**Self-Assessment Checklist**

**GP Practice Questions**

**SELF ASSESSMENT CHECKLIST**

**What would be good practice now?**

1. Do you use national or local antibiotic guidance when considering how to treat common infections? Yes □ No □

You should be using local antibiotic guidance – this is usually based on national guidance produced by [National Institute for Clinical Excellence (NICE) and UK Health Security Agency (UKHSA)](https://www.gov.uk/government/collections/primary-care-guidance-diagnosing-and-managing-infections)  and may be modified locally by commissioners and microbiologists to localise the antibiotic guidance in accordance with local resistance and susceptibility patterns. This should be consistently used by all staff in your practice and out-of-hours services and can be found on the [NICE website](https://www.nice.org.uk/guidance/health-protection/communicable-diseases/antimicrobial-stewardship). The [Summary of antimicrobial prescribing guidance for managing common infections summary tables](https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/antimicrobial-prescribing-guidelines) are available on the [BNF website](https://www.bnf.org/news/2021/07/29/bnf-hosts-antimicrobial-summary-guidance-on-behalf-of-nice-and-phe/).

2. Do you analyse and discuss antibiotic prescribing at your practice in comparison to local indicators at least once a year? Yes □ No □

Analysing antibiotic prescribing figures against set indicators during the audit process enables the surgery to benchmark itself and determine whether there is a need to review their antibiotic prescribing practices. It is good practice to keep these figures and re-audit annually. [Tackling antimicrobial resistance 2019–2024 - the UK’s five-year national action plan](https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024) aims to halve healthcare associated gram-negative bloodstream infections by 2024 and reduce the number of specific drug-resistant infections in people by 10% by 2025. Use national prescribing data on [Fingertips](https://fingertips.phe.org.uk/) to compare antibiotic prescribing in your practice to local levels.

3. Do you use patient focused strategies to highlight the importance of responsible antibiotic use? For example, videos and posters in clinical and waiting areas. Yes □ No □

There are [patient facing materials](http://www.rcgp.org.uk/TARGETantibiotics/) available in the TARGET toolkit that can be used in the surgery waiting areas or in the consultation to improve patient awareness and to facilitate communication around responsible antibiotic use, antibiotic resistance and patient self-care of infections. You can refer to posters and videos during your consultations to highlight that there is a national strategy to tackle resistance and inappropriate antibiotic use.

4. Reflective notes on current guidance, benchmarking and patient focused strategies in my practice

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5. Have you been involved in a practice antibiotic audit in the last two years?

Yes in last year □ Yes in last 2 years □ No □

It is important to conduct regular antibiotic audits within your practice, with peer review of the results to further improve antibiotic prescribing. Audits have been shown to lead to improved prescribing, and are now a requirement of your CPD and appraisal.  Why not identify an area in your practice where prescribing rates are high – e.g. sore throat or UTI and take one forward using the audit templates available in the [TARGET Toolkit](https://elearning.rcgp.org.uk/course/view.php?id=553).

6. Do you usually record clinical indications for antibiotic prescribed in patient notes using Read Codes or Snomed?

Yes □ No □

Using appropriate Read Codes during consultations will further improve the audit process and can be used to support the prescribing decisions made on any given occasion. Consider having agreed codes or a code formulary in your practice and discuss at a meeting. Not recording an indication for prescribing antibiotics may be perceived as a reason to hide inappropriate prescribing. Agreeing your coding means that audits will be more meaningful.

7. Reflective notes on audits and coding

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**What most practices should aim to do soon**

8. Is the latest antibiotic guidance made available to all temporary prescribers working in your surgery? Yes □ No □ Don’t Know □

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| To have a consistent approach within the surgery is very important, otherwise it gives patients mixed messages and they may just re-consult with another colleague. |

