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# Patient perceptions of infections & antibiotics: insights from national surveys

TARGET Antibiotics Webinar  
November 2024

# Introductions – TARGET and RCGP



Dr Donna Lecky



Emily Cooper



Catherine Hayes



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Emily Whitehorne



Julie Brooke



Liam Clayton



Joseph Besford



Camilla Stevenson



Dr Dharini Shanmugabavan

# Introductions – speakers and panellists



**Dr Donna Lecky**  
Head of the Primary Care &  
Interventions Unit,  
UKHSA  
**Speaker**



**Dr Linda Strettle**  
GP Partner  
The Village Surgery, Rotherham  
**Panellist**



**Dr Dale Weston**  
Principal Behavioural Scientist,  
Behavioural Science and  
Insights Unit (BSIU), UKHSA  
**Panellist**



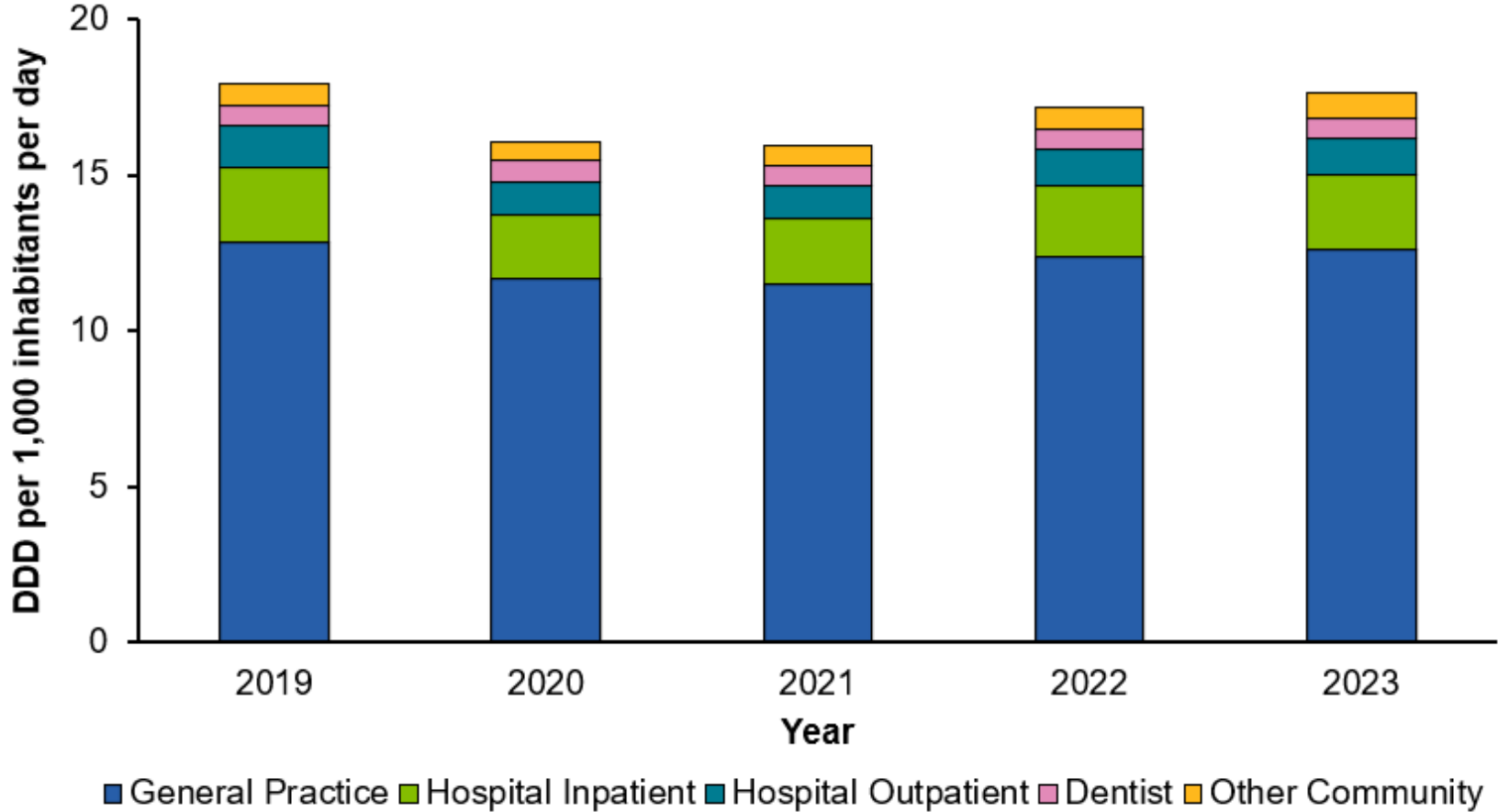
**Prof Diane Ashiru-Oredope**  
Lead Pharmacist,  
HCAI and AMR Division,  
UKHSA  
**Panellist**



# Aims

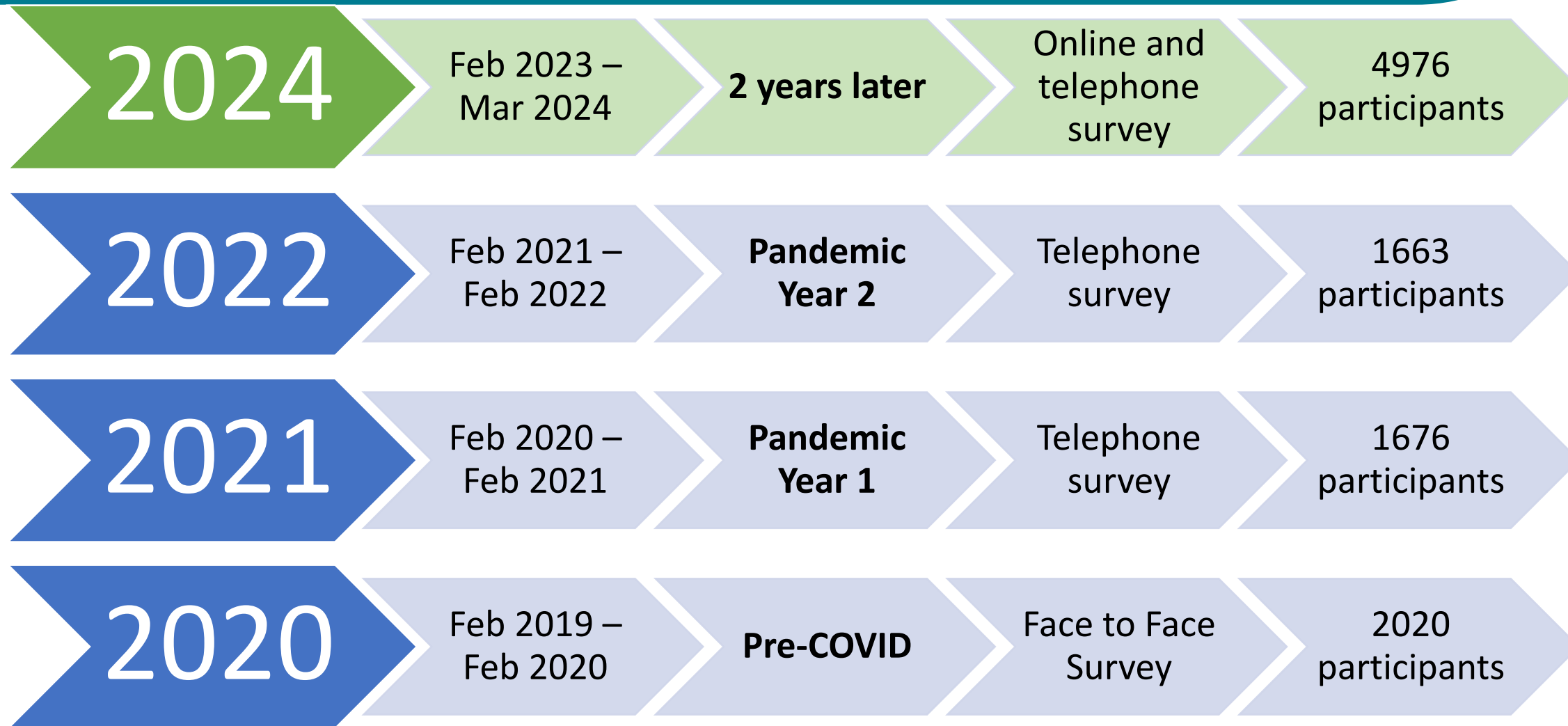
1. Understand public knowledge, attitudes and behaviours towards antibiotic use for respiratory tract infections.
2. Leverage insights to improve patient understanding and manage expectations regarding common infections and antibiotic use.

