



TARGET

Keep Antibiotics Working

Navigating antimicrobial stewardship for new and early career prescribers

Wednesday, 29 January 2024

18:30-19:30



TARGET

Keep Antibiotics Working

Introductions: TARGET and RCGP



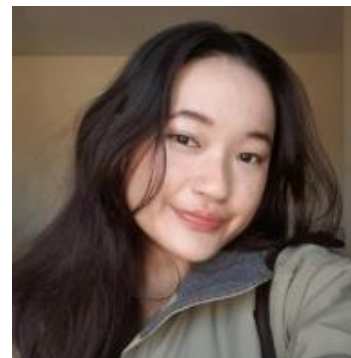
Dr Donna Lecky



Emily Cooper



Catherine
Hayes



Ming Lee



Emily Whitehorne



Julie Brooke



Liam Clayton



Joseph Besford



Camilla Stevenson



Dr Dharini Shanmugabavan



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Keep Antibiotics Working

Introductions: Speakers and panellist



Dr Haroon Ahmed

GP, Rumney Primary Care Centre
Clinical Reader at Cardiff
University

Speaker and panellist



Dr Linda Strettle

GP Partner, The Village
Surgery,
Rotherham

Speaker and Panellist



Dr Graham Duce

GP Partner, Park Green
Surgery, Macclesfield

Panellist



Raje Dhillon

Consultant Microbiologist
and AMS lead
University Hospitals Bristol
and Weston NHS

Panellist



Dr Toyosi Adeniji

GP Partner in Northampton,
RCGP National First 5 Chair

Panellist



TARGET Aims

Keep Antibiotics Working

- Discuss the burden and consequences of antimicrobial resistance (AMR) for primary care.
- Understand the importance of antimicrobial stewardship activities in your practice or setting.
- Implement and evaluate a cycle of antimicrobial stewardship activities.



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Dr Haroon Ahmed

GP, Rumney Primary Care Centre
Clinical Reader at Cardiff University

Navigating antimicrobial stewardship for new and early career prescribers



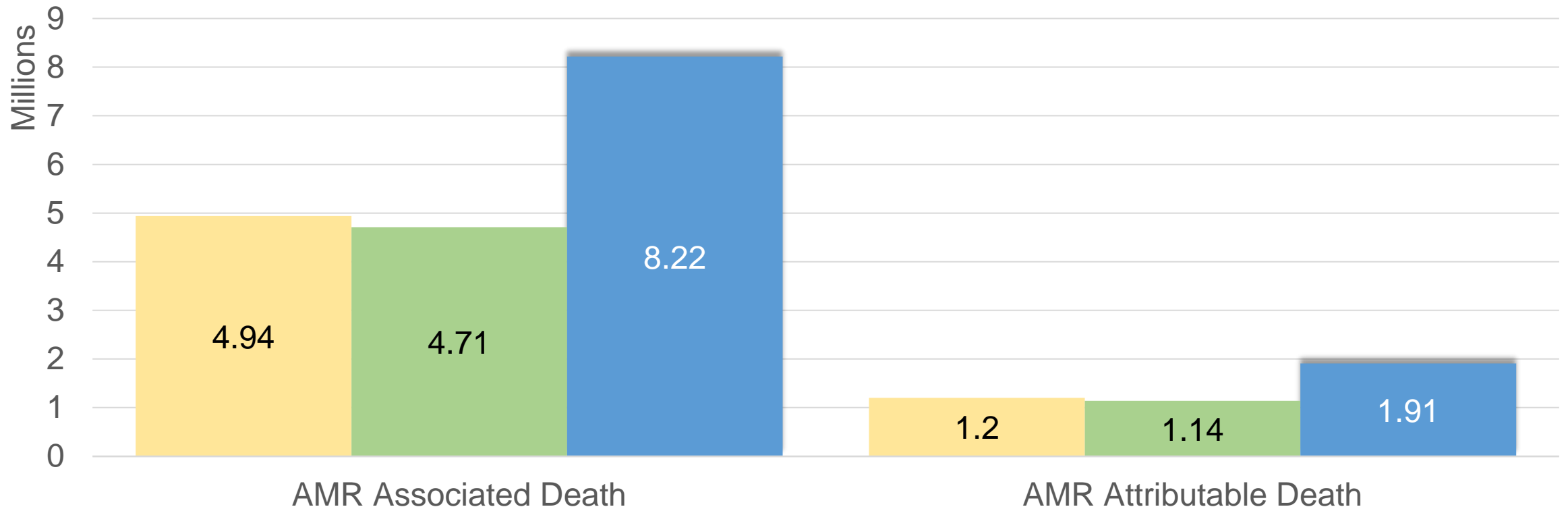
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Scale of the problem

Global Deaths 2019, 2021, 2050 Forecast

2019 2021 2050





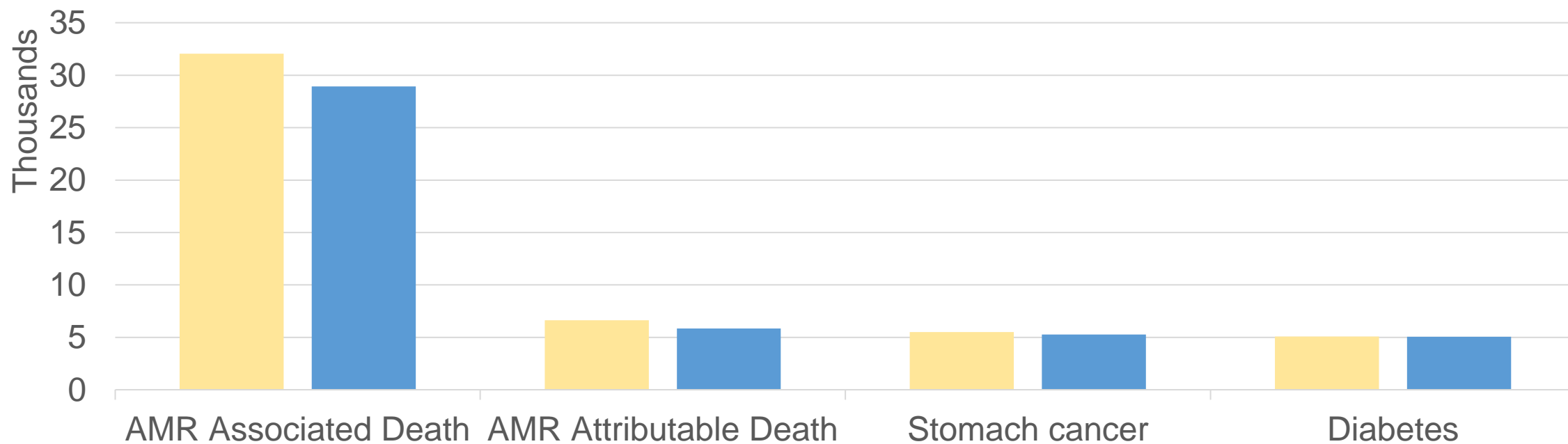
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Scale of the problem

England Deaths 2019, 2021

2019 2021



It costs the NHS at least **£180 million** every year to cope with the level of resistant infections we have

