



Newsletter Supplement: Antimicrobials

25% Antibiotic Reduction in local GP practice: It can be done!

A GP practice in Tyrone has recently shown significant reduction in their antibiotic prescribing. HSCB Pharmacy and Medicines Management Team asked the doctors and staff at Carrickmore Health Centre to share with us how they achieved this



All GPs within the practice (a four partner practice) made the commitment to reduce their prescribing, so this was a **unified approach** taken by all prescribers.

A practice meeting was held with **all** practice staff – GPs, nurses and reception staff were all in attendance. The information from the presentation ‘Antimicrobial Stewardship in Primary Care’ (available on [the GP intranet](#)) was used to help aid the discussion. In particular, a focus on the public health concern regarding antimicrobial resistance was made.

Action plan for change within the practice

- ⇒ **Reception staff were identified as being key to the success of the campaign.** In particular, dealing with telephone requests and the management of patient expectations. The practice implemented the use of WWHAM) **Who** is it for? **What** are your symptoms? **How** long have you had your symptoms? Are you **Allergic** to? Have you tried anything already? Over the counter **Medications**? Had anything before from the GP?
- Advice for administrative staff dealing with antibiotic requests is available on pages 3 and 4**
- ⇒ Patients were informed that doctors would no longer authorise antibiotics over the phone (NB receptionists were made aware of exceptional cases such as COPD patients and the need to refer to a GP).
- ⇒ Patients who insisted that they may require an antibiotic were offered an allocated appointment slot that day (more detail on this below).
- ⇒ The practice allocated extra appointment slots at the end of each day to see patients. Patients were told by the receptionist that these slots were of 5 minutes duration. If a patient thought that they needed an antibiotic, they were told that they must attend for assessment (many did not take up the offer).
- ⇒ Telephone prescribing was strictly for exceptional cases (in the past this was not the case in this practice).
- ⇒ The practice spoke with their local community pharmacists to ask for their support with the campaign, particularly around the reinforcement of key messages to patients. All of the local pharmacists were very supportive of the campaign.
- ⇒ Leaflets and posters were displayed in GP waiting rooms and community pharmacies. Patient information leaflets are available on [the PHA website](#) and the [NI formulary website](#). Posters are available on the [NI formulary website](#) for display in GP surgeries / local pharmacies.
- ⇒ Patients self-help leaflets were printed and left in all consultation rooms. These were found to be really helpful to educate patients. These patient information leaflets are available on [the PHA website](#) and the [NI formulary website](#).

“We are delighted to have made a significant reduction in our antibiotic prescribing. The entire practice team worked together and the input of our reception staff was invaluable. Our patients no longer ‘expect’ an antibiotic to be given out without a consultation. We feel we have made a positive impact by helping to aid the reduction in the development of antimicrobial resistance at population and individual level”. Dr Herron, Carrickmore HC

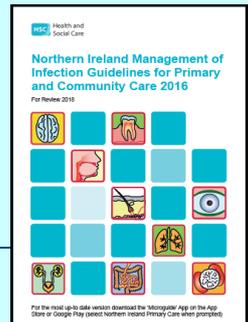
Will reducing antibiotics for self-limiting respiratory tract infections (RTIs) have any impact on patient safety?

Reassuringly, the answer is no. A recent study published in the [BMJ \(2016; 354:i3410\)](#) found that if a GP practice with the average list size of 7000 patients **reduced** the proportion of RTI consultations with **antibiotics prescribed by 10%**, then it might observe **1.1 more cases of pneumonia per year** and **0.9 more cases of peritonsillar abscess each decade**, but no increase is likely in mastoiditis, empyema, bacterial meningitis, intracranial abscess, or Lemierre's syndrome.

The study concluded that even a substantial reduction in antibiotic prescribing is likely to be associated with only a small increase in numbers of treatable cases of pneumonia and peritonsillar abscesses. Yet, a reduction in antibiotic prescribing would reduce the risks of antibiotic resistance, the side effects of antibiotics, and the medicalisation of largely self-limiting illnesses.

If a decision is made to prescribe, which antibiotic should I select?

The 2016 updated Northern Ireland Management of Infection Guidelines for Primary and Community Care settings can be accessed in one of the digital formats below:



1. Download the free '**MICROGUIDE**' app in the App Store or Google Play
2. Select '**Northern Ireland Primary Care**' when prompted for Trust.
3. Use the app. You will be automatically prompted to update if any changes are made



The content from the App is also available **via Web Browser on PC/Desktop** through the [NI Formulary website](#) and the direct link below:

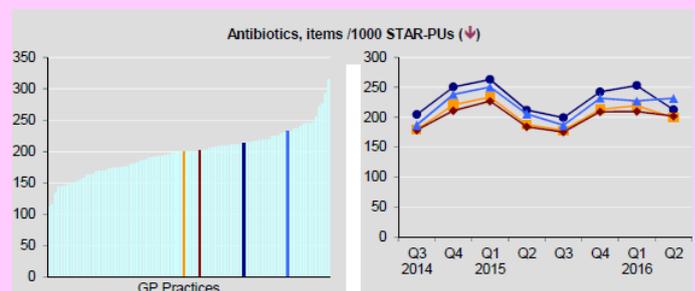
<http://cms.horizonsp.co.uk/viewer/nipha>

Antibiotic prescribing: How does your practice compare to your colleagues locally?

