Prescribing Lead Event

– Introduction to Eclipse Hub & SMR Live Module

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Context and purpose

Context

Population Health analytics is an important component of a Population Health Management (PHM) approach.

Population Health Management aims to identify a specific and actionable cohort of patients, understand their holistic needs and design new models to support the cohort more effectively and deliver better population health outcomes.

PCN DES Contract - Ref
*2.1.1 The DES specification states that "a PCN must seek to **improve health outcomes for its population using a data-driven approach** and population health management techniques in line with guidance and the CORE20PLUS5 approach."*
2.1.4 To use the data, a range of techniques can be used to understand and assess the needs of different population groups (**segmentation, risk prediction, opportunity analysis, gaps in care**)

Purpose

Objective: To introduce the key features of **Eclipse Hubs and Eclipse SMR Live** that support segmentation and risk stratification of patient cohorts.

Demonstrate how Eclipse Hubs/SMR Live can help:
- Identify actionable patient groups.
- Understand population risk and variation.
- Support targeted clinical interventions.
- Facilitate proactive management of long-term conditions.

Highlight how these tools align with the broader PHM approach.

Eclipse Hubs

Access to Eclipse Hubs features

Login

To access relevant information and support: Visit https://secure.nhspathways.org
when using HSCN/N3. Log in with your existing Eclipse username and password. If you do not have login credentials, please contact the support team at support@prescribingservices.org
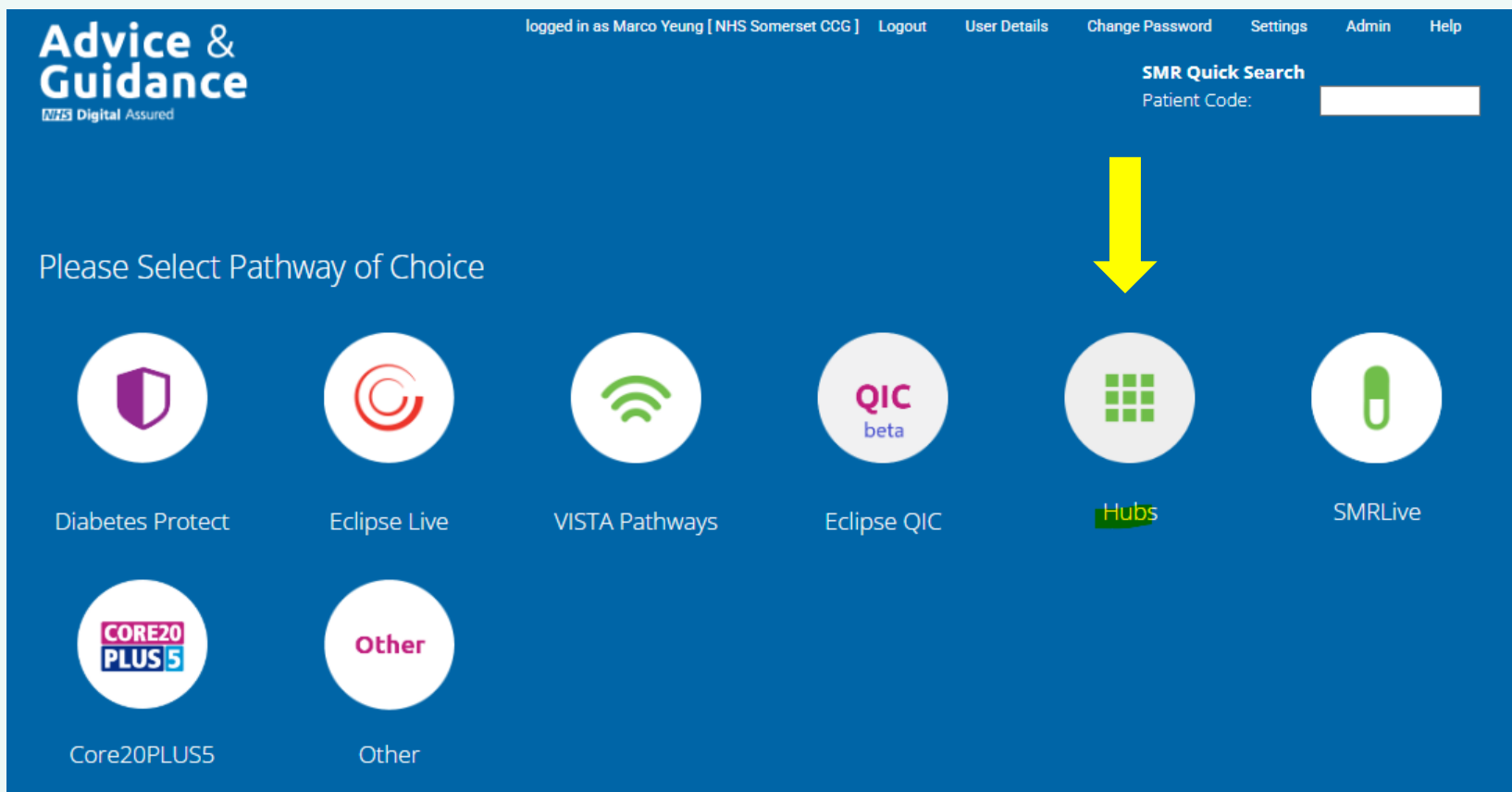
The Hubs feature is NOW accessible for both practice / PCN-level account.

Eclipse Hubs

Blood Pressure Detect & Protect

NHS Pathways | VISTA Pathways

logged in as myeung_somerset [NHS Somerset CCG] Logout Settings Help

SMR Quick Search
Patient Code:

Home   Overview ▾

Hubs - All patients

All Practices ↓

eGFR Hub   Haemoglobin Hub   BP Protect   BP Detect   TSH Hub   PRISM Score

Explore the BP segmentation more closely.