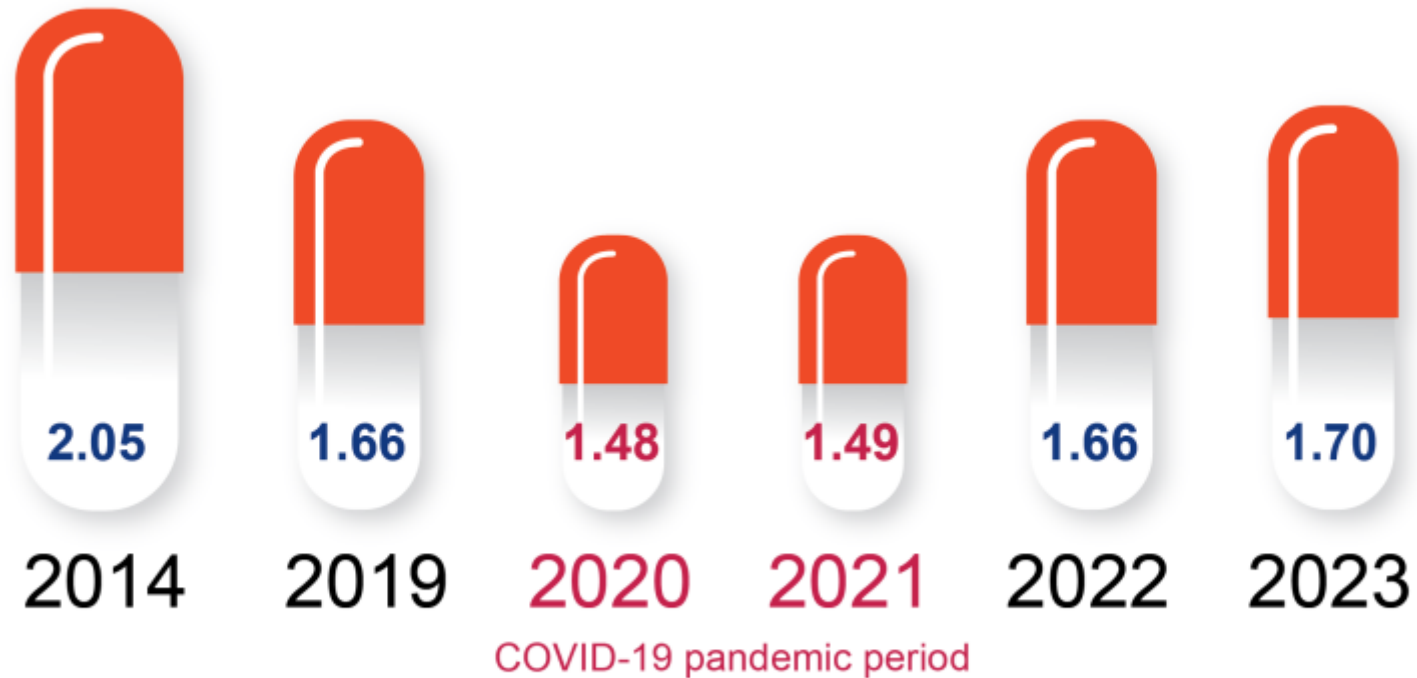


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Prescribing in primary care

Antibiotic consumption in primary care increased in 2023



(Items per 1,000 inhabitants per day)

UKHSA ESPAUR Report 2023-24



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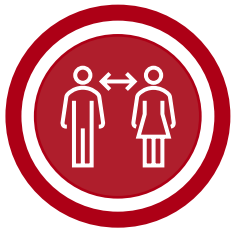
Covid-19



AMS deprioritised to keep general practice operational



New AMS initiatives deferred
Disruptions to AMS activities



Social distancing resulted in less face-to-face engagement



- Increased difficulty in conducting routine AMS activities
- Harder to challenge prescribing



Increase in remote consultations



Prescribers more cautious,
overprescribing to reduce risk of hospitalisation



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Risk of resistance after prescribing antibiotics

Meta analysis of antibiotic resistance in individuals prescribed antibiotics in primary care

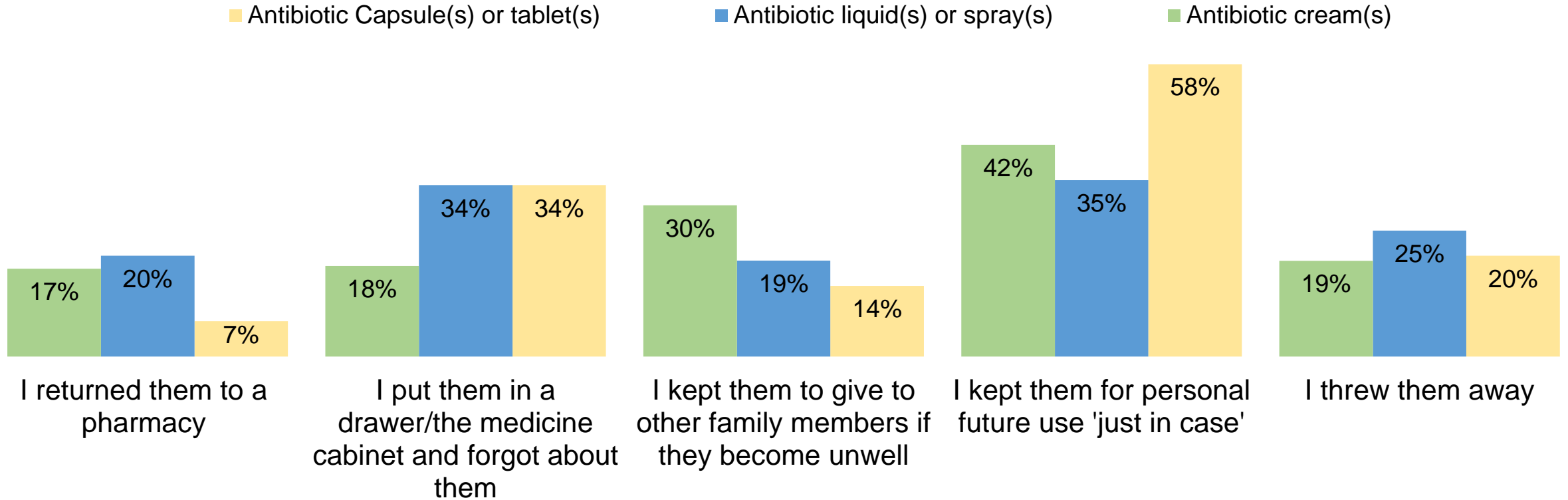
	Increased risk of resistant organism	
	Antibiotic in past 2 months	Antibiotic in past 12 months
RTI 7 studies, n=2,605	2.4 times	2.4 times
UTI 5 studies, n=14,348	2.5 times	1.33 times



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What did patients do with leftover antibiotics?



Base: All England participants who had the following antibiotics left over: Antibiotic capsule(s)/tablet(s):390, Antibiotic liquid(s) or spray(s):270, Antibiotic cream(s):142, fieldwork conducted online 15-27 March 2024



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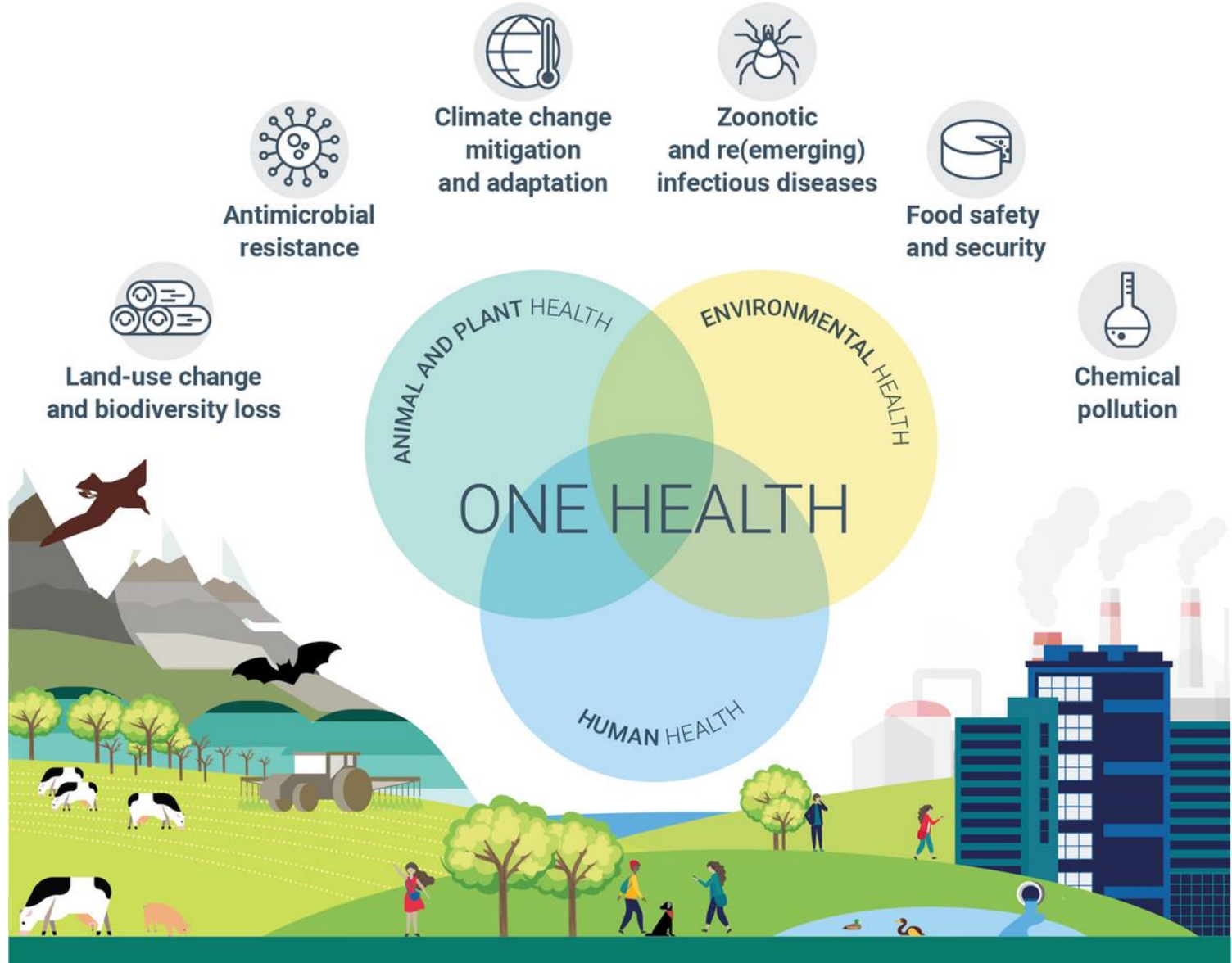
Keep Antibiotics Working

