

Antimicrobial stewardship in primary care: developing a local action plan



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The workshop:

Short presentation covering

- Surveys around the publics attitudes to and use of antibiotics
- Evidence for approaches to reducing antibiotic use
- Thinking about how to improve responsible antibiotic use by: influencing personal attitudes, social norms and perceived barriers
- **Discussions around**
- Barriers to implementation and overcoming them

Please tell me to what extent you agree

86%

×. Public Health England

Perceptions are correct

Most coughs, colds & sore throats get better on their own without antibiotics

You don't need to finish a course of antibiotics if you are feeling better

Lack of knowledge

Taking antibiotics weakens your immune system	50%	28%	22%
Bacteria that are resistant to antibiotics spread easily from person to person	54%	35%	11%
lealthy people carry antibiotic resistant bacteria	45%	40%	15%

or disagree? 1,625 respondents Jan 2014

statement?

90

True



McNulty, Lecky, Hawking, Nichols, Roberts, Butler FIS 2014



Prescribing: Consultations, and amoxicillin prescribing for acute cough and cold is increasing





Hawker et al J AC 2014;

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The Patient Perspective: What did they do?



What did they do?

- 60% took OTC(50%) or alternative medicine(21%) for symptoms
- 37% took extra rest
- 20% Contacted or visited GP surgery
- 6% asked pharmacy for advice
- 1.4% used NHS direct
- 0.4% took left-over antibiotics
- 0% visited NHS walk in centre





The Patient Perspective: They visited their GP if they were worried

	51% Symptoms severe				
	47%	Symptoms not improved after several days			
	14%	family or friends suggestion			
	11%	Other health problem			
	9%	I usually visit GP with these symptoms			
	5%	Worried will infect others who may get very ill			
		200	What	at did they expect?	
53%	6 Expected antibiotics		22%	Other treatment for symptoms	
24%	Advice about self-care		12%	Rule out more serious illness	
7%	Information about illness duration		6%	A sick/fit note for work	
3%	For refe	rral to hospital/specialist	3%	For Tamiflu	

93% who asked, got an antibiotic



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McNulty, Nichols, French, Joshi & Butler, British Journal of General Practice, 2013 e429) General Practitioners



England

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Booklet to share with patients Antibiotic prescription $20\% \lor 40\%$ Intention to reconsult $55\% \lor 76\%$

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8

CRP and communication skills

Antibiotics in usual care	68%
communication	33%
CRP	39%
Both	23%

The patient: Back-up / delayed prescribing can reduce antibiotic use & patient expectations

English RCT comparing three treatment strategies for sore throat (n=582)



Given 10 days antibiotic treatment Given NO antibiotics Given DELAYED antibiotics

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Little, Williamson, Warner et al. BMJ. (1997) 314:722 - 727



Possible Answers

How can we fit together this evidence and change behaviour during consultation with patients to improve antibiotic prescribing?







TARGET: The TARGET antibiotic toolkit

This toolkit is here to help clinicians and commissioners to use antibiotics responsibility and meet CQC requirements

General Practitioners



www.rcgp.org.uk/TARGETantibiotics	Public Health
Useful links	\oplus
Self assessment checklist	\oplus
Resources for clinical and waiting areas	\oplus
Training resources	\oplus
National Antibiotic Management Guidance	\oplus
Audit Toolkits	\oplus
Leaflets to share with patients	\oplus
Resources for commissioners	\oplus
Background information	\oplus

England





www.rcgp.org.uk/TARGETantibiotics







www.rcgp.org.uk/TARGETantibiotics



Importance of the team approach



Whole practice team invited to TARGET workshops

Out of hours Dentists Vets Nationally EU and Worldwide



my actions protect antibiotics

ANTIBIOTIC



TARGET: Audit materials – information for action

TARGET website templates for:

Sore Throat Audit

UTI Audit

A self assessment checklist

What most practices should aim to do soon







www.rcgp.org.uk/TARGETantibiotics





Make available to ALL in practice and out of hours,

So patients do not go to another GP Or out of hours

TARGET: Training Resources



Jrinary Tract Infections: A P	rimary Care Puzzle		Visiting the STAR Educa	tionals Program	Begin programme
Welcome to the RCGP Col Welcome to the RCGP Col	TAR	GET	on-line i	module	
Managi Urin	Training reads Self assess audit	sources	ecklist and	Patient infor Resources f	mation leaflets for clinicians
Т	Antibiotic n guidance	nanagem	ent	External clir	nical resources







www.rcgp.org.uk/TARGETantibiotics

TARGET: Patient Information Leaflets

Antibiotic Information Leaflet

Treating your infection					
Patient Name	Patient Name Your doctor or nurse recommends that you self-care Back-up antibiotic prescription issued				
Your infection	Usually lasts	How to treat yourself better for these infections, now and next time	When should you get being Contact your GP practice or contact NHS 111 (England), NHS 24 (Scotland dial 111), or NHS Direct (Wales dial 0845 4647)		
Middle-ear infection	4 days	 Have plenty of rest. Drink enough fluids to avoid feeling thirsty. 	 to 8. are possible signs of serious illness and should be assessed urgently. Phone for advice if you are not sure how urgent the symptoms are. If you develop a severe headache and are sick. 		
Common cold	10 days	 Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both). 	 If your skin is very cold or has a strange colour, or you develop an unusual rash. If you feel confused or have slurred speech or are very drowsy. If you have difficulty breathing. Signs can include: 		
Sinusitis	18 days	 Fever is a sign the body is fighting the infection and usually gets better by itself in most cases. You can use paracetamol 	 breathing quickly turning blue around the lips and the skin below the mouth skin between or above the ribs getting sucked or pulled in with every breath. If you develop chest pain. If you have difficulty swallowing or are drooling. 		
Cough or bronchitis	21 days	(or ibuprofen) if you or your child are uncomfortable as a result of a fever.			
Other infection:	days	Other things you can do suggested by GP or nurse:	 If you cough up blood. If you are feeling a lot worse. Less serious signs that can usually wait until the next available GP appointment: If you are not improving by the time given in the 'Usually lasts' column. In children with middle-ear infection: if fluid is coming out of their ears or if they have new deafness. Other		
Back-up antibiotic prescription ONLY to be collected in days if you do not feel better or feel worse. Collect from: GP reception GP or nurse Pharmacy • Colds, most coughs, sinusitis, ear infections, sore throats, and other infections often get better without antibiotics, as your body can usually fight these infections on its own. • The more we use antibiotics, the greater the chance that bacteria will become resistant to them so that they no longer work on our infections. • Antibiotics can cause side effects you has rashes, thrush, stomach pains, diarrhoea, reactions to youlipht, other symptoms, or being sick if you drink alcohol with metronitarole.					
Never share antibiotics and always return any unused antibiotics to a pharmacy for safe disposal					
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Read codes: Delayed:8CAk, Leaflet: 8CE



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www.rcgp.org.uk/TARGETantibiotics

All sections can be personalised and added to by the GP

"Usually lasts" section educates patients about when to consult

Safety netting

Back-up prescription

Information about antibiotics & resistance



TARGET: Resources for clinical and waiting areas

Posters for Display



Videos for patient waiting areas



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Public Health England





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Planning the delivery of the TARGET antibiotics toolkit







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Planning delivery of TARGET Toolkit

Step 1: Analyse current antibiotic prescribing practice at CCG and practice level alongside key indicators and targets

Step 2: Develop implementation plan at CCG level & select components of Toolkit.

Step 5: Practice and CCG monitoring of antibiotic use and effectiveness review of Toolkit implementation

Step 4: Visit practices and discuss practice use of Toolkit resources Step 3: Support practices in developing individual action plans

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Step 1: Analyse current antibiotic prescribing practice at CCG and practice level alongside key indicators and targets

Step 2: Develop implementation plan at CCG level & select components of Toolkit.



Step 2: Developing CCG plan & selecting components of Toolkit

Discuss in groups advantages and disadvantages of each mode of delivery of materials

- 1. Workshops with groups of practices
- 2. Individual practice workshops
- 3. Workshop with voice-over presentation
- 4. On-line RCGP module followed by action planning

Delivery by either:

- expert in
- antibiotic use,
- GP champion
- medicine manager
- other

Public Health England Feedback: advantages & disadvantages of each mode of delivery of materials

- 1. Workshops with groups of practices
- 2. Individual practice workshops
- 3. Workshop with voice-over presentation
- 4. On-line RCGP module followed by action planning

Delivery by

- 1. expert in antibiotic use,
- 2. GP champion or
- 3. medicine manager



Step 3: Support practices in developing individual action plans

Step 4: Visit practices and discuss practice use of Toolkit resources With Public Health England

Which TARGET materials?

- 1. TARGET interactive presentation or eModule
- 2. Leaflets to share with patients
- 3. Audit toolkits
- 4. Antibiotic guidance
- 5. Self-assessment checklist
- 6. Posters
- 7. Targets set at meeting
- 8. Computer prompts
- 9. Delayed prescribing
- 10. E Modules on RTI, UTI, skin
- 11. Laboratory susceptibility reporting

Personal Attitude

The belief that resistance is important. The belief that changes in prescribing will make a difference to resistance. Any personal rewards for responsible prescribing.

Subjective norms

Peers' opinions about antibiotic prescribing. Pressure to prescribe responsibly from society or CCG.

Perceived behavioural controls

Confidence to use antibiotics responsibly. Other barriers such as time, computers and cost influencing prescribing behaviour.

Measurable outcome



Which TARGET materials?

- 1. Interactive presentations
- 2. Practice targets
- 3. Delayed prescribing
- 4. Computer prompts
- 5. Leaflets to share with patients
- 6. Audit toolkits
- 7. Self-assessment checklist
- 8. eModules on RTI, UTI, skin
- 9. Posters
- 10. Antibiotic guidance
- 11. Laboratory antibiotic reporting

Prioritise and discuss how you will implement the chosen resources

TARGET Patient Information Leaflet how to implement

All sections can be **Antibiotic Information Leaflet** personalised and added to by the GP 20454 Treating your infection Patient Name "Usually lasts" section Your doctor or nurse recommends that you self-care Back-up antibiotic prescription issued educates patients Usually How to treat yourself petter for Your infection Contact your GP practice or contact NHS 111 (England), NHS 24 (Scotland dial lasts these infections, now and next time 111), or NHS Direct (Wales dial 0845 4647) about when to consult Middle-ear infection Have plenty of rest. 1. to 8. are possible signs of serious illness and should be assessed urgently. 4 days Phone for advice if you are not sure how urgent the symptoms are. Drink enough fluids to avoid feeling thirsty. If you develop a severe headache and are sick. Sore throat 7 days Ask your local pharmacist to recommend If your skin is very cold or has a strange colour, or you develop an unusual rash. medicines to help your symptoms or pain 3. If you feel confused or have slurred speech or are very drowsy. Safety netting Common cold 10 days (or both). 4. If you have difficulty breathing. Signs can include: Fever is a sign the body is fighting the breathing quickly Sinusitis 18 days infection and usually gets better by itself in turning blue around the lips and the skin below the mouth most cases. You can use paracetamol skin between or above the ribs getting sucked or pulled in with every breath. (or ibuprofen) if you or your child are Cough or bronchitis 21 days If you develop chest pain. uncomfortable as a result of a fever. 6. If you have difficulty swallowing or are drooling. Other things you can do suggested by GP 7. If you cough up blood. Other infection: or nurse: 8. If you are feeling a lot worse. Less serious signs that can usually wait until the next available GP appointment: days 9. If you are not improving by the time given in the 'Usually lasts' column. 10. In children with middle-ear infection: if fluid is coming out of their ears or if they have new deafness. 11. Other **Back-up prescription** Back-up antibiotic prescription ONLY to be collected in (days if you do not feel better or feel worse. 🖌 Collect from: GP reception GP or nurse Pharmacy Information about Colds, most coughs, sinusitis, ear infections, sore throats, and other infections often get better without antibiotics, as your body can usually fight these infections on its own. • The more we use antibiotics, the greater the chance that bacteria will become resistant to them so that they no longer work on our infections. • Antibiotics can cause side effects such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight, other symptoms, or being sick if you drink alcohol with metro antibiotics & resistance Never share antibiotics and always return any unused antibiotics to a pharmacy for safe disposal Leaflet developed in collaboration with these professional societies 23 The British Society for NHS Royal College of Public Health IDS Infection Prevention BIAN Royal College **General Practitioners** Antimicrobial Chemotherapy CEUTICAL England

Read codes: Delayed:8CAk, Leaflet: 8CE



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Actions: Developing priorities for you & this CCG

Reduce *Clostridium difficile* in the community HOW

for UTI

Reduce use of

- Ciprofloxacin
- Cephalosporins
- Co-amoxiclav

- Increase use of
 - Nitrofurantoin
 - Trimethoprim
 - Pivmecillinam

Co-amoxiclav ONLY recommended for:

- Pyelonephritis in pregnancy
- Facial cellulitis or prophylaxis post dog or human bites
- Diverticulitis



NHS Organisation Targets for *C. difficile* infections: http://www.england.nhs.uk/wp-content/uploads/2014/03/c-diff-obj-guidance.pdf



Actions: Developing priorities for you & this CCG

Aim to roll back to prescribing in 2010 (12%) Reducing total antibiotics by about 1% annually HOW

- 1. Use the leaflets to reduce patient expectations
- 2. Develop computer prompt or use patient.co.uk to increase use of leaflet
- 3. Use back-up/delayed prescribing (the leaflet will help)
- 4. Refer to the posters to introduce antibiotics
- 5. Make sure everyone has access to antibiotic guidance
- 6. Do an antibiotic audit
- 7. Give an individual responsibility of taking these forward







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