

Medicines Management Prescribing Focus – November 2021

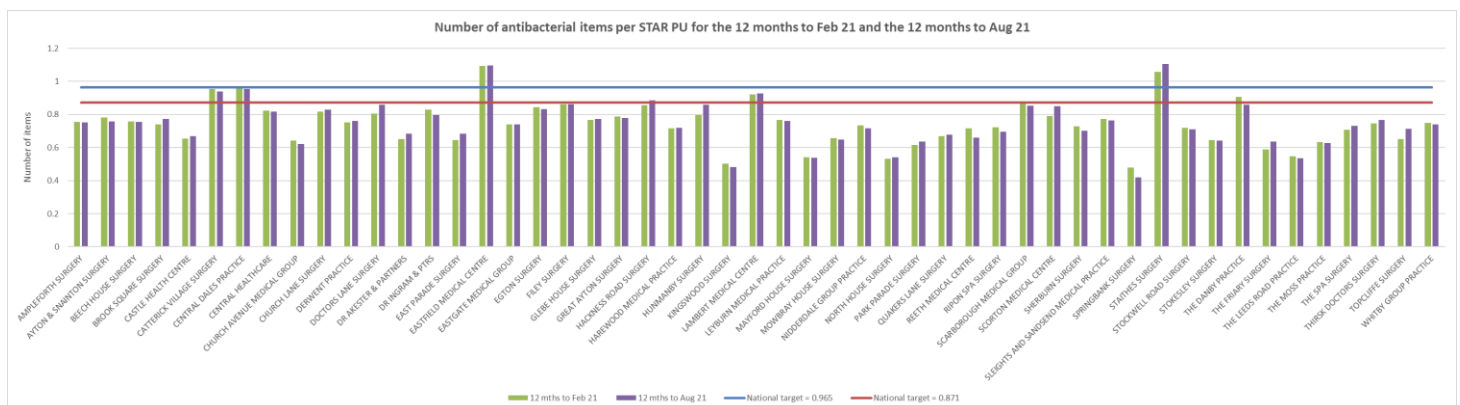
World Antimicrobial Awareness Week: 18th to 24th November

This month we are highlighting ‘European Antibiotic Awareness Day’, which falls on the 18th November each year. The World Health Organisation also runs ‘World Antimicrobial Awareness Week’ (WAAW) in parallel, which takes place from the 18th to the 24th of November. Find out how you can support raising awareness of this important issue in the [WAAW resource toolkit](#).

To avoid inappropriate antibiotic prescribing in the context of COVID-19 and other viral infections, it is recommended that healthcare professionals continue to follow the [current NICE guidelines](#) which were updated earlier this month.

The NHSE target for primary care antibiotic prescribing has been lowered in financial year 2021-22 to ‘at or below **0.871**’ to align it with the UK AMR National Action Plan ambition to reduce community antibiotic prescribing by 25% by 2024. Antibiotic consumption in the community in England has been trending down since 2014 and colleagues working in primary care were commended by the national AMR team for their continued commitment to the responsible use of this finite resource.