# UK antibiotic prescribing over time



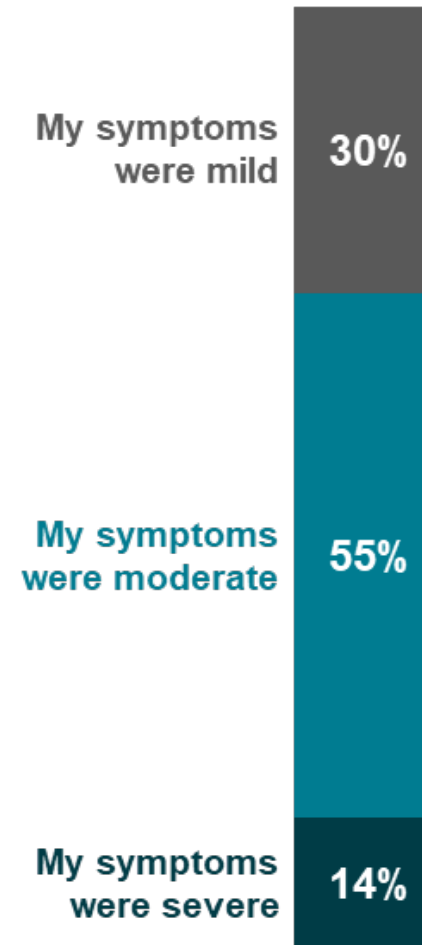
ESPAUR Report 2023-24

# The approach

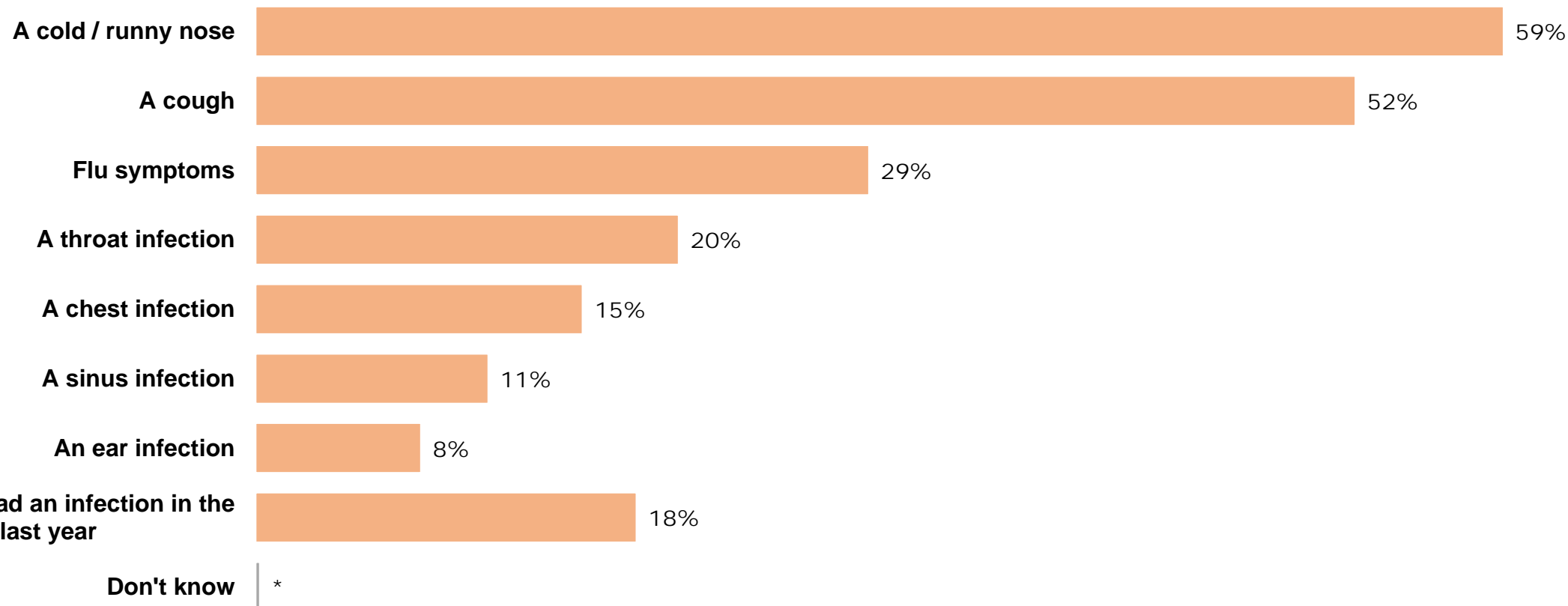


# Incidence and severity of RTI

- 4,976 participants surveyed in England
- 71% report having had an RTI / cold in the last 12 months
- The most common RTI symptoms include a cold or cough
- Most cite mild/moderate symptoms



# In the last 12 months, since March 2023, which, if any, symptoms or infections have you personally had?



Base: All England participants aged 16+ (n=4976), fieldwork conducted online 15-27 March 2024

All 5% and higher





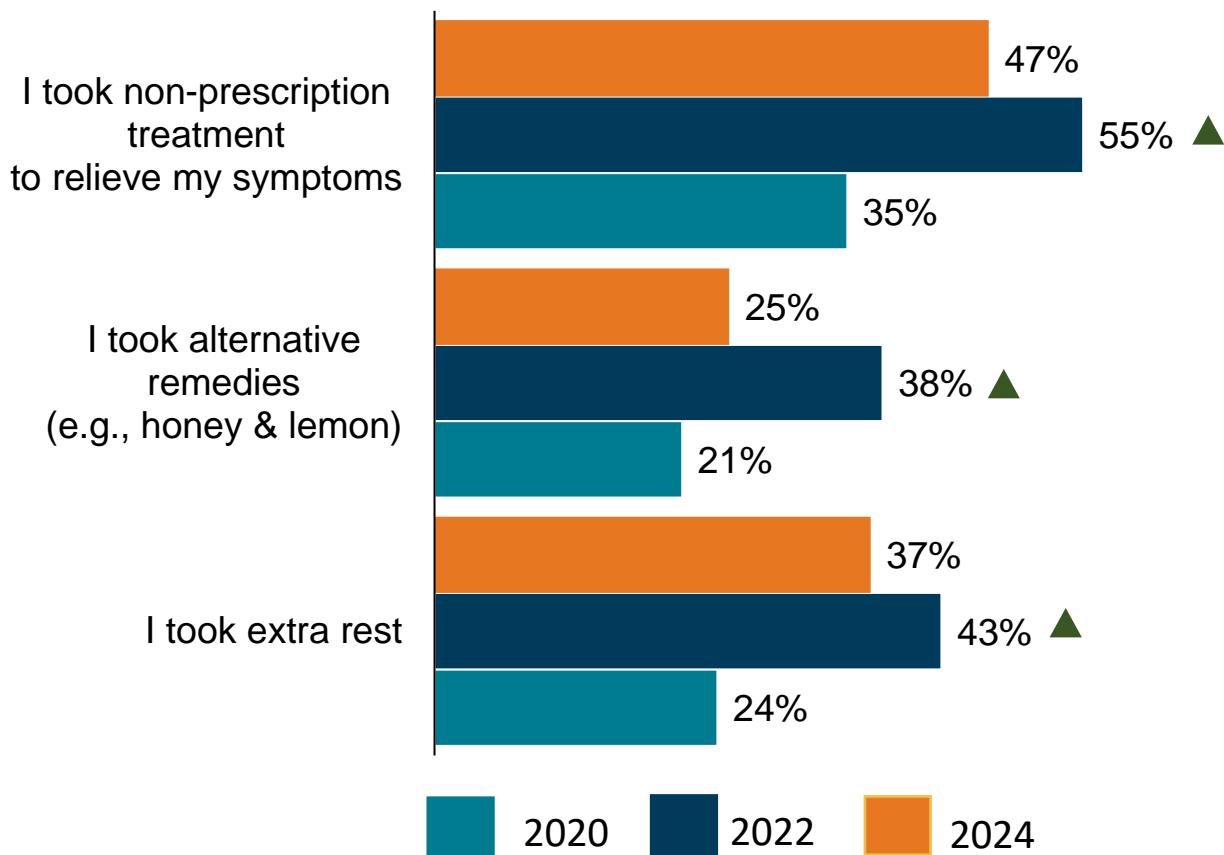
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# Health Seeking Behaviour

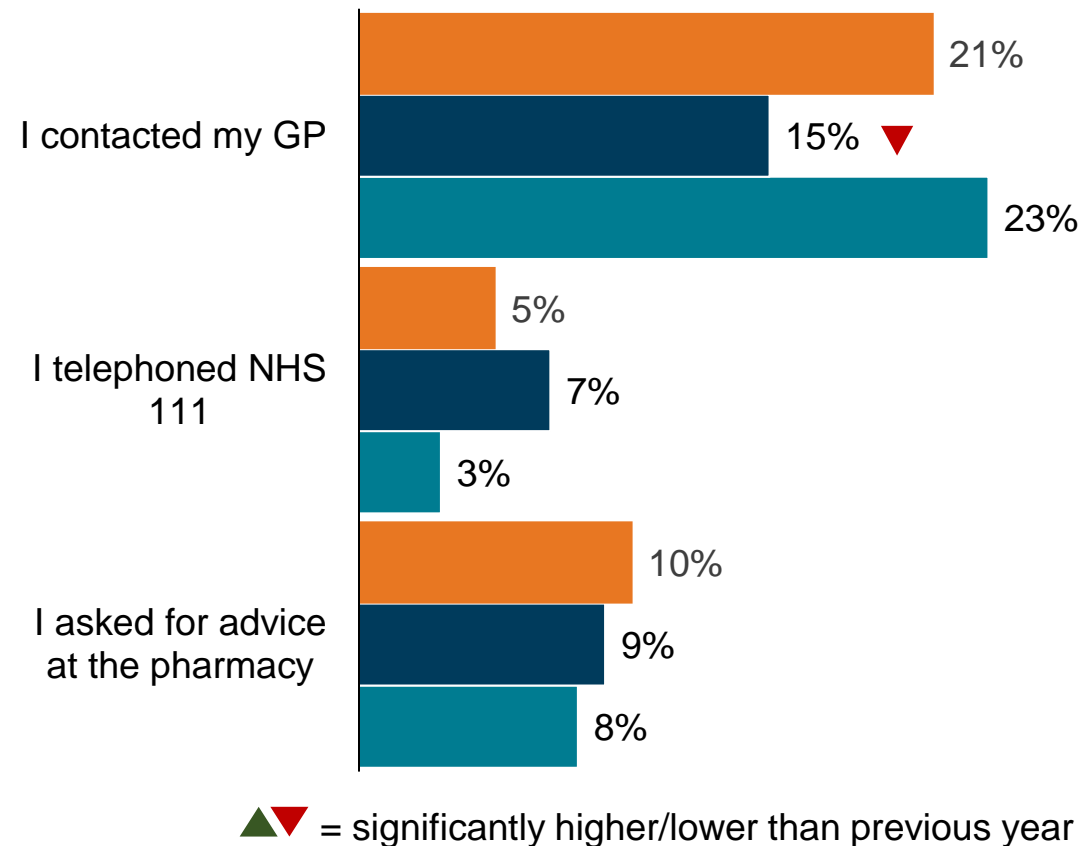
For your most recent infection, what actions did you take...

# Thinking of your most recent infection, which of the following actions, if any, did you take?

## Self-Managing Actions



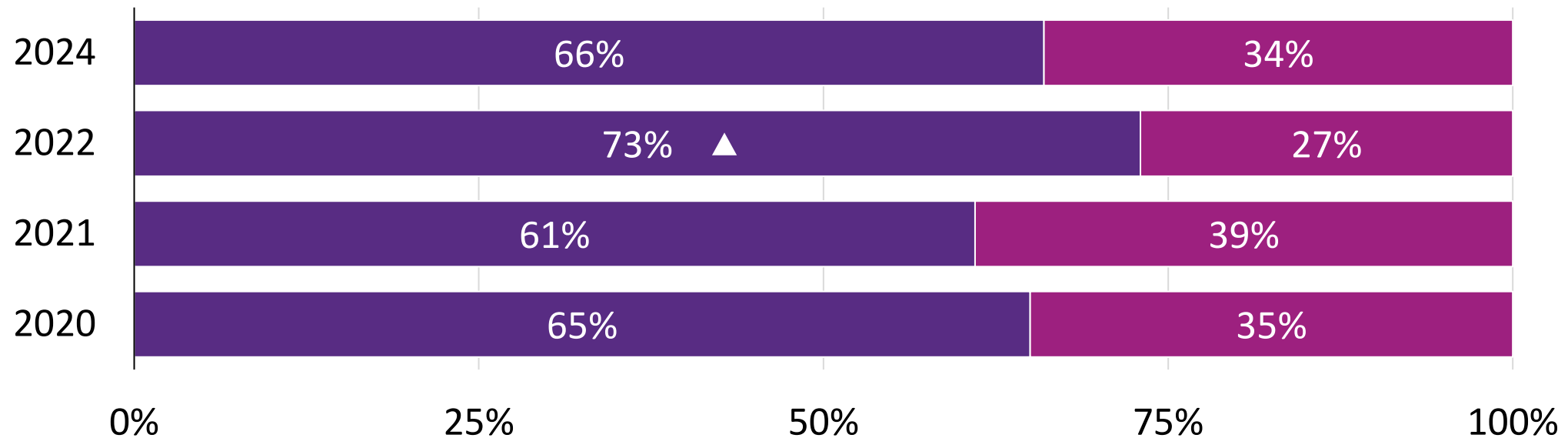
## Consulting Actions



Base: All England participants aged 16+ who had an infection (n=3378), fieldwork conducted online 15-27 March 2024

# Thinking of your most recent infection, which of the following actions, if any, did you take?

Proportion of respondents who did (not) consult a Health Care Professional (HCP) for their most recent RTI



