# TARGET Early Career Webinar – Panel Questions

The following document covers questions and answers given during the live webinar "Navigating antimicrobial stewardship for new and early career prescribers".

Find the live webinar recording here.

Answers have been provided by a group of clinical experts. They do not reflect the views of UK Health Security Agency (UKHSA) or the Royal College of General Practitioners (RCGP).

1. I am interested in the "mislabelling" of penicillin allergies for children who have GI symptoms and non-urticarial rashes, i.e. associated with possible viral exanthem. How can we educate parents and staff?

- Important to reassure parents and staff about the differences between intolerances and allergies. Gastrointestinal (GI) symptoms can be caused by many factors, including antibiotic use, but are more likely to be caused by an intolerance rather than an allergy. A patient shouldn't be labelled as allergic based solely on gut intolerance.
- There is likely to be increasing guidance and resources for primary care to make re-testing more available, particularly in paediatric services to support the appropriate de-labelling or confirmation of penicillin allergies.
- Some secondary care providers are working to develop services to support de-labelling when patients are referred. This is especially important for cases that fall between true anaphylaxis and intolerance symptoms or family history (there is no hereditary link for penicillin allergy). Patients can be de-labelled based on non-anaphylactic symptoms alone, e.g. skin rashes in childhood.
- For viral exanthem, there should be educational resources/leaflets on "common viral rashes in children" available in paediatric centres, along with online information to educate parents and staff on the signs to look out for.

2. Is the PENFAST score useful for determining risk of penicillin allergy?

Yes, this is a useful tool for healthcare professionals.

3. How do we find the time for antimicrobial stewardship (AMS) activities with a very busy working day?

- Important to get the whole practice team involved so that the burden doesn't fall on one specific individual, e.g. medical students or trainees may be interested in performing an audit to support appraisals.
- It may also be useful to identify which staff members are most suited to help identify AMS resources and activities to share with the rest of the team.

- The vision should be shared across all team members, including senior leadership. It also saves time overall if the whole practice team are consistent in their approach and messaging regarding antibiotics, from the receptionists to the nurses and clinicians.
- Protected learning time (PLT) can provide opportunity for AMS activities and you could try simulations to help increase confidence in challenging consultations and in saying 'no' to antibiotics whilst explaining the reasons why. You should engage with the resources that are available, such as the TARGET patient information leaflets, and practice using these in consultations.

4. What is the evidence behind the FeverPAIN and Centor criteria for sore throat? Is one better than the other? I have met GPs who will only prescribe antibiotics if they see pus on the tonsils. What are your thoughts on this?

Centor is older, but FeverPAIN has more evidence behind it.

- FeverPAIN can be useful in consultations to display on screen and discuss with the patient. If the FeverPAIN score is 0 or 1, you have a tool to support explaining why the symptoms are unlikely to be bacterial tonsilitis.
- When the FeverPAIN score is low, you can discuss the risks of taking antibiotics and why they are not recommended in this situation. You can use antibiotics for suspected bacterial tonsillitis, but the FeverPAIN score will be inherently lower, and you may want to discuss other options with the patient, such as delayed prescribing, while ensuring no other causes for the symptoms are missed.

Consistent messaging across the practice is crucial to prevent patients from seeking second opinions from other prescribers.

- If antibiotics are prescribed once for a sore throat or cough, it sets an expectation for future prescriptions. It is important to inform patients that the decision to prescribe or not prescribe is based on today's clinical assessment. Using the TARGET patient information leaflets and resources such as 'When Should I Worry?' for parents can support these conversations.
- Familiarise yourself with TARGET's educational materials to build confidence in addressing patient concerns. Explaining why antibiotics are not needed often prevents challenging consultations and educates patients for next time.
- Delayed prescribing can be a useful strategy when facing negative responses or a high expectation for antibiotics. You can ask patients to call back or send the prescription to a pharmacy with instructions not to collect it immediately. Evidence shows that many patients do not collect delayed prescriptions and do not expect an antibiotic prescription in the future, making this a good middle ground. There is a TARGET webinar on delayed prescribing of antibiotics.

5. Are there any resources for assessing patients remotely via telephone consultation to decide if antibiotics are indicated? Or would you advise always assessing patients face to face?

- It is beneficial and safer to clinically access most acute infections face-to-face e.g. ears or throat. Having a practice policy which states that antibiotics will not be prescribed remotely can be very useful.
- When patients send clinical requests via the triage system, they often prefer a text or phone call due to work and other commitments. However, in most cases, I will ask patients to come into the practice before prescribing antibiotics.
- One situation where a remote consultation may be appropriate is for women under 65 who are otherwise healthy with a suspected UTI. On Accurx, there is a TARGET UTI florey which automatically pre-populates with all the appropriate questions, linking directly to the TARGET UTI flowchart. This includes all of the information that you need including risk of pregnancy and whether they have any symptoms of more serious conditions. Once the patient has completed the florey, I will ask them to bring in a urine sample. As long as the patient doesn't need a dipstick, I will send them the TARGET UTI leaflet for women under 65 with a note that their prescription has been sent to the pharmacy.

6. I am interested in how to support new prescribers in antimicrobial stewardship, particularly nurse prescribers. I have seen frequent reports that they feel pressure to prescribe antibiotics where it may not be necessary as they feel (rightly or wrongly) that if they don't patients will just return to a GP to prescribe.

- The approach to consultations is important and should involve sharing rationale for prescribing or not prescribing antibiotics as well as risks of taking antibiotics.
- You may wish to discuss antibiotic resistance with the patient, an analogy to help patients understand this is comparing it to the early days of Covid-19 when there were no treatments available and, if we continue taking antibiotics when they are not needed, we risk having many infections that we cannot treat in the future.
- There is a TARGET webinar on discussing antibiotic use with patients which may be useful for new prescribers and help them to optimise shared decision making.
- New prescribers shouldn't be afraid to ask colleagues for support during difficult consultations. They could ask another colleague to assess a patient with them and help to reinforce the message. In the long run, this will save time by preventing patients from requesting antibiotics unnecessarily in the future.

Utilising all resources available on the TARGET toolkit and looking at the NICE clinical knowledge summaries is also really helpful.

7. Where can I find details of locally circulating viruses?

RCGP Research and Surveillance Centre (RSC) has some information about positive test results within geographic areas for viruses. Also, if you contact your local public health team, they will be able to provide surveillance data for your local area.