Antimicrobial stewardship in community pharmacy – what do commissioners need to know?

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Themes

- Flu vaccination at community pharmacy
- Minor ailment schemes
- Patient education on AMR
FLU VACCINATION AT COMMUNITY PHARMACIES
What is the problem?

- ‘Flu vaccination can prevent death and ill-health from ‘flu and reduce hospital admissions.
- Primary care is not achieving high enough vaccination rates for clinical at-risk groups.
- During the 2013/14 ‘flu vaccination campaign in England only around 52% of at risk patients were vaccinated\(^1\).
- Currently 50.3% to end Jan-15 and only 44.1% of pregnant females

\(^1\) Influenza Vaccine Uptake amongst GP Patient Groups in England. Winter Season 2013/14 (Public Health England)
## Why vaccinate these risk groups?

Influenza-related population mortality rates and relative risk of death among those aged six months to under 65 years by clinical risk group in England, September 2010 – May 2011

<table>
<thead>
<tr>
<th>Risk Group</th>
<th>Number of fatal flu cases (%)</th>
<th>Mortality rate per 100,000 population</th>
<th>Age-adjusted relative risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a risk group</td>
<td>213 (59.8)</td>
<td>4.0</td>
<td>11.3 (9.1-14.0)</td>
</tr>
<tr>
<td>Not in any risk group</td>
<td>143 (40.2)</td>
<td>0.4</td>
<td>Baseline</td>
</tr>
<tr>
<td>Chronic renal disease</td>
<td>19 (5.3)</td>
<td>4.8</td>
<td>18.5</td>
</tr>
<tr>
<td>Chronic heart disease</td>
<td>32 (9.0)</td>
<td>3.7</td>
<td>10.7 (7.3-15.7)</td>
</tr>
<tr>
<td>Chronic respiratory disease</td>
<td>59 (16.6)</td>
<td>2.4</td>
<td>7.4 (5.5-10.0)</td>
</tr>
<tr>
<td>Chronic liver disease</td>
<td>32 (9.0)</td>
<td>15.8</td>
<td>48.2 (32.8-70.6)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>26 (7.3)</td>
<td>2.2</td>
<td>5.8 (3.8-8.9)</td>
</tr>
<tr>
<td>Immunosuppression</td>
<td>71 (19.9)</td>
<td>20.0</td>
<td>47.3 (35.5-63.1)</td>
</tr>
<tr>
<td>Chronic neurological disease (excluding stroke/transient ischaemic attack)</td>
<td>42 (11.8)</td>
<td>14.7</td>
<td>40.4 (28.7-56.8)</td>
</tr>
<tr>
<td>Total</td>
<td>378</td>
<td>0.8</td>
<td></td>
</tr>
</tbody>
</table>
How can community pharmacy help?

• Providing vaccination through additional providers increases the overall vaccination rates especially in harder to reach groups\(^2\).
• Providing vaccinations in community pharmacies increases vaccination rates in the following groups\(^3\)
  a) first-time vaccinations where they had been eligible previously;
  b) over 65 years of age;
  c) under 65 years of age and at-risk;
  d) carers and frontline healthcare workers.

2. Centers for Disease Control and Prevention. Adult immunization programs in non-traditional settings: quality standards and guidance for program evaluation

www.england.nhs.uk
How can community pharmacy help?

• The typical prescribing cycle for medicines to treat long term conditions means that patients in the at-risk group will **attend a pharmacy up to five times within the ‘flu season** for a prescription presenting opportunities for vaccination.

• Over a quarter of a million private ‘flu vaccinations have been successfully provided by community pharmacies in England and Wales in one scheme alone\(^4\).

• In Tower Hamlets CCG they exceeded the national target for 2013/14 in the over 65 years old by achieving 76% vaccination. **11% of all vaccinations** in this age group were undertaken by community pharmacies in a Pan London scheme\(^5\).

• PharmOutcomes® data for one PCT indicated that **over 13%** of their at-risk cohort vaccinated by pharmacies were **pregnant women**\(^6\).

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6. PharmOutcomes data – available on request (info@phppartnership.com)

www.england.nhs.uk
What do patients think?

