

# Primary Care Antimicrobial Stewardship Guidelines

## 1. Introduction

The term 'antimicrobial stewardship' (AMS) is defined as 'an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness'<sup>1</sup>

The Health and Social Care Act (2008) mandates healthcare providers to have policies and procedures in place that will help to prevent and control infections including ensuring appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance (criteria 3).<sup>2</sup>

NICE Guidelines on Antimicrobial Stewardship (NG15, 2015) set out recommendations for healthcare organisations and commissioners implementing good AMS across all healthcare settings.<sup>1</sup>

Good AMS will help to:

- a. minimise the risk of healthcare-associated infections (HCAs) caused by antimicrobial resistant organisms
- b. minimise antimicrobial related adverse events
- c. slow the emergence of antimicrobial resistance
- d. maximise clinical therapeutic effectiveness and cost effectiveness of antimicrobial use
- e. improve patient outcomes by optimising treatment and reducing resistant organisms

## 2. Prescribing Guidelines

- 2.1 Surrey Heartlands Area Prescribing Committee with support from Surrey Heartlands Antimicrobial Stewardship Group will publish online antibiotic prescribing guidelines for managing infection in primary care. Current Primary Care Antibiotic Guidelines can be found on the Prescribing Advisory Database (PAD).<sup>3</sup>
- 2.2 The Surrey Heartlands ICS AMS group will support work on decision support software within GP practices to ensure appropriate messages are used to support good AMS.

- 2.3 Information on contact details for Microbiology Specialist Advice and Support can be found on the PAD.<sup>3</sup>

### 3. Antimicrobial Prescribing in General Practice

#### 3.1 Prescribing Decisions

- 3.1.1 When deciding whether to prescribe an antimicrobial, consider the risk of antimicrobial resistance for individual patients and the population as a whole.
- 3.1.2 Do not issue an immediate prescription for an antimicrobial to a patient who is likely to have a self-limiting condition but consider other options such as self-care with over-the-counter options, back up (delayed) prescriptions or other non-pharmacological interventions. Use of broad-spectrum antibiotics such as quinolones, cephalosporins and co-amoxiclav should be reserved for cases where they are the only suitable antibiotic that can be used.
- 3.1.3 When a decision to prescribe an antimicrobial has been made, take into account the benefits and harms for an individual patient associated with the particular antimicrobial, including possible interactions with medicines, food or drink, other illnesses the patient may have, pregnancy, renal and hepatic function, drug allergies and the risk of selection for organisms causing healthcare-associated infections, for example, *Clostridium difficile*. When prescribing an antimicrobial follow the local guidance on choice of antibiotic, dose and course length. Course duration should be based on clinical guidance and not on the available pack sizes of antimicrobial medication.
- 3.1.4 Document the prescribing decision in the patient notes including clinical indication, prescription details and the reason for any prescribing outside of standard guidance.
- 3.1.5 Review regular or prophylactic courses of antimicrobials as indicated in guidelines, usually every six months.

#### 3.2 Taking Microbiological Samples

- 3.2.1 For patients in primary care who have recurrent or persistent infections, consider taking microbiological samples when prescribing an antimicrobial and review the prescription when the results are available.
- 3.2.2 For patients who have non-severe infections, consider taking microbiological samples before deciding to prescribe an antimicrobial, providing it is safe to withhold treatment until the results are available.
- 3.2.3 Provide relevant information on microbiology culture request forms to aid appropriate advice on antimicrobial choice e.g. drugs already tried, allergies, possible contraindications (renal impairment etc).

### 3.3 Point of Care Testing

- 3.3.1 Public Health England have developed guidance on point of care urine testing and screening for suspected Urinary Tract Infections.<sup>4</sup> Routine screening of asymptomatic patients for the presence of bacteria in the urine is not appropriate.
- 3.3.2 A policy for point of care testing for respiratory infections will be developed in line with national guidance.