One Health

A multi-sectoral approach that aims to balance and optimise the **health of people, animals, plants, and their shared environment**, recognising their interconnection.



Leftover antibiotics





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AMS in your practice

Antimicrobial
stewardship (AMS)

Healthcare system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness.

Examples: commitment to prioritise AMR, monitoring antimicrobial use, changing prescribing behaviour, antibiotic sparing



Review

Assess the impact on antimicrobial prescribing

[Self-assessment toolkits](#), [audit templates](#), [local and national prescribing data](#) can all support the review process



Identify

Regularly measure antimicrobial prescribing and [actions plans](#)

Use findings to identify areas for improvement in infection management and antimicrobial prescribing

4

1

The TARGET Cycle of Antimicrobial Stewardship



3

2



Act

Take proactive steps to enhance stewardship

A practice-wide approach is recommended. Consider using tools across the patient journey, such as triaging, [posters](#), [patient information leaflets](#) and medication reviews



Learn

Stay informed on the latest evidence, refresh knowledge on area identified for improvement

Review [national](#) and local guidance, [interactive training tools](#), [webinars](#), [eLearning courses](#) and [podcasts](#)



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TARGET

Keep Antibiotics Working

Identify

Self-assessment tools

Benchmarking

TARGET
Keep Antibiotics Working

**Self-Assessment Checklist
General Practice Questions**

SELF ASSESSMENT CHECKLIST

Introduction
The TARGET Self-Assessment Checklist (SAC) aims to support users to reflect on antimicrobial stewardship and antibiotic prescribing in Primary Care settings.

It should take no longer than 10 minutes to complete.

What would be good practice now?

- Do you use national, local, or other antibiotic guidance when considering how to treat common infections?
Yes
No

Example may include guidelines from groups like NICE, AWMSG or SIGN or resources based on national guidance, like the Northern Ireland Formulary.

- Do you analyse and discuss antibiotic prescribing at your practice in comparison to key performance indicators at least once a year?
Yes
No
Don't know
Not Applicable

Key performance indicators may be at a local, regional, or national level or may even be practice specific.

ePACT2

- Register with ePACT2
- Dashboards
- Prescribing reports
- Customised for your ICB/practice

<https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>

ePACT2

ePACT2 is an online application which gives authorised users access to prescription data.

You can access online analyses of prescribing data held by NHS Prescription Services. Data is available 6 weeks after the dispensing month.

ePACT2 has more functionality available to users than the original ePACT system, including the ability to:

- interrogate prescription data in ways not been possible before
- easily create data visualisation using interactive reports and dashboards
- look at high level data summaries down to individual prescription item detail
- schedule queries to be pre-run so the results are available when the user opens a dashboard
- export the data from reports and dashboards
- access to whole country data
- view patterns of prescribing at patient level

ePACT2 provides easy-to-use analysis, reports and dashboards. You don't need an N3 connection as you can access the system with an internet connection.

[Access ePACT2](#)

- ePACT2
- Dashboards and specifications
- Report information
- User guides
- ePACT2 training
- ePACT2 news

[Information Services Portal \(ISP\)](#)

*Digital version will be published Spring 2025



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TARGET Learn

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NICE National Institute for Health and Care Excellence



Summary of antimicrobial prescribing guidance – managing common infections

- See the [British National Formulary \(BNF\)](#) for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.
- See the TARGET antibiotics toolkit - [Summary of antimicrobial guidance page](#) for accessible text summaries of the tables and links to full guidance.

Key: Click to access doses for children Click to access NICE's printable visual summary

Jump to section on: [Upper](#) [Lower RTI](#) [UTI](#) [Meningitis](#) [GI](#) [Genital](#) [Skin](#) [Eye](#) [Dental](#)

Infection	Key points	Medicine	Doses		Length	Visual summary
			Adult	Child		
Upper respiratory tract infections						
Acute sore throat NICE UK Health Security Agency Last updated: Feb 2023	Advise paracetamol, or if preferred and suitable, ibuprofen for pain. Medicated lozenges may help pain in adults. Use FeverPAIN or Centor to assess symptoms: FeverPAIN 0-1 or Centor 0-2: no antibiotic; FeverPAIN 2-3: no or back-up antibiotic; FeverPAIN 4-5 or Centor 3-4: immediate or back-up antibiotic. Systemically very unwell or high risk of complications: immediate antibiotic. <i>*5 days of phenoxymethylpenicillin may be enough for symptomatic cure; but a 10-day course may increase the chance of microbiological cure. For detailed information click the visual summary icon.</i>	First choice: phenoxymethylpenicillin Penicillin allergy: clarithromycin OR erythromycin (if macrolide needed in pregnancy; consider benefit/harm)	500mg QDS or 1000mg BD		5 to 10 days*	
			250mg to 500mg BD		5 days	
			250mg to 500mg QDS or 500mg to 1000mg BD		5 days	

Summary of antimicrobial prescribing guidance – managing common infections (December 2024)

1

Webinars

[Contents - click to view webinar list](#)

Please note the content of these webinars are accurate at the time of the event and are not reviewed for changes to guidance. Our clinical scenario slides are subject to evidence reviews and updated.

Management of urinary tract infections

RCGP/UKHSA TARGET webinar: Applying diagnostic and prescribing guidance of urinary tract infections in practice

Year	DDDs per 1,000 inhabitants per day
2014	22.5
2018	18.3
2019	18.0
2020	16.1
2021	16.0
2022	17.4

Antibiotic prescribing increased in 2022

Antibiotic prescribing in England 2014-2022 (UKHSA, 2023)



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Act

Keep Antibiotics Working

Posters

Keep Antibiotics Working!



ANTIBIOTIC GUARDIAN

Keep Antibiotics Working



Always take your antibiotics as advised by your doctor, nurse or pharmacist.



Do not share your antibiotics.



Do not keep your antibiotics for later use.



Always return any unused antibiotics to the pharmacy.

Antibiotic resistance is one of the biggest threats facing us today. Following this simple advice will help Keep Antibiotics Working. Find out more and make your pledge at www.AntibioticGuardian.com

Keep Antibiotics Working





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Keep Antibiotics Working

Review

Self-assessment tools



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 \(UKHSA\)](#), 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](#). The [Summary of antimicrobial prescribing guidance for managing common infections summary tables](#) are available on the [BNF website](#).