- Evaluation of existing ‘flu vaccination services provided by community pharmacists shows that patients strongly welcome the additional choice available to them[^7,^8,^9].
- In a study of almost 3,500 patients, 99% of patients rated the service as above average or excellent. 20% said they wouldn’t otherwise have been vaccinated[^20] and all respondents who expressed a view said they would use the service again[^10].
- The literature shows factors that encouraged the use of pharmacies included accessibility and convenient times that avoided the need to take time off work.

[^7]: Ward L, Draper J. A review of the factors involved in older people’s decision making with regard to influenza vaccination: a literature review. J Clin Nurs 2008; 17: 5-16
[^10]: Seasonal Influenza Vaccination 2011/12 Isle of Wight Community Pharmacy Report: Pinnacle Health Partnership
What are the financial implications?

- ‘Flu vaccination is essentially a contained market because:
  - clearly defined groups that qualify for free ‘flu vaccination
  - patients will only be vaccinated once in a season
  - same cost to NHS regardless of provider.

- NHS England and PSNC agree that community pharmacies should receive the same vaccination fee as GP practices for administration to at risk groups with reimbursement of vaccine costs + VAT.

- Additional costs limited to AT set-up and management of the service. Kept to a minimum by using existing systems for local enhanced services and by using the Area Teams and Local Pharmaceutical Committee’s communications networks.
How can this be done?

• To increase the number of patients vaccinated next winter a ‘flu vaccination service can be commissioned from community pharmacies as a pharmaceutical enhanced service.

• A vaccination service can be commissioned using an NHS England approved Patient Group Direction (PGD) and associated paperwork.

• The patient’s GP practice would be informed within 48 hours of a patient being vaccinated.
How can we record data and pay contractors?

- **OPTION 1**: Use a web-based system e.g. PharmOutcomes®, Webstar, North 51, Sonar. This may involve a cost to the area team. Many area teams already use web-based systems.
  
  - Web-based systems generally include an NHS ‘flu vaccination service module which allows a data capture and invoicing system to be set up quickly. The commissioner controls which pharmacies are given access to the service module.
  
  - These systems will create invoices/service claims for each provider and will support notification of GP practices of vaccinations undertaken.
How can we record data and pay contractors?

- **OPTION 2.** A **paper based** solution can be used - the resources for managing a paper-based service will vary and depend upon the capacity of the area team to send, receive and process engagement documents, assurance documents and payment claims. **Data on service delivery would be available retrospectively,** aligned to the claim cycle, most likely monthly.

- **Consider** whether pharmacist advises GP who **updates** Immform® or pharmacists directly update Immform®, also consider **recording on Immform®** for **unregistered patients** and those **at risk patients** opting to be vaccinated through pharmacy **privately.**
Who is already commissioning this service?

Many area teams have commissioned community pharmacies to provide a ‘flu vaccination service. For the 2014/15 season only four Area Teams didn’t commission a service from community pharmacy.

<table>
<thead>
<tr>
<th>Group</th>
<th>England (mean &amp; range)</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 65y</td>
<td>72.8% (69.2% to 76.5%)</td>
<td>73.7%</td>
<td>70.6%</td>
<td>70.9%</td>
<td>72.9%</td>
</tr>
<tr>
<td>At risk &lt;65</td>
<td>50.3% (46.8% to 54.6%)</td>
<td>48.3%</td>
<td>46.8%</td>
<td>48.2%</td>
<td>49.3%</td>
</tr>
</tbody>
</table>

All four ATs who didn’t commission FVS had a lower under 65 years at-risk vaccination uptake.
How can I implement this quickly?

- For commissioners who wish to commission ‘flu vaccination from community pharmacy for ‘at risk’ groups, a toolkit containing an implementation plan, sample service specifications and standard proformas can be found at [http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/](http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/)

- The implementation plan outlines steps to follow once a decision to commission a ‘flu vaccination service from community pharmacies is made.

- Area teams are advised to plan the implementation of the service with the Local Pharmaceutical Committee (LPC) so that LPC resources can be used to support the rapid implementation of the service by pharmacy contractors.
Feedback from LPCs

- 54% to 59% signed up to provide the service
- 84% of those are active vaccinators

How to get better sign up by community pharmacy
- Earlier planning
- Agreement of local GPs

PSNC Briefing 007/15: Analysis of Seasonal Influenza Vaccination Services 2014/15 in England (February 2015)
### Which patient groups are included?

