

Medicines Management Prescribing Focus – November 2023

World Antimicrobial Awareness Week

This month we are highlighting European Antibiotic Awareness Day and the World Health Organisation World Antimicrobial Awareness Week, both of which occur in November each year.

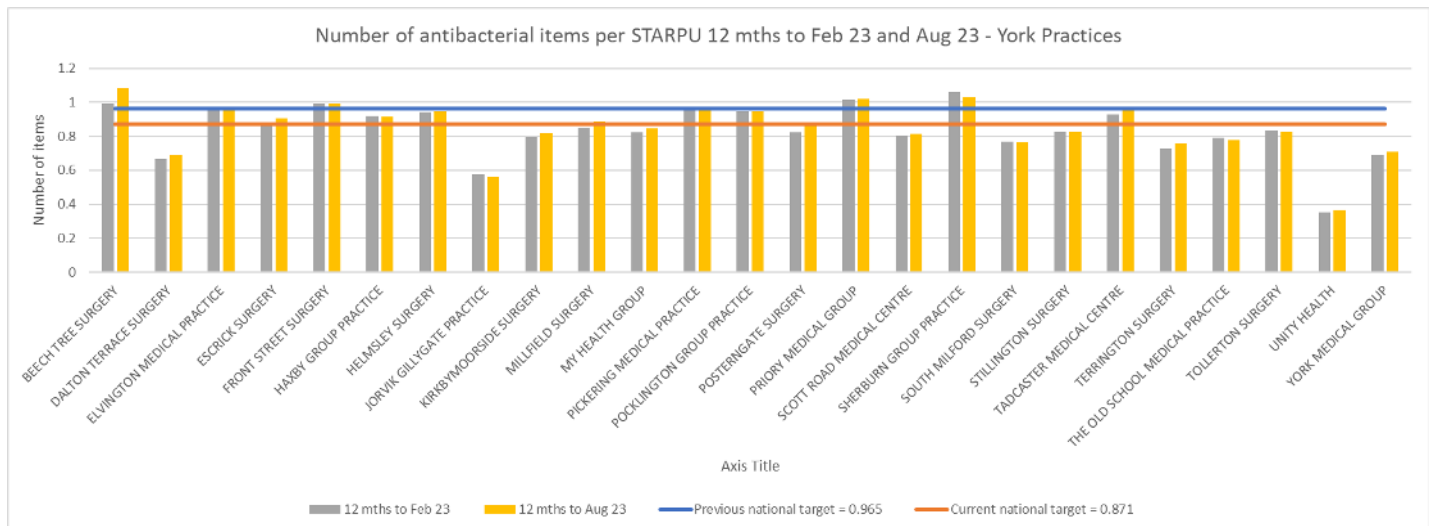
In North Yorkshire & York we are working on updating our local primary care antimicrobial prescribing guidance, in collaboration with colleagues in the other areas of the Humber & North Yorkshire Integrated Care System. In the meantime, we ask practices to refer to the national document produced by NICE and Public Health England (PHE): 'Summary of antimicrobial prescribing guidance – managing common infections'. This may be found either on North Yorkshire CCG's [website](#) or on the [RCGP website](#).

Of note is that:

- We would advise cefalexin & metronidazole for acute diverticulitis in preference to co-amoxiclav.
- **Metronidazole is no longer indicated for the treatment of C. difficile infections.** Metronidazole has lower initial cure rates and higher recurrence rates than vancomycin.

The NHSE target for primary care antibiotic prescribing was lowered in 2021, to align with the UK AMR National Action Plan ambition to reduce community antibiotic prescribing by 25% by 2024. Prescribing rates were, of course, affected by the period of exceptionally high circulating rates of group A strep (GAS) infections during last winter.

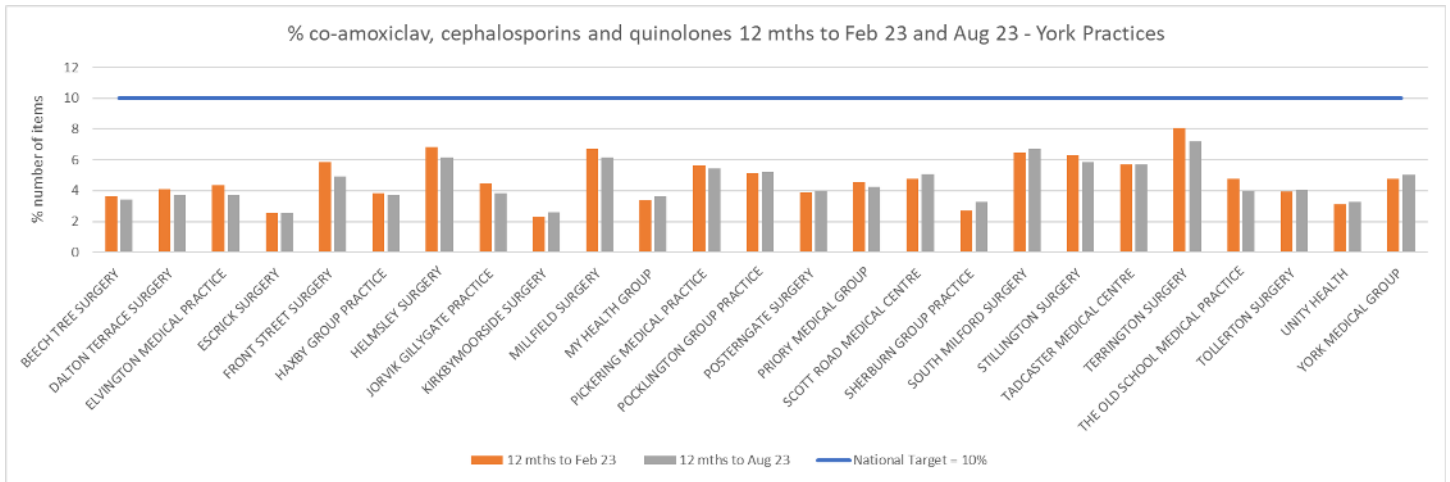
The graph below shows the total number of antibacterial items per STAR-PU prescribed by each practice within the York locality for the 12 months to August 2023 (yellow bar) as compared to the 12 months to February 2023 (grey bar). The blue horizontal line on the chart represents the old NHS England target of practices being under 0.965 items per STAR-PU and the orange line represents the new adjusted target.



World Antimicrobial Awareness Week presents an ideal opportunity to discuss and review antibiotic prescribing with your teams, particularly for those practices that had shown an increase in this timeframe. Good practice amongst the team can be shared and discussions may encourage prescribers to reflect on how they can reduce the number of antibiotic prescriptions issued.

A useful resource is the TARGET webinar series developed by PHE, the British Society for Antimicrobial Chemotherapy (BSAC) and primary care colleagues. There are seven free [TARGET](#) learning modules including prescribing in UTI, managing patient expectations and antibiotics for children.

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. All York locality practices remain below the target, although some practices have shown an increase in this period.

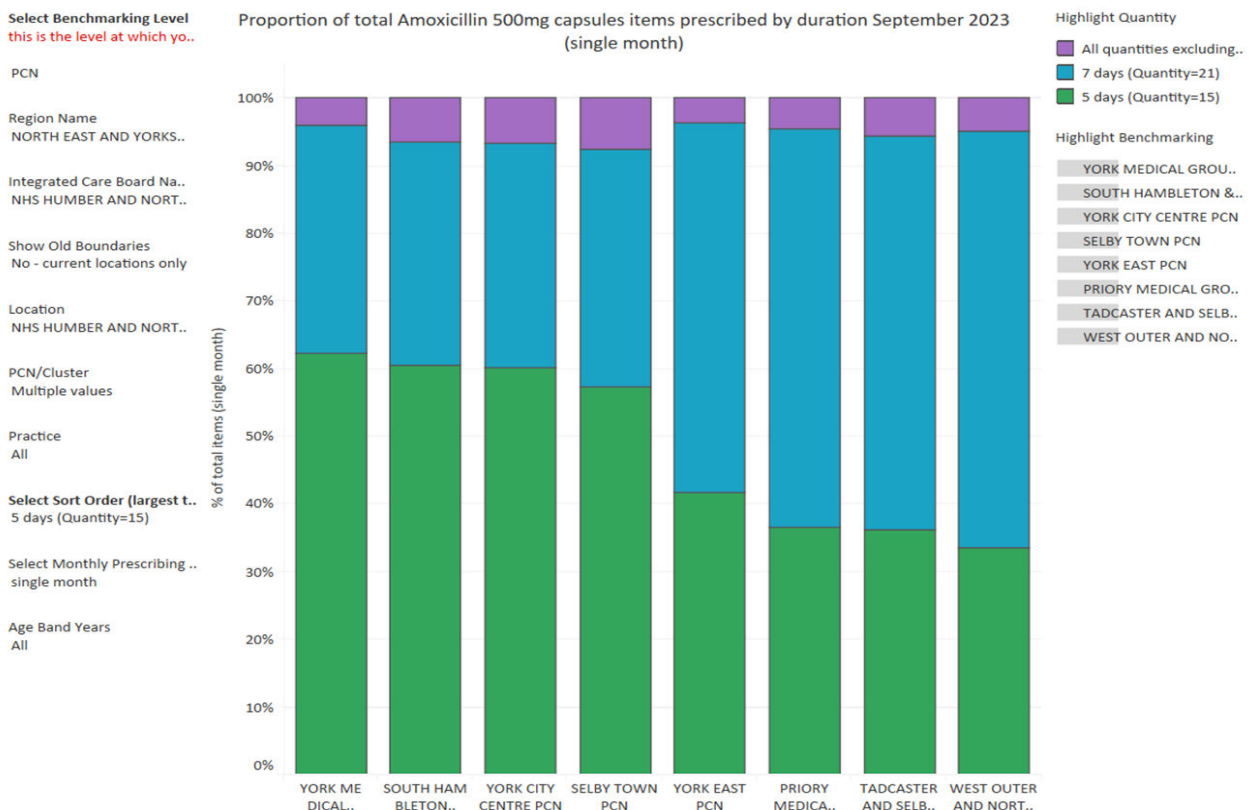


Five Day Courses of Antibiotics for Lower Respiratory Tract Infections (LRTIs) – 'Shorter is Better'

Current [NICE/PHE](#) guidelines for treatment of LRTIs advise that, where antibiotics are considered necessary, course lengths of 5 days are prescribed for all indications listed (except bronchiectasis).

A recent [meta-analysis](#) found that each additional day of antibiotic therapy was associated with a 4% increase in risk of side effects and a 3% increase in risk of resistance.

Optimising antimicrobial duration dashboard - Amoxicillin 500mg capsules



In each of the York PCNs the quantity of amoxicillin 500mg capsules (commonly first line for LRTIs in non-penicillin allergic patients) prescribed as a 5 day course can be seen as the green portion of the stacked bar chart above (source: PrescQIPP [Optimising antimicrobial use dashboard](#)).

This varied from 62% in YMG PCN down to 33% in WONE PCN. The national aim is for 75% of all amoxicillin 500mg scripts to be for 5 days.

Although amoxicillin can be prescribed for different indications which may require different course lengths, this is a useful marker for discussion. We have included (as separate attachments) the graphs for each PCN, down to practice level (August 2023), to enable practices to review their own data.

Suggested actions:

- **Formulary** – for S1 practices, check that amoxicillin 500mg x15 caps is at the top of the pick list in your formulary. You can view this in: 'Setup>Prescribing>Drug Formularies'. Some teams have removed x21 altogether from their formulary; quantities can of course be changed at the point of prescribing where necessary
- **Dispensary** – for dispensing practices, check if the team have stock of the boxes of 15 capsules to make the dispensing process more efficient
- **Share** – please share this information with all prescribers and dispensers in the team to raise awareness
- **COPD Rescue Packs** – check that any antibiotics in [COPD rescue packs](#) on repeat templates (usually amoxicillin or doxycycline) are for 5 day courses

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/>

For any queries or feedback on this month's prescribing focus please contact the MMT via: hnyicb-ny.rxline@nhs.net

The MMT welcomes further ideas and suggestions that you and colleagues may wish to recommend for future prescribing focus editions.

The North Yorkshire and York Medicines Management Team