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](#) 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](#) 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](#) 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

Audits



“4Cs” Antibiotic Audit: Cephalosporins, Co-amoxiclav, Fluoroquinolones and Clindamycin

Audit aims and rationale

Determine and reflect on:

1. When and why you prescribe broad-spectrum antibiotics: cephalosporins (e.g. cefalexin), co-amoxiclav, fluoroquinolones (e.g. ciprofloxacin, levofloxacin, moxifloxacin, ofloxacin) and clindamycin.
2. Whether 4Cs use is in line with national/local antimicrobial guidance.
3. An action plan to ensure appropriate prescribing of the 4Cs.

Use of data

PrescQIPP

OpenPrescribing

Fingertips

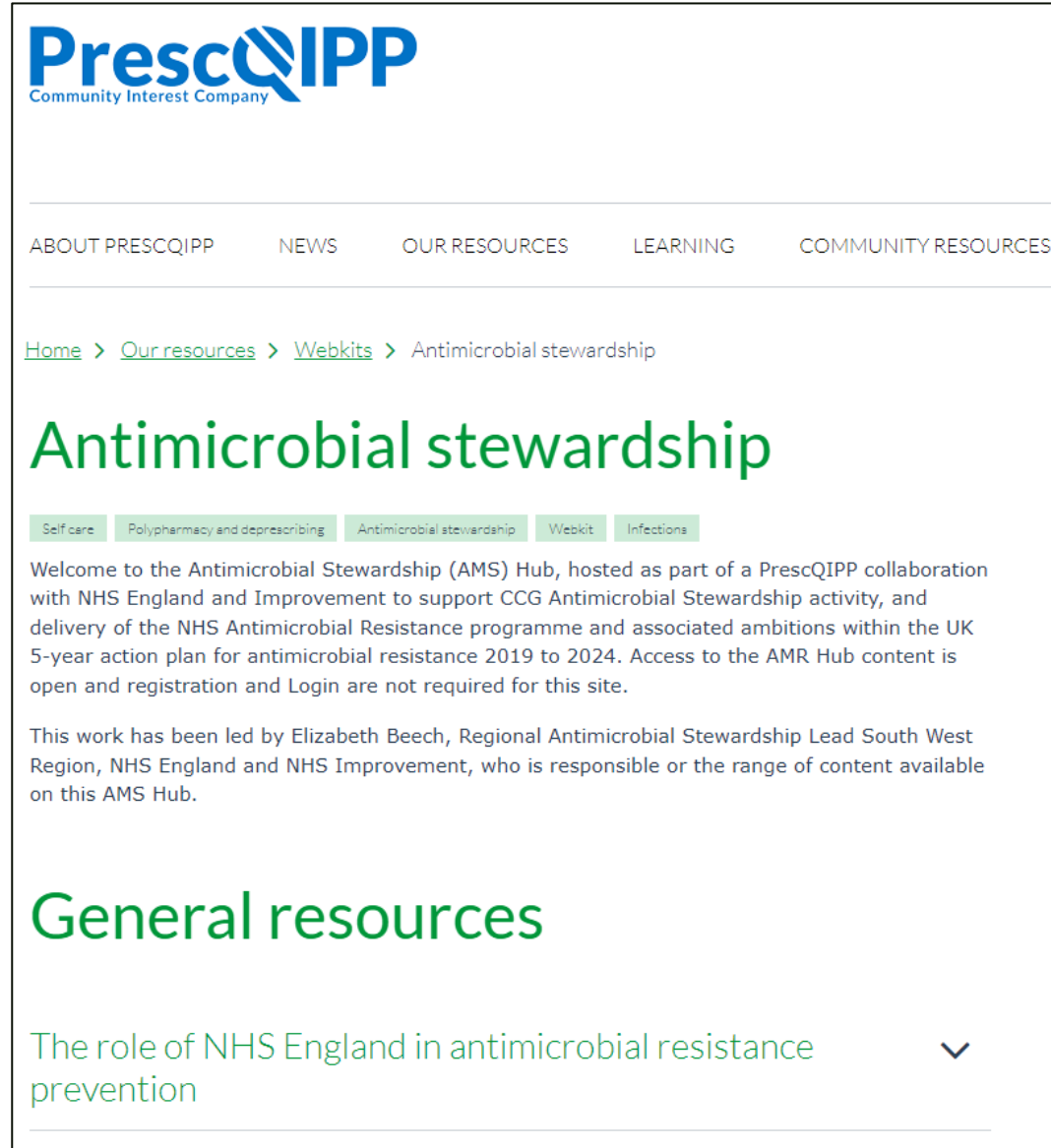
ePACT2

PrescQIPP (NHS funded)

PrescQIPP

- AMS hub - free to access
- Evidence based resources and tools for primary care commissioners
- Platform to share innovation

<https://www.prescqipp.info/our-resources/webkits/antimicrobial-stewardship/>



The screenshot shows the PrescQIPP website interface. At the top left is the PrescQIPP logo, a Community Interest Company. A navigation menu includes 'ABOUT PRESCQIPP', 'NEWS', 'OUR RESOURCES', 'LEARNING', and 'COMMUNITY RESOURCES'. The breadcrumb trail is 'Home > Our resources > Webkits > Antimicrobial stewardship'. The main heading is 'Antimicrobial stewardship' in green. Below it are tags for 'Self care', 'Polypharmacy and deprescribing', 'Antimicrobial stewardship', 'Webkit', and 'Infections'. The text describes the Antimicrobial Stewardship (AMS) Hub, hosted as part of a PrescQIPP collaboration with NHS England and Improvement to support CCG Antimicrobial Stewardship activity, and delivery of the NHS Antimicrobial Resistance programme and associated ambitions within the UK 5-year action plan for antimicrobial resistance 2019 to 2024. Access to the AMR Hub content is open and registration and Login are not required for this site. It also mentions that this work has been led by Elizabeth Beech, Regional Antimicrobial Stewardship Lead South West Region, NHS England and NHS Improvement, who is responsible for the range of content available on this AMS Hub. The section 'General resources' is shown with a dropdown arrow next to the text 'The role of NHS England in antimicrobial resistance prevention'.

Fingertips

(produced by UKHSA)

Public Health profiles/Fingertips

- Open access
- Browse indicators at different geographical levels
- Benchmark against the regional or England average
- Export data to use locally
fingertips.phe.org.uk/

The screenshot shows the Fingertips website interface. At the top, there is a navigation bar with the Office for Health Improvement & Disparities logo, the title 'Fingertips | Public health data', and a search bar. Below the navigation bar, the main heading is 'Public health profiles'. A sub-heading states: 'Fingertips is a large public health data collection. Data is organised into themed profiles. Start by choosing a profile from the list.'

The page is divided into two main columns. The left column contains 'Highlighted profiles' and 'National public health profiles'. The right column contains 'Latest news'.