Eclipse Hubs

Blood Pressure Protect

Blood Pressure Protect - With Hypertension
Filters: None

Practice A

Filters ⌄

mmHg

Date of latest BP

* For chart purposes, if test date greater than 3 years will show as 3 years.
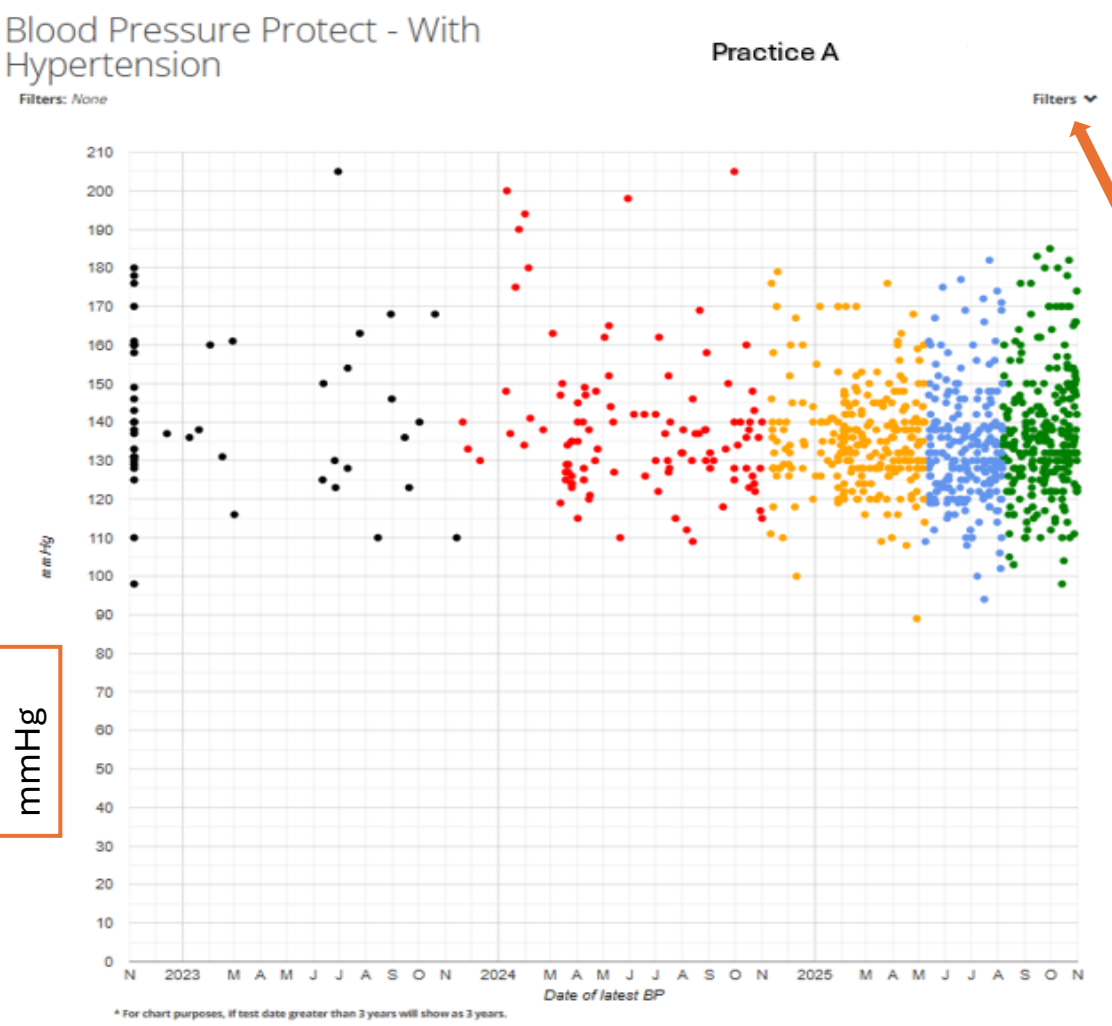
Example Practice A
- Latest systolic blood pressure mmHg plot against result date year-month
- Each displayed dot represent an individual patient
- Dots are also coloured to represent period of latest result undertaken

Provide a brief overview of patients with hypertension LTC; including their most recent SBP measurement and test date; with filter ability applies to deprivation, flu jab vaccination status, ethnicity, QRISK score etc.

| Green | Result undertaken in last 3 months |
Blue	Result undertaken between 3 - 6 months
Amber	Result undertaken between 6 - 12 months
Red	Result undertaken between 1 - 2 years
Black	Result undertaken > 2 years

Lets have a closer look at one of the example in next page

Eclipse Hubs

Blood Pressure Protect

NHS Somerset

- Latest systolic blood pressure mmHg plot against Age
- By clicking an individual dot of interest, it display the following hypertension review support page

Blood Pressure (mmHg)
Latest: 160/94 (03/07/2025)

Age / mmHg
58, 160

Colour	Meaning
Green	Result undertaken in last 3 months
Blue	Result undertaken between 3 - 6 months
Amber	Result undertaken between 6 - 12 months
Red	Result undertaken between 1 - 2 years
Black	Result undertaken > 2 years

mmHg

Age (Years)
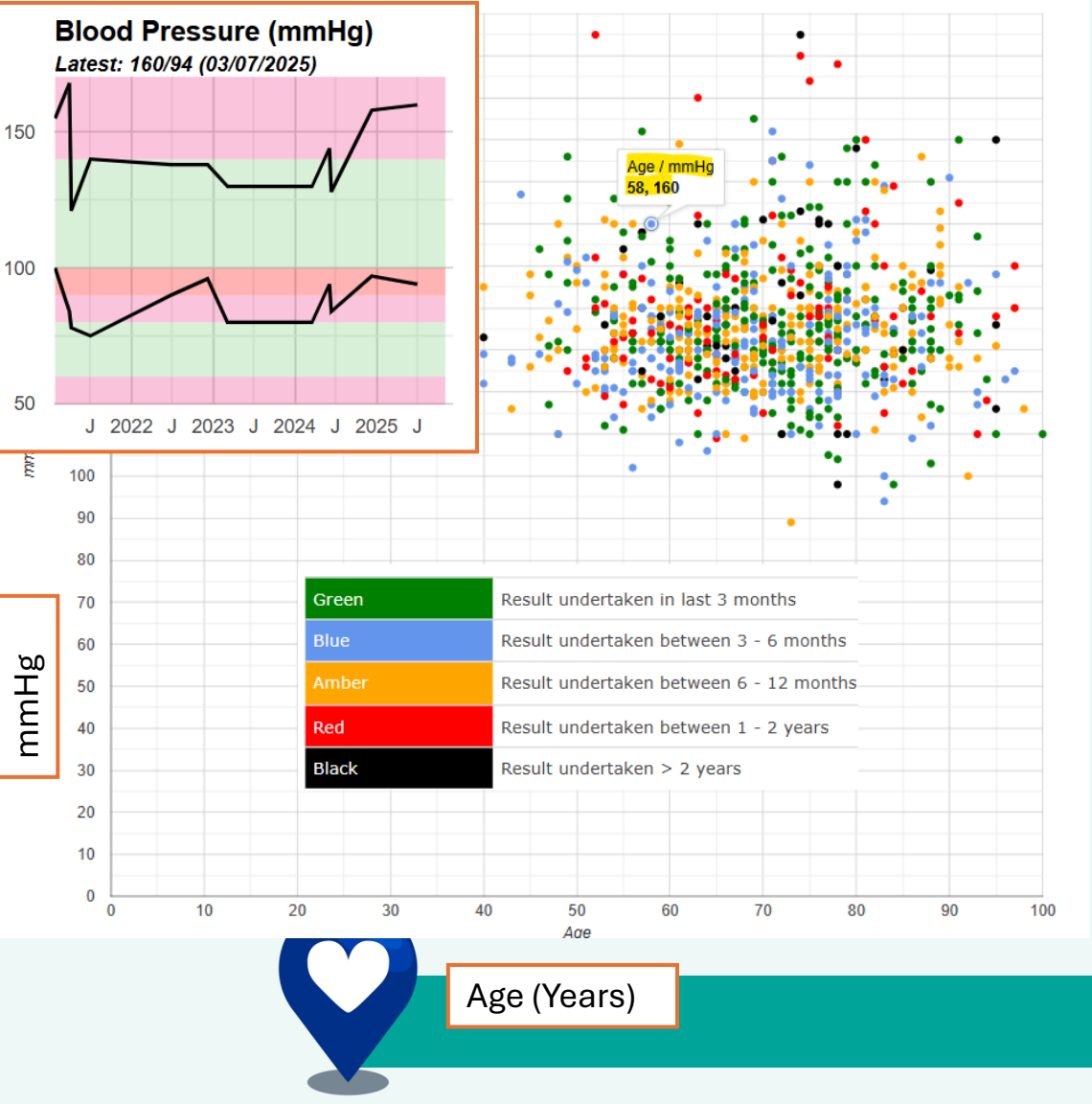
Hypertension Review

58-year-old, Male,

Feedback   Notes

Monitoring up to date for this pathway   Last coded entry for patient: 17/10/2025

