

O285

Abstract (oral session)

Development of an antimicrobial quality indicator for primary care

W. Malcolm, D. Nathwani*, J. Sneddon, S. Hurding, G. Bryson on behalf of the Scottish Antimicrobial Prescribing Group

Objective: To utilise quantitative and qualitative data on antibiotic prescribing to develop a quality indicator. **Methods:** The Prescribing Information System for Scotland (PRISMS) provides quantitative analysis of antibiotic use in primary care at national, NHS board and GP Practice level. In 2011 a study involving General Practitioners was carried out to collect data about all consultations for acute infections during a one week period. The findings of this study were used along with data from PRISMS to develop a proposal for a national quality indicator. The proposal was accepted by the national Primary Care Leads group and was submitted to Scottish Government for implementation in April 2012. **Results:** In 2010 the overall use of systemic antibacterials expressed as number of items per 1000 population per day was 1.9% lower than in 2009, the second successive annual reduction. Qualitative analysis of antibiotic prescribing by 99 GPs from 55 Practices and across 13 of the 14 NHS boards in Scotland showed: o In 68% of consultations a prescription for an antibiotic was issued. o Upper respiratory tract infections (URTI) accounted for > 60% of prescriptions. o Approximately half of those with an URTI received an antibiotic and use of delayed prescriptions was low. The focus for the quality indicator was agreed as reduction of total antibacterial use. Antibiotic prescribing across GP practices in Scotland during 2010-11 ranged from 0.7 to 4.0 items/1000 patients/day with a mean number of items of 1.99 items/1000 patients/day. The SAPG proposal translates into a 'best in class' standard of 1.66 items/1000 patients/day. To facilitate introduction of the quality indicator SAPG has developed a toolkit including: o Review of the evidence for antibiotic use in URTI and alternative management strategies oAn editable poster version of primary care antibiotic guidance for local adaptation oConsultation aids o A summary of resources available for Continuing Professional Development oInformation for patients on URTI o Audit tool for qualitative evaluation of practice with real time reporting **Conclusion:** National quantitative information and baseline qualitative information on the use of antibiotics in a sample of GPs across Scotland have been used to evaluate prescribing practice in primary care. We have identified overprescribing of antibiotics for URTI as a potential area for quality improvement and this is being implemented as a national prescribing indicator to reduce antibiotic use.