### 3.4 Involving Patients

- 3.4.1 Prescribers should take time to discuss with the patient and/or their family members or carers (as appropriate) the likely nature of the condition, why prescribing may not be the best option, alternatives to prescribing an antimicrobial, their views on antimicrobials, taking into account their priorities or concerns for their current illness and whether they want or expect an antimicrobial, the benefits and harm of immediate antimicrobial prescribing and what they should do if their condition deteriorates (safety netting advice) or they have problems as a result.
- 3.4.2 Prescribers should consider whether the patient would benefit from written information sources to support the prescribing decision. Suitable resources are available on the RCGP TARGET website.<sup>5</sup>
- 3.4.3 Patients should be counselled on the safe use of antimicrobials including the importance of only taking them for the condition that they were prescribed for, following the dosing instructions, not sharing them with other people and returning any unused medication to a community pharmacy for safe disposal.
- 3.4.4 Antibiotics prescribed for use as rescue packs or standby courses should be issued with appropriate information on when and how to use these. Dosage directions on the patient label should include the information that the medication is a standby course.

## 4. Recording Antimicrobial Allergies

- 4.1.1 Antimicrobial allergies should be recorded and coded in the patient notes in accordance with NICE guidance on Drug Allergies.<sup>6</sup>
- 4.1.2 Records of antimicrobial allergies should include the drug name, signs, symptoms and severity of the reaction and the date the reaction occurred.
- 4.1.3 Care should be taken that non-allergy adverse reactions to antibiotics are not recorded and coded as allergies
- 4.1.4 Ensure information on drug allergies is communicated in correspondence between health professionals including GP referral letters.

- 4.1.5 Ensure that a patient's antimicrobial allergy status is amended in the patient's medical record in response to a confirmed correction to their allergy status following an appropriate clinical assessment by a health professional competent to undertake this activity. It is important that the patient and their family are aware of the implications of such changes to an allergy status.

## 5. Staff Training on AMS

- 5.1.1 GP Practices and other healthcare organisations should make sure clinical staff are aware of the importance of good antimicrobial stewardship including the contents of this policy, the use local and national guidance on antibiotic prescribing and appropriate resources to use to support this.
- 5.1.2 Health Education England provide online training on Antimicrobial Resistance and Infections suitable for clinical staff working in GP practices.<sup>7</sup>

## 6. Monitoring Healthcare Associated Infections (HCAIs)

- 6.1.1 Medicines Management teams will support root cause analysis processes for HCAIs including advice on use of antimicrobials in primary care and sharing of learning from cases.
- 6.1.2 GP practices will support root cause analysis processes for HCAI including providing relevant supporting information from primary care clinical case notes.

## 7. Patient Safety

- 7.1.1 The ICS AMS Group will work with the ICS Medicines Safety Committee to promote the safe use of antimicrobials across the ICS including:
- a. supporting implementation of actions from the Medicines Health & Regulatory Authority (MHRA) national safety alerts on antimicrobials.
  - b. reporting and sharing learning from local medicines safety incidents involving antimicrobials.

## 8. Supporting Public Engagement with AMS

- 8.1.1 GP and other healthcare organisations can support national and local campaigns to improve public awareness of the appropriate use of antibiotics, e.g. Worldwide Antibiotic Awareness Week by sharing and promoting resources such as leaflets, posters and online materials with their patients and the general public.

## 9. Monitoring Prescribing Data in General Practice and managing variation

- 9.1.1 Medicines management data analysts will produce a quarterly report on AMS primary care prescribing indicators.
- 9.1.2 A summary overview of primary care AMS prescribing data will be included in the quarterly AMS report to the APC. This will include progress against national AMS targets and indicators.
- 9.1.3 Surrey Heartlands AMS Primary Care Data Group shall meet at least quarterly to review GP Antibiotic Prescribing data and identify and review appropriate actions.
- 9.1.4 Place based medicines management teams will feedback trends in AMS prescribing to their GP practices and Medicines Optimisation Groups (MOGs).
- 9.1.5 Place based medicines management teams will investigate AMS prescribing in practices identified as outliers and report to the local MOGs.

## References

1. [NICE Antimicrobial Stewardship Guidelines \(NG15\). August 2015](#)
2. [UK Government. Health & Social Care Act 2008](#)
3. [Surrey Heartlands ICS Prescribing Advisory Database. Antibiotic Prescribing Guidelines.](#)
4. [Public Health England. Urinary Tract Infection: diagnostic tools for primary care](#)
5. [Royal College of General Practitioners. TARGET Antibiotics.](#)
6. [NICE. Drug Allergies: diagnosis and management. September 2014.](#)
7. [Health Education England e learning for Healthcare. Antimicrobial Resistance and Infections.](#)

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