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Paper Poster Session

News on outpatient antibiotic prescribing quality

Availability of guidance, decision support tools and education to enable appropriate antimicrobial prescribing in English primary care settings

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Background: A key aim of the UK 5 year antimicrobial resistance (AMR) strategy is to optimise prescribing practice. In 2010 Public Health England (PHE) published guidance for primary care prescribers for managing common infections, including upper respiratory, lower respiratory and urinary tract infections. The guidance document is intended for local adaptation.

This study aimed to determine whether local prescribing guidelines followed national guidance, back-up (delayed) prescribing was promoted and recommended within local guidelines and what decision support was available

Methods: In November 2014 a web based survey to assess antimicrobial stewardship activities in primary care was distributed to the 211 clinical commissioning groups (CCGs) in England. The survey was a voluntary audit completed by healthcare professionals and therefore ethics approval was not required. The responses were analysed using Microsoft Excel.

Results: Eighty two (38%) of the 211 English CCGs completed the survey. Local guidelines regarding the first line antibiotic choice, dose and duration for a range of clinical indications closely matched those presented in national guidance (figure 1). 53 (69%) of responding CCGs had used local antibiotic audits within the past two years.

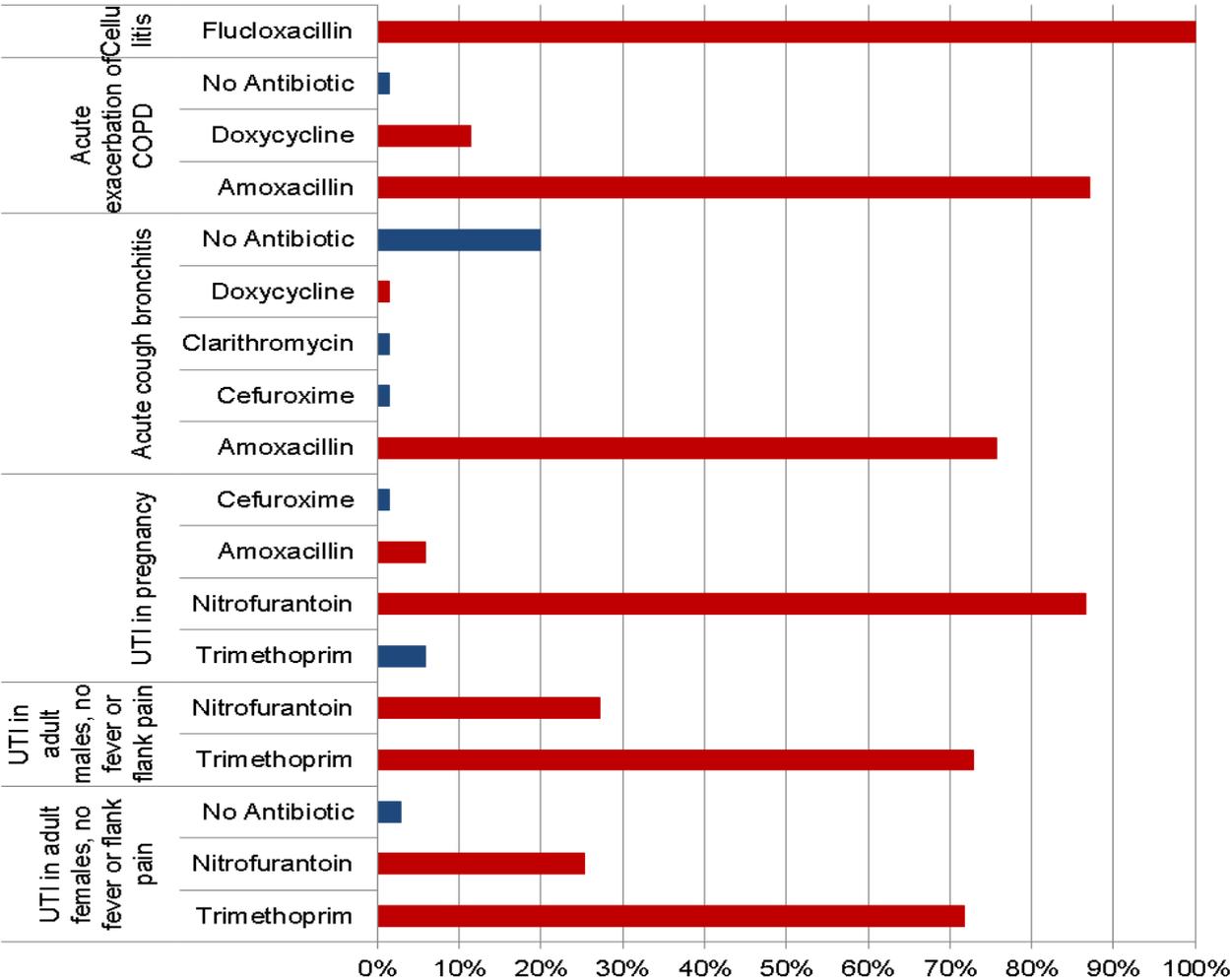
The use of back-up (delayed) antibiotic prescribing by primary care prescribers was promoted within 65 (79%) of responding CCGs. Local guidelines commonly recommended the use of back-up prescriptions for acute cough bronchitis and in half of guidelines for acute exacerbation of COPD. Back-up prescriptions were not commonly recommended for cellulitis and urinary tract infections in adults and pregnancy.

Fifty-two (63%) respondents were able to access clinical decision support about antimicrobial use integrated within any of the CCG's GP practices electronic prescribing software. EMIS health was the most commonly used electronic prescribing software provider for information regarding choice, dose, duration and cost of antimicrobial, and whether or not the antimicrobial is on the CCG formulary.

Only one CCG had a written antimicrobial education and training strategy. However 61% of doctors received antibiotic guidelines and training on antimicrobial prescribing on induction; in contrast only 6% of nurses and pharmacists received this training. The content of antimicrobial prescribing and stewardship training was left to individual trainers to decide in 33% of responding CCGs.

Conclusions: Local guidelines follow PHE national guidance closely for the conditions investigated. A large majority of CCGs promoted the use of back-up prescribing to primary care providers but there was variation in what conditions back-up prescribing was advocated for within local guidelines. The majority of practices had clinical decision support; there was variation in what systems were used and for what purpose.

Figure 1: Antibiotic choice dose and duration for clinical indications as recommended by local and national guidelines (n=82)



Red bars denote the 1st line antibiotic recommended by national guidelines