Highlighted profiles:

- [Cardiovascular Disease, Diabetes and Kidney Disease](#)
- [Child and Maternal Health](#)
- [Mental Health, Dementia and Neurology](#)
- [National General Practice Profiles](#)
- [Productive Healthy Ageing Profile](#)
- [Public Health Outcomes Framework](#)

National public health profiles:

- [AMR local indicators - produced by the UKHSA](#) (highlighted with a red box)
- [Atlas of Variation](#)
- [Cancer Services](#)
- [Cardiovascular Disease, Diabetes and Kidney Disease](#)
- [Child and Maternal Health](#)
- [Health Protection](#)
- [Inequality Tools](#)
- [Inhale - Interactive Health Atlas of Lung conditions in England](#)
- [Learning Disability Profiles](#)
- [Liver Disease Profiles](#)
- [Local Alcohol Profiles for England](#)
- [Local Authority Health Profiles](#)
- [Local Health - Small Area Public Health Data](#)
- [Mental Health, Dementia and Neurology](#)
- [Modelled Prevalence Estimates](#)
- [Mortality Profile](#)
- [Musculoskeletal Conditions](#)
- [National General Practice Profiles](#)
- [NHS Health Check](#)
- [Obesity Profile](#)
- [Palliative and End of Life Care Profiles](#)
- [Physical Activity](#)
- [Productive Healthy Ageing Profile](#)
- [Public Health Dashboard](#)
- [Public Health Outcomes Framework](#)
- [Sexual and Reproductive Health Profiles](#)
- [TB Strategy Monitoring Indicators](#)

Latest news:

- October 2022**
STI and HIV indicators in the [Sexual and Reproductive Health Profiles](#) updated, including new and modified indicators
- September 2022**
ONS 2021 population estimates are delayed to enable their alignment with Census results. This delay will have an impact on the publication of indicators which use populations either directly or in their denominators (compare [Impact of Census 2021](#))
- June 2022**
Integrated Care Boards (ICBs): new geography type added to [GP profiles](#)
- March 2022**
[Child and Maternal Health](#) updated
- February 2022**
[PHOF](#): quarterly update published
- December 2021**
[HIV indicators](#) updated in time for 1st Dec, World AIDS day
[Cancer Services](#): annual update released



TARGET

Keep Antibiotics Working

TARGET Toolkit

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Treat

Antibiotics

Responsibly

Guidance,

Education and

Tools

Hosted on the RCGP website, FREE to use

- ✓ Summary of antimicrobial guidance
- ✓ Leaflets to discuss with patients (translated to 25 languages)
- ✓ Learning resources

The screenshot shows the RCGP Learning website interface. At the top, there is a navigation bar with the RCGP logo, the word 'LEARNING', a search bar, and a 'Log in' button. Below the navigation bar, there is a breadcrumb trail: 'Home / Courses / Libraries, Pathways and Toolkits'. The main content area features a large orange banner with the text 'TARGET antibiotics toolkit hub' and a sub-header 'TARGET stands for: Treat Antibiotics Responsibly, Guidance, Education and Tools. It is a toolkit designed to support primary care clinicians to champion and implement antimicrobial stewardship activities. The resources can also be used to support CPD and revalidation requirements.' Below the banner, there is a grid of resource cards, each with a small image and a title: 'Discussing antibiotics with patients', 'Urinary tract infection resource suite', 'Respiratory tract infection resource suite', 'Leaflets to discuss with patients', 'Antibiotic stewardship tools, audits and posters', 'Antibiotic and diagnostic quick reference tools', 'Getting the most from the TARGET toolkit', 'Learning resources for prescribers', 'TARGET tools to train prescribers', and 'Resources for the community pharmacy setting'.



Review

- Benchmark your practice prescribing



Identify

- Audit long term antibiotic use
- Benchmark your practice's prescribing

4

1

The TARGET Cycle of Antimicrobial Stewardship



Act

- Knowledge mobilization in practice team meetings
- Team discussions on how to increase stewardship
- Put up posters on waiting areas

3

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Learn



- Go on training to refresh knowledge
- Stay updated on guidance



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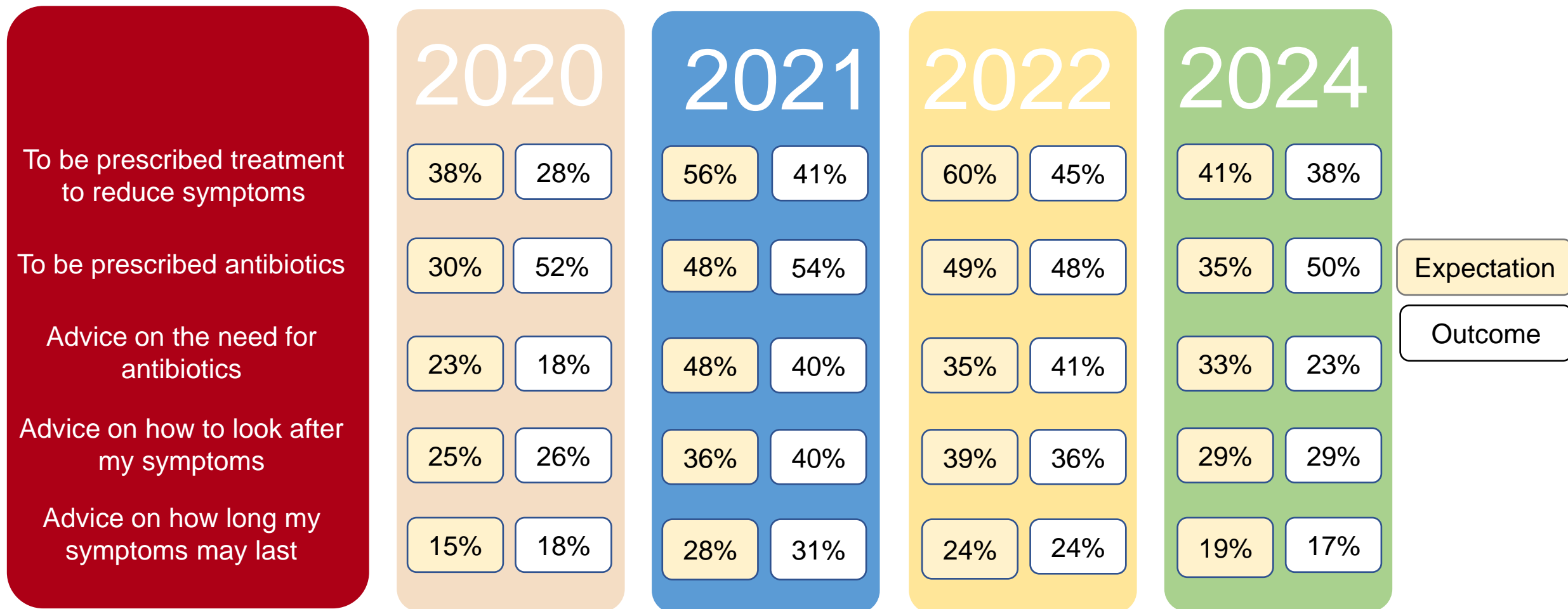
Challenges you may face



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Navigating challenging consultations: Patient expectations

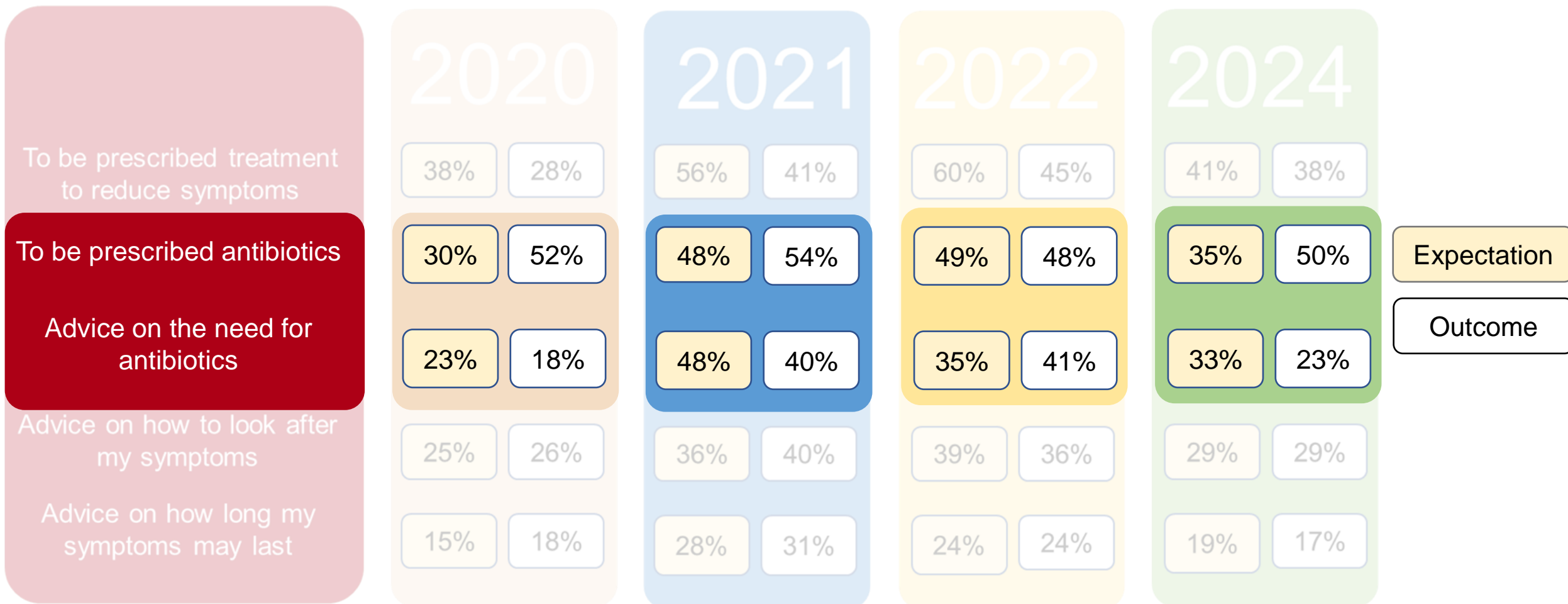




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Navigating challenging consultations: Patient expectations