Measure	Value	Measure	Value	Measure	Value
Blood Pressure (GP)	160/94mmHg (03/07/25) ⚠️	Haemoglobin	13.9g/dl (03/07/25) ✓	eGFR	83 (03/07/25) ✓
Cholesterol (GP)	5.2mmol/L (03/07/25) ⚠️	ALT (GP)	19 (03/07/25) ✓	Weight (GP)	96kg (03/07/25) ✓
Potassium	4.2mmol/L (03/07/25) ✓	Serum Sodium	141mmol/L (03/07/25) ✓	TSH	3.14 (03/07/25) ✓
HbA1c	41mmol/mol (03/07/25) ✓	GI Bleed Index	0.0 ✓	Non Smoker	(03/07/25) ✓
Estimated QRISK3 Score (%)	20 ⚠️	Medication Review	(27/02/23)	Flu Jab	(10/10/25) ✓
eFI Score	0.139 ⚠️	Deprivation	3/10 ⚠️	Ethnicity: White	

Additional Reviews

Asthma Review   Structured Medication Review

Support Programmes

Weight Protect

Opportunities to optimise BP management and statin use in primary prevention?

Drugs Optimisation: Primary Care Medications (data up to 05/11/2025)

This interface is designed to provide indicative risks, compliance activity and monitoring insights only

Medication from last 90 days

Blood Pressure Control

18-Aug-25	Ramipril Capsules	10 mg cap (56 capsule)

Previous Issues
15/05/2025
24/03/2025
19/11/2024
28/08/2024
02/07/2024
14/03/2024
01/12/2023
29/09/2023
31/05/2023
Start date
03/05/2019

Dosage Instructions: one to be taken each day
Patient drug alerts: No alerts found.
Compliance: No compliance issues detected.
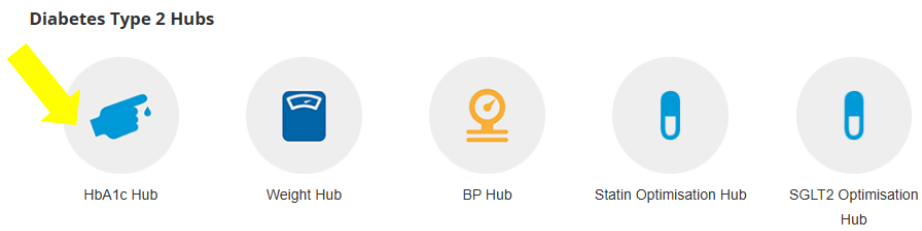
Potassium — 4.2 on 03/07/2025
Serum Sodium — 141 on 03/07/2025
eGFR — 83 on 03/07/2025
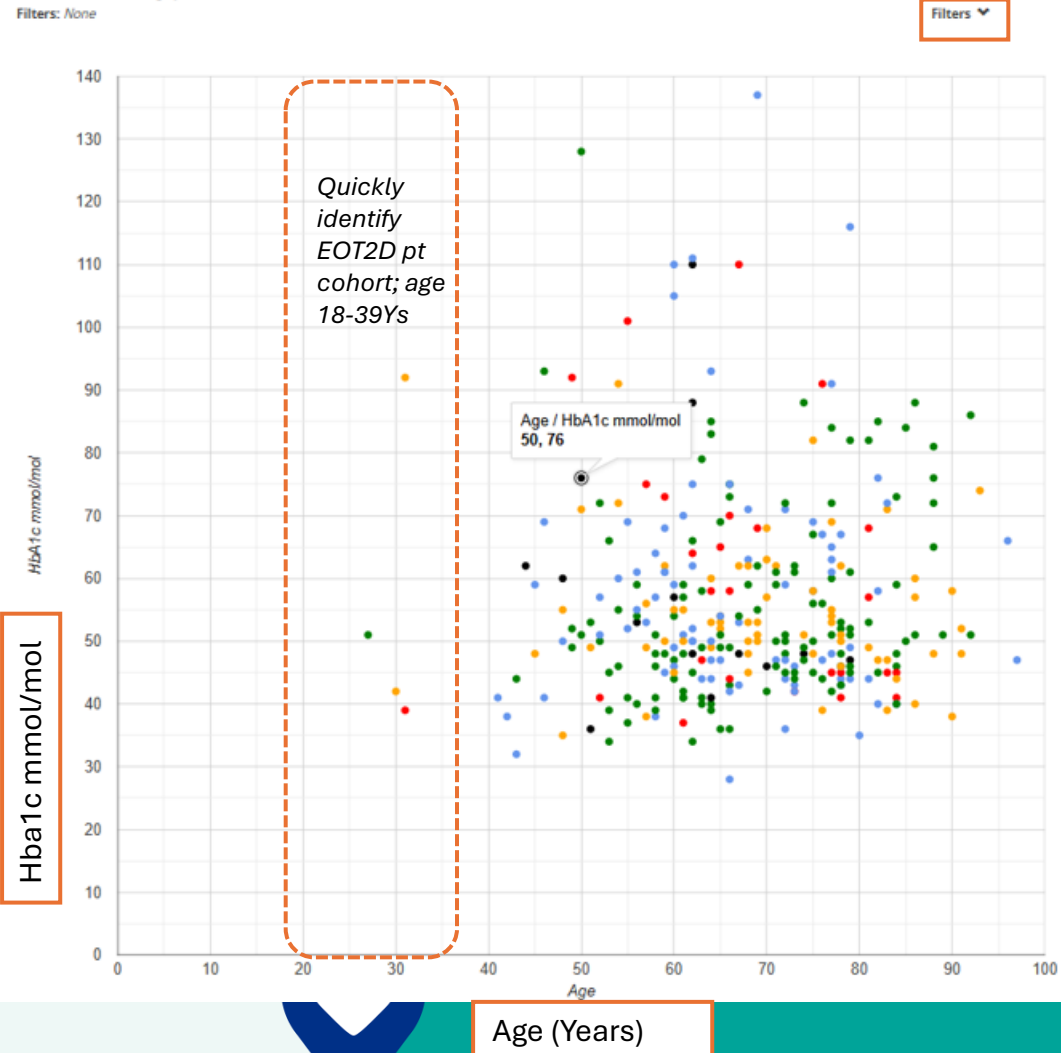Blood Pressure — 160/94 on 03/07/2025

Eclipse Hubs
Diabetes Type 2 Hubs

Diabetes Type 2 Hubs

- HbA1c Hub
- Weight Hub
- BP Hub
- Statin Optimisation Hub
- SGLT2 Optimisation Hub

