

**TARGET Audit webinar – Panel questions**

The following document covers questions and answers from the live webinar “Audits as an antimicrobial stewardship tool”.

Find the live webinar recording [here](https://www.youtube.com/watch?v=9vic40zorPk&t=3s) and the TARGET audit toolkits [here](https://elearning.rcgp.org.uk/mod/book/view.php?id=12649&chapterid=793).

Answers have been provided by a group of medicines optimisation pharmacists and public health researchers. They do not reflect the views of UK Health Security Agency (UKHSA) or the Royal College of General Practitioners (RCGP).

Audits can be carried out by general practitioners (GPs), nurses, medicines optimisation teams and other healthcare clinicians. Primary care network pharmacy technicians and receptionists can support by pulling data from searches.

**Whole practice approach**

1. Why should a practice conduct an audit if it’s already carried out by medicines optimisation teams?

The medicines optimisation team can support with conducting the audit, but a whole practice approach to auditing can have more of an impact in improving prescribing.

The practice team may be able to better identify and understand some of the gaps in audit results specific to the practice e.g. protocol for collection of urine samples could be linked to higher antimicrobial prescribing for urinary tract infections. Prescribers conducting an audit can help them reflect on their own prescribing and practice. Some practices prefer to conduct the audit themselves so as not to share access to patient data outside of the practice.

1. Who other than GPs can support with carrying out audits?

Administrative staff could support with running searches and exporting patient data. Clinical staff can input data into the audit, for example GPs, nurses, primary care network pharmacists and antimicrobial stewardship (AMS) leads. Practice managers can arrange practice meetings where results of audits can be shared for reflection and action planning.

**Accessing prescribing data**

1. Is one database for prescribing data better than another?

Each individual has their own preference, and each database has its benefits.

* PrescQIPP can be used to look at area levels and it is useful for narrowing down data to lower practice, Primary Care Network and old Clinical Commissioning Group levels.
* ePACT2 can be used to look at prescriber level data. Its AMS dashboard data can be used to send regular updates to AMS leads to support identification of trends and provision of feedback.
* Fingertips has data on antimicrobial resistance rates.
* Open Prescribing enables users to look at different AMS measures.
1. Is prescriber level data available through the ePACT2 database?

Prescriber level data can be accessed through [ePACT2](https://www.nhsbsa.nhs.uk/access-our-data-products/epact2), only for the area that you are authorised to access and for customised searches not dashboards.

1. You mentioned inappropriate antibiotic prescribing in primary care. What percentage of antibiotics prescribed in secondary care are unnecessary?

TARGET focuses on antibiotic prescribing in primary care. Secondary care prescribing data can be viewed in the annual [English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) report](https://www.gov.uk/government/publications/english-surveillance-programme-antimicrobial-utilisation-and-resistance-espaur-report).

**Audit resources and practical tips**

1. **GP PRACTICE:** I'd like to start audits in my surgery, but we are very busy like so many others. Any tips on where to start?

It can be useful to focus on a particular issue or area of concern e.g. UTIs. Then get everyone involved, including prescribers, the administrative team and the practice manager. The medicines optimisation team can support but the practice should own it.

The TARGET audit toolkits are free to download [here](https://elearning.rcgp.org.uk/mod/book/view.php?id=12649&chapterid=793) and include audits for 4C broad spectrum antibiotics, UTIs and respiratory tract infections. The templates each include step-by-step instructions to make the process as easy as possible and are available in Word and Excel format with auto-calculations.

1. **OUT of HOURS:** I work on a self-employed basis within the local out of hours GP provider. We see many upper respiratory tract infections (RTIs) and UTIs. What is the best audit tool for me to use?

The TARGET RTI and UTI audit toolkits are available to download for free [here](https://elearning.rcgp.org.uk/mod/book/view.php?id=12649&chapterid=793). RTI toolkits include acute otitis media, cough, rhinosinusitis and sore throat. UTI toolkits include uncomplicated UTI, UTI audit for catheterised patients and