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients aged 18-64 years in a clinical risk group (including pregnancy)</td>
<td>17</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>15</td>
</tr>
<tr>
<td>Carers</td>
<td>12</td>
</tr>
<tr>
<td>Patients aged 65 years and over</td>
<td>10</td>
</tr>
<tr>
<td>People in long-stay residential or homes</td>
<td>4</td>
</tr>
<tr>
<td>Healthcare workers with direct patient contact</td>
<td>2</td>
</tr>
<tr>
<td>Household contacts of immunocompromised individuals</td>
<td>2</td>
</tr>
<tr>
<td>Patients aged 18-64 years in a clinical risk group (not including pregnancy)</td>
<td>2</td>
</tr>
<tr>
<td>Patients aged 2-64 years in a clinical risk group (including pregnancy)</td>
<td>1</td>
</tr>
<tr>
<td>Patients aged 12-64 years in a clinical risk group (including pregnancy)</td>
<td>1</td>
</tr>
<tr>
<td>NHS England staff (with NHS England voucher) - as flu champions &amp; clinical leadership</td>
<td>1</td>
</tr>
<tr>
<td>Public Health England Staff (with NHS England voucher) - as flu champions &amp; clinical leadership</td>
<td>1</td>
</tr>
<tr>
<td>Prison staff (with NHS England voucher)</td>
<td>1</td>
</tr>
<tr>
<td>Specials school staff (with NHS England voucher)</td>
<td>1</td>
</tr>
</tbody>
</table>
Supporting information

The following supporting information can be found at http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/

• An implementation checklist
• A template service agreement and service specification
• A pharmacy contractor sign up and assurance sheet
• A ‘flu vaccination record and consent form
• A GP practice notification form
• A template patient leaflet
• An example Patient Group Direction (PGD)
What other support tools are available?

Immunisation against infectious disease: the Green Book (Public Health England)


The flu vaccination for the winter of 2014/15 - Who should have it, and why (patient leaflet)

A NHS COMMUNITY PHARMACY SERVICE TO SUPPORT LOW INCOME FAMILIES OR PATIENTS IN AREAS OF SOCIAL DEPRIVATION TO SELF CARE
What is the problem?

- Too many people with common ailments are visiting urgent and emergency care services, Out of Hours services, walk-in centres or their GPs, taking up appointments which are needed for patients with more serious illness.
- Patients unable to afford OTC medicines may seek a “free” prescription from their GP or out of hours provider, or via a walk-in centre or emergency department.
- Self-care advice and appropriate OTC treatments at NHS expense by community pharmacies in order to avoid use of other healthcare services.
How can community pharmacy help?

• Community pharmacists and their teams already respond to the symptoms of minor illnesses presented by patients as part of the NHS community pharmacy contractual framework’s Support for Self-Care service.

• Minor ailments are ‘common or self-limiting or uncomplicated conditions which can be diagnosed and managed without medical intervention’; many of these ailments, such as coughs, colds, sore throats and earache frequently occur during the winter months.

• Pharmacy based services to treat minor ailments, were introduced locally across the UK > 10 years ago to reduce the burden of minor ailments on higher cost settings such as general practice and the A&E departments of hospitals.

How can community pharmacy help?

- If no pharmacy MAS not in place: 58% in North of England would have made an appointment with their GP\(^{19}\), \(~80\%\) in Cheshire\(^{20}\) and 94% in Bradford\(^{21}\).
- Consultations for MAS are less expensive when provided through community pharmacy. Evidence suggests that it is a suitable alternative to GP consultations\(^{22}\).
- **MINA study** found 31 evaluations of pharmacy minor ailment services, it was found that the proportion of patients reporting resolution of minor ailments following their pharmacy consultation ranged between 68% and 94.4% and that re-consultation rates with GPs were low\(^{23}\).

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21. Community Pharmacy West Yorkshire 3 month Evaluation of Bradford City Pharmacy First Scheme, September 2014
What do patients think?

Many patient surveys have been undertaken as part of evaluation of minor ailment services and these show that such schemes are well received by patients. Some comments from NHS Mid-Essex patients are shown below.