■ Self-Manager    ■ Consulter

▲▼ = significantly higher/lower than previous year

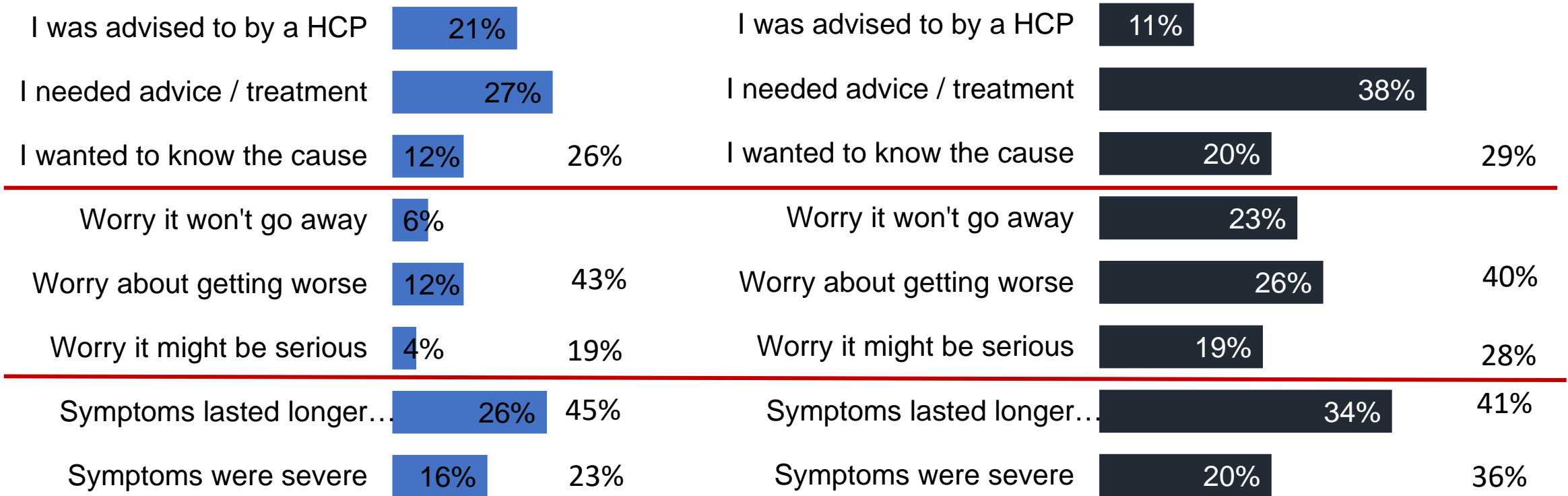
Base: All England participants aged 16+ who had an infection (n=3378), fieldwork conducted online 15-27 March 2024



# Why did you go to a Pharmacist or doctor's surgery/ NHS walk-in / minor urgent care / minor injuries / GP OOH for your RTI?

## Pharmacist (n=341)

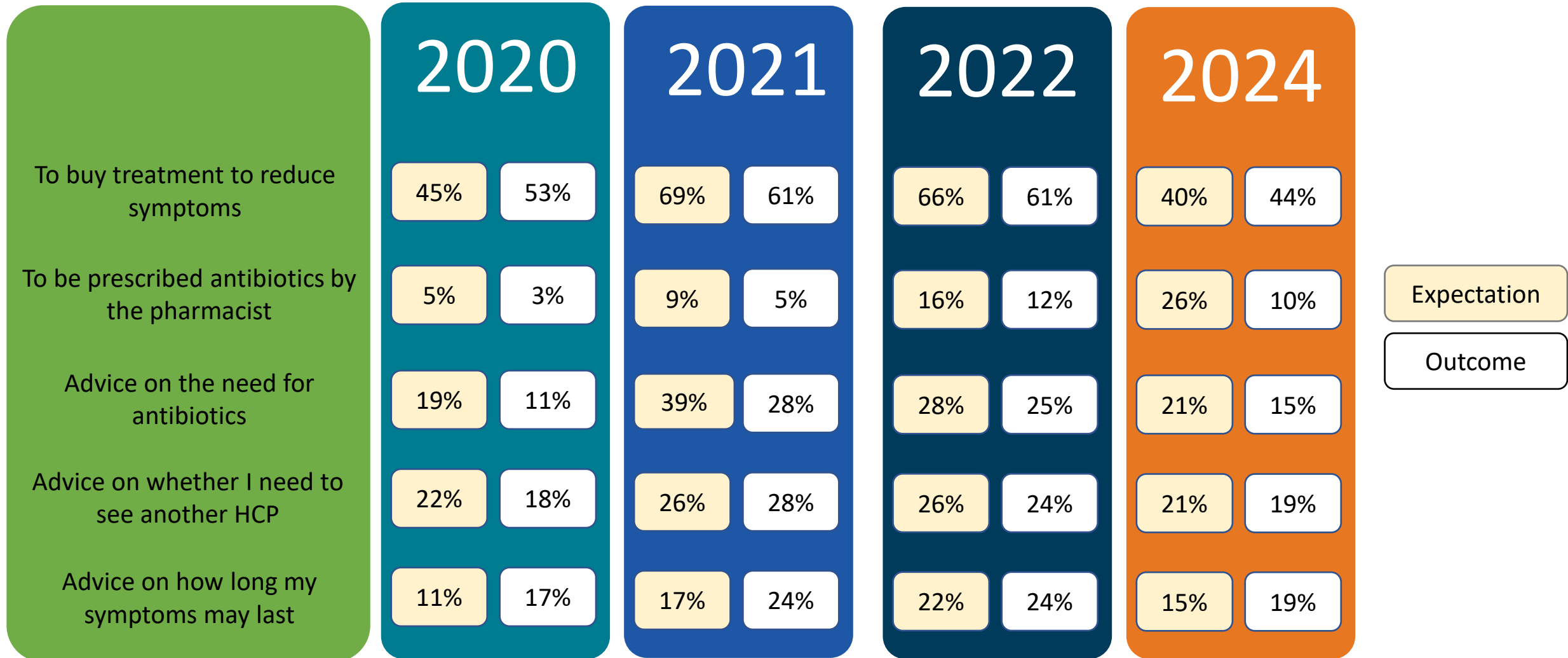
## Doctor's surgery (n=795)



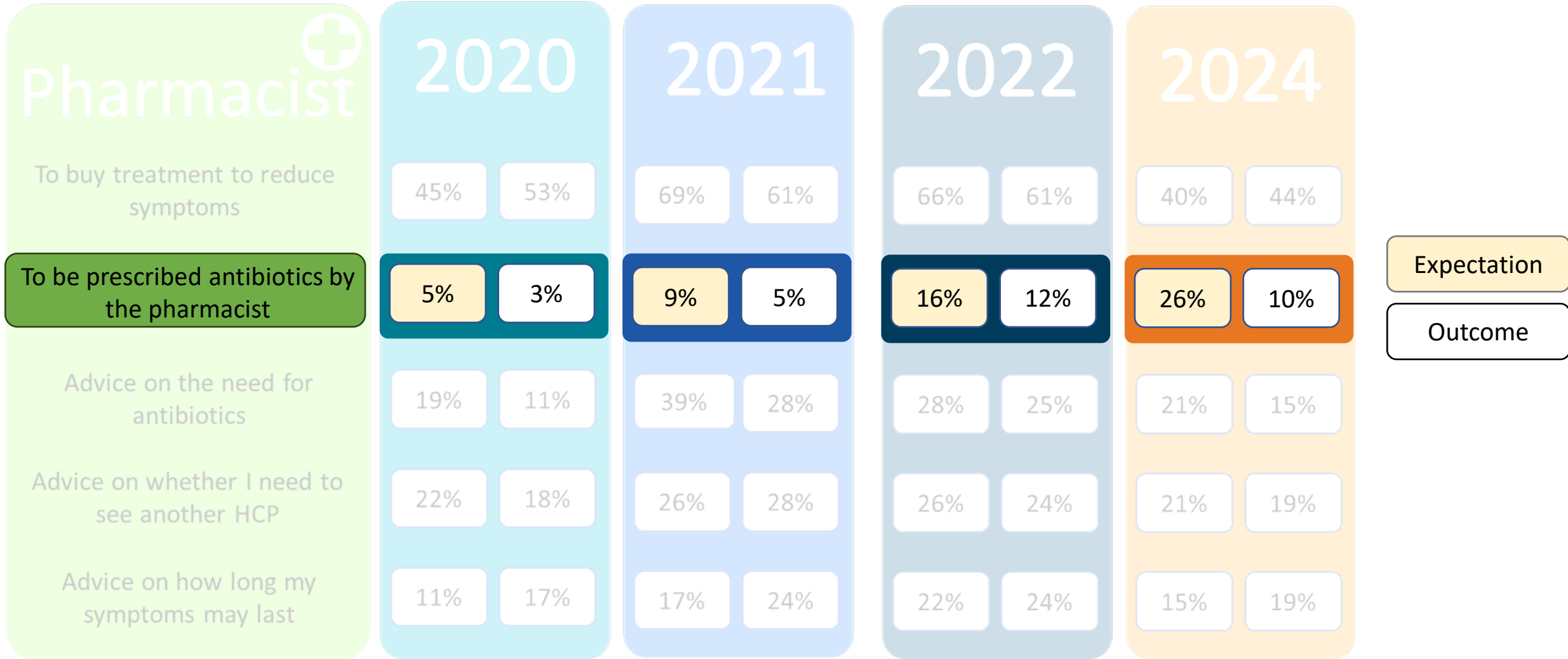
Base: All England participants aged 16+ who consulted a pharmacy or GP/walk in centre. Fieldwork conducted online 15-27 March 2024

NB. Limited differences across sub-groups

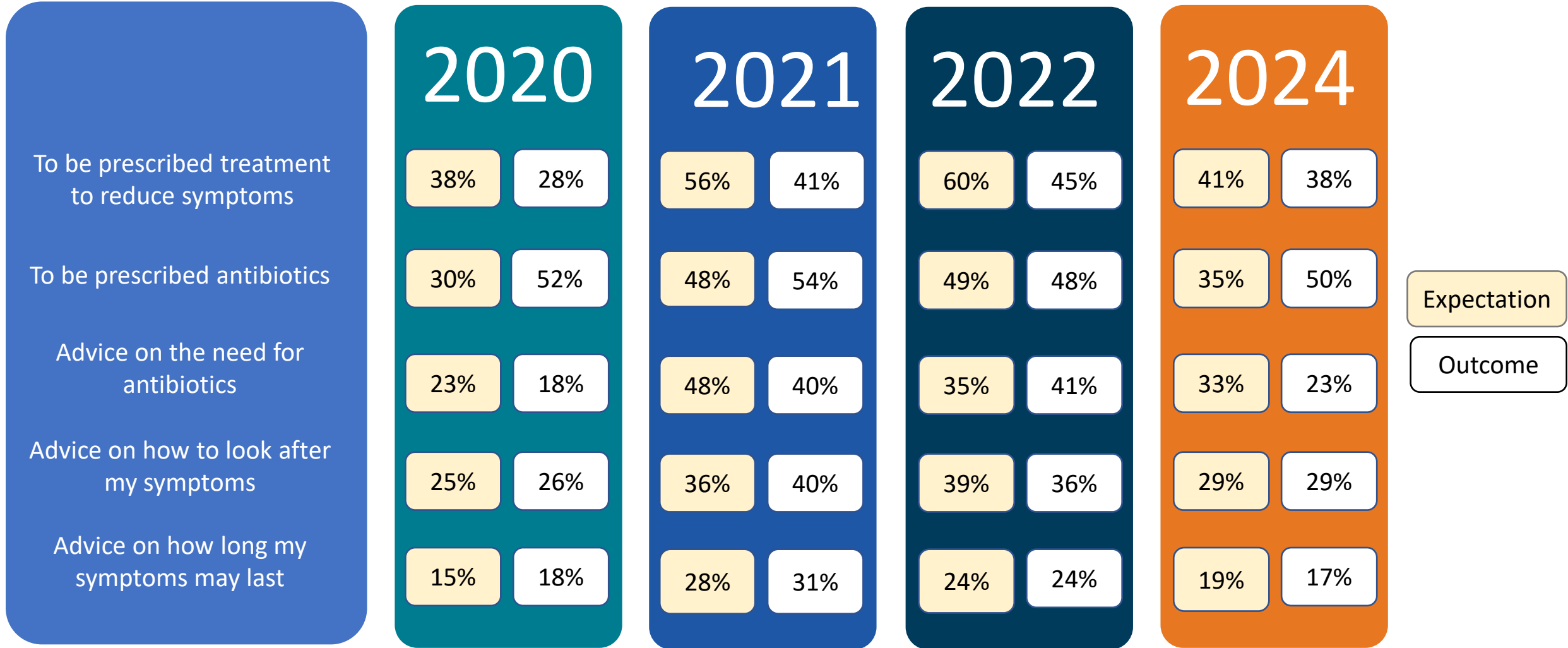
# Expectation compared to outcome of consultation with pharmacist for most recent RTI



