



2019/20 Community Pharmacy Contractual Framework National Clinical Audit

**Antimicrobial stewardship – people seeking advice on
upper respiratory tract infections**

February 2020

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1. Introduction

- 1.1 As part of the Community Pharmacy Contractual Framework (CPCF) agreement for 2019/20 to 2023/24, NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) have agreed that in 2019/20 and 2020/21, the annual national clinical audit to be undertaken by all community pharmacy contractors will focus on antimicrobial stewardship via the provision of clinically appropriate advice to people seeking advice on management of Upper Respiratory Tract Infection (URTI) symptoms.

2. Background to the audit topic

- 2.1 *Tackling antimicrobial resistance 2019–2024: The UK’s five-year national action plan*¹ states that “Sub-optimal use of antimicrobials in human medicine is one of the main drivers of AMR, in the UK and internationally. It occurs when patients take the wrong type or quantity of antimicrobial through misdiagnosis, over-prescription or lack of awareness as well as when low concentrations of antimicrobials are used” Often this occurs when people do not take their treatment as directed. There is an opportunity to support the safe stewardship of antibiotics through making use of the annual audit requirement for community pharmacies.
- 2.2 NICE guidelines relating to URTIs including acute sinusitis (NG79)², sore throat (NG84)³, acute otitis media (NG91)⁴ and cough (acute) (NG120)⁵ indicate that symptoms are “often caused by a virus” and do not recommend antibiotic use unless the patient is “systemically very unwell, [has] symptoms and signs of a more serious illness or condition, or [is] at high risk of complications”. Instead, advice on expected symptom duration and management via self-care is recommended.
- 2.3 All pharmacies have the potential to encounter members of the public seeking advice on the management of upper respiratory tract infection (URTI), both face to face and/or via telephone/email. Therefore, an audit based around support for such patients is considered an effective and appropriate audit topic.
- 2.4 ePACT data indicates that most antibiotic prescribing for URTI occurs in the six-month period from September to March, which suggests this is an appropriate time period to select for an audit relating to URTI. If the pharmacy does not encounter any patients seeking advice on management of URTI during the audit period, the pharmacy should nonetheless review their approach to providing advice on URTI.

¹ <https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024>

² <https://www.nice.org.uk/guidance/ng79>

³ <https://www.nice.org.uk/guidance/ng84>

⁴ <https://www.nice.org.uk/guidance/ng91>

⁵ <https://www.nice.org.uk/guidance/ng120>

3. Purpose of the audit

3.1 The Community Pharmacy Contractual Framework includes a requirement to participate in a single annual audit set by NHS E&I. For 2019/20 and 2020/21, this audit will focus on patients aged 18 years and over attending community pharmacy for advice and/or support in managing symptoms of URTI.

3.2 The 2019/20 audit period will be during March 2020. Data must be collected for five working days, with a minimum sample size of ten patients. In cases where there is difficulty in obtaining the minimum sample size, the audit should be extended to ten working days, after which contractors will be able to submit the data with the number of patients they have been able to include in the audit even if less than ten. The audit will be repeated in 2020/21 in order for pharmacies to complete the audit cycle and demonstrate any improvements in offers of self-care advice.

3.3 The aims of the audit are:

- To ensure appropriate advice on managing symptoms of URTI is available from community pharmacy
- To help patients understand the expected duration of symptoms and how to manage these appropriately
- To help patients avoid spreading infection
- To reinforce the message that antibiotics may not be appropriate or effective, particularly for illnesses that are viral in origin
- To ensure that patients are aware of 'red flag' symptoms and that these indicate an urgent need to seek further advice.

3.4 The audit standard is:

95% of people who attend the pharmacy for advice on symptoms of URTI are offered clinically appropriate advice on self care, duration of symptoms and when to seek further support.

3.5 Suggested advice for patients with URTI symptoms can be found on the Royal College of General Practitioners (RCGP) website⁶. Pharmacies may also have relevant materials including leaflets left over following the AMR campaign in September 2019 and the Help Us Help You campaign in November 2019 (see Appendix B for an image of one of these leaflets).