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Navigating challenging consultations: Patient expectations

C: Ask specifically about concerns	‘What are the things you are most worried about?’
H: Discuss history and exam	While doing an examination provide ‘no problem’ commentary ‘Your heart rate is normal, your temperature isn’t raised’
E: Ask specifically about expectations	How do you think I could most help you today?’ or ‘How do you feel about antibiotics?’
S: Provide non-serious explanation for symptoms	‘Your body produces phlegm as a normal reaction to inflammation in your airways. The phlegm catches particles and helps keep your lungs clear.’
T: Be specific about illness timeline /usual course	‘A typical cough can take 3-4 weeks to clear completely.’
S: Explain shortcomings of antibiotics	Antibiotics don’t help with pain but side effects , such as diarrhoea, nausea and rash, can be experienced by up to 1 in 10 people. ’
S: Self-care advice	‘Pain in the chest or throat is normal due to inflammation, you can take paracetamol, and/or ibuprofen, which will help the pain and soothe the inflammation. ’
S: Safety-netting advice	Provide patients with specific information on red-flag symptoms and when they should seek further help



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Navigating challenging consultations: Patient expectations

C: Ask specifically about concerns	‘What are the things you are most worried about?’
H: Discuss history and exam	While do ‘Your he
E: Ask specifically about expectations	How do
S: Provide non-serious explanation for symptoms	‘Your body produces phlegm as a normal reaction to inflammation in your airways. The phlegm catches particles and helps keep your lungs clear.’

First 5 min of the consultation

T: Be specific about illness timeline /usual course	‘A typical cough can take 3-4 weeks to clear completely.’
S: Explain shortcomings of antibiotics	Antibiotic experier
S: Self-care advice	‘Pain in t ibuprofe
S: Safety-netting advice	Provide patients with specific information on red-flag symptoms and when they should seek further help

Covered in the patient information leaflets



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Timelines

Safety-netting

Self-care

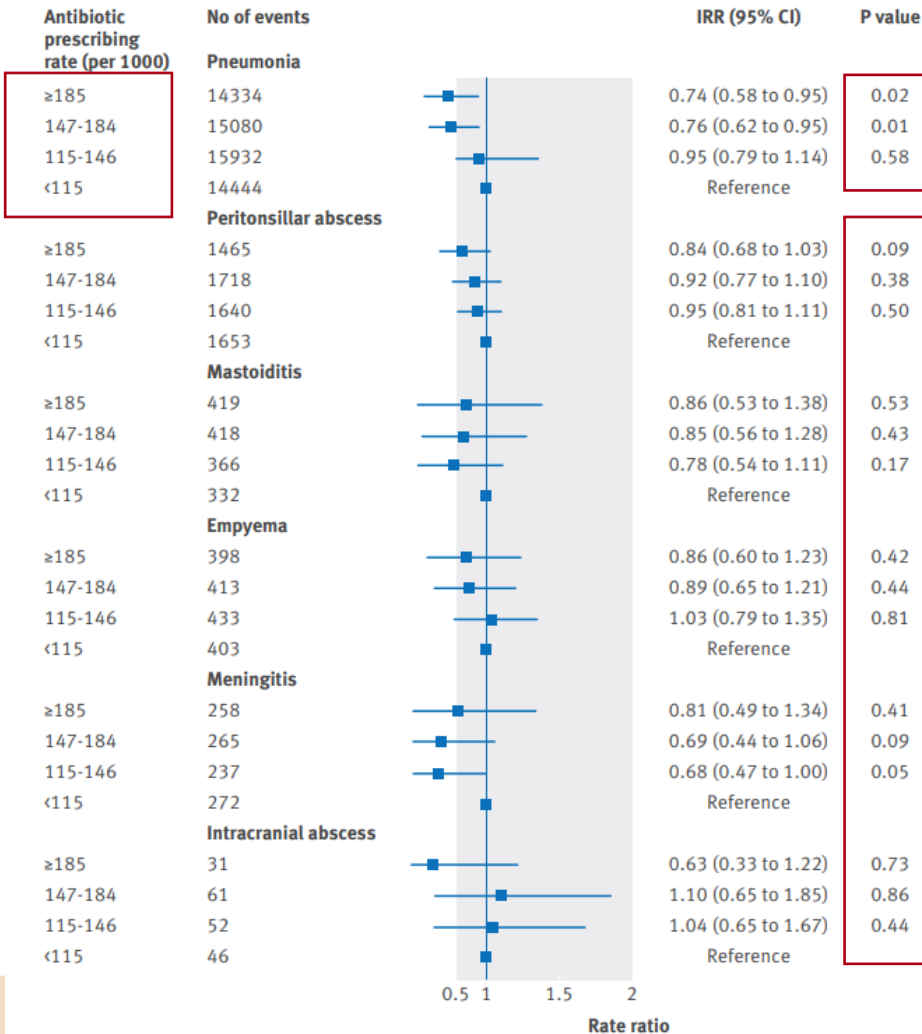
Side effects



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Navigating challenging consultations: Worry of complications



Estimated that in a practice with ~7,000 patients, a 10% reduction in antibiotic prescribing for RTI might expect:

- 1 additional peritonsillar abscess each 10 years
- 1 additional pneumonia each year



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TREATING YOUR RESPIRATORY TRACT INFECTION (RTI)



Timelines

Your infection

- Middle-ear infection 7 to 8 days
- Sore throat 7 to 8 days
- Sinusitis 14 to 21 days
- Common cold 14 days
- Cough or bronchitis 3 to 4 weeks
- Other infection _____ Days _____

Most are better by

How to look after yourself and your family

- Have plenty of rest
 - Drink enough fluids to avoid feeling thirsty
 - Ask your local pharmacist to recommend medicines to help reduce your symptoms or pain (or both)
 - Fever is a sign your body is fighting the infection. It usually gets better by itself in most cases. You can use paracetamol if you (or your child) are uncomfortable because of a fever
 - Use a tissue to cover coughs and sneezes and wash your hands with soap to help prevent spreading infection to your family, friends and other people
- Never share antibiotics and always return any unused antibiotics to a pharmacy for them to dispose of safely.**

When to get help

If any of the below apply to you or your child, get an urgent assessment from a healthcare professional. If your child is under the age of 5, go to A&E immediately or call 999.

- Your skin is very cold or has a strange colour, or you develop an unusual rash
- You have new feelings of confusion or drowsiness or have slurred speech
- You have difficulty breathing. Signs that suggest breathing problems include:
 - breathing quickly
 - turning blue around the lips and the skin below the mouth
 - skin between or above the ribs getting sucked or pulled in with every breath

Less serious signs that can usually wait until you visit a pharmacist or your next available appointment

- You are not starting to improve a little by the time given in the 'Most are better by' column in the table above
- You have mild side effects such as diarrhoea. Get advice from a healthcare professional if concerned

Back-up antibiotic collection

Back-up antibiotic prescription to be collected after _____ days from ____/____/____ only if you are not starting to feel a little better or you feel worse.