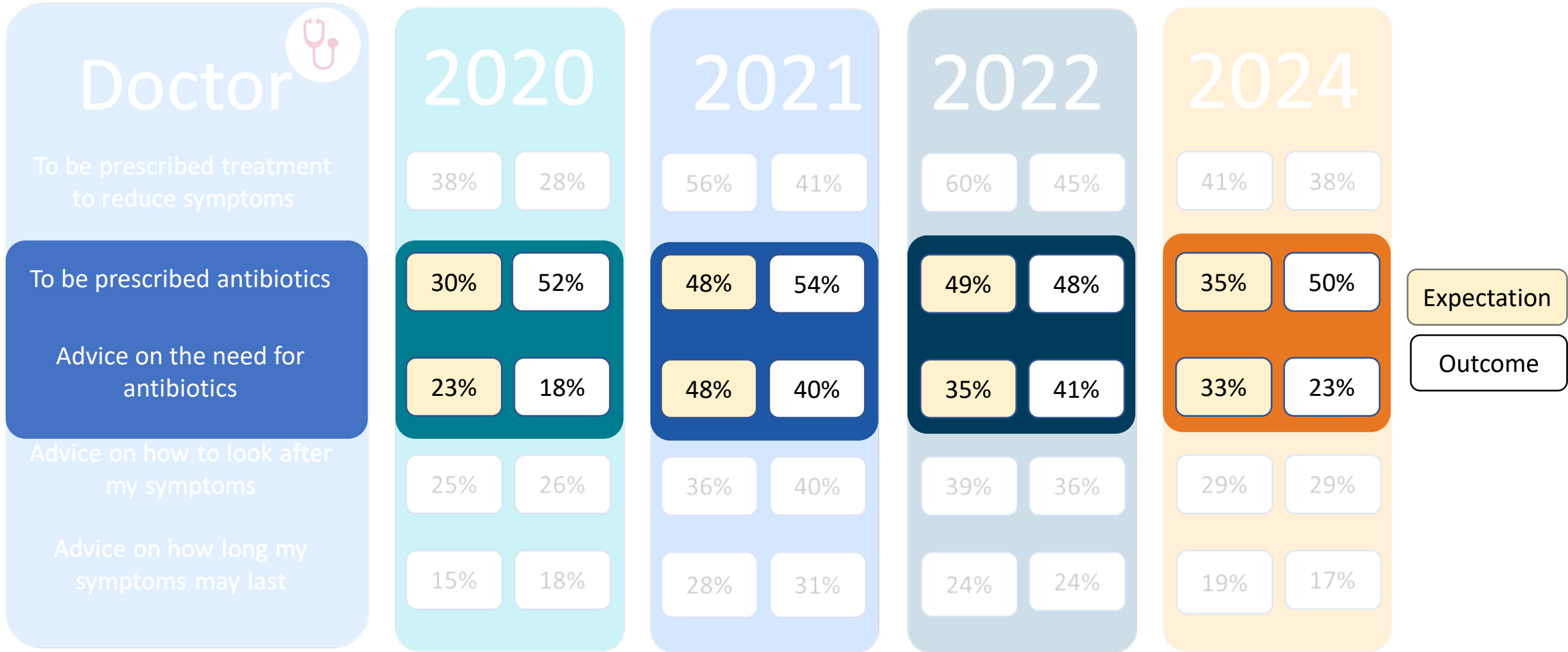
# Expectation compared to outcome of consultation with pharmacist for most recent RTI



# Expectation compared to outcome of consultation with doctor's surgery/ NHS walk-in centre / minor urgent care centre / minor injuries centre/ GP out of hours service for most recent RTI



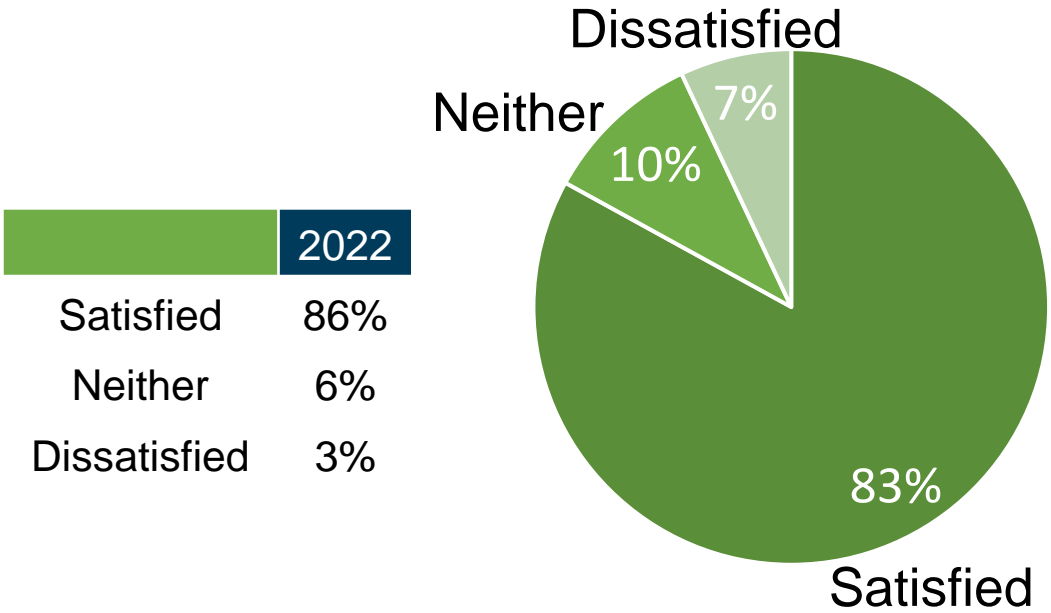
# Expectation compared to outcome of consultation with doctor's surgery/ NHS walk-in centre / minor urgent care centre / minor injuries centre/ GP out of hours service for most recent RTI



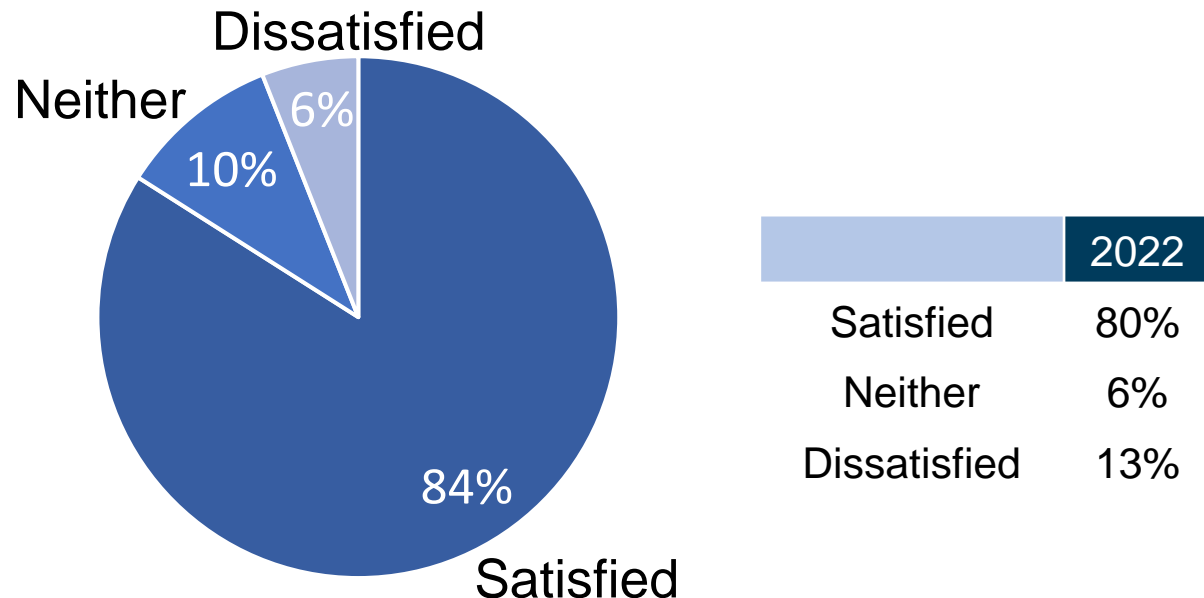


# Patient satisfaction in 2024

## Community Pharmacy



## doctor's surgery/ NHS walk-in / minor urgent care / minor injuries / GP OOH



Base: All England participants aged 16+ who had consultation with pharmacy or general practice, fieldwork conducted online 15-27 March 2024



# Implications: Health Seeking Behaviour

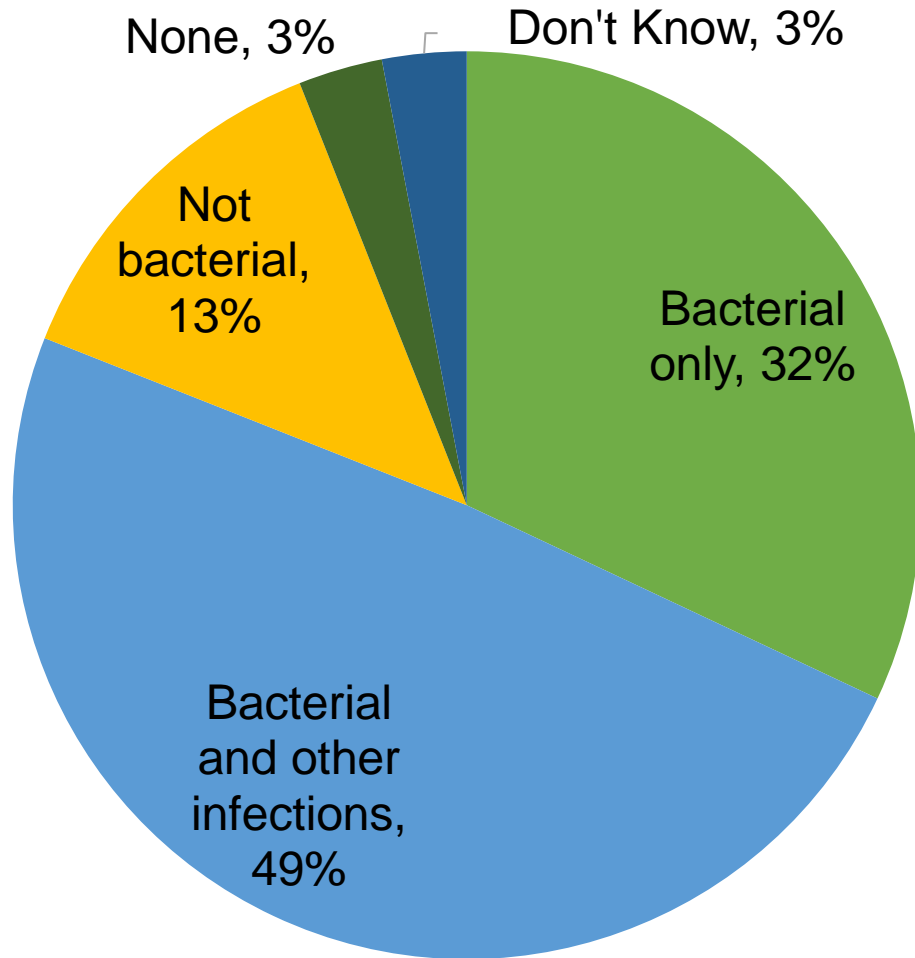
- Self-care is prevalent– even among those with severe RTI symptoms.
- Increased expectations observed during COVID have not fully gone back to pre-pandemic levels
- In general, people are getting what they expected from healthcare professionals and levels of satisfaction are high.
- Although patients may appear to want an antibiotic, a proportion of these also want advice on whether that antibiotic is needed



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# General knowledge/ perceptions of antibiotics

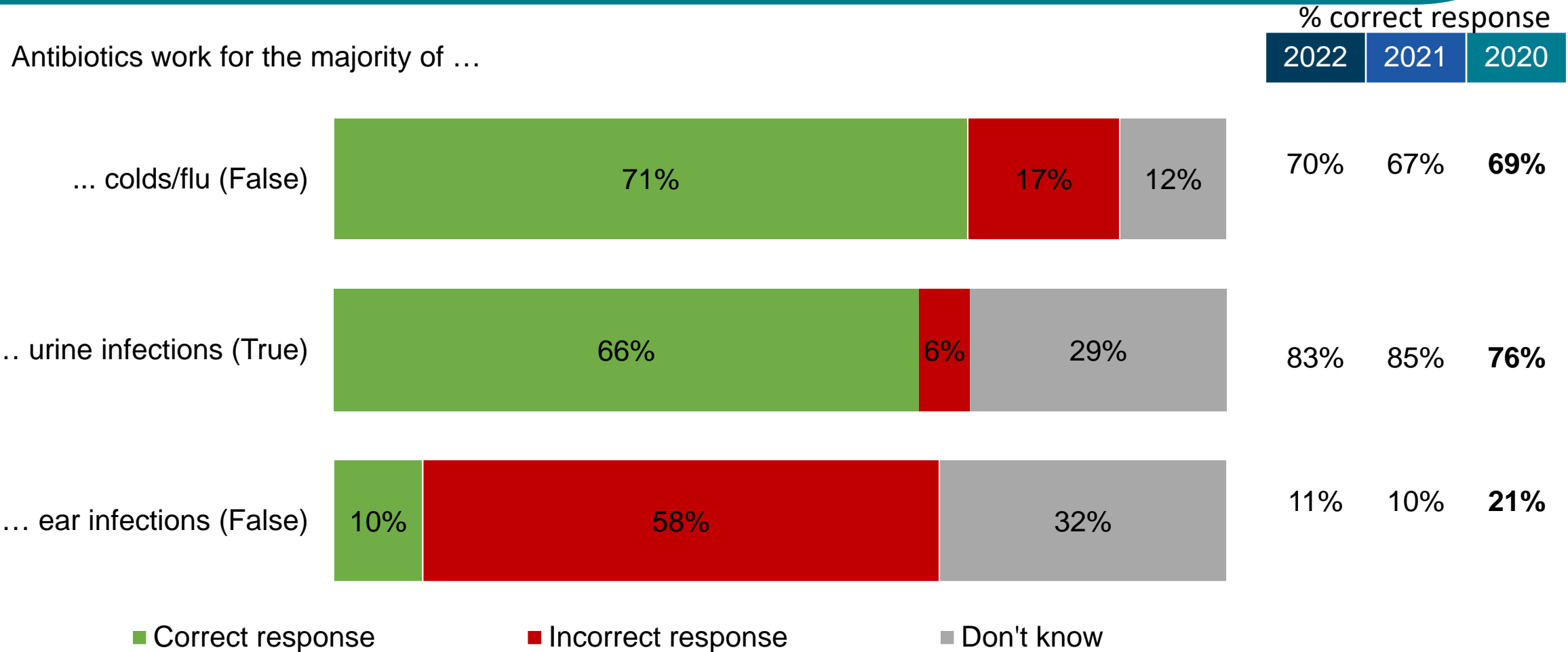
# Which of the following conditions, if any, do you think can be effectively treated by antibiotics?



Just under 1/3 of the public knew that antibiotics only treat bacterial infections

Base: 2024: All England participants aged 16+ (n=4976), fieldwork conducted online 15-27 March 2024

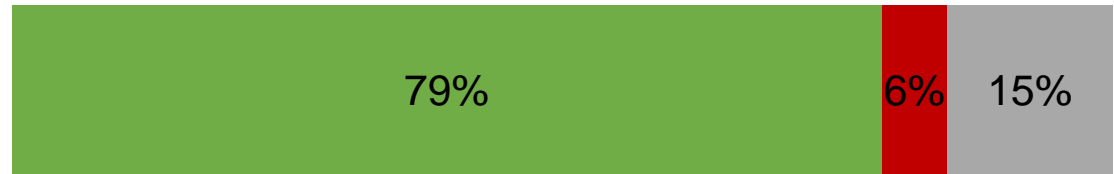
# Perceptions towards antibiotics remain relatively unchanged



Base: All England participants aged 16+ (n=4976), fieldwork conducted online 15-27 March 2024

# What do the public think about antibiotic resistance?

Many infections are becoming increasingly resistant to antibiotics (True)



How concerned, if at all, are you about antibiotic resistance for

% concern response

2020

... young children



54%

... your family



61%

... you personally

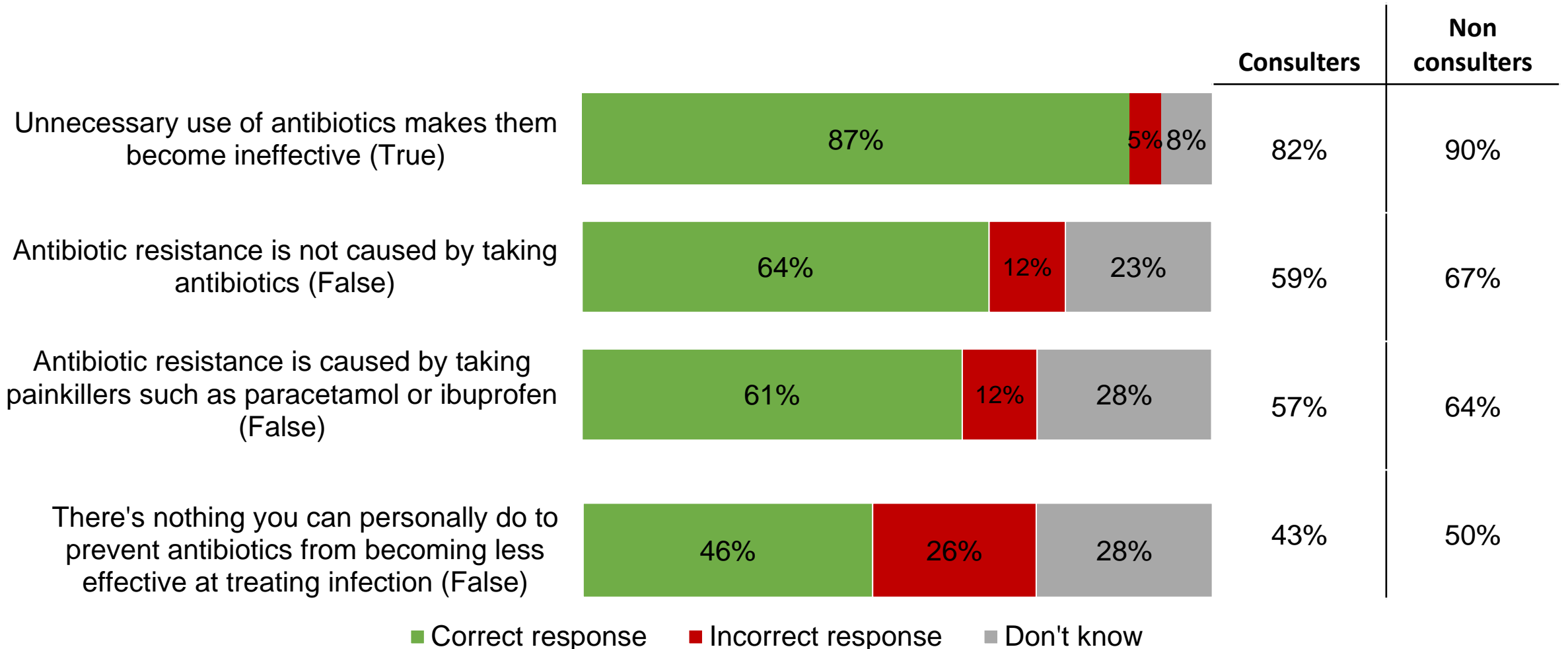


66%

■ Concerned ■ Neither ■ Not concerned ■ Don't know

Base: All England participants aged 16+ (n=4976), fieldwork conducted online 15-27 March 2024

# What do the public know about antibiotic resistance?



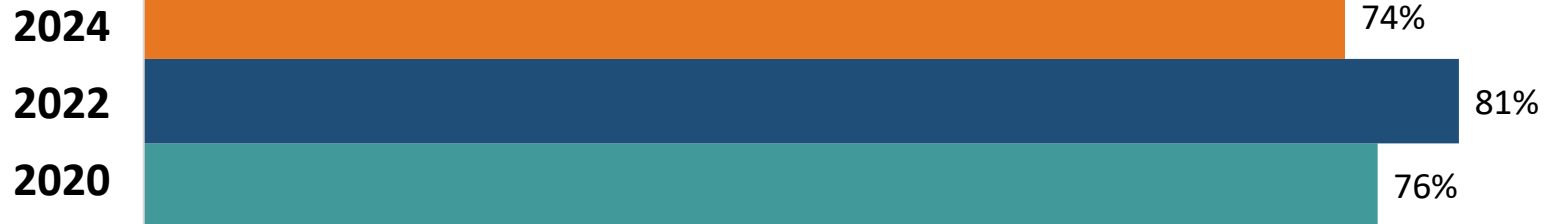
# Patients generally trust advice from a health professional

Please tell me to what extent you agree or disagree with the following? I trust my ... as to whether I need antibiotics or not

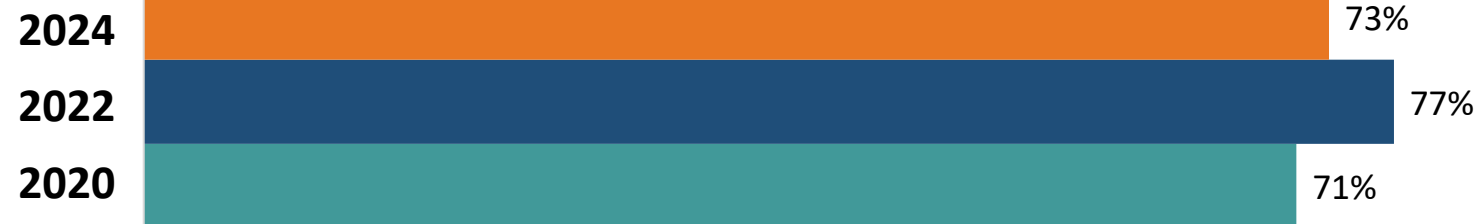
GP (Doctor)



Nurse



Pharmacist



Base: All adults aged 18+ in England: 2024 n = 4976; 2022 n=1663; 2021 n=1676; 2020 n=2022






# Implications

- Public knowledge is low
  - Trust in HCP is high
- Can you help educate your patients?