- “Very satisfied”
- “I think this is brilliant and will hopefully put less pressure on doctors.”
- “Should make more people aware of this NHS service.”
- “Service made a positive impact.”
- “This is a fantastic service.”
- “A great service, I hope it continues.”
Who is already commissioning this service?

• The benefits of a minor ailments services commissioned through community pharmacy are well established and have resulted in the national commissioning of the service in Scotland and Wales.

• A significant number of Primary Care Trusts (PCTs) previously commissioned the service and some of these services have continued to be commissioned by Area Teams or Clinical Commissioning Groups.

• MAS are being run across 42% of CCGs (89/211)
  • 52 by CCGs, 15 by AT, and 31 CCGs covered in the Area Team schemes
Who can deliver the service?

- 31 of the services require the pharmacist to offer the service
  - 15 services have PGDs associated with the service.
  - 16 services require pharmacists to sell OTC/P meds through the service.
- 25 of the services require that either the pharmacist or an appropriately trained member of staff can offer the service
- 3 services (mixed) allow the pharmacist or an appropriately trained member of staff or pharmacists to offer level 1 of the service (GSL and P meds) but a pharmacist must offer level 2 of the service (PGDs)
- 8 – unknown (waiting for confirmation from LPCs)
<table>
<thead>
<tr>
<th>Indication</th>
<th>No</th>
<th>Indication</th>
<th>No</th>
<th>Indication</th>
<th>No</th>
<th>Indication</th>
<th>No</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal thrush</td>
<td>44</td>
<td>Insect bite/sting</td>
<td>32</td>
<td>Oral thrush</td>
<td>21</td>
<td>Acne</td>
<td>5</td>
<td>Crab lice</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>43</td>
<td>Mouth ulcers</td>
<td>31</td>
<td>Allergic rhinitis</td>
<td>20</td>
<td>Chickenpox</td>
<td>5</td>
<td>Cracked sore nipples</td>
</tr>
<tr>
<td>Hay fever</td>
<td>43</td>
<td>Headache</td>
<td>30</td>
<td>Cold/flu</td>
<td>20</td>
<td>Dry skin</td>
<td>5</td>
<td>Gout</td>
</tr>
<tr>
<td>Constipation</td>
<td>41</td>
<td>Dermatitis/eczema</td>
<td>29</td>
<td>Ear wax</td>
<td>14</td>
<td>Ringworm</td>
<td>4</td>
<td>Migraine</td>
</tr>
<tr>
<td>Sore throat</td>
<td>41</td>
<td>Heartburn</td>
<td>28</td>
<td>Scabies</td>
<td>14</td>
<td>Vomiting</td>
<td>4</td>
<td>Minor injuries</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>39</td>
<td>Nasal congestion</td>
<td>28</td>
<td>Sprain, strain &amp; muscle pain</td>
<td>14</td>
<td>Burns, scalds or cuts</td>
<td>3</td>
<td>Scalp disorders</td>
</tr>
<tr>
<td>Threadworms</td>
<td>39</td>
<td>Warts/verrucae</td>
<td>28</td>
<td>Colic</td>
<td>10</td>
<td>Dandruff</td>
<td>3</td>
<td>Thrush in BF</td>
</tr>
<tr>
<td>Head lice</td>
<td>37</td>
<td>Teething</td>
<td>26</td>
<td>UTI</td>
<td>10</td>
<td>Fever after immunisation</td>
<td>3</td>
<td>Travel sickness</td>
</tr>
<tr>
<td>Indigestion</td>
<td>37</td>
<td>Cystitis</td>
<td>25</td>
<td>Impetigo</td>
<td>9</td>
<td>Pruritis</td>
<td>3</td>
<td>Wind</td>
</tr>
<tr>
<td>Fever/ temp</td>
<td>37</td>
<td>Ear ache</td>
<td>25</td>
<td>Dry eyes</td>
<td>6</td>
<td>Sunburn</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Athlete's foot</td>
<td>35</td>
<td>Cough</td>
<td>23</td>
<td>Fungal infection</td>
<td>6</td>
<td>URTIviral</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Cold sores</td>
<td>33</td>
<td>Pain</td>
<td>23</td>
<td>Period pain</td>
<td>6</td>
<td>Mouth care</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nappy rash</td>
<td>33</td>
<td>Haemorrhoids</td>
<td>22</td>
<td>Toothache</td>
<td>6</td>
<td>Soft tissue injury</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

