intake	3 points
Z-drug	3 points
Benzodiazepine	3 points

**Severe Frailty:** 5 points

**Moderate Frailty:** 2 points

**Learning Disability:** 10 points

**Poor drug compliance:** 5 points

**Priority Groups:**  
**Medication Related Indicators**

GIB01	3 points
GIB02	3 points
GIB03	3 points
GIBCI	3 points
PAIN01	3 points
PAIN02	3 points
PAIN03	3 points
FRAC01b	3 points
FRAC02b	3 points
FRAC03b	3 points

**Emergency Admissions\*\*:**  
**APC Emergency Admission** 5 points per admission  
**A&E Admission** 5 points per admission

**Deprivation Decile\*:**

Deprivation decile 1-2:	4 points
Deprivation decile 3-4:	3 points
Deprivation decile 5-6:	2 points
Deprivation decile 7-8:	1 points

The SMR Risk Score has been developed to prioritise SMR activity based on given clinical and outcome markers.

This will be subject to ongoing review and all feedback is welcome.

\*[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/835115/loD2019\\_Statistical\\_Release.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/loD2019_Statistical_Release.pdf)  
 \*\* With VISTA activated within your ICB

Going back to the SMR home page and clicking on Priority SMRs.

The screenshot shows the SMR home page with a yellow header bar. Below it, a blue box contains links to an introductory video, the user guide, and structured medication reviews specification guidance. A section titled 'National medicines optimisation opportunities 2025/26' is present, along with a note that it is a supplementary support tool. Below this are several circular icons representing different SMR pathways and tools:

- SMR Case Load
- Priority SMRs
- All SMR Pathways
- Care Home
- STOMP
- Polypharmacy
- High Risk Drugs
- Medication Related Indicators
- RADAR Alerts
- Frailty
- Recent Admissions
- Dependency
- Deprescribing
- Antimicrobials
- Carbon Optimisation
- Pincer

Clicking on Priority SMRs automatically shows you this table containing Patients with an SMR risk score >12, on a minimum of 5 drugs.

Clicking on any magnifying glass takes you to the patient SMURF page.

The screenshot shows a table titled 'Patients with SMR Risk Score > 12, on minimum of 5 drugs'. The table includes columns for Smart Reviewer, Ref, Age, Drug, M/F, SMR Medication Review Complete, SMR Medication Review Code, SMR Action Plan, SMR Score, Bed Alert, Alert Alarms (yes), Blue Alert (yes), Polypharmacy (yes), High Risk Drugs (yes), Deprescribing (yes), Unprescribing (yes), Severe Frailty (yes), Moderate Frailty (yes), Learning Disability (yes), Emergency Admissions (yes), SMR Pathway Count, Last Patient Discharge Date, Last Medication Discharge Date, Last Fix Discharge Date, and Last Fix Discharge Date in last 12 months. Each row contains a magnifying glass icon for further details.

Smart Reviewer	Ref	Age	Drug	M/F	SMR Medication Review Complete	SMR Medication Review Code	SMR Action Plan	SMR Score	Bed Alert	Alert Alarms (yes)	Blue Alert (yes)	Polypharmacy (yes)	High Risk Drugs (yes)	Deprescribing (yes)	Unprescribing (yes)	Severe Frailty (yes)	Moderate Frailty (yes)	Learning Disability (yes)	Emergency Admissions (yes)	SMR Pathway Count	Last Patient Discharge Date	Last Medication Discharge Date	Last Fix Discharge Date	Last Fix Discharge Date in last 12 months	
97	19 F	30/06/2024	✓	✓	✓	26/06/2025	26/06/2025	42	0	0	0	0	10	4	0	0	0	0	0	0	0	0	0	0	0
82	10 M	16/06/2023	✓	✓	✓	29/05/2025	29/05/2025	36	0	0	0	0	10	4	0	0	0	0	0	0	0	0	0	0	0
71	15 M	✓	✓	✓	18/06/2024	29/05/2025	18	0	0	0	0	10	1	0	0	0	0	0	0	0	0	0	0	0	0
80	14 F	30/06/2024	✓	✓	✓	14/06/2025	17/06/2025	17	0	0	0	0	7	2	0	0	0	0	0	0	0	0	0	0	0
78	14 F	12/06/2025	✓	✓	✓	06/06/2025	06/06/2025	21	0	0	0	0	7	1	0	0	0	0	0	0	0	0	0	0	0
50	10 M	29/06/2025	✓	✓	✓	06/06/2025	06/06/2025	21	0	0	0	0	5	1	0	0	0	0	0	0	0	0	0	0	0
73	11 M	✓	✓	✓	20/06/2024	24/06/2025	24	0	0	3	0	5	2	0	0	0	0	0	0	0	0	0	0	0	0
78	14 F	✓	✓	✓	20/06/2024	06/06/2025	17	0	0	0	0	7	2	0	0	0	0	0	0	0	0	0	0	0	0
85	16 M	30/06/2024	✓	✓	✓	06/06/2025	22	0	0	0	0	10	4	0	0	0	0	0	0	0	0	0	0	0	0
79	11 M	30/06/2024	✓	✓	✓	06/06/2025	24	0	0	9	0	5	1	0	0	0	0	0	0	0	0	0	0	0	
57	16 M	16/06/2023	✓	✓	✓	25	0	0	0	0	10	2	0	0	0	0	0	0	0	0	0	0	0	0	

# Step 3: Insight Gathering

# SMURF - Structured Medicines Use Review & Follow Up

Once a patient has been chosen, clicking on the magnifying glass brings you to the SMURF.

**Structured Medication Review**

54-year-old, Male, [Feedback](#) [Notes](#)

Monitoring up to date for this pathway Last coded entry for patient: 21/08/2025

SMR Risk Score <b>32</b>	PRISM New Score <b>VERY HIGH Risk</b>	Haemoglobin <b>8.3g/dL</b> (02/05/25)	eGFR <b>50</b> (02/05/25)	ALT (GP) <b>18</b> (02/05/25)	Blood Pressure (GP) <b>148/89mmHg</b> (05/08/25)
Cholesterol (GP) <b>5.3mmol/L</b> (02/05/25)	ACB Score <b>3.0</b>	Weight (GP) <b>65Kg</b> (15/01/25)	Potassium <b>4.1mmol/L</b> (02/05/25)	GI Bleed Index <b>8.9</b>	HbA1c (GP) <b>30mmol/mol</b> (02/05/25)
Ex Smoker (15/01/25)	Serum Sodium <b>135mmol/L</b> (02/05/25)	Medication Review (11/08/25)	Flu Jab (14/09/22)	Estimated QRISK3 Score (%) <b>NA</b>	Alcohol (units/week) (15/01/25)
Red Alerts <b>0</b>	Amber Alerts <b>0</b>	Deprivation <b>2/10</b>	Ethnicity: <b>Asian</b>		

**Additional Reviews**

[Diabetes Review](#) [Care Home Patient Review](#) [Respect Summary Review](#) [Mental Health Review](#) [Diabetes CKD 15 Pillars Review](#) [Anaemia Review](#)

[Antipsychotics Review](#) [Antiplatelet Review](#) [Z Drug / Benzo Review](#) [Pregabalin Review](#)

**Overview**

SMR Risk Score: **32**

	Count	Score
Polypharmacy	31	10 ✓
ACB Score	3.0	3 ✓
High Risk Drugs	1	9 ✓
Dependency	2	6 ✓
Deprivation	-	4 ✓

Patient's Code: **G5X8U**

**COVID Vaccine**

COVID-19 Vaccine	(22 Apr 2025)
COVID-19 Vaccine	(19 Nov 2021)
COVID-19 Vaccine	(13 May 2021)
COVID-19 Vaccine	(27 Feb 2021)

**Flu Jab Engagement**

Year	Date	Engaged
2025	-	✗
2024	-	✗
2023	-	✗
2022	14/09/2022	✓
2021	09/09/2021	✓
2020	15/09/2020	✓

**Pneumococcal indications**

Diabetes
Ischaemic Heart Disease

**Status**

**Actions**

Patient appears to have anaemia, please contact GP/pharmacy as patient needs to be reviewed

Patient would benefit from a Flu Jab

Open SMR action plan not flagged as Completed !

Create new pathway action plan

Other Actions

# SMR Live Interface

## Implementation & Support

# NHS PATHWAYS SUPPORT

We have a range of support services and training programmes available to help you make the most of your NHS Pathways System. Please call 01553 615555 or email [support@prescribingservices.org](mailto:support@prescribingservices.org) to find out more about our:

**User guides – SystmOne and EMIS Web**

**Telephone helpline service**

**Online demos**

[www.nhspathways.org](http://www.nhspathways.org)

## HOW TO SET UP USERS FOR NHS PATHWAYS

ICB level log in requests have to be authorised by the Head of Medicines Management and should be sent to [support@prescribingservices.org](mailto:support@prescribingservices.org)

Practice level log in requests have to be authorised by either the Practice Manager / Lead GP or Primary Contact listed on the original sign up form and should be sent to [support@prescribingservices.org](mailto:support@prescribingservices.org) for Information Governance purposes.

All log in requests require the following:

- Name
- Job Role
- NHS Email
- Mobile Number (optional)
- ICB
- Practice National Code
- Practice Name

Once received these requests will be actioned, details will be sent to users directly and you will be updated.

**SMR Live PCN User log in requests are available from [support@prescribingservices.org](mailto:support@prescribingservices.org)  
This will require an authorised PCN representative to complete the request form in full with all intended users listed.**

**Dr Julian Brown**  
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[www.nhspathways.org](http://www.nhspathways.org)  
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**Data Protection Registration Number:** Z2536678



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**SMR Live**