Kingston GP Chambers

14/04/2021

F2F audit/ antibiotic prescribing

The chambers team have been auditing remote to F2F conversion and antibiotic prescribing for the period October – December 2020. There are some concerns that the move to remote working has relaxed our thresholds for prescribing and our strict antimicrobial stewardship needs to be maintained.

Attached are 3 documents – please read these and reflect on your individual practice.

1. Anonymised spreadsheet demonstrating number of consultations during that period and %F2F, along with number of antibiotic prescriptions issued, broken down by type.
2. Trimethoprim prescribing – individual case analysis of all prescriptions
3. Ciprofloxacin prescribing – individual case analysis of all prescriptions

The data is of course less accurate for those clinicians who have seen less patients over this period of time and there is no suggestion that the majority of prescribing is not appropriate but it is useful to reflect on the data at an individual level:

- Are you more likely to prescribe antibiotics when consulting patients remotely?
- Are there patients who want a F2F appointment (the patient may perceive an examination to be necessary even if we don't) who aren't offered one and are likely to reappear somewhere else in the system due to concerns that they haven't been adequately assessed?
- Do you restrict broad spectrum antibiotics as much as possible and always document the reason for using them?
- Do you prescribe nitrofurantoin as 1st line only using trimethoprim if clear indication (low GFR, allergy, known sensitivity) or patient low risk of resistance and expressing patient choice.

Clinical Commissioning Group

ILLNESS	DRUG OPTION	DOSE	DURATION	COMMENTS
URINARY TRACT INFECTIONS *Note: As antibiotic resistance and Escherichia coli bacteraemia in the community is increasing, **use nitrofurantoin first line,** always give safety net and self-care advice, and consider risks for resistance. Give TARGET UTI leaflet, and refer to the PHE UTI guidance for diagnostic information.*				
Uncomplicated lower UTI (i.e. no fever or flank pain) in men & non-pregnant	1. Nitrofurantoin ***OR*** *If low risk of resistance:* Trimethoprim	100mg m/r BD (BD dose preferred due to increased compliance) ***OR*** 50mg i/r QDS 200mg BD	Women: 3 days Men: 7 days	**Self-care advice:** • Advise paracetamol or ibuprofen for pain & drinking enough fluid to avoid dehydration. • No evidence for cranberry products or urine alkalinising agents to treat lower UTI. • When considering antibiotics, take account of severity of symptoms, risk of complications, previous urine culture and susceptibility results, previous antibiotic use which may have led to resistant bacteria and local antimicrobial resistance data. • BNF: Nitrofurantoin may be used with caution if eGFR 30-44ml/min to treat uncomplicated lower UTI caused by suspected or proven multidrug resistant bacteria and only if potential benefit outweighs risk. • **Low risk of resistance:** younger women with acute UTI and no risk. • **Risk factors for increased resistance include:**

ACTIONS

We would be grateful if you could

1. Review the 'management and treatment of common infections in primary care document'. A link to this is also available from the homepage on EMIS

2. Complete the antibiotic prescribing self-assessment document and email it back.

Thank you for taking the time to do this. These things can of course all be included as CPD/ Reflective practice for your appraisals.

RH April 2021