Green	Result undertaken in last 3 months
Blue	Result undertaken between 3 - 6 months
Amber	Result undertaken between 6 - 12 months
Red	Result undertaken between 1 - 2 years
Black	Result undertaken > 2 years

NHS Somerset

Diabetes Type 2 - HbA1c

Filters: None

Filters ⌄

Quickly identify EOT2D pt cohort; age 18-39Ys

Age / HbA1c mmol/mol
50, 76

Hba1c mmol/mol

Age (Years)

Diabetes Type 2: HbA1c Optimisation Review

50-year-old, Male,

Feedback | Notes

Monitoring required for patient — Last coded entry for patient: 17/10/2025

Diabetes Type 2	HbA1c **76mmol/mol** (03/10/23) ⚠	Cholesterol **6.1mmol/L** (03/10/23) ⚠	Blood Pressure **116/80mmHg** (03/10/23) ⚠	eGFR **90** (03/10/23) ✓	ACR ⚠
BMI **25kg/m2** (03/10/23) ⚠	Smoking status **Current Smoker** (03/10/23) ❗	Foot Screen Low Risk (03/10/23) ✓	Retinal Screen	Retinopathy Risk Score **18**	Deprivation **3/10** ⚠
Dietary Review	Flu Jab	Estimated QRISK3 Score (%) **33** ❗	Not on a Statin	Ethnicity: White	Activity Review Unknown ❓

Structured Education Programme **Referred** (18/10/23)

Additional Reviews

Diabetes Review

Support Programmes

Smoking Protect

Long Term Conditions O

Diabetes

Drugs Optimisation: Primary Care Medications (data up to 05/11/2025)

This interface is designed to provide indicative risks, compliance activity and monitoring insights only

Medication from last 90 days ⌄

Anti-Neuropathics			
07-Oct-25	Amitriptyline	50 mg tab (112 tablet)	⌄
07-Oct-25	Gabapentin	300 mg cap (168 capsule)	⌄
Blood Pressure Control			
07-Oct-25	Propranolol	40 mg tab (56 tablet)	⌄
Blood Sugar Control			
07-Oct-25	Metformin	500 mg tab (84 tablet)	🔼 ⌄
Hypnotic Drugs			
07-Oct-25	Diazepam Tablets	5 mg (56 tablet)	⌄
Opioid Analgesics			
07-Oct-25	Tramadol Capsules	50 mg cap (140 capsule)	⌄

Action Plans

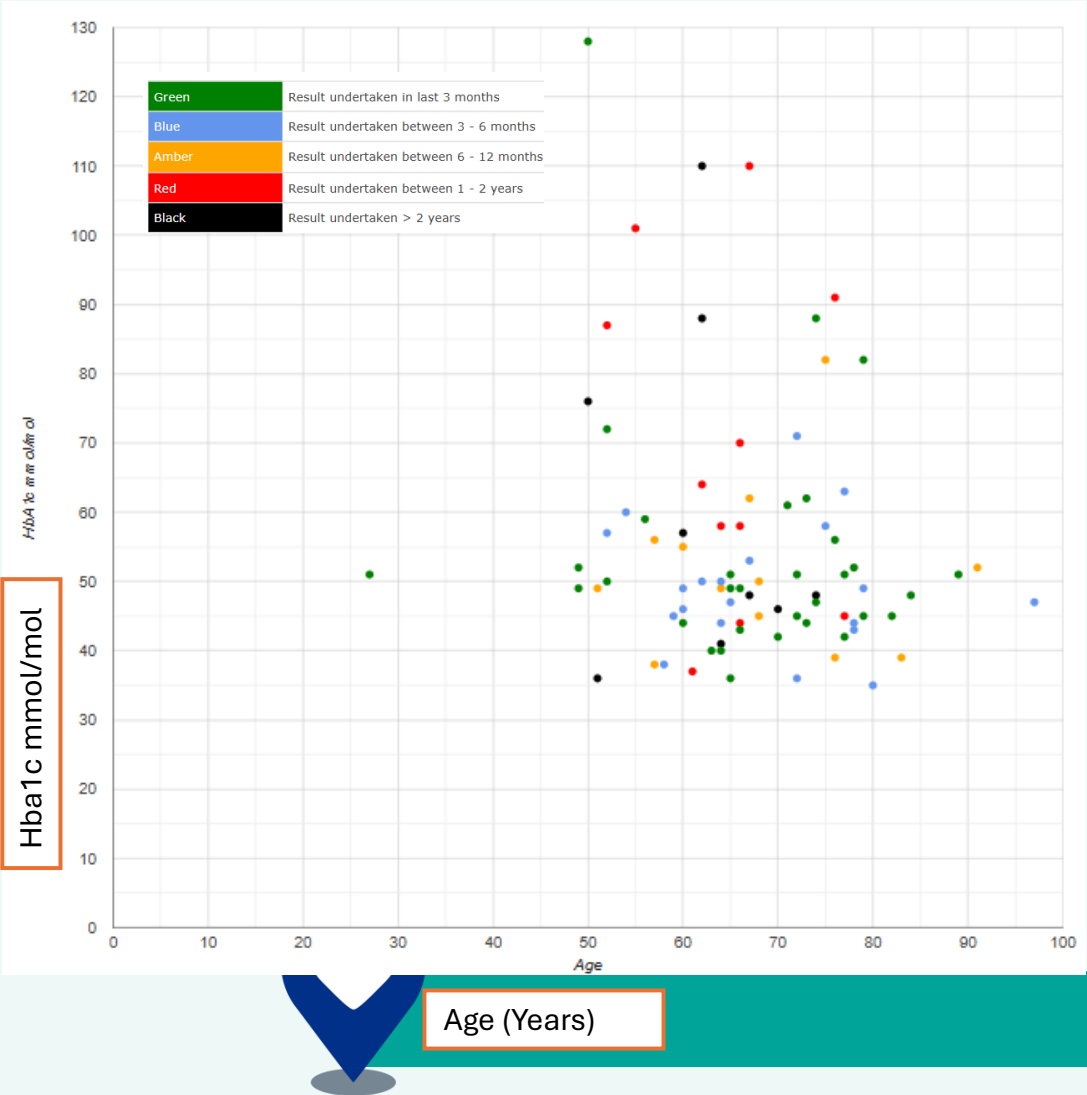Create new pathway action plan

Opportunities to optimise DM management and statin prevention?

Eclipse Hubs

Diabetes Type 2 Hubs

With filters - Opportunities to optimise DM management and statin prevention

NHS Somerset

Legend:
- **Green** — Result undertaken in last 3 months
- **Blue** — Result undertaken between 3 - 6 months
- **Amber** — Result undertaken between 6 - 12 months
- **Red** — Result undertaken between 1 - 2 years
- **Black** — Result undertaken > 2 years

Y-axis: Hba1c mmol/mol
X-axis: Age (Years)

Diabetes Type 2 - HbA1c
Filters: Not on Statin, Not on SGLT2, Estimated QRISK3 Score >10%

By applying the filter of
- *Estimated QRISK > 10%,*
- *Not on Statin and*
- *Not on SGLT-2*

Rationale:
-NG28 indicates *"Assess HbA1c, cardiovascular risk and kidney function. For T2D pt with high risk of CVD QRISK2 of 10% or higher or elevated lifetime risk, and as soon as metformin tolerability is confirmed, consider offer SGLT-2"* (*Ref*)

- Summary of National Guidance for Lipid Management suggests *"Type 2 diabetes & QRISK ≥10% over next 10 years, If lifestyle modification is ineffective or inappropriate, discuss the risks and benefits of statins, and offer treatment based on an informed shared-decision. Atorvastatin 20mg daily"* (*Ref*)

Opportunities to optimise DM management and statin prevention?