# Actions

- Self-care
  - TARGET
  - (treat antibiotics responsibly guidance education and tools)
  - leaflets and resources
- Expectations of consultations
  - TARGET antibiotic checklist
- Antibiotic knowledge
  - Key demographic groups



TREATING YOUR RESPIRATORY TRACT INFECTION (RTI) 

**Your infection**

- Middle-ear infection
- Sore throat
- Sinusitis
- Common cold
- Cough or bronchitis
- Other infection \_\_\_\_\_

**Most are better by**

- 7 to 8 days
- 7 to 8 days
- 14 to 21 days
- 14 days
- 3 to 4 weeks
- \_\_\_\_\_ Days

**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

If you (or your child) have any of the following symptoms, are getting worse or are sicker than you would expect (even if your temperature falls), trust your instincts and get medical advice urgently from NHS 111 or your GP.

- You develop a severe headache and are sick
- You have a red, swollen tongue
- You have redness, swelling and pain around the eyes or the ears
- You develop chest pain
- You have difficulty swallowing or are drooling
- You cough up blood
- You are peeing very little, or not at all
- You are feeling a lot worse
- Your child has a middle-ear infection and fluid is coming out of their ears or they have new deafness

**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

**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.

**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](http://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.**

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**Antibiotic Checklist**

For use with patients/carers collecting antibiotics by community pharmacy staff

**ANTIBIOTIC GUARDIAN**

Antibiotic resistance is one of the biggest threats facing us today. Following this simple advice will help Keep Antibiotics Working.

**STAGE 1**

**On hand in**  
Ask the pharmacist to complete pages 1 & 2 for patients.

**STAGE 2**

**Dispensing**  
Use the information collected on page 1 to check that the antibiotic is the right type and dose for the patient and their infection. Check against the NHS Local antibiotic prescribing guidelines.

**STAGE 3**

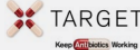
**On hand out**  
Use the information gathered from the statements on page 2 to the patient/carer. There are several necessary, urinary, dental and children's antibiotic-friendly websites at [www.nhs.uk/antibiotic-friendly](http://www.nhs.uk/antibiotic-friendly) to support self-care, safety-netting and prevention advice.

For more information on how your community pharmacy can Keep Antibiotics Working, visit: [Health Education England's A&E](http://Health Education England's A&E) and complete the e-module on Antibiotic Stewardship for Community Pharmacy.

Make your pledge at [www.AntibioticGuardian.com](http://www.AntibioticGuardian.com)

Keep Antibiotics Working

# There is an opportunity for healthcare professionals to educate patients on self-care...



## HOW CAN I MANAGE MY COMMON INFECTION?

A leaflet for adults aged 16 years and over

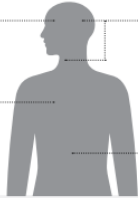
### 1 What are the symptoms of a common infection?

**Eyes**

- Red eyes
- Sticky eyes
- Eyes burn or feel gritty

**Chest**

- Cough
- Shortness of breath
- Coughing up green or yellow mucus



**Ears, nose and throat**

- Pain or soreness
- Blocked or runny nose
- Swollen tonsils


**Gut**

- Nausea
- Vomiting
- Diarrhoea


### 2 How common is my infection?

Every year in the UK...


adults have 2 to 3 colds, on average  
(more common in children)



1 in 5 people have a gut infection



1 in 10 people have a sinus infection



Version 2.0. Published: November 2024. Revision date: November 2027. This leaflet has been developed with healthcare professionals, patients and professional medical bodies. TARGET is operated by the UK Health Security Agency

### 3 How can I treat a common infection?

- Get plenty of rest** until you feel better.
- Take pain relief** if you need to (make sure you follow the instructions).
- Drink enough fluids** to avoid dehydration and pass urine regularly (6 to 8 cups or glasses).
- For **coughs**, try honey and cough medicines. For **sore throats**, try medicated lozenges and pain relief.
- Soothe **eye infections** with boiled and cooled water on the eyelids, apply cool compresses gently around the eye.
- For an **outer ear infection**, consider over-the-counter ear drops.

### 4 How long could my infection last?

Cough	Sore throat or earache	Common cold	Norovirus (winter vomiting)	Sinus infection	Eye infection
3 to 4 weeks	7 to 8 days	14 days	2 to 3 days	3 to 4 weeks	7 to 14 days

**Contact your GP if your symptoms are getting worse or if you are not better by the times above.**

Visit [www.nhs.uk](http://www.nhs.uk) for self-care advice on common infections

### 5 Will my infection need antibiotics to get better?

- Your body can normally fight off common infections on its own
- You do not usually need antibiotics unless symptoms of a bacterial infection are severe – follow your healthcare professional's advice on this
- Taking antibiotics when you do not need to may put you and your family at risk
- Follow your healthcare professional's advice on antibiotics
- Find out more about antibiotics at [www.antibioticguardian.com](http://www.antibioticguardian.com)

### 6 How can I stop my infection from spreading?

**If you need to cough or sneeze:**

- Catch it** with a tissue (or your inner elbow)
- Bin it** throw away used tissues
- Kill it** by cleaning your hands

**Clean hands for at least 20 seconds with soap and water or hand sanitiser:**

- before preparing and eating food
- after touching pets or animals
- after using the toilet
- when leaving and arriving home

- Avoid touching your eyes, nose or mouth with unclean hands. If possible, keep your distance from others (2 meters or 6 feet), especially vulnerable people in your household.
- Do not share items that come into contact with your mouth, such as eating utensils and toothbrushes.
- Keep yourself and your family up to date with vaccinations. Always get winter vaccines (such as flu) if you are eligible.

Visit or call a pharmacy for further advice on common infections

### 7 What symptoms of serious illness should I look out for?

**Severe headache and vomiting**

**Breathing faster or slower than usual, chest pain or tightness**

**Ongoing fever or chills** (temperature above 38°C or less than 36°C)

**Kidney pain** in your back just under your ribs

**Problems swallowing**


**New very fast or slow pulse**

**Coughing blood**

**Very cold skin**


**If you have the symptoms above, contact your GP urgently or use the following services for your region.**

**NHS England**




CALL 111  
when it's less urgent than 999

**NHS 111 Wales**



NHS 111 *Wales*


**NHS Scotland**



24  
CALL 111

**Northern Ireland**

Contact your GP practice



These services can provide a confidential interpreter if you need one.

### 8 What if I suspect signs of sepsis?


**Sepsis is a life-threatening reaction to an infection. Possible signs are:**

- slurred speech, confusion or drowsiness
- extreme shivering
- passing no urine in a day
- severe breathlessness
- it feels like you're going to die, and
- skin blotchy or discoloured

If you suspect sepsis: Call 999 immediately

## TARGET self-care leaflet

# Opportunity to educate patients: TARGET patient information leaflets

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Keep Antibiotics Working

**‘Most are better by’ section to help patients know when to (re) consult**

**Safety netting**

**Back-up prescription**

**Information about antibiotics & AMR**

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# CHESTSSS can help frame discussions about antibiotics

**C:** Ask specifically about **concerns**

**H:** Discuss **history and exam results/findings**

**E:** Ask specifically about **expectations**

**S:** Explain the cause of **symptoms**

First 5 min of the consultation

**T:** Be specific about illness **timeline**/usual course

**S:** Explain **shortcomings** of antibiotics

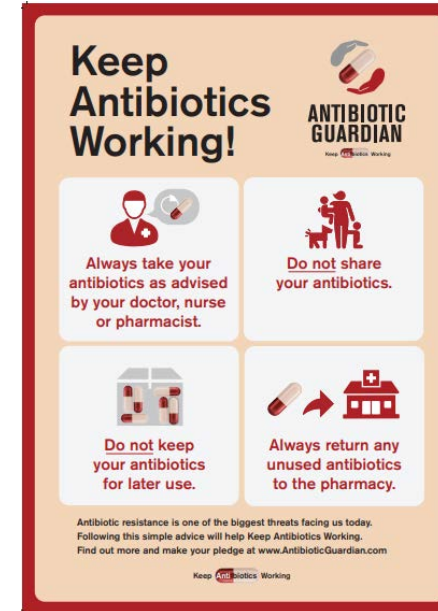
**S:** **Self-care** advice

**S:** **Safety-netting** advice

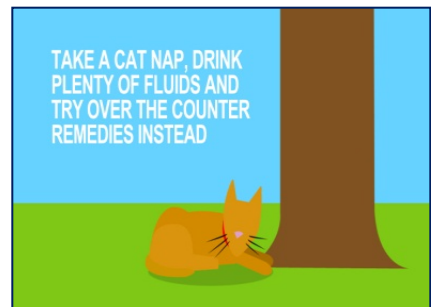
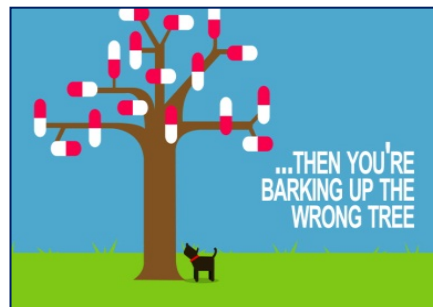
Covered in the TARGET patient information leaflets

# TARGET: Additional supportive tools

Posters for display  
in clinical and  
waiting areas



Videos for patient  
waiting areas



# TARGET Antibiotic Checklist for community pharmacy

Patient provides information on their infection and antibiotic knowledge → Pharmacy team provide tailored advice

**Antibiotic Checklist**  
Help us to Keep Antibiotics Working.

Please tick

Are the antibiotics for you? yes  no

If they are not for you, please fill in the rest of this form for the person named on the prescription

Are you taking any other medicines? yes  no  don't know

Have you taken the same antibiotics in the last 3 months? yes  no  don't know

Are you allergic to any antibiotics? yes  no  don't know

If yes, please provide the following information about your allergy:

Antibiotic name  Type of allergy

Do you have one of these common infections? Tick  if yes.

chest  throat  ear  urine  tooth  skin

Or something else?

Please indicate here.

Does this describe you? Tick  if yes.

problem with kidney function  problem with liver function  breast feeding  pregnant  over 65

Have you had a flu vaccine this year? yes  no  don't know

Your pharmacist can tell you about the things that you can do to help you get better, and give you a leaflet with more information.

Please let your pharmacist know if you need this information in a different language.

Please continue overleaf →

Patients complete on hand in of prescription. Staff retain for audit.  
Antibiotic Checklist Version 2. Published April 2021. Review date: July 2022. 1

→ Continued from overleaf

for Patients

Help us to help you by ticking yes  or no  by the following statements:

I know what to do if I miss a dose of my antibiotics. yes  no

I know whether my antibiotics should be taken with or without food. yes  no

I know why I must take my antibiotics as advised by my doctor, nurse or pharmacist. yes  no

I know about the side effects that I might get from my antibiotics. yes  no

I know whether I need to avoid alcohol whilst I am taking my antibiotics. yes  no

I know why I must never share my antibiotics or keep for later use. yes  no

I know how long my symptoms are likely to last. yes  no

I know when I should seek further help with my infection. yes  no

I know why I must return any unused antibiotics to the pharmacy. yes  no

If needed, I am happy for someone on behalf of Public Health or TARGET Antibiotics to contact me about my visit today.

I would like to be contacted  by mobile  by email. Tick where appropriate.

Please write your email or mobile number below, using one letter or number per box.

Patients complete on hand in of prescription. Staff retain for audit.  
Antibiotic Checklist Version 2. Published April 2021. Review date: July 2022. 2

for Pharmacy team

### Checklist points

Date this checklist was completed:

Assessing the antibiotic prescription. Please tick as appropriate.

I have checked  n/a  yes  no

... for allergies, risk factors, other medication interactions.

... treatment with the same antibiotic in the previous 3 months.

This information is collected from page 1.

... the antibiotic against the local guidance.

... the antibiotic is appropriate for the infection indicated.

... the dose is correct for the indication and patient.

... the duration is correct for the indication.

I have contacted the prescriber about this antibiotic prescription. Please write the reason and outcome below.

The following antibiotics have been dispensed

None  Amoxicillin  Flucloxacillin  Nitrofurantoin  
 Doxycycline  Clarithromycin  Phenoxymethylpenicillin (Penicillin V)  
 Metronidazole  Trimethoprim  Co-Amoxiclav

other Please specify the antibiotic in the space below.

Giving advice on antibiotics. Please tick as appropriate.  n/a  yes  no

I have discussed antibiotic resistance with the patient/carer as the patient has had the same antibiotics in the last three months.

I have checked the Patient responses to the statements overleaf and given advice as required.

Tick the circles  next to the statements opposite when the advice has been given.

Please continue overleaf →

Staff complete on preparation and hand out of prescriptions. Retain for audit.  
Antibiotic Checklist Version 2. Published April 2021. Review date: July 2022. 3

for Pharmacy team

To access the TARGET Antibiotics patient leaflets, scan the QR code or visit: [www.RCGP.org.uk/TARGET-patient-leaflets](http://www.RCGP.org.uk/TARGET-patient-leaflets)

I have given the following patient information leaflet:

UTI  UTI for older adults  dental  
 RTI  RTI pictorial  other  
 managing common infections (self-care)

I have administered the flu vaccine. Please tick as appropriate.

I have discussed flu vaccine eligibility with the patient  
 I have given the flu vaccine on site

The Antibiotic Checklist has not been fully completed because:

the patient's representative did not know the information  
 the antibiotics are supplied by delivery service. Consider including a patient information leaflet with the prescription.  
 the antibiotics are already dispensed  
 the patient declined  
 other reason. Please write the reason in the space below.

TARGET Keep Antibiotics Working

ANTIBIOTIC GUARDIAN Keep Antibiotics Working

Staff complete on preparation and hand out of prescriptions. Retain for audit.  
Antibiotic Checklist Version 2. Published April 2021. Review date: July 2022. 4

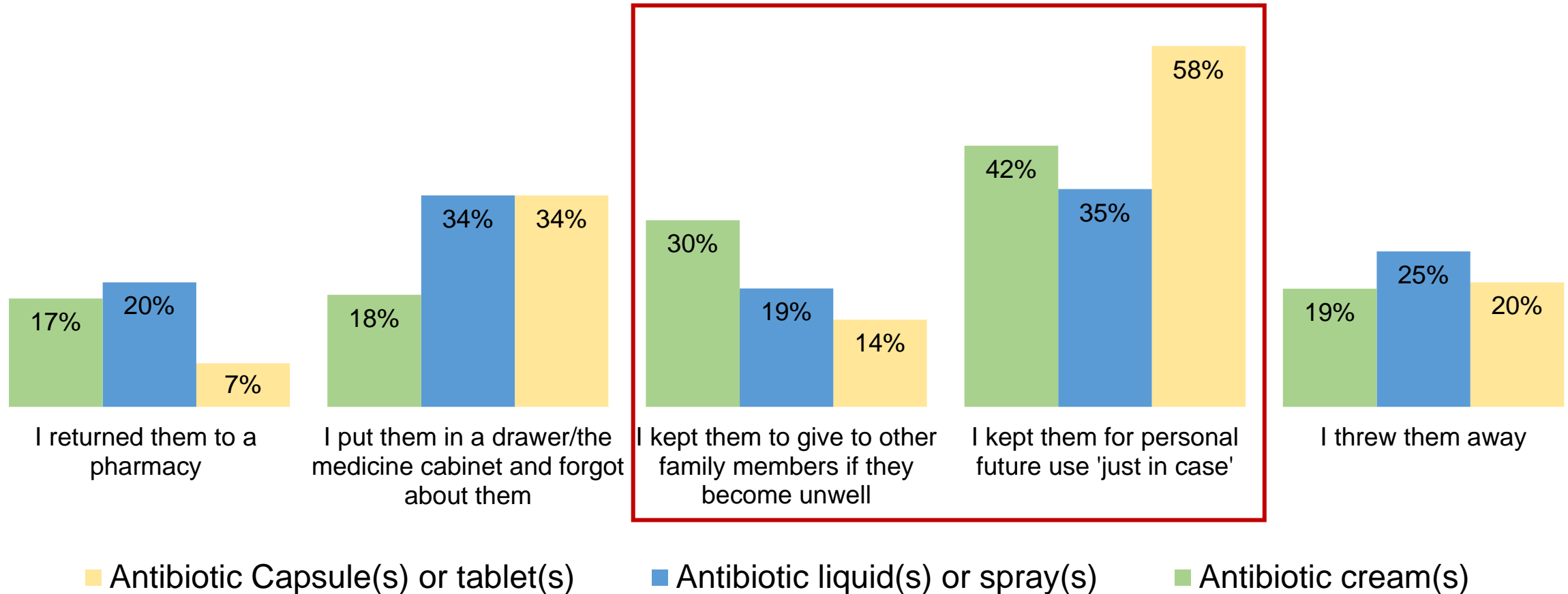


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# Experience of antibiotic use

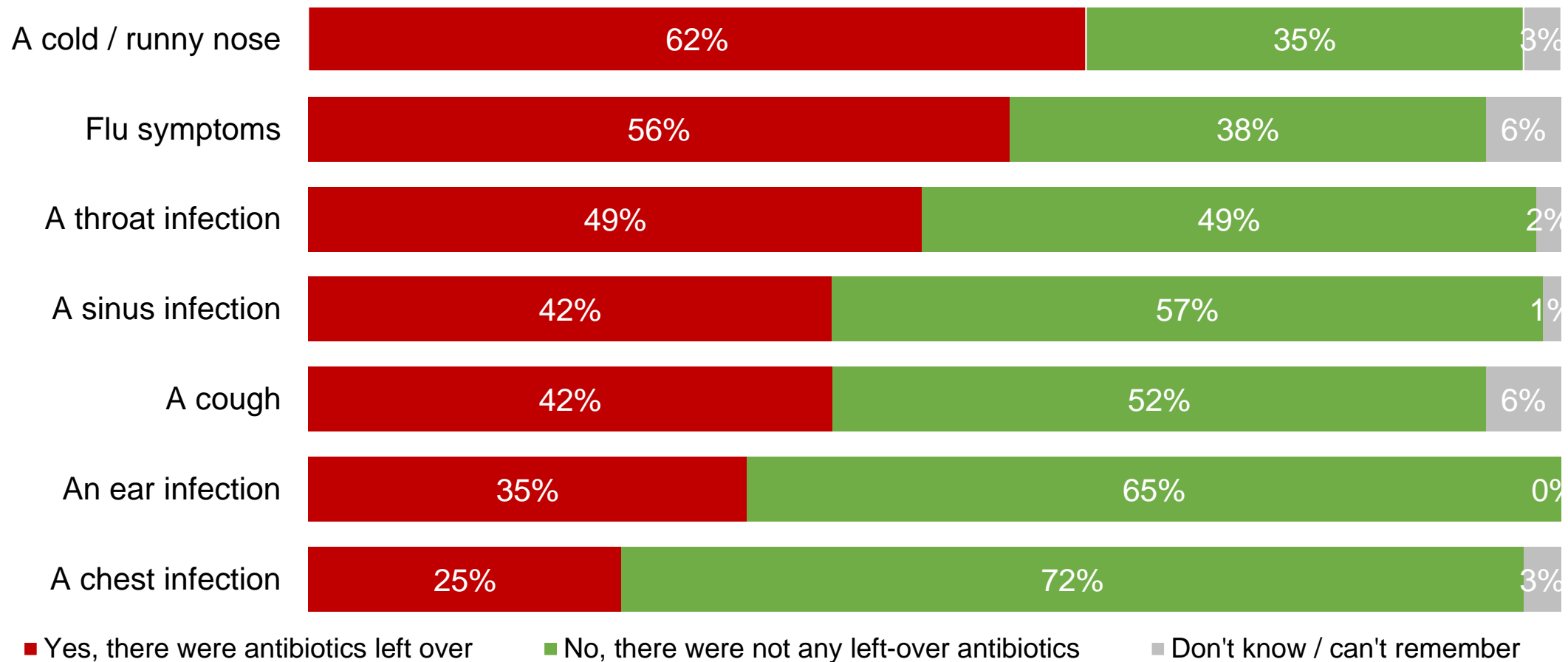


# Leftover antibiotics?



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

# Thinking about the antibiotics you have taken within the last 12 months for ..., were there any left-over?

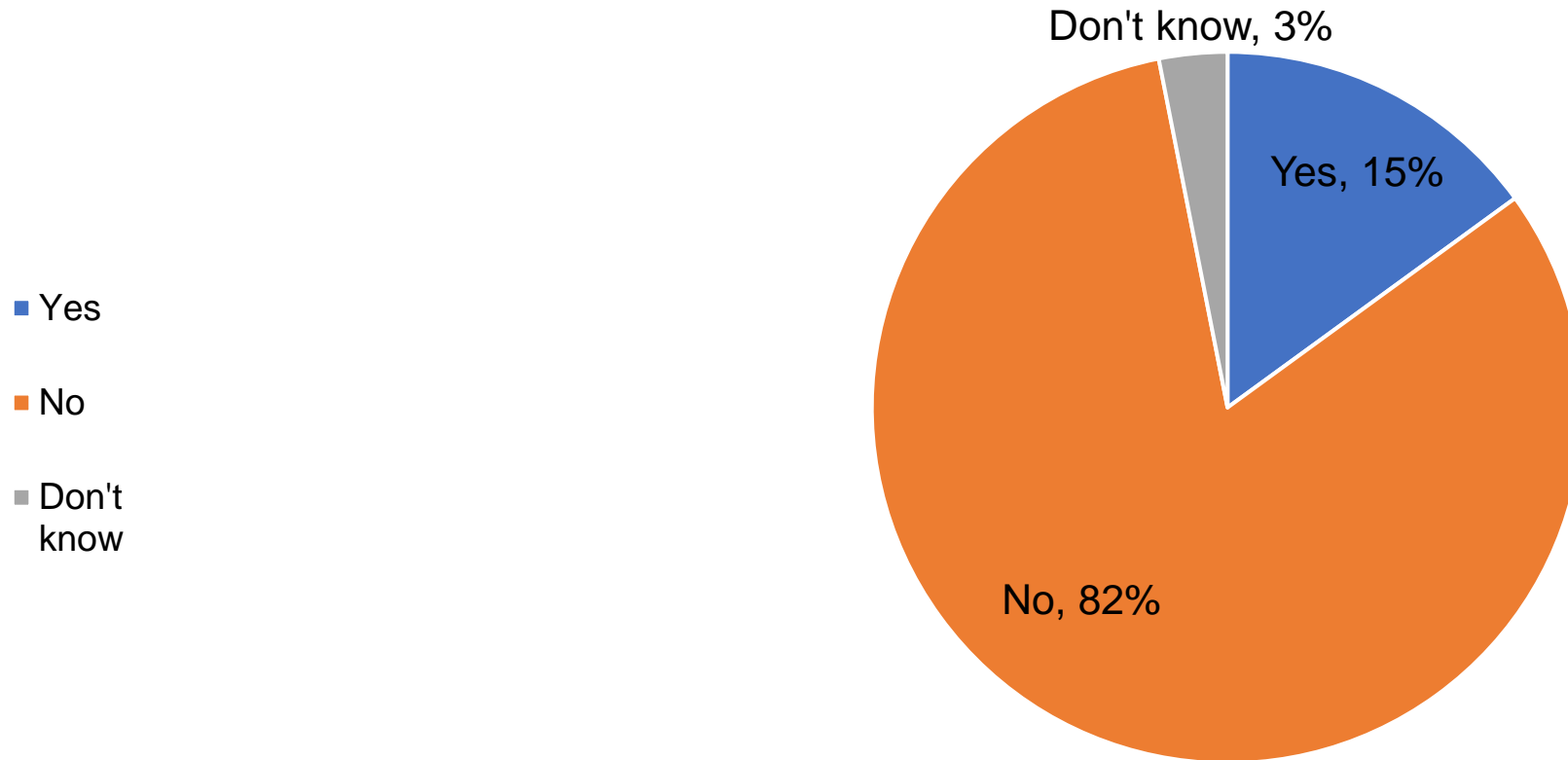


Base= All England participants who have had antibiotics for the following illnesses in last 12 months: Cold/runny nose:262, Throat infection:324, Sinus infection:155, Flu Symptoms:237, Cough:393, Ear infection:157, Chest infection:346, fieldwork conducted online 15-27 March 2024



# Do you currently have any antibiotics stored at home, for example, in a medicine cupboard or tin?

\*Not including any prescribed as 'rescue pack' antibiotics



Base: All England participants aged 16+ (n=4976), fieldwork conducted online 15-27 March 2024



# Implications

- Left over antibiotics may not be suitable for other to use
- Allergic reactions or side effects
- The antibiotic may not be suitable for another infection
- Contribute to antimicrobial resistance
- Left over antibiotics may have expired

# Reminder on NICE recommended lengths of antibiotic prescriptions

## Acute cough



5 days

## Sore throat



5 days

## Otitis media



5 – 7 days

## Sinusitis



5 days

**NICE** National Institute for Health and Care Excellence  
UK Health Security Agency

**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 Adult	Child	Length	Visual summary
<b>Upper respiratory tract infections</b>						
Acute sore throat	Advise paracetamol, or if preferred and suitable, ibuprofen for pain. Medicated lozenges may help pain in adults. Use <a href="#">FeverPAIN</a> or <a href="#">Centor</a> to assess symptoms. <b>FeverPAIN 0-1 or Centor 0-2:</b> no antibiotic; <b>FeverPAIN 2-3:</b> no or back-up antibiotic; <b>FeverPAIN 4-5 or Centor 3-4:</b> immediate or back-up antibiotic. <b>Systemically very unwell or high risk of complications:</b> immediate antibiotic. <small>*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.</small>	<b>First choice:</b> <a href="#">phenoxymethylpenicillin</a> <b>Penicillin allergy:</b> <a href="#">clarithromycin</a> OR <a href="#">erythromycin</a> (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 (September 2024)

The **summary of antimicrobial guidance** table in the TARGET toolkit can be useful to see first line antimicrobials, dose and course length at a glance



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# Delayed/back-up antibiotics



# Why use back-up antibiotic prescriptions?

1. Reduce patient use of antibiotics
2. Useful if unsure whether immediate antibiotic is needed
3. Little difference in symptomatic benefit with immediate vs. back-up antibiotics
4. Increase patient's ability to self-manage infections
5. Prevent complications
6. Reduce re-consultations

# Why use back-up antibiotic prescriptions?

**Prevent complications** (as effectively as immediate antibiotic) & **reduce re-consultations** ('doctor shopping'/visits to OOH, A&E)

Little/no difference in:

- Re-consultation
- Adverse effect
- Complications



Delayed antibiotic prescriptions for respiratory infections (Review)

Spurling GKP, Del Mar CB, Dooley L, Clark J, Askew DA

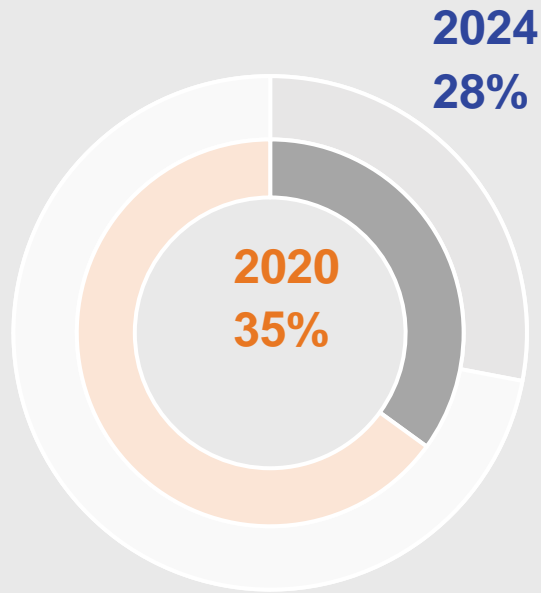
Spurling GKP, et al. 2017  
DOI: 10.1002/14651858.CD004417.pub5.



# Delayed antibiotics

## Awareness and acceptability

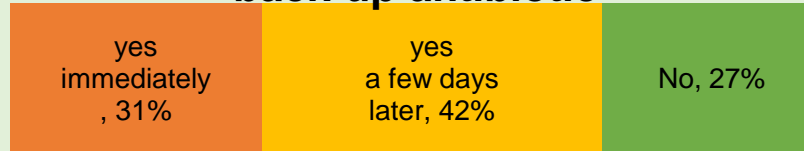
Aware of what a delayed/ back-up antibiotic is



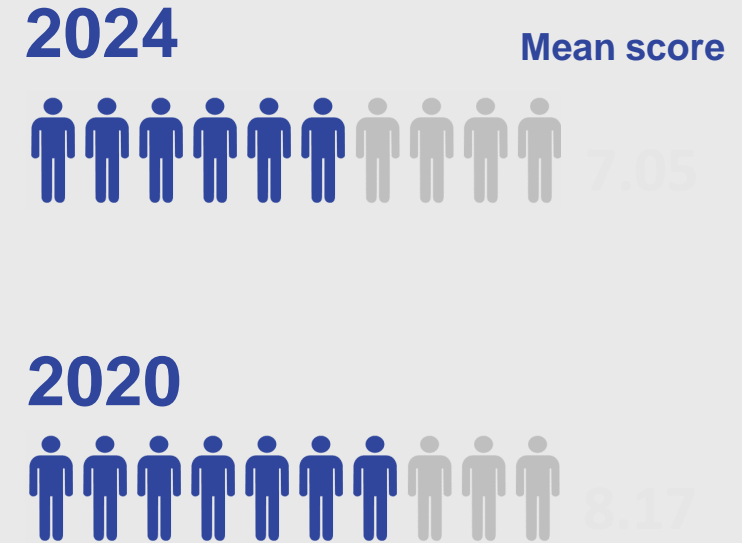
Do you support delayed antibiotics for the following infections



Did you start taking the delayed/ back-up antibiotic



How acceptable the delayed/ back-up antibiotic was



Base: All England participants aged 16+ (n=4976), fieldwork conducted online 15-27 March 2024

# TARGET resources: back-up/delayed antibiotic prescriptions

The TARGET website has **evidence-based resources** to help you in discussing back-up/delayed antibiotics with patients.

[www.rcgp.org.uk/TARGETantibiotics](http://www.rcgp.org.uk/TARGETantibiotics)



Discussing antibiotics with patients



## Discussing back-up/delayed antibiotic prescriptions

Using back-up/delayed antibiotic prescriptions is recommended in NICE guidelines, and when used appropriately can be a useful antimicrobial stewardship tool.

- Two key points that patients want to know about back-up/delayed prescription
- Two examples of miscommunication around delayed prescription
- Five ways to issue a back-up/delayed antibiotic prescription
- Ways to capture data on back-up/delayed antibiotic prescriptions



Learning resources for prescribers



**Back-up/delayed antibiotic prescriptions**  
**Why and how to use them in primary care settings**

TARGET webinar series:  
Effective antibiotic prescribing: shared decision-making & delayed prescriptions  
part 2

Presented by: Dr Linda Strettle  
25 November 2021

25/11/2021 v1 [www.rcgp.org.uk/targetantibiotics](http://www.rcgp.org.uk/targetantibiotics) 1

# Clinical coding for back-up/delayed antibiotic prescriptions

\*\*\*Don't forget to code your treatment choice\*\*\*

READ codes (Emis, Vision)	SNOMED code (System One)	Definition
8BP0	2549788011	Deferred antibiotic therapy
8CAk	406111000000113	Patient advised to delay filling of prescription
8OAN	2462831000000113	Provision of <u>TARGET Managing Your Common Infection (Self-Care) Leaflet</u> with back-up antibiotic prescription issued



# Key take home points

- Patients reason for consulting vary
- High public expectations
- Low public knowledge on antibiotic use and AMR
- **Opportunity to educate your patients**
- Many report receiving antibiotics for RTIs, on average half of these don't finish the course
- **Consider discussion around the need for antibiotics** – link to duration of illness
- **Consider issuing a delayed antibiotic**

# Acknowledgements

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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:

**Navigating antimicrobial stewardship for new and early career prescribers**

Wednesday 29 January 2025 | 18:30 - 19:30 | Online

**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](http://www.rcgp.org.uk/TARGETAntibiotics) to find out more



[TARGETAntibiotics@ukhsa.gov.uk](mailto:TARGETAntibiotics@ukhsa.gov.uk)



@TARGETabx

# Panel discussion



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