It is important that practices regularly monitor their antimicrobial prescribing patterns and review their prescribing behaviour based on this information. An audit is available in Excel format on the [GP intranet](#) which a practice can use to see if their current prescribing is in line with the NI Guidelines.

COMPASS reports are sent quarterly to every GP practice to provide feedback on prescribing.

In addition to the usual antibiotic prescribing graphs, the latest COMPASS report (April-June 2016) contains patient specific information about antibiotic prescribing within your practice for a number of specific patient groups. Practices should review their antibiotic data on a quarterly basis and discuss with the entire practice team. Practice antibiotic data should be used to identify areas for audit and improvement within the practice.



Patients receiving 3 or more antibiotics in 6 months - January to June 2016, compared to previous 6 months - July to December 2015							
	Practice population	Patients on 3 or more antibiotics	% of patients on 3 or more antibiotics	NI Average	Your practice rank (1 = highest)	Previous %	Previous rank
All patients	5,476	139	2.5%	3.5%	296	2.6%	266
0-5 years	441	14	3.2%	3.8%	191	1.3%	275
65+	550	43	7.8%	8.8%	249	8.3%	181
Care home residents	17	1	5.9%	23.6%	311	6.3%	308

Table key	
↓	Rank in NI is lower than previous 6 months (more favourable)
↑	Rank in NI is higher than previous 6 months (less favourable)
↔	No change

“But I need an antibiotic!”

Advice for staff on dealing with antibiotic requests

Background

This practice is trying to reduce the number of prescriptions for antibiotics. While these drugs can be life saving for serious infections eg pneumonia, meningitis, most common infections eg chest/sore throat are caused by viruses – antibiotics do not kill viruses. Overuse of antibiotics causes “resistance” ie the bacteria get “used” or “immune” to them so if at a later time there is a serious infection, taking antibiotics may not work. This can have serious consequences for the patient.

What is a “symptom”?

A symptom is how or what way a patient is affected by the illness. Patients often make their own diagnosis – the doctors want you to write down **symptoms**, NOT the patient’s “diagnosis” - to allow them to decide on the most appropriate treatment

Symptom ie how the patient is affected/what is the problem?	What the patient might “diagnose” the problem as
Sore throat	Tonsillitis
Cough, sputum	Chest infection
Running to the loo frequently	Kidney infection
Temperature, runny nose	“The ‘flu”

Frequently asked questions – possible solutions!

“Hello there. I’m feeling terrible – I have a chest infection. Ask the doctor to leave me out an antibiotic.”

Possible response: “I don’t know what the doctor will leave, so can’t promise you anything. The doctor likes us just to take a note of your symptoms – then he/she will decide on the best treatment for you.

“I hear you’re not giving out antibiotics anymore but I’m really bad you know. Those doctors are only interested in saving money! All very well for them.”

Possible response: “Our doctors do prescribe *less* antibiotics than they used to. However, we have not stopped prescribing them altogether! Only a doctor can decide what is best for you.

Information for administrative staff when dealing with antibiotic requests (continued)

If he/she thinks you need an antibiotic, he will prescribe it. It's not about cost - most infections are viral and antibiotics won't clear them up. Now, let me take a note of your symptoms and we'll see what the doctor recommends."

"I asked for an antibiotic- this prescription is for Paracetamol – what use is that to me? Saving money I suppose!"

Possible response: "The doctor makes the decision on what is most appropriate for you, depending on what symptoms you have. Most conditions are viral and antibiotics won't treat them – all they do is leave you feely lousy and give you more side-effects.

Important: Enquire if the symptoms *are getting worse or if they are concerned* – may need to refer to GP for more advice. Otherwise suggest advice from local pharmacist.

Delayed Prescriptions

GP's sometimes give prescriptions for antibiotics to patients, *but* encourage them to keep it a couple of days, and only get it dispensed if the condition is not improving. This involves the patient in their own health and wellbeing and surprisingly studies have shown that when given a delayed prescription, up to 50% will feel they no do not need to take it.

" What's this note attached to my prescription about? Sure he's given me a prescription for an antibiotic. Now he's saying "don't take these tablets!" I'm totally confused!"

Possible response: "The doctor has left you a prescription in case you need it, but he is recommending you wait a day or two to see how you are. If your condition is not getting better after this time, you should indeed get started on the tablets. If you are starting to feel better, you won't need to take them – not only will you be saving yourself from all the horrible side-effects, but it means your body doesn't get "used" or resistant to the antibiotics."

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:

Belfast Office: 028 9536 3926	South Eastern Office: 028 9262 0849	Southern Office: 028 9536 2104
Northern Office: 028 9536 2845	Western Office: 028 9536 1008	

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