Eclipse Hubs

On Glucagon-like peptide-1 receptor agonists & Weight Flux

NHS
Somerset

On GLP - Weight Flux (grams per day over last 12 months)

Filters: None

Filters ⌄

Green	GLP start date less than 3 months
Blue	GLP start date 3-6 months
Amber	GLP start date 6-12 months
Red	GLP start date >12months

- Each dot represent a patient who is on GLP-1 agent
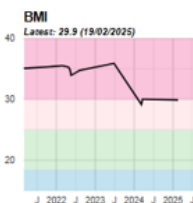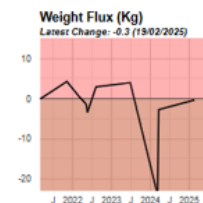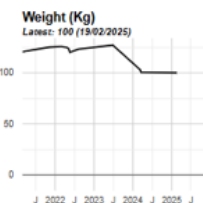- The duration on GLP-1 are sub-classified by colour

Example 1: Patient groups on GLP-1 therapy for X months YET showing observed beneficial weight changes.
This could include further support/review from wrap-around services, lifestyle interventions, and physical coaching.

Morbid obesity Review

Morbid obesity Review Home
54-year-old, Male

Weight

Example 2: Patients on GLP-1 for over 12 months show sustained weight loss/decrease in BMI over time.

Weight (Kg)
Latest: 100 (19/02/2025)

Weight Flux (Kg)
Latest Change: -0.3 (19/02/2025)

BMI
Latest: 29.9 (19/02/2025)

Eclipse Hubs
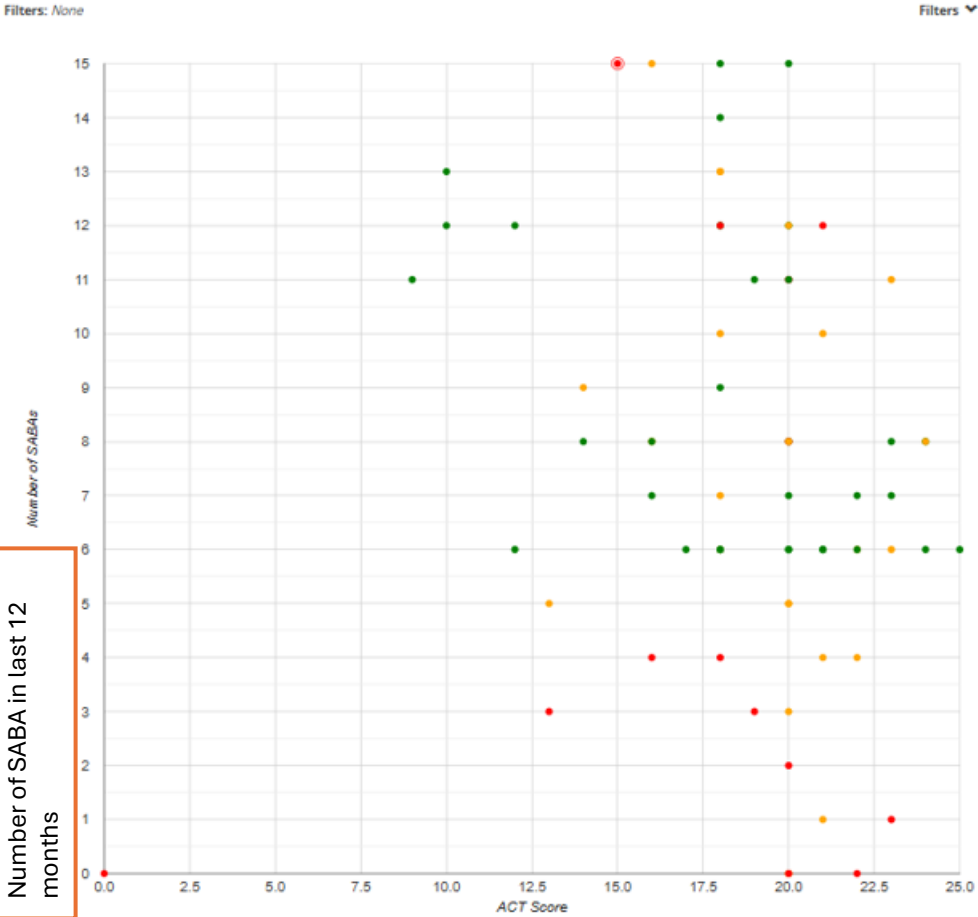## *Asthma – SABA & ACT*

Hubs - EOE Asthma

ACT Score / SABAs

ACT Score / Eosinophil Count

ACT Score / FEV1/FVC ratio

Green	No Prednisolone courses in last year
Amber	1-2 Prednisolone courses in last year
Red	3 or more Prednisolone courses in last year

NHS Somerset

EoE Asthma Score

Filters: None   Filters ∨

Number of SABA in last 12 months

Number of SABAs

ACT Score

The plot helps quickly identify asthma patients and visualises their ACT scores against SABA and oral steroid (Pred) use.

Asthma Review

66-year-old, Male

Feedback   Notes

Monitoring required for patient   Last coded entry for patient: 03/11/2025

PRISM-ASTHMA Score **HIGH Risk** ⚠	Peak Flow **56.81%** (19/06/25) ⚠	Spirometry (FEV1/FVC) ?	Haemoglobin **15.4g/dl** (04/06/25) ✓	Current Smoker ❗	Eosinophil count **0.10** (04/06/25) ✓
Flu Jab (04/10/25) ✓	eFI Score **0.333** ⚠	Inhaler Technique **Good** (19/06/25) ✓	ACT Score **15** (19/06/25) ⚠	Salbutamol Rx/12M **15** ❗	RCP 3 Questions ⚠
Prednisolone courses (12M) **8** ❗	Pneumococcal vaccination (03/06/11) ✓	Asthma Plan (19/06/25) ✓	Deprivation **4/10** ⚠	Ethnicity: **White**	

Additional Reviews

Atrial Fibrillation Review | Structured Medication Review | Obesity Review | DOAC Review | Inhaler Review | Pregabalin Review

Support Programmes

Weight Protect | Smoking Protect

Long Term Conditions Overview (data up to 07/11/2025)

Hypertension | Atrial Fibrillation | Stroke | Asthma | Dyslipidaemia

PRISM Asthma Risk Breakdown:

Title	Risk Increase / Decrease	
>5 Prednisolone courses in last 12 months	19.09	↑
>9 SABA Inhalers in last 12 months	6.67	↑
Asthma Control Test 1 to 16	1.19	↑
Current Smokers	1.36	↑
Deprivation decile between 1 and 4	0.33	↓
Patients with 1 admission in last 12M	1.95	↑

