# TARGET Public Surveys Webinar – Panel Questions

The following document covers questions and answers given during the live webinar "Patient perceptions of infections and antibiotics: insights from national surveys".

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. As a GP, were there any findings presented that you found resounded to what you see in practice, or maybe not in some cases?

- Findings relating to left-over antibiotics was something that I recognise, especially in patients with chronic conditions such as COPD. I hadn't realised how many left-over antibiotics were out there and how often people don't complete the courses. It gives us more awareness to have that discussion about the importance of antibiotics and discuss other options such as delayed prescribing.
- It's also important to remember guidelines relating to 5-day courses as it can be easy to select automatic prescriptions. It can be tricky to remember to change this every time, but patients don't often want, need or use the full course, so this was a good learning point for me.
- A nice message out of this is that we still have a lot of respect from the community. There is a lot of bad press out there about general practice and pharmacies but it's really reassuring to hear that we are still a respected group of professionals who can give advice that patients trust and feel helps them to make a good decision. It's an opportunity for us to then make a difference with just a few small changes.

2. Are there any plans for public awareness campaigns to improve public knowledge on antibiotic use and AMR and support reducing demand for antibiotics? Focusing on healthcare professionals without addressing the public will only deliver limited impact - the two need to go hand in hand.

- UKHSA ran the 'Keep Antibiotics Working' campaign from 2017-2019, which ran for three years. This showed the impact that we can have using mass media campaigns, but the challenge is the cost. What we find is that, over time, mass media campaigns start losing their impact and we need to think of new ways.
- UKHSA are currently working on a pilot campaign using information from this public survey study. This information has been helpful in identifying which groups we need to work with, starting with young adults and those from ethnic minority groups. Once we have piloted this we will consider options for scale up.

- There is an important role that healthcare professionals have in communicating with members of the public and there are resources available to use. There are also local and regional campaigns that are run. We have the TARGET and e-Bug resources available through UKHSA, and the posters and leaflets from 'Keep Antibiotics Working' are still available. Finally, we have the 'Antibiotics Guardian' campaign as well.

3. There have been public health information ads on TV about Sepsis and this sticks in people's minds. The requests for antibiotics are driven by fear, particularly carers for older people both in care homes and domiciliary care. When I refuse to prescribe and give an explanation for this I am often not believed, and they call out of hours when I have left who then give them.

- This often comes down to previous public health campaigns designed to elicit an emotional response, such as fear. While fear appeals can be effective in eliciting a response, they may not produce the desired outcome. To ensure fear appeals are effective, they must be paired with clear and concrete information about the recommended behaviours and why they are likely to be effective. The "why" and "how" are crucial to prevent people responding in a fearful and emotional way.
- Increasing awareness of the recommended behaviours is essential, explaining that these are important not just to protect antibiotics, but because it is the most effective method for addressing their specific concern.
- Regarding Out-of-Hours services, consistency across the system is vital because inconsistent messaging confuses patients.
- Listening to patients and acknowledging their feelings is key and explaining what this means in terms of prescribing or not prescribing them antibiotics. Giving patients clear safety netting advice, e.g. using the TARGET leaflets which state the key symptoms to look out for, or the Healthier Together leaflets for children, which have the red, amber and green signs, aligning with NICE guidelines. This assures patients you have carefully considered the decision not to prescribe antibiotics and at what point antibiotics may be necessary.
- Delayed prescribing can also be useful for patients who you feel will keep pushing to get antibiotics or you could book in a follow-up phone call. This helps patients feel that they have been listened to and gives them a plan to take away.

4. What can we learn from surveying the public in this way and how does this inform practice and campaigns?

- In behavioural science, we take a very systematic and evidence-led approach to develop interventions, which could be anything from public campaigns through to helping inform GP discussions in consultations. The most effective way is to understand the factors that underlie people's decision to carry out a particular behaviour, such as requesting antibiotics or storing them for future use.
- This largescale survey which is repeated over time is valuable as it helps to identify problematic behaviours so we can focus our efforts on developing

interventions which address them. It also allows us to track the changes over time and whether interventions that target a particular behaviour are yielding the desired outcomes. More investigations into public health issues should take this largescale approach to data collection.