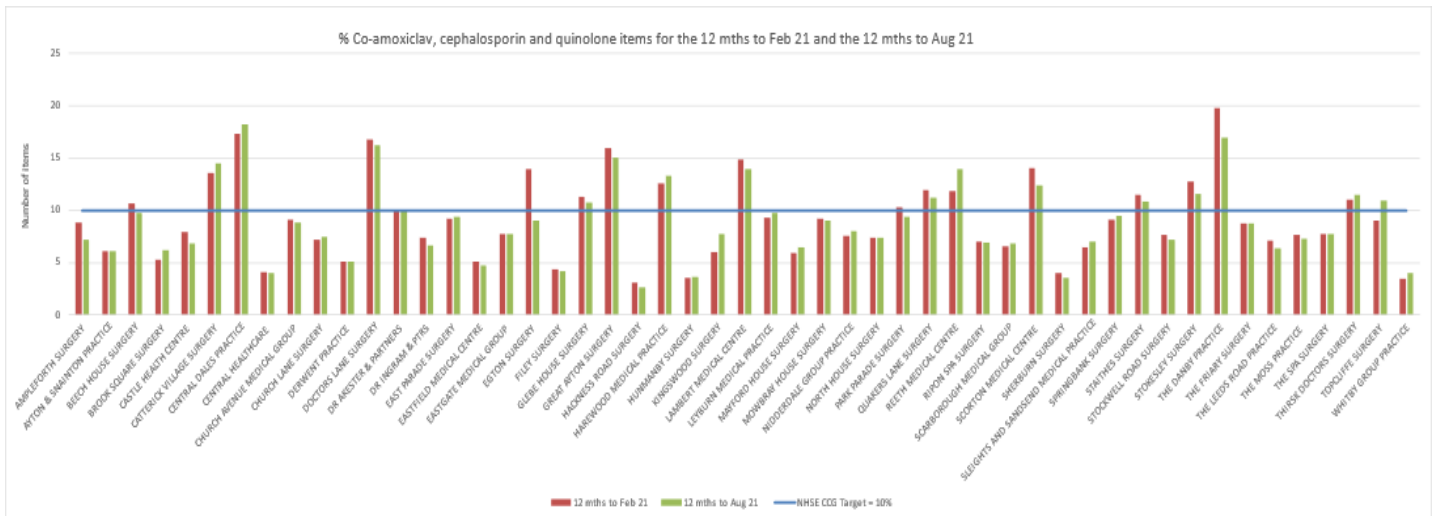
The graph below shows the total number of antibacterial items per STAR-PU prescribed by each practice within the CCG for the 12 months to August 2021 (purple bar) as compared to the 12 months to February 2021 (green bar). The blue horizontal line on the chart represents the old NHS England target of practices being under 0.965 items per STAR-PU and the red line represents the new adjusted target.



It is encouraging to see how many practices within the CCG area are already below the new NHSE target. Antibiotic prescribing in the community has fallen during the pandemic, mainly due to a reduction in respiratory tract infections which has resulted from social distancing measures.

Particularly for the six practices with prescribing rates above the target line (Catterick Village, Central Dales, Eastfield, Hackness Road, LMC and Staithes) and the practices who have shown an increase during this time period, this is an ideal opportunity to discuss and review antimicrobial prescribing with all prescribers in the surgery. Good practice amongst the team can be shared and team discussions may encourage prescribers to reflect on how they can reduce the number of antibiotic prescriptions issued.

The graph below shows the second NHSE indicator for antibiotic prescribing in primary care, which is for the percentage of broad spectrum antibiotics to be at or below 10% of the total number of all antibiotics prescribed. As of August 2021, there were 15 practices who are above this 10% target, which is a significant increase from 10 practices at the same time last year. This is mainly driven by an increase in cefalexin prescribing. We asked all practices to audit and review their cefalexin prescribing in May of this year. For any practices who have not yet done so, we would ask that this is undertaken before the end of 2021: <https://northyorkshireccg.nhs.uk/wp-content/uploads/2021/06/21-05-Cefalexin-Prescribing-NY-v1.1-FINAL-002.pdf>



The RCGP Learning Team have recently updated the [TARGET website](#) and added some new resources including tips and resources on addressing patients' antibiotic expectations. There is also a new Respiratory Tract Infection Resource Suite, in addition to the existing UTI Resource Suite.

They have included a section with advice on using back-up/delayed antibiotic prescriptions:

Five ways to issue a back-up/delayed antibiotic prescription

The format you use to give a back-up/delayed antibiotic prescription to a patient makes little difference to antibiotic use - as long as you **give clear advice** to patients.

1. Give a prescription with advice to get it dispensed if needed
2. Ask the patient to collect prescription from an agreed location (e.g., the reception, dispensary or pharmacy if using electronic prescription transfer)
3. Write a post-dated prescription
4. Ask the patient to contact the practice again to obtain a prescription
5. Ask the patient to collect the antibiotic now, but only use it if needed

We would also urge all practice staff (this includes non-clinical staff) to consider signing up as an antibiotic guardian if they have not already done so. This campaign was launched to promote collective action from both healthcare professionals and members of the public to work together to attempt to slow the spread of antibiotic resistance:

<https://antibioticguardian.com/>

Please share the information in this letter with all members of staff in the practice.

Yours sincerely,

The Medicines Management Team