“Just in Case” : Antibiotic prescribing behaviour among out-of-hours practitioners in England
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INTRODUCTION
- Antimicrobial resistance may cause up to 10,000,000 deaths annually by 2050.
- The WHO Tailoring Antimicrobial Programmes (TAP) initiative promotes appropriate antibiotic prescribing
  • targeted interventions
- In England, Out-of-Hours (OOH) services provide primary healthcare outside business hours.
  • prescribe more antibiotics than other primary healthcare services.

METHODS
- 39 x 1 hour semi structured telephone interviews with OOH prescribers (doctors and nurses)
  • from a range of OOH provider types (social enterprise, private company).
- Consents and ethical approval in advance
- Transcripts coded in NVIVO
  • Using Theoretical Domains Framework

RESULTS
Prescribers reported:
- being aware of guidelines, but experiencing inconsistency between local and national guidance
- Lacking prior knowledge of patients or access to records.
  Lacking follow up of patients.
- Needing high levels of persuasion, negotiation and communication skills to explain prescribing decisions to patients
- The perceived negative consequences of NOT prescribing were more salient than the negative consequences from prescribing
- Poor understanding of AMR
- Experiencing “massive deluge of expectation and demand” and strategies from patients to request antibiotics
  • threats of complaint
  • comparison to other or their usual doctors
  • narratives which they know make it difficult to refuse prescribing.

DISCUSSION
- Many barriers to appropriate prescribing in OOH are similar to other primary care settings

CONCLUSIONS
OOH prescribers need additional support for appropriate antibiotic prescribing:
- Decision support
- Negotiation and persuasion
- Communication support

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