PSNC Briefing 006/15: Analysis of Minor Ailments Services in England
# Range of medicines on PGD

<table>
<thead>
<tr>
<th>Medicine</th>
<th>PGDs</th>
<th>Medicine</th>
<th>PGDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trimethoprim 200mg tablets</td>
<td>12</td>
<td>Canesten HC cream</td>
<td>1</td>
</tr>
<tr>
<td>Chloramphenicol 0.5% eye drops</td>
<td>8</td>
<td>Clarithromycin 125mg/5ml</td>
<td>1</td>
</tr>
<tr>
<td>Fusidic acid 2% cream</td>
<td>6</td>
<td>Clarithromycin 250mg tab</td>
<td>1</td>
</tr>
<tr>
<td>Fusidic acid 1% eye drops</td>
<td>5</td>
<td>Colchicine 500mcg tablets</td>
<td>1</td>
</tr>
<tr>
<td>Nystatin 100,000u oral susp</td>
<td>5</td>
<td>Lansoprazole 15mg caps</td>
<td>1</td>
</tr>
<tr>
<td>Beclometasone 50mcg nasal spr</td>
<td>4</td>
<td>Lansoprazole 30mg caps</td>
<td>1</td>
</tr>
<tr>
<td>Timodine cream</td>
<td>4</td>
<td>Miconazole 2% cream</td>
<td>1</td>
</tr>
<tr>
<td>Chloramphenicol 1% eye oint</td>
<td>3</td>
<td>Nitrofurantoin 50mg</td>
<td>1</td>
</tr>
<tr>
<td>Flucloxacillin 250mg capsules</td>
<td>2</td>
<td>Naproxen 250mg tablets</td>
<td>1</td>
</tr>
<tr>
<td>Flucloxacillin 125mg/5ml</td>
<td>2</td>
<td>Omeprazole 10mg cap</td>
<td>1</td>
</tr>
<tr>
<td>Flucloxacillin 250mg/5ml</td>
<td>2</td>
<td>Omeprazole 20mg caps</td>
<td>1</td>
</tr>
<tr>
<td>Fusidic acid 2% ointment</td>
<td>2</td>
<td>Retapamulin 1% ointment</td>
<td>1</td>
</tr>
<tr>
<td>Adapalene acne 0.1% cream</td>
<td>1</td>
<td>Sod cromoglicate 2% eye</td>
<td>1</td>
</tr>
<tr>
<td>Adapalene acne 0.1% gel</td>
<td>1</td>
<td>Sumatriptan 50mg tablets</td>
<td>1</td>
</tr>
<tr>
<td>Adapalene 0.1% benzoyl peroxide 2.5% gel</td>
<td>1</td>
<td>Flucloxacillin 500mg caps</td>
<td>1</td>
</tr>
<tr>
<td>Azelaic acid 20% cream</td>
<td>1</td>
<td>Fusidic acid 1% MR eye</td>
<td>1</td>
</tr>
<tr>
<td>Azelaic acid 15% gel</td>
<td>1</td>
<td>PSNC Briefing No 6 - 2015</td>
<td></td>
</tr>
</tbody>
</table>
What are the financial implications?

• NHS England and PSNC have agreed that a fee of £4.00 + VAT to cover the administration of the service plus reimbursement of the cost of the medicine + VAT is a reasonable fee.

• Monitor in their publication ‘Closing the NHS funding gap: how to get best value health care for patients’ \(^{24}\) conservatively estimate nationwide productivity gains from rolling out minor ailments services through community pharmacy as £64 million.

What are the financial implications?

- Research from the Royal Pharmaceutical Society found that the cost of treating common ailments:
  - Community pharmacies was £29.30 per patient.
  - Emergency Departments (ED) was £147.09 per patient (nearly five times higher)
  - GP practices at £82.34 per patient (nearly three times higher)
- Overall, the study estimates that 3% of all ED consultations and 5.5% of GP consultations for common ailments could be managed in community pharmacies.
- Equates to over 650,000 visits to ED and over 18 million GP consultations every year that could be diverted with a total annual cost saving of over £1 billion.

How can this be done?

- Community pharmacy common/minor ailments services can be commissioned flexibly depending on local need to provide advice and supply over the counter medicines at NHS expense (where appropriate) to a defined group of patients.
- Groups of patients eligible to receive medicines to treat common/minor ailments at NHS expense can be varied according to local needs.
- It is recommended that this service is targeted at deprived and low income populations.
What else can be done?

As well as providing a common/minor ailments service, community pharmacies can help by:

- promoting self-care through the pharmacy, including provision of advice and where appropriate medicines without the need to visit the GP practice.
- operating as a first point of referral for NHS 111 and other healthcare services for patients with common ailments.

Area Team and CCG communications specialists could support this approach by supporting the Feeling Under the Weather campaign\(^26\) Treat Yourself Better campaign\(^27\) and publicising the patient fact sheets produced by the Self Care Forum\(^28\).

26. [www.nhs.uk/asap](http://www.nhs.uk/asap)
27. [www.treatyourselfbetter.co.uk](http://www.treatyourselfbetter.co.uk)
How can we record data and pay contractors?

- **Same as flu vaccinator approach**
- **OPTION 1** By using a web-based system such as PharmOutcomes®, Webstar, North 51 Sonar. Web-based systems may include a ready-made MAS module.
- **OPTION 2** By using a paper based solution - the resources for managing a paper-based service will vary and depend upon the capacity of the Area Team to send, receive and process engagement documents, assurance documents and payment claims. **Data** on service delivery would be available **retrospectively**, aligned to the claim cycle, most likely monthly.
How can I implement this quickly?

• For commissioners who wish to commission an NHS community pharmacy common ailments service, an implementation toolkit containing an implementation plan, sample service specifications and standard proformas can be found at http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/

• The implementation plan outlines steps to follow once a decision to commission a service from community pharmacy to support deprived populations to self-care is made.

• Area teams are advised to plan the implementation of the service with the Local Pharmaceutical Committee (LPC) so that LPC resources can be used to support the rapid implementation of the service by pharmacy contractors.
Supporting information

The following supporting information can be found at
http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/

- An implementation checklist
- A template service agreement and service specification
- A pharmacy contractor sign up and assurance sheet
- A service record form
What other support tools are available

• Implementing a community pharmacy minor ailment scheme. A practical toolkit\textsuperscript{29} for primary care organisations and health professionals (National Pharmacy Association)

\textsuperscript{29}http://www.npa.co.uk/Documents/Docstore/PCO_LPCs/implementing_a_community_pharmacy_minor_ailment_scheme.pdf
Educating the public on AMR

1. AB not effective vs coughs & colds
2. I should contact my GP for coughs & colds
3. Taking AB “just in case” can ↑ AMR
4. GP has given me too short a course (options)
5. AMR is serious because

- 46% of patients scored 3 or less out of 5
- EAAD quiz demonstrated educational opportunity whilst patients wait for a prescription
- Pharmacy teams made the most antibiotic guardian pledges
EAAD & AG TOOLKIT: Leaflets, quizzes, crosswords, video & more

Protect yourself, your family and friends against the spread of antibiotic resistance.

Become an Antibiotic Guardian

Antibiotic Guardian Challenge Crossword

www.antibioticguardian.com

ANTIBIOTICS & INFECTION PREVENTION

HOW MUCH DO YOU KNOW?

TRY OUR QUIZ FOR PHARMACY AND LAB STAFF

Are the following statements True or False?

1. Gentamicin-based dosing is based on actual body weight or lean patients will need significantly higher dose than listed.
   True/False

2. IV Fluocinonide plus IV vancomycin is a useful combination to treat patient with MRSA infections.
   True/False

3. A patient with anaphylaxis is an anaphylactic reaction. Clinicians are trained and should have the patient in consultation with an allergist and provide the patient with the correct treatment.
   True/False

4. If a Paediatrician referral to specialist consultation, antibiotic treatment with an alternative drug is the only option.
   True/False

ANTIBIOTICS

HOW MUCH DO YOU KNOW?

TRY OUR QUIZ FOR PRESCRIBERS

Are the following statements True or False?