- 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

If you need antibiotics, take them exactly as prescribed. Never save them for later and do not share them with others. For more information, visit: www.antibioticguardian.com.

Why it is important to take antibiotics as prescribed

Taking any antibiotics makes bacteria that live inside your body more resistant. This means that antibiotics may not work when you really need them.

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 the antibiotic metronidazole.

Safety-netting

Warning signs are:

Worsening symptoms (≤3 days) in the previous 24 hours
Temperature ≥38°C at presentation

Retractions (intercostal or subcostal recession)

Wheezing on auscultation

Worsening asthma

Worsening moderate/severe symptoms in the previous 24 hours

Side effects

To reduce

- Careful prescribing and targeting using diagnostic scores

Self-care

- Back-up/
- Safety netting leaflets

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Implementing a cycle of antimicrobial stewardship:

A case study from the Village Surgery



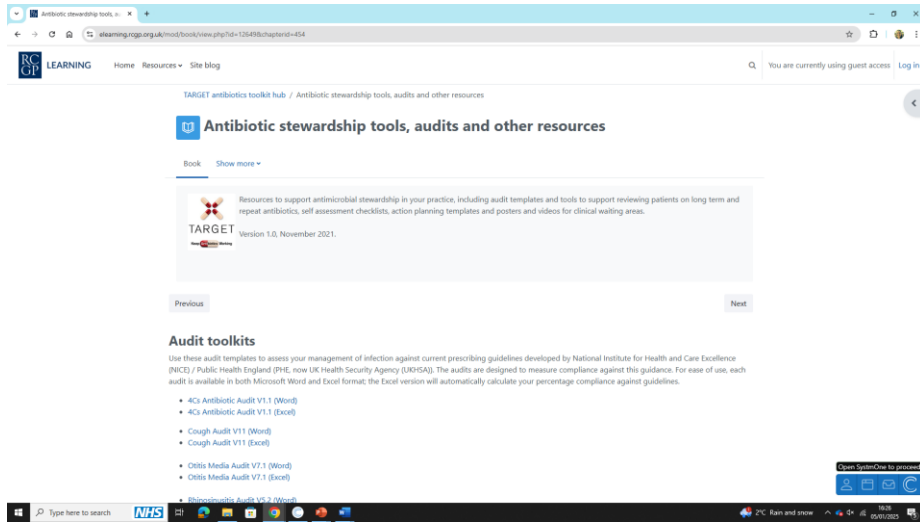
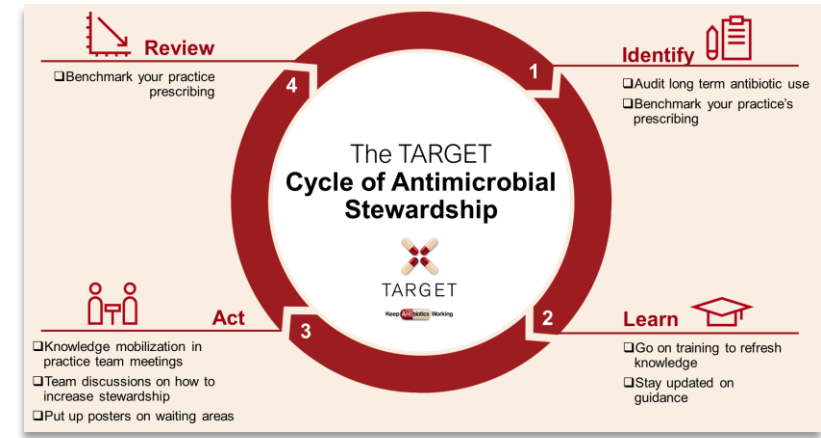
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TARGET Identify

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- Village surgery STAR-PU prescribing was above local prescribing target in 2022-23
- Reviewed all antibiotics used in highest prescribing month (June 2022)
- TARGET audits



TARGET AUDIT	% patients with appropriately prescribed antibiotics
UTIs >65 years (non catheterized patients)	67%
UTI in women <65 years	65%
Rhinosinusitis	50%
Acute Cough	91%



TARGET Learn

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NICE National Institute for Health and Care Excellence



Summary of antimicrobial prescribing guidance – managing common infections

- See the [British National Formulary \(BNF\)](#) for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding.
- See the TARGET antibiotics toolkit - [Summary of antimicrobial guidance page](#) for accessible text summaries of the tables and links to full guidance.

Key: Click to access doses for children Click to access NICE's printable visual summary

Jump to section on:

- Upper
- Lower RTI
- UTI
- Meningitis
- GI
- Genital
- Skin
- Eye
- Dental

Infection	Key points	Medicine	Doses		Length	Visual summary
			Adult	Child		
Upper respiratory tract infections						
Acute sore throat	Advise paracetamol, or if preferred and suitable, ibuprofen for pain. Medicated lozenges may help pain in adults. Use FeverPAIN or Centor to assess symptoms: FeverPAIN 0-1 or Centor 0-2: no antibiotic; FeverPAIN 2-3: no or back-up antibiotic; FeverPAIN 4-5 or Centor 3-4: immediate or back-up antibiotic. Systemically very unwell or high risk of complications: immediate antibiotic. <i>"5 days of phenoxymethylpenicillin may be enough for symptomatic cure; but a 10-day course may increase the chance of microbiological cure." For detailed information click the visual summary icon.</i>	First choice: phenoxymethylpenicillin Penicillin allergy: clarithromycin OR erythromycin (if macrolide needed in pregnancy, consider benefit/harm)	500mg QDS or 1000mg BD 250mg to 500mg BD 250mg to 500mg QDS or 500mg to 1000mg BD		5 to 10 days* 5 days 5 days	
NICE UK Health Security Agency Last updated: Feb 2023						

Summary of antimicrobial prescribing guidance – managing common infections (December 2024)

<https://elearning.rcgp.org.uk/mod/book/view.php?id=14887>



TARGET Act

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- Protected learning time event
- Individual prescriber feedback
- Practice feedback
- Involvement of the whole team

TARGET Antibiotics

"There are few public health issues of potentially greater importance for society than antibiotic resistance"
2013 CMO Prof Dame Sally Davies

Dr Linda Strettle The Village Surgery 2022

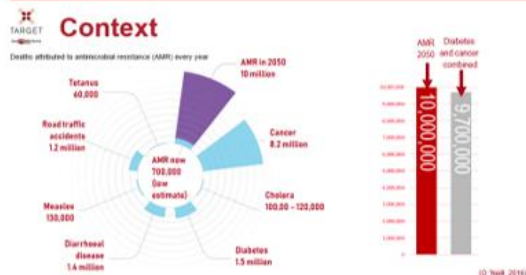
Please note these slides have been changed in order/some removed to make a targeted presentation
Whole slide set available at Target antibiotics website

www.rcgp.org.uk/targetantibiotics

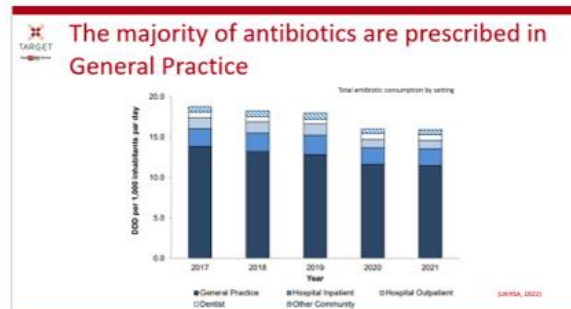
Antibiotic Prescribing The Village Surgery May 2023

Why is this relevant?

By 2050 Antimicrobial resistance (AMR) likely to cause as many deaths as diabetes and cancer combined



Vast majority of antibiotics prescribed in primary care



Why audit Village Surgery – aren't we doing fine?

We are above local average locally and nationally for prescribing of antibiotics (even when age/demographics of our population taken into account).

The information from this audit was taken from a high antibiotic prescribing month in June 202. antibiotics prescriptions to all patients were reviewed from the Village Surgery.



