NHS
Suffolk and
North East Essex
Integrated Care Board

Points for consideration when discussing antibiotic prescribing and analysing data

The following points can be used to focus discussions when reviewing prescribing habits. Antimicrobial prescribing data is available for use at practice level. If you require any data or additional support, then please contact the Medicines Management Team at sneeicb-ies.medsmanagement@nhs.net

During discussions the general considerations should be given to the following when analysing prescribing data:

- Clinic type e.g. duty clinicians may see proportionally more acute infections
- Number of sessions worked in a week.

Type of patients seen as children and the elderly these patients are more likely to need antibiotics due to increased prevalence of infection. Consider using the resources and tools in the antibiotic pack to guide discussions

Consider setting action points for the practice based on the findings of discussions and audit, gather data as needed.

Acute prescribing- discussion points

1. Was the choice of antimicrobial appropriate?
   - Did it follow the antimicrobial formulary?
   - Were first line options followed where appropriate?
2. Was the course length suitable for the type of infection being treated?
3. Are appropriate read codes being used?
4. What was the rationale for the choice of antimicrobial?
   - Was it based on sensitivities?
   - Treatment failure to first line therapy?
   - Was it based on advice from the hospital/Consultant Microbiologists?
5. On reflection, were there other antibiotics that could have been used instead?
6. Is there sufficient documentation provided in the patient notes for presentation, diagnosis and rationale for antibiotic used?
7. If broad spectrum antibiotics are used, is the rationale documented clearly in the patient's notes?
8. Would standby antibiotics be suitable for future presentations?
   - Are patient being provided with TARGET leaflets?
   - Are patients provided with suitable advice and safety netting?
9. Are there instances where a self-care approach could have been used?
10. In what type of consultations are patients prescribed antibiotics for acute infections?
    - Messaging/pictures e.g. ask my GP with photos
    - Telephone
    - Video call
    - Face to Face
11. Are there trends in the patient cohorts receiving antibiotics e.g. children and how they are being seen (see point 8)
12. Is there consideration to exploring particular conditions or cohorts of patients in light of the data provided? (see audit tools below to help support with this)

Consider peer review on aspects of the above where trends are found following discussions.

Prophylactic/long term antibiotics

1. Who initiated the treatment?
    - Specialist?
    - Primary care?
2. Is the antibiotic licensed for this indication?
3. Is the indication supported by local or national guidance?
4. Is the dose appropriate? Was microbiology involved in the treatment recommendations?
5. Has advice been sought in the appropriateness of continuing long term antibiotics where no review has been undertaken for extended periods?
6. Is the patient being regularly reviewed?
    - Are responsibilities clearly defined on who undertakes the review i.e. hospital or primary care.

General considerations

1) What could be done to promote awareness of antibiotic use to the public?
    - Having a dedicated antibiotic leaflet stand
    - Providing self-care leaflets
    - Putting on videos/slides on TV screens
2) Are there any areas of good practice, positive previous experience used that could be used?
3) Are there areas that could be looked at a PCN level or shared learning across a PCN?

Resources available to practices

The following national resources can be utilised by practices as needed and may provide a tool in addition or in place of the discussion point highlighted above. These can be used as needed to support the review of antimicrobial prescribing within the practice.

Target leaflets

Available via this link and covers the following conditions in a variety of languages.

- General self-care
- UTI in women under 65
- UTI in older patients
- RTIs

For details on how to add them to the clinical system please see the document "How to Issue TYI leaflet from GP system" in the Antibiotic Resource pack

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Audit tools

The following resources can be used to audit prescribing of antimicrobials in the common infections listed below. While it is suggested that 20-40 patients should be audited practices may wish to consider looking at smaller numbers as part of a peer review process.

The tools are available via this link and covers the following conditions:

- Otitis media
- Cough
- Rhinosinusitis
- Sore throat
- UTI in non-catheterised patients over 65
- Uncomplicated UTI for women under 65
- UTI in catheterised patients

All discussions and action points should encourage a no blame culture and provide an opportunity to promote learning and education for all staff present.