⁶ <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/amr/target-antibiotics-toolkit/leaflets-to-share-with-patients.aspx>

4. When should the audit be completed?

- 4.1 The audit should be conducted in March 2020 (finishing no later than 31 March) and the duration should be five working days, or if required, a longer period of up to ten working days in order that a minimum of ten patients per community pharmacy are covered by the data collection.
- 4.2 The audit will be conducted during this period as it is likely that patients with symptoms of URTI will attend pharmacies due to increased prevalence of URTI between September and March.
- 4.3 Undertaking the audit is a contractual requirement; if a pharmacy contractor does not undertake the audit, it is a breach of their contractual responsibilities.

5. Undertaking the audit

- 5.1 To undertake the audit, you should:
 - a) Choose five working days in March 2020 when you will commence the data collection (please ensure you complete the audit no later than 31 March).
 - b) Review and complete the simple baseline checklist at Appendix A to determine the pharmacy's antimicrobial stewardship (AMS) capability
 - c) Print out a copy of the data collection sheet at Appendix C. This may have been emailed to you by your local NHS E&I team or you can download it from <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-resources/>
 - d) Collect the data described below on the data collection sheet for five working days, or if required, a longer period in order that a minimum of ten patients are covered by the data collection. The information will be obtained through the conversation with the patient regarding the management of their URTI symptoms.
 - e) The people who should be included in the audit data capture are all those aged 18 years and over who contact or visit the pharmacy, or have an NHS CPCS consultation during the audit period, for help or advice regarding symptoms of URTI. This includes where the patient directly asks to buy a relevant medicine, e.g. a cough syrup.

Information to be collected through the audit period

Start and end dates of the data collection

Approximate age of patient [18-24 / 25-34 / 35-44 / 45-54 / 55-64 / 66-74 / 75+]

Patient self-expressed gender [Female / Male / Not specified]

Was the patient referred to the pharmacy via the NHS Community Pharmacist Consultation Service (NHS CPCS) [Yes / No]

Type of URTI consulted on (more than one can be selected):

- Middle ear infection
- Sore throat
- Common cold
- Sinusitis
- Cough

Self-care advice given* [Yes / No]

OTC medicine recommended [Yes / No]

Referred to pharmacist [Yes / No / N/A (initial interaction was with pharmacist)]

Advised to see GP [No / Yes – red flag symptom(s) / Yes – co-existing long-term conditions / Yes – abnormally long symptom duration / Yes – other]

Written information provided:

- Treating your infection (RTI sheet)
- Other
- None

* Advice to include guidance on self-management of the condition, expected duration of symptoms and infection control

- f) Once you have completed the data collection, visit <https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login> and enter your data from the data collection sheet onto the portal.

6. Actions to be taken following the submission of your data

- 6.1 Once data has been submitted, pharmacy contractors should consider the pharmacy's compliance with the audit standard and whether there are changes which should be made to improve compliance levels.
- 6.2 A record of these changes can be made using the template in Appendix D.
- 6.3 Once all pharmacies have submitted their audit data, NHS E&I will:
- Communicate findings to pharmacy contractors. NHS E&I hope to be able to communicate these findings in summer 2020.

Thank you for taking part in this audit. If you require further guidance on this audit, please contact your local NHS E&I team.

Appendix A: Checklist for Community Pharmacy Antibiotic Stewardship

Community pharmacies can take steps to implement antibiotic stewardship activities. This short checklist is to be completed before the audit commences:

1. Do all community pharmacy staff involved in the dispensing of medicines and giving advice in relation to symptom control for URTIs have easy access to local antibiotic guidelines and NICE antimicrobial guidelines?

	Yes	No
NICE antibiotic guidelines		
Local antimicrobial guidelines		

2. Have all pharmacy staff involved in giving advice in relation to symptom control for URTIs familiarised themselves with the advice given in the RCGP's 'Treating your infection' leaflet for respiratory tract infections, and are able to communicate this information to patients as appropriate?

Yes No

3. During seasonal flu vaccination season (1 September – 31 March), and especially during September-December, do pharmacy staff ask at risk patients and those aged over 65 about their influenza vaccination status and encourage them to be vaccinated if there are no contraindications and they have not been vaccinated already?