1. Do not start antibiotic without clinical evidence of bacterial.
   True/False

2. Broad-spectrum antibiotic use promotes C. difficile colonization.
   True/False

3. Combination or inappropriate antibiotic prescribing increases the emergence and spread of resistant bacteria.
   True/False

4. Take appropriate culture before starting antibiotics.
   True/False

The Antibiotic Guardian Quiz

1. Antibiotics are not effective against viruses and flu. This is...
   a. correct, viruses and flu are mostly caused by viruses, thus antibiotics do not work against:
      - True/False
   b. partly correct, antibiotics sometimes work against viruses
      - True/False
   c. wrong, antibiotics work against everything.
      - True/False

2. When I have a cough, cold or sore throat, I should contact my GP for an appointment. This is...
   a. correct, I should have a consultation with my GP for all coughs, colds or sore throats
      - True/False
   b. partly correct, I have difficulty breathing should seek immediate medical attention.
      - True/False
   c. wrong, I should seek advice from my pharmacist on how to treat my symptoms
      - True/False

Will you be an Antibiotic Guardian?

Dr Chris van Tulleken
Infectious Diseases Doctor
Make the community pharmacy public health campaign AMR!

- There are six public health campaigns each year
- The campaign that covers November needs to focus on Antimicrobial Resistance
- Use the Antibiotic Guardian campaign for this

Development of a self-assessment tool for pharmacy to assess its activity on AMR/AMS

Adapt the PHE / RCGP TARGET patient information leaflet on infections for community pharmacy
# Self-care guide to help you treat your infection

<table>
<thead>
<tr>
<th>Your infection</th>
<th>Usually lasts</th>
<th>How to treat yourself better for these infections, now and next time</th>
<th>When should you get help:</th>
</tr>
</thead>
</table>
| Middle-ear infection    | 4 days       | • Have plenty of rest.  
|                         |              | • Drink enough fluids to avoid feeling thirsty.  
|                         |              | • Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both).  
|                         |              | • Fever is a sign the body is fighting the infection and usually gets better by itself in most cases. You can use paracetamol (ibuprofen) if you or your child are uncomfortable as a result of a fever.  
|                         |              | • Other things you can do suggested by GP or nurse:  
|                         |              |                                                                 | Contact your GP practice or contact NHS 111 (England), NHS 24 (Scotland dial 111), or NHS Direct (Wales dial 0845 4647) |
| Sore throat             | 7 days       |                                                                 | 1. 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.  
|                         |              |                                                                 | 1. If you develop a severe headache and are sick.  
|                         |              |                                                                 | 2. If your skin is very cold or has a strange colour, or you develop an unusual rash.  
|                         |              |                                                                 | 3. If you feel confused or have slurred speech or are very drowsy.  
|                         |              |                                                                 | 4. If you have difficulty breathing. Signs can include:  
|                         |              |                                                                 | o breathing quickly  
|                         |              |                                                                 | o turning blue around the lips and the skin below the mouth  
|                         |              |                                                                 | o skin between or above the ribs getting sucked in or pulled in with every breath.  
|                         |              |                                                                 | 5. If you develop chest pain.  
|                         |              |                                                                 | 6. If you have difficulty swallowing or are drooling.  
|                         |              |                                                                 | 7. If you cough up blood.  
|                         |              |                                                                 | 8. If you are feeling a lot worse.  
|                         |              |                                                                 | Less serious signs that can usually wait until the next available GP appointment:  
|                         |              |                                                                 | 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  
| Common cold             | 10 days      |                                                                 |                                                                 |
| Sinusitis               | 18 days      |                                                                 |                                                                 |
| Cough or bronchitis     | 21 days      |                                                                 |                                                                 |
| Other infection:        |              |                                                                 |                                                                 |

- Colds, most coughs, sinusitis, ear infections, sore throats, and other infections often get better without antibiotics, as your body can usually fight these infections down.  
- 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 metronidazole.  
- Find out more about how you can make better use of antibiotics and help keep this vital treatment effective by visiting and pledging at [www.antibioticguardian.com](http://www.antibioticguardian.com)  

Never share antibiotics and always return any unused antibiotics to a pharmacy for safe disposal.
Antimicrobial stewardship in community pharmacy – what do commissioners need to know?

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