9. Do you use back up/delayed antibiotic prescriptions at least:

Weekly □ Monthly □ Yearly □ No □ I don’t agree with back-up prescriptions □

Back up/delayed prescribing is a very useful strategy to use when pressure to prescribe is greater, especially just before the weekend. Typically, about 4/10 patients given a back-up/delayed prescription will collect and use the antibiotic. Patients may feel reassured that they have a prescription available to use if their symptoms do not get better as expected, or worsen, and the TARGET [‘Treating your infection’ leaflets](https://elearning.rcgp.org.uk/mod/book/view.php?id=12647) can be used to help communicate the benefits of this approach.  Back-up/delayed prescribing is a specific technique which includes giving advice on the natural history of the illness, alarm symptoms, when to re-consult and why and when to take the antibiotics. For more information on this approach consider [discussing antibiotics with patients](https://phecloud-my.sharepoint.com/personal/eirwen_sides_ukhsa_gov_uk/Documents/Microsoft%20Teams%20Chat%20Files/Discussing%20antibiotics%20with%20patients:%20Discussing%20back-up/delayed%20antibiotic%20prescriptions%20(rcgp.org.uk)). To encourage use of back pocket/delayed prescriptions in your practice, computer prompts could be used when someone enters a Read Code for an infection. Using the SNOMED Read Code 967191000000104 when you give advice on treating your infection with self-care patient leaflet with back-up/delayed prescription issue will also help you audit prescribing decisions.

10. Do you have infection leaflets easily available to share in the consultation?

No □ Yes – hard copies on my desk □ Yes – computer prompt □ Other □

We are all familiar with the patient centred consultation, and a recent UK survey showed that 88% of patients trust their GP to give them advice on when they need antibiotics. Improved communication with patients around antibiotics has been shown to reduce antibiotic prescribing. The TARGET ‘[Treating your infection’](https://elearning.rcgp.org.uk/mod/book/view.php?id=12647&chapterid=444) RTI and UTI leaflets have been produced to share with patients in consultations when you think they may benefit from a no or delayed prescription, these have been endorsed by NICE. These can be downloaded and used on many GP computer systems to form part of your patient consultation record. The leaflet allows you to close the consultation without a prescription, promote and increase patients’ confidence to self care and reduce re-consultations for the infection in the future. The ‘[When Should I Worry’](https://elearning.rcgp.org.uk/mod/book/view.php?id=12647&chapterid=446) booklet can be used for parents when you think their child will benefit from a no, or delayed antibiotic prescription. This should be endorsed in the consultation and related to the current illness. Record the use of a leaflet in consultations with Read Code 8CE

11. Reflective Notes

**What all antibiotic aware practices should be doing**

12. Do you keep a written record and surgery action plan resulting from antibiotic audits?

Yes □ No □ Don’t know □

Audits are most effective when actions are set to improve prescribing, with subsequent audits then being completed to analyse whether the actions have been successfully implemented. See where you sit within the Quality Premium for antibiotic prescribing in total, broad spectrum and UTI’s.

13. Do you have strategy to avoid patients re-consulting with other clinicians to obtain antibiotics? Yes □ No □

Patients with a high expectation for antibiotics may revisit their surgery or other providers to obtain a prescription for antibiotics if they were initially refused antibiotics. This may be countered by good communication skills, the use of leaflets and a back-up/delayed prescription strategy as part of a standardised approach supported by antibiotic guidance. We suggest you create an action plan at a practice meeting with all staff, and ask your local medicines manager to help.

14. Have you undertaken any antibiotic-related prescribing clinical courses, for example the TARGET Webinars, “Managing Acute Respiratory Tract Infections” and “Managing UTIs” eLearning courses on the [RCGP Online Learning Environment](http://elearning.rcgp.org.uk/) within the past 2 years?

Yes □ No □

These courses count as Continued Professional Development (CPD) for your portfolio. [Training resources](https://elearning.rcgp.org.uk/mod/book/view.php?id=12650) are free for all to access from the RCGP website.

15. Is there a GP or nurse prescriber within your practice who takes a lead for antibiotic stewardship in the practice? Yes □ No □

Having an antibiotic champion within the surgery can lead to significant improvements in antibiotic prescribing as they can help to drive and maintain initiatives to affect the required changes. The champion should aim to discuss antibiotic issues in the practice at least twice a year.

16. Reflective notes