Yes No

4. Are Antibiotic awareness leaflets/poster on display, if possible, throughout the flu season (pharmacies can continue to use posters from the September 2019 AMR campaign)?

Yes No

5. Are self-care advice leaflets (such as the Treating Your Infection – Respiratory Tract Infection leaflets – see Appendix B) available in the community pharmacy to hand out to patients?

Yes No

Appendix B: Treating your infection: Respiratory tract infection leaflet

TREATING YOUR INFECTION - RESPIRATORY TRACT INFECTION (RTI)

Patient name Self-care advice provided

Product(s) suggested / supplied Patient advised to contact GP

Your infection	Without antibiotics most are better by	How to look after yourself and your family	When to get help
Middle-ear infection	8 days	<ul style="list-style-type: none"> 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 if you or your child are uncomfortable as a result of a fever. Use a tissue and wash your hands well to help prevent spread of your infection to your family, friends and others you meet. Other things you can do suggested by your pharmacy team: _____ _____ _____ 	<p>The following are possible signs of serious illness and should be assessed urgently:</p> <ol style="list-style-type: none"> 1. If your skin is very cold or has a strange colour, or you develop an unusual rash. 2. If you feel confused or have slurred speech or are very drowsy. 3. If you have difficulty breathing. Signs that suggest breathing problems can include: <ul style="list-style-type: none"> 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. 4. If you develop a severe headache and are sick. 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. <p>If you or your child has any of these symptoms, are getting worse or are sicker than you would expect (even if your/their temperature falls), trust your instincts and seek medical advice urgently from NHS 111 or your GP. If a child under the age of 5 has any of symptoms 1-3 go to A&E immediately or call 999.</p> <p>Less serious signs that can usually wait until the next available appointment:</p> <ol style="list-style-type: none"> 9. If you are not starting to improve a little by the time given in the 'Most are better by' column. 10. In children with middle-ear infection: if fluid is coming out of their ears or if they have new deafness. 11. Mild side effects such as diarrhoea, however seek medical attention if you're concerned. 12. Other _____
Sore throat	7-8 days		
Sinusitis	14-21 days		
Common cold	14 days		
Cough or bronchitis	21 days		
Other infection: _____	_____ days		

- 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.
- Taking antibiotics encourages bacteria that live inside you to become resistant. That means that antibiotics may not work when you really need them.
- 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 www.nhs.uk/keepantibioticsworking



STAY WELL THIS WINTER

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Appendix C: Audit data collection sheet

2019/20 Community Pharmacy Contractual Framework national clinical audit: Advice for patients with Upper Respiratory Tract Infection (URTI) - data collection sheet		Patient									
Start date of audit		A	B	C	D	E	F	G	H	I	J
End date of audit											
Approx Age	18-25										
	26-35										
	36-45										
	46-55										
	56-65										
	66-75										
Patient self-expressed gender	Female										
	Male										
Referred to pharmacy for NHS CPCS?	Not specified										
Type of URTI	Yes										
	No										
	Middle ear infection										
	Sore throat										
	Common cold										
Self-care advice given	Sinusitis										
	Cough										
OTC medicine recommended	Yes										
	No										
Referred to pharmacist	Yes										
	No										
Advised to see GP	N/A (initial interaction was with pharmacist)										
	Yes - "red flag" symptom(s)										
	Yes - co-existing long-term condition(s)										
	Yes - abnormally long symptom duration										
	Yes - other										
Written information provided	Yes - Treating your infection - RTI sheet										
	Yes - Other written information										
	None										

Please do not submit patient identifiable information (such as patient name, NHS number or date of birth) to the MYS portal

Appendix D: Pharmacy contractor review of the audit results

The audit standard was:

95% of people who attend the pharmacy for advice on symptoms of URTI are offered appropriate advice on self care, duration of symptoms, when to seek further support and where appropriate, vaccination against seasonal flu.

In this pharmacy _% of people who attended the pharmacy for advice and support with symptoms of URTI were offered advice as per the audit standard.

Discuss with your pharmacy team any changes which could be made to your processes to improve compliance levels for provision of advice on URTI and record them below:

