

Evaluating the use of the RPS antibiotic checklist by Community pharmacists for potential impact on AMR.



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Improvement

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INTRODUCTION

Antimicrobial resistance (AMR) is a worldwide public health crisis. This study analyses how community pharmacies could deliver elements of the 5-year AMR strategy as set out by the Department of Health in 2013¹ by using the Royal Pharmaceutical Society (RPS) antibiotic checklist² when counselling patients. Evaluation of the use of the checklist and counselling on AMR following its adoption will identify if any changes are required.

AIMS

To analyse community pharmacists' use of the RPS antibiotic checklist and possible impact on AMR to deliver the Government's antimicrobial resistance strategy¹.

OBJECTIVES

To evaluate the use of the RPS antibiotic checklist by community pharmacists for counselling when dispensing antibiotic prescriptions in conjunction with the appropriate Public Health England "treat your infection" patient information leaflet (PIL). Views of community pharmacists were assessed using a questionnaire.

METHOD

This study required and received ethics approval. A pilot antibiotic counselling checklist developed in 2017 was revised and promoted by RPS in their 2017 national antimicrobial stewardship campaign. Pharmacists who had used the pilot version were re-trained by researchers. The RPS checklist was used for 4 weeks in January 2018 to counsel patients when antibiotics were dispensed in conjunction with a PHE PIL (Fig 1). A self completion tally sheet recorded the number and individual counselling points used with these patients. A piloted questionnaire recorded usefulness of checklist and PIL.

RESULTS

Twelve pharmacists had consented to use the RPS checklist and tally sheet but after 4 weeks only 7 had recorded any data. A total of 211 patients were counselled, 29.8% (n=63) on alcohol, 31.2% (n=66) on not sharing with family and 42.6% (n=90) were asked to return unwanted medicines.

RESULTS continued

A further 73.4% (n=155) were counseled on side-effects, 92.4% (n=195) on how to take correctly, 82.9% (n=175) on course length and 81.5% (n=172) on finishing the course. Almost all (95.7% n=202) were asked the reason for the antibiotic, and 85.3% (n=180) were told the likely duration of the infection. PHE leaflet was given to 28.4% (n=60) of patients, and 45.9% (n=97) were given safety-netting advice (seeking further advice) and 29.3% (n=62) on self-care. Only 18.4% (n=39) were advised on flu vaccination. The same number told about hand hygiene despite it being a key element of the RPS national campaign about antimicrobial resistance.

From the questionnaire, 71% (n=5) of pharmacists routinely used the RPS checklist. 57% (n=4) found it quite useful and 43% (n=3) thought it time consuming. Barriers included 'too many options', 'very busy in the pharmacy', 'we know the standard advice to give on antibiotics' and 'all pharmacy bags state -don't share medication' as other reasons. The low number of eligible pharmacists taking part was a limitation.

Fig 2 shows results of tally sheet in response to checklist

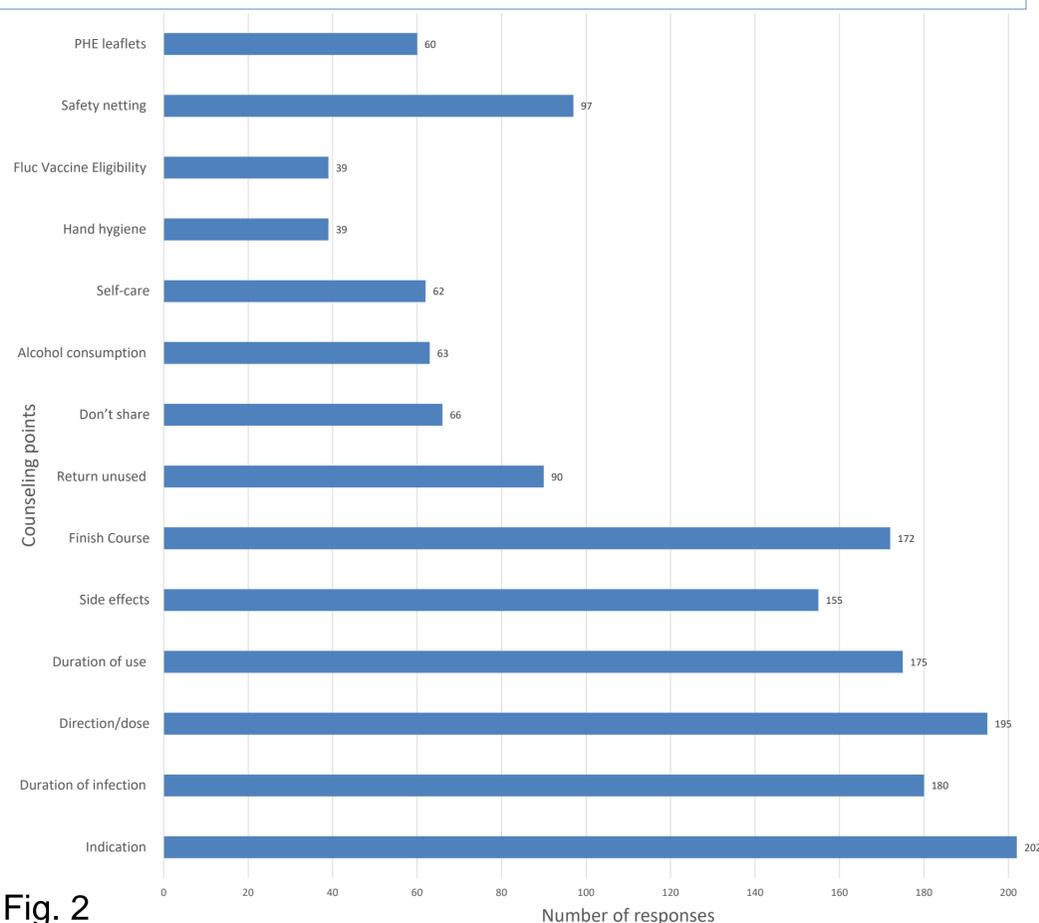


Fig. 2

Conclusion

This small study suggests community pharmacists are delivering some recommended educational elements about AMR to patients but not all. A review of the RPS checklist to make it less time consuming might encourage more pharmacists to use it in practice when counselling on antibiotic use. With more prominence given to AMR and specifically hand hygiene, it could help deliver elements of the Government's antimicrobial resistance strategy¹.

REFERENCE

- Department of Health. 2013. UK 5 Year Antimicrobial Resistance Strategy. <https://www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018> (accessed 27 May 2018)
- Royal Pharmaceutical Society Antimicrobial stewardship quick reference guide :RPS website <https://www.rpharms.com> (accessed 27 May 2018)

Public Health England **Self-care guide to help you treat your infection**

Patient Name: _____ Self-care advice provided

Product(s) suggested/supplied: _____ Patient advised to contact GP

Your infection	Usually lasts	How to treat yourself better for these infections, now and next time	When should you get help: Contact your GP practice or contact NHS 111 (England), NHS 24 (Scotland dial 111), or NHS Direct (Wales dial 0945 4647)
<input type="checkbox"/> Middle-ear infection	4 days	<ul style="list-style-type: none"> Have plenty of rest. Drink enough fluids to avoid feeling thirsty. 	1. to 8. are possible signs of serious illness and should be assessed urgently. Phone for advice if you are not sure how urgent the symptoms are. 1. If you develop a severe headache and are sick. 2. If your skin is very cold or has a strange colour, or you develop an unusual rash. 3. If you feel confused or have slurred speech or are very drowsy. 4. If you have difficulty breathing. Signs can include: o breathing quickly o turning blue around the lips and the skin below the mouth o skin between or above the ribs getting sucked or pulled in with every breath. 5. If you develop chest pain. 6. If you have difficulty swallowing or are drooling. 7. If you cough up blood. 8. If you are feeling a lot worse. Less serious signs that can usually wait until the next available GP appointment: 9. If you are not improving by the time given in the 'Usually lasts' column. 10. In children with middle-ear infection: if fluid is coming out of their ears or if they have new deafness. 11. Other
<input type="checkbox"/> Sore throat	7 days	<ul style="list-style-type: none"> Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both). 	
<input type="checkbox"/> Common cold	10 days	<ul style="list-style-type: none"> Fever is a sign the body is fighting the infection and usually gets better by itself in most cases. You can use paracetamol (or ibuprofen) if you or your child are uncomfortable as a result of a fever. 	
<input type="checkbox"/> Sinusitis	18 days	<ul style="list-style-type: none"> Other things you can do suggested by GP or nurse: 	
<input type="checkbox"/> Cough or bronchitis	21 days		
<input type="checkbox"/> Other infection: days		

Colds, most coughs, sinusitis, ear infections, sore throats, and other infections often get better without antibiotics, as your body can usually fight these infections on its own.
 The more we use antibiotics, the greater the chance that bacteria will become resistant to them so that they no longer work on our infections.
 Antibiotics can cause side effects such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight, other symptoms, or being sick if you drink alcohol with metronidazole.

Find out more about how you can make better use of antibiotics and help keep this vital treatment effective by visiting and pledging at www.antibioticguardian.com

Never share antibiotics and always return any unused antibiotics to a pharmacy for safe disposal

Fig 1. Public Health England PIL