Eclipse SMR Live

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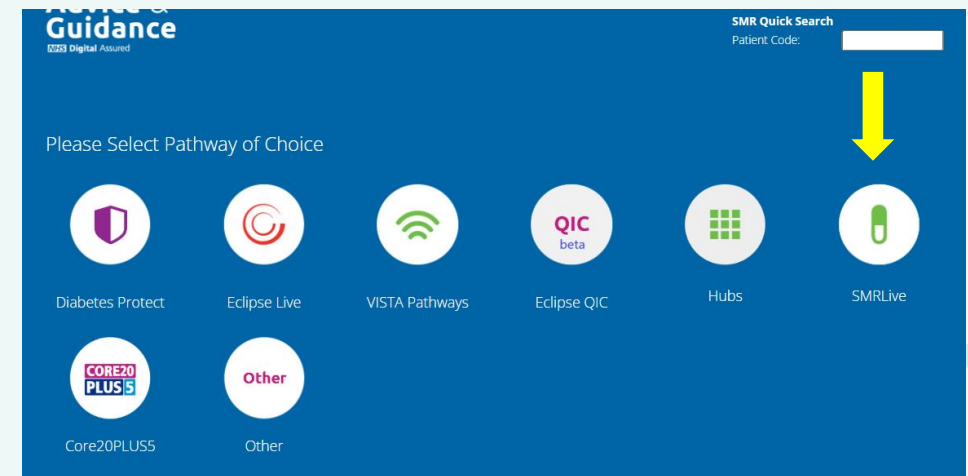
Structured Medication Review SMR Live

2.2.4 The DES specification states that PCNs must "detail the measures a PCN will take to improve medicines optimist including ensuring medicines management and use of Structured Medication Reviews for high-risk cohorts, as specified in the guidance.

This should include medicines optimisation strategies for reducing polypharmacy, minimising risk of prescribing harm, reducing over-prescribing and managing the risk of dependency on prescription drugs".

2.2.6 PCNs should use appropriate tools to identify and prioritise patients who they deem high risk from their population, and would benefit from a SMR, which is expected to include those people where there is evidence of benefit including, but not restricted to, those:

- in **care homes**;
- with **learning disabilities**;
- with complex and problematic polypharmacy, specifically those on **10 or more medications;**
- on medicines commonly associated with medication errors and risk of harm;
- with **severe frailty** who are particularly isolated or housebound or who have had **recent hospital admissions and/or falls**;
- using one or more medicines associated with **dependence or withdrawal symptoms**, from the following groups: antidepressants; opioids; gabapentinoids; benzodiazepines; and Z-drugs.

NHS Somerset

Classification: Official

NHS England

Network contract directed enhanced service

Guidance for 2025/26 in England

Part A: Clinical and support services (Section 8)

Advice & Guidance
NHS Digital Assured

SMR Quick Search
Patient Code:

Please Select Pathway of Choice

Diabetes Protect | Eclipse Live | VISTA Pathways | Eclipse QIC | Hubs | SMRLive

Core20PLUS5 | Other

Structured Medication Review SMR Live
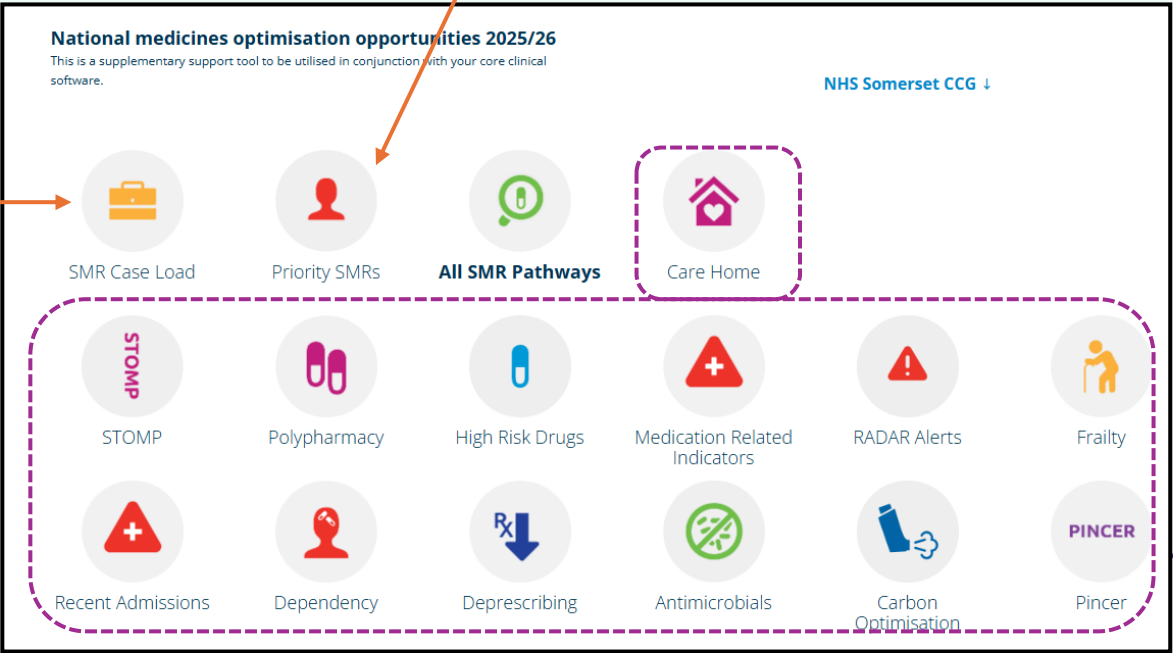
NHS Somerset

Priority SMRs :
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.

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.

National medicines optimisation opportunities 2025/26
This is a supplementary support tool to be utilised in conjunction with your core clinical software.

NHS Somerset CCG ↓

| 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 |

Patients suitable for an SMR by cohort as per DES contract 2.2.6 to facilities focused local SMR/QI work

Structured Medication Review SMR Live

Priority Patient for SMR

Priority SMRs

NHS Somerset
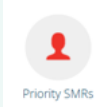
Patients with SMR Risk Score > 10

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

How SMR Risk Score is Calculated

Red Alerts:	10 points per alert	**Severe Frailty:**	5 points
Amber Alerts:	5 points per alert	**Moderate Frailty:**	2 points
Blue Alerts:	3 points per alert	**Learning Disability:**	10 points
Polypharmacy: >= 15 :	10 points	**Poor drug compliance:**	5 points
between 12 and 14 :	7 points		
between 10 and 11 :	5 points	**Priority Groups:**	
		Medication Related Indicators	
ACB Score: 1 point for each ACB score			

High Risk Drugs:			
On a DOAC	3 points	GIB01	3 points
On NSAIDs	3 points	GIB02	3 points
On Warfarin	3 points	GIB03	3 points
On Antiplatelets	3 points	GIBCI	3 points
On Neuroleptics	3 points	PAIN01	3 points
On DMARDs	3 points	PAIN02	3 points
On Immunosuppressant drug	3 points	PAIN03	3 points
On Lithium	3 points	FRAC01b	3 points
On Carbimazole	3 points	FRAC02b	3 points
On Aminosalicylate	3 points	FRAC03b	3 points
On Loop diuretic	3 points	**Emergency Admissions**:	
On Antidepressant	3 points	APC Emergency Admission	5 points per admission
		A&E Admission	5 points per admission

Deprescribing:	1 Point each	**Deprivation Decile*:**	
(to Deprescribe as Not Cost-effective)		Deprivation decile 1-2:	4 points
		Deprivation decile 3-4:	3 points
Dependency:		Deprivation decile 5-6:	2 points
Pregabalin	3 points	Deprivation decile 7-8:	1 points
Opiates	3 points		
Current Smoker	3 points		
High Alcohol Intake	3 points		
Z-drug	3 points		
Benzodiazepine	3 points		

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

This shows all patients within this subcategory. Priority Score breakdown by list of risk factor.