We are only just above target so with some simple changes – we can do this!

In the first instance as with all audits, it is completely taken into account that the notes do not always represent the clinical situation and clinical judgement. But this can give some themes and ideas on changes that can reduce our antibiotic prescribing, reduce resistance and long term save lives.

General learning points for all clinicians from this audit

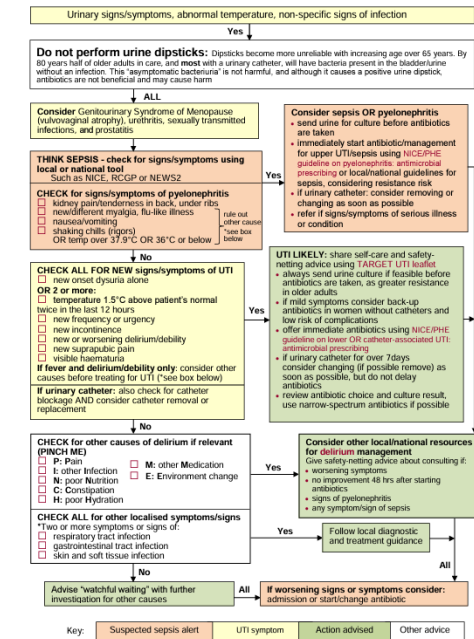
- 46% of women treated as UTIs based on symptoms had a negative MSU showing no evidence of infection (11 out of 26 pts)
- Consider discussing and documenting risks of resistance to antibiotics (has been shown to engage patients in reducing antibiotic uptake)
- Consider sharing the TARGET antibiotic leaflets → on accuRx → type TARGET – there are excellent leaflets on UTIs and respiratory tract infections
- Remember in all ages with UTIs to consider other causes eg STIs, vulvovaginal atrophy etc
- If a prescription for an antibiotic is issued but then not available or incorrect – please cancel the original prescription.
- Acute cough – recommendation again for 5 days antibiotics and not 7. First line is doxycycline rather than amoxicillin. <https://www.bnf.org/wp-content/uploads/2021/07/summary-antimicrobial-prescribing-guidance-july-21-for-BNF.pdf>
- Tonsillitis – please document FEVER PAIN score and consider 5 days rather than 10 days antibiotics. <https://www.nice.org.uk/guidance/ng153/resources/visual-summary-pdf-7084853533>

Infection	Key points	Medicine	ACCP	Class	Length	Visual Summary
Acute cough	Some people may wish to try home (in over 10% the normal medicine consumption is over 10%) cough medicines containing the expectorant guaifenesin (in over 10% of cough medicines containing cough suppressants, except codeine, in over 10%). These medicines treatments have limited evidence for the relief of cough symptoms.	Adults first choice: Dextromethorphan Adults alternative first choice: Amoxicillin (combined if pregnant) OR Doxycycline OR Public Health England: Acute cough with upper respiratory tract infection no antibiotic. Acute bronchitis: no routine antibiotic. Acute cough and higher risk of: Acute cough and higher risk of:	200mg in day 1, then 100mg QD 500mg TDS 200mg to 300mg QD 200mg to 300mg QOD or 200mg to 1000mg BID	-	-	-
NICE					5 days	
Public Health England						

Antibiotic	Dosage and course length for adults aged 18 and over
First choice	500 mg four times a day or 1000 mg twice a day for 5 to 10 days
Phenoxymethylpenicillin	Five days of phenoxymethylpenicillin may be enough for symptomatic cure, but a 10-day course may increase the chance of microbiological cure
Alternative first choice for penicillin allergy or intolerance (for people who are not pregnant)	

Diagnosis of urinary tract infections: quick reference tool for primary care.

Flowchart for suspected UTI in catheterised adults or those over 65 years

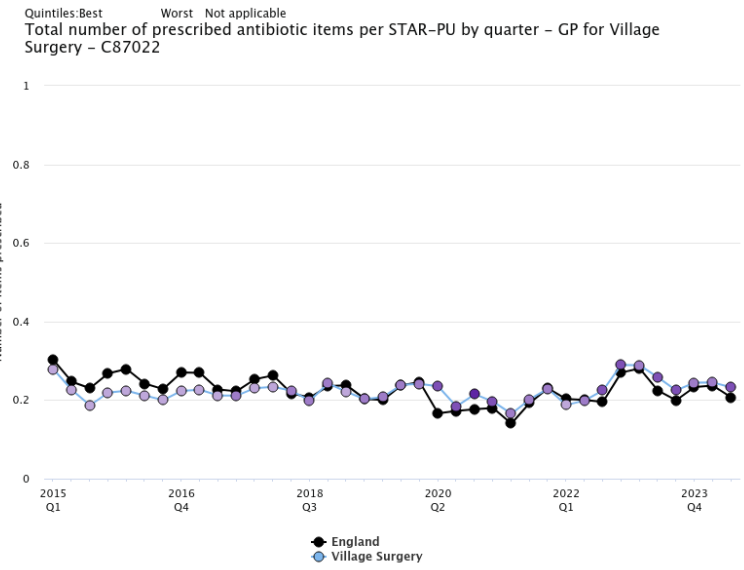
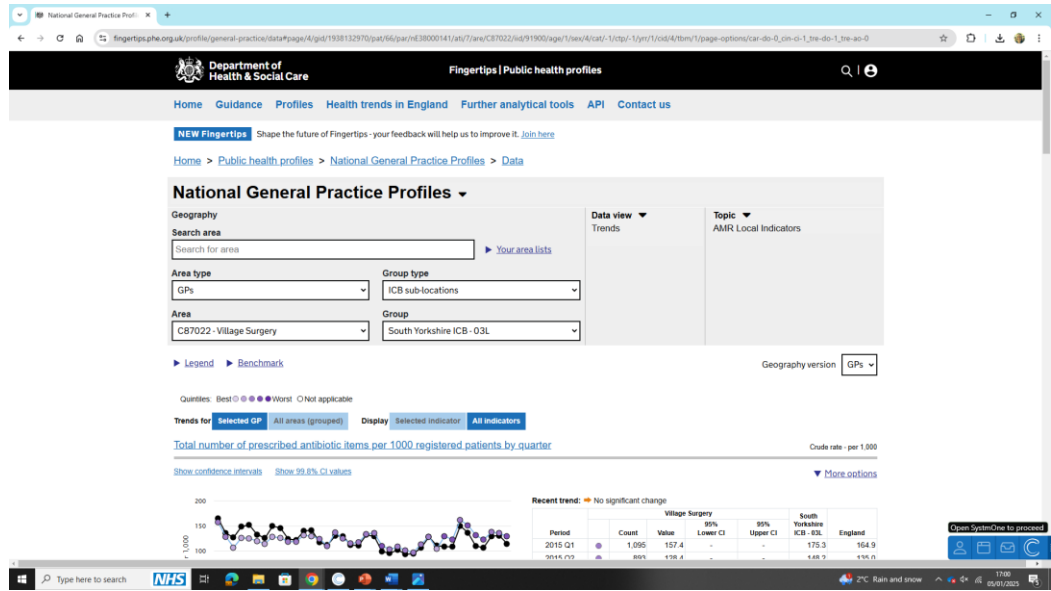




TARGET Review

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TARGET AUDIT	% patients with appropriately prescribed antibiotics 2022	% patients with appropriately prescribed antibiotics 2024
UTIs >65 years (non catheterized patients)	67%	92%



[Accessed 5/1/2025 Office for Health Improvement and Disparities. Public health profiles. 2025 https://fingertips.phe.org.uk/](https://fingertips.phe.org.uk/)



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- Ming Lee
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- Joe Besford
- Dharini Shanmugabavan
- Katherine Henderson



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Thank you for listening!

Please complete the feedback survey and let us know what topic you would like next!

Sign up for our next webinars or recommend to colleagues:

Managing recurrent UTI and reviewing long-term and repeat antibiotic therapy

Wednesday 19 March 2025 | 18:30 - 19:30 | Online

Visit www.rcgp.org.uk/TARGETantibiotics to find out more and sign up to our contact list



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Panel discussion