5. I am interested in potentially incorporating TARGET leaflets in hospital discharge information post uncomplicated infections to increase patient knowledge and understanding around antibiotics and infections. Despite design for primary care, do you consider suitable for this use?

- It is important to highlight that the TARGET leaflets have been designed for use within primary care. We (TARGET) are planning to speak with secondary care consultants to determine whether the leaflets are suitable for use within hospitals. We will review the evidence and aim to build an evidence base to decide if the leaflets can be implemented within secondary care. If feasible, we will make them more widely available. It is important to understand the issue and how the leaflets would be used correctly before implementing them in secondary care.
- However, some TARGET resources may be suitable for use within secondary care, such as the antibiotic checklist for patients dispensed oral antibiotics, which is relevant to outpatient settings and hospital discharge. This checklist can be used by any pharmacy team members or nurses to counsel patients.
- The TARGET leaflets may be relevant for some RTIs and UTIs in outpatient settings, where patients are being sent home, to help educate them on infections and antibiotics, similar to a GP visit. Therefore, there are ways that TARGET resources can be implemented before the evidence base is fully developed.

If you wish to be involved in TARGET's research and resource development, please sign up for the mailing list.

6. Do you know of any areas that have successfully incentivised the use of the TARGET leaflets in primary care as part of a consultation, e.g. as an indicator on a prescribing incentive scheme?

- We have been rolling out the TARGET training across the regions of England, highlighting the use of TARGET leaflets and materials and this is currently bein evaluated. In some areas, the TARGET training has been integrated as part of a financial incentive scheme. We will look at data and behaviours to determine if there has been an increase in use of the leaflets. This will involve examining the SNOMED codes and Accurx data and conducting interviews with clinicians.
- It may be helpful to speak with your local NHS AMS Lead, as they might have insights into regional activities and local incentive schemes.

7. What ways can a delayed prescription be provided? Especially as some patients don't like to come in for frequent visits or reviews. My concern with issuing a delayed antibiotic is patients keeping them for later use and using them for the "wrong issues", both figures noted in this webinar. What are the thoughts on this?

- TARGET have previously conducted a webinar on delayed prescribing and the evidence behind this, including how it doesn't always result in the patient taking the antibiotics. However, this can leave us (prescribers) in a bit of tricky situation because, as it will count as one of our prescribed antibiotics for that patient. On the TARGET website, there is a whole section on discussing delaying antibiotics with patients. You could ask the patient to re-contact the practice at a later date. Although this does result in the patient contacting the practice again, it wouldn't count as one of your prescriptions for antibiotics at that point.
- I have found that having a conversation with patients discussing their symptoms and why we aren't considering giving immediate antibiotics helps to educate the patient. The difficulty is where there is an expectation for an antibiotic to be given. Instead of outright no, there are options that provide a middle-ground that may prevent complaints and help deliver a shared understanding, such as a delayed prescription, prescribe but don't collect immediately, or re-contact.
- In practice, I did this quite recently with a GP trainee who wasn't aware of delayed prescribing, and he took this away to other consultations. It's important to model this to other staff members and can also be a snowball effect across the practice. Once you start offering it, patients begin to understand that there are other options to an immediate prescription and staff get more used to this approach. You should figure out what works best with your practice.
- On digital systems such as SystemOne and EMIS, there are suggestions to delay an antibiotic prescription based on the patients FEVERPAIN score. It can be useful to show this score to patients so that they can see the guidance and that there is evidence behind why we may or may not be prescribing antibiotics.

8. Post covid, there seems to be a reluctance in patients to attend practice for assessment of symptoms for antibiotics and this is even the case when a patient then also calls back with continued symptoms and wanting second courses - is there support/strategy to address this?

- A whole practice approach is effective because patients will probably try speaking with different clinicians until they get a prescription. It is useful to have a consistent 'no' message stating that antibiotics will not be prescribed unless they come into the practice, and all staff members should follow this.
- It is also important to explain to the patients why you aren't prescribing them antibiotics and that having antibiotics in this instance may increase their likelihood of resistance or unnecessary side effects.

9. Can the TARGET leaflets be found on EMIS?

We are currently working with EMIS to get the updated leaflets on there, so these should be available soon. If you want to keep up to date on this, I recommend signing up to the TARGET mailing list for updates on the resources or please email us at: targetantibiotics@ukhsa.gov.uk.