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

The Eclipse 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 to be shared with the eclipse team.
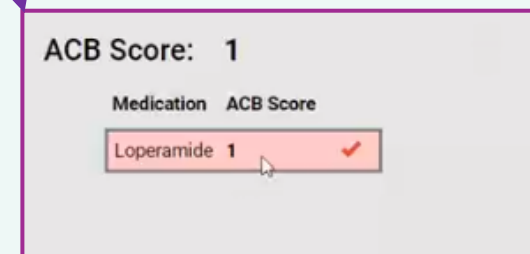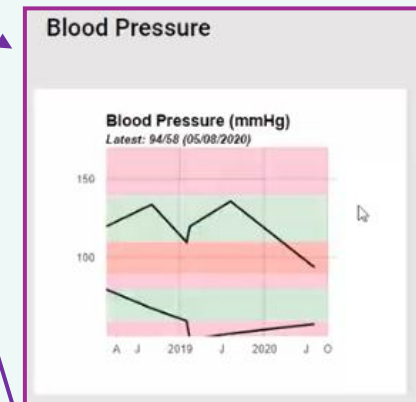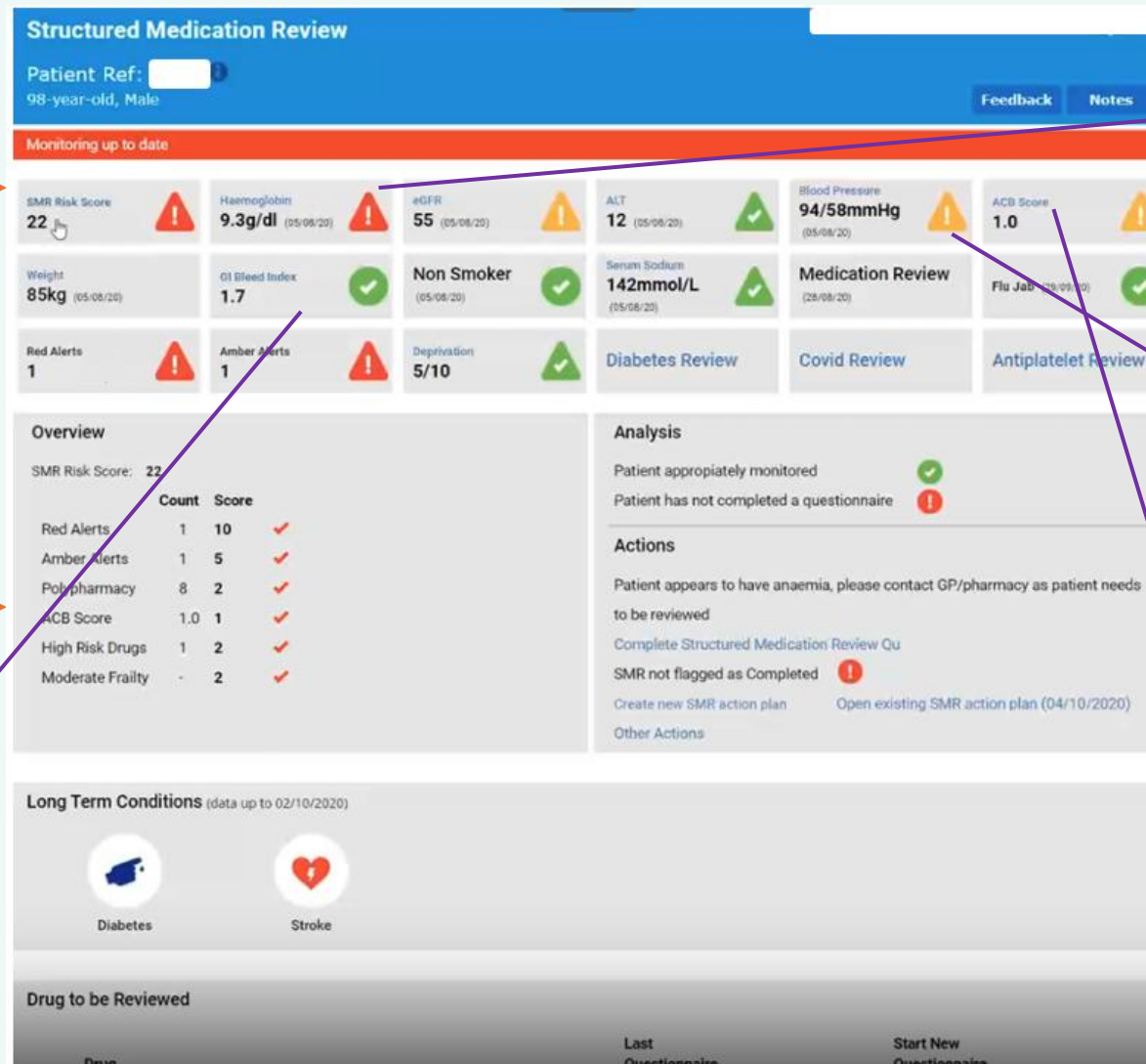
Structured Medication Review SMR Live

Insight Gathering

SMR Live Priority Risk Score

Breakdown on how SMR Risk Score is calculated

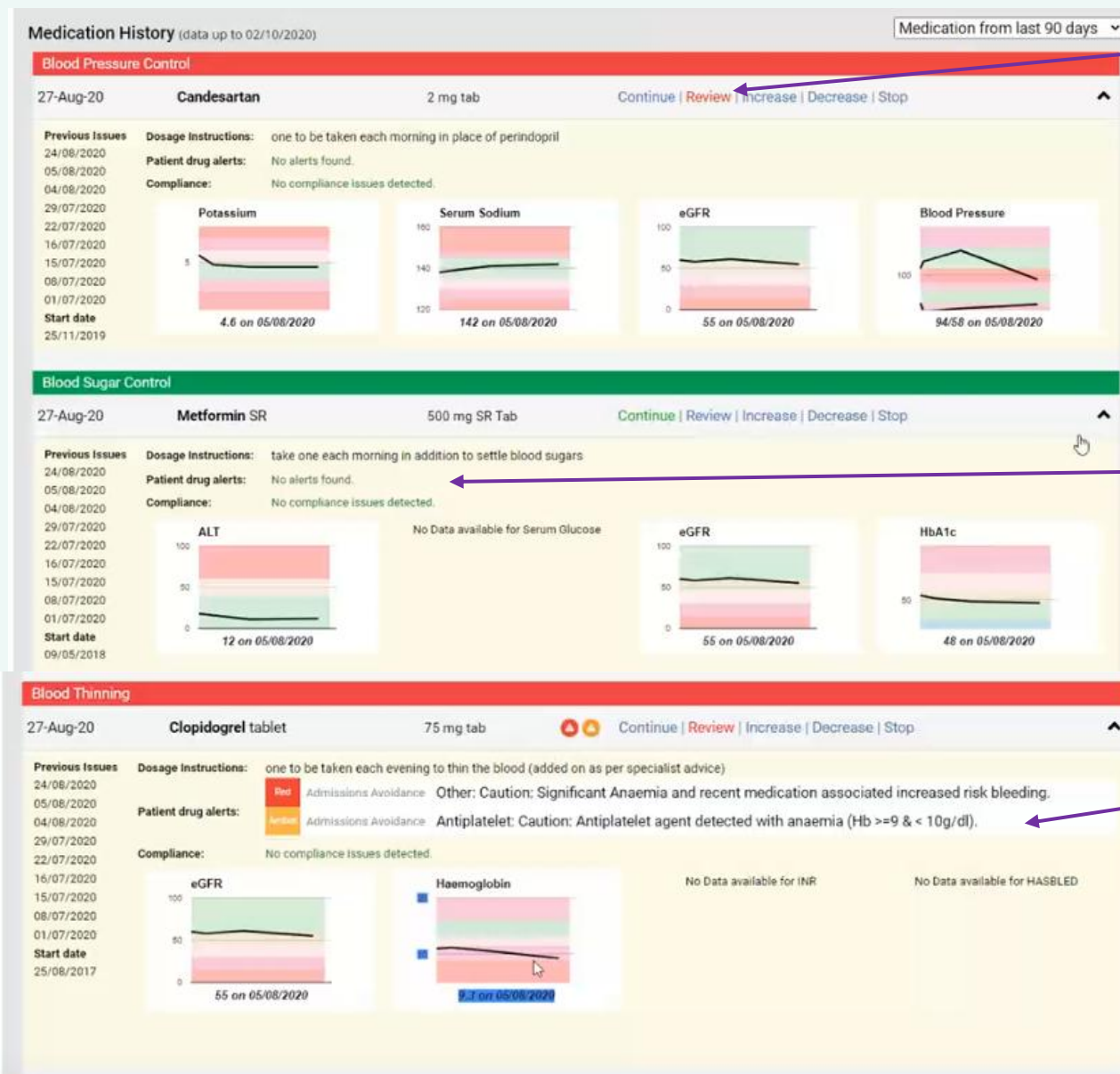# Structured Medication Review SMR Live

Insight Gathering

Medication History (data up to 02/10/2020)

Medication from last 90 days ⌄

Blood Pressure Control

27-Aug-20 **Candesartan** 2 mg tab Continue | Review | Increase | Decrease | Stop

Previous Issues
24/08/2020
05/08/2020
04/08/2020
29/07/2020
22/07/2020
16/07/2020
15/07/2020
08/07/2020
01/07/2020
Start date
25/11/2019

Dosage Instructions: one to be taken each morning in place of perindopril
Patient drug alerts: No alerts found.
Compliance: No compliance issues detected.

Potassium — 4.6 on 05/08/2020
Serum Sodium — 142 on 05/08/2020
eGFR — 55 on 05/08/2020
Blood Pressure — 94/58 on 05/08/2020

Blood Sugar Control

27-Aug-20 **Metformin** SR 500 mg SR Tab Continue | Review | Increase | Decrease | Stop

Previous Issues
24/08/2020
05/08/2020
04/08/2020
29/07/2020
22/07/2020
16/07/2020
15/07/2020
08/07/2020
01/07/2020
Start date
09/05/2018

Dosage Instructions: take one each morning in addition to settle blood sugars
Patient drug alerts: No alerts found.
Compliance: No compliance issues detected.

ALT — 12 on 05/08/2020
No Data available for Serum Glucose
eGFR — 55 on 05/08/2020
HbA1c — 48 on 05/08/2020

Blood Thinning

27-Aug-20 **Clopidogrel** tablet 75 mg tab Continue | Review | Increase | Decrease | Stop

Previous Issues
24/08/2020
05/08/2020
04/08/2020
29/07/2020
22/07/2020
16/07/2020
15/07/2020
08/07/2020
01/07/2020
Start date
25/08/2017

Dosage Instructions: one to be taken each evening to thin the blood (added on as per specialist advice)
Patient drug alerts:
Red — Admissions Avoidance — Other: Caution: Significant Anaemia and recent medication associated increased risk bleeding.
Amber — Admissions Avoidance — Antiplatelet: Caution: Antiplatelet agent detected with anaemia (Hb >=9 & < 10g/dl).
Compliance: No compliance issues detected.

eGFR — 55 on 05/08/2020
Haemoglobin — 9.1 on 05/08/2020
No Data available for INR
No Data available for HASBLED

Medication Comments

Notes for:
Candesartan 2 mg tab

Low BP noted - please repeat BP

Please confirm you wish to mark this drug as Review
Yes No

Medication Comments

Notes for:
Clopidogrel tablet 75 mg tab

Patient needs repeat FBC and do they really need to continue

Please confirm you wish to mark this drug as Review
Yes No

Click "Review" button to document relevant SMR comment/suggested action

Illustrate Previous Issues & any relevant compliance concern

Illustrate number of alert and trend on Hb etc.

Structured Medication Review SMR Live

Insight Gathering

Is Loperamide on Repeat or Acute? Do we really need this? Diarrhoea related to Iron tablet or metformin?

Review use of Betahistine? Could dizziness be related to low BP?

Structured Medication Review SMR Live

Insight Gathering

List of Summary SMR Live review comments/suggested action then can be outputted for relevant clinician's review/action.

SMR Live enables:
1: Identification of the SMR Case Load.
2: Prioritisation and capacity management.
3: Ease of required SMR insight gathering.
4: Standardised SMR action plan creation.
5: Optimisation of wider SMR activity.

Structured Medication Review SMR Live

How to set up users for Eclipse NHS Pathway for SMR Live

To access relevant information and support: Visit https://secure.nhspathways.org when using HSCN/N3. Log in with your existing Eclipse username and password. If you do not have login credentials, please contact the support team at support@prescribingservices.org

Practice Level:
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 for Information Governance purposes.

PCN Level:
PCN User log in requests are available from support@prescribingservices.org
This will require an authorised PCN representative to complete the request form in full with all intended users listed.

Health Innovation Network SMR Rescoures

Health Innovation Network Resources:
Resources to support patients having a Structured Medication Review - The Health Innovation Network
These materials are free to use and can be printed and used in paper format, or shared electronically with patients by email, text or any other electronic systems used within your workplace.

Patient Information Resources - The Health Innovation Network
The resources are available in a range of languages, including audio versions for visually impaired people and easy read versions for people with learning disabilities

Care home resources to support patients having a Structured Medication Review - The Health Innovation Network
These include staff posters, SMR invitation letter for residents and relatives. Supporting resources in safely stopping your medicine leaflet for staff & relatives.

Thank you for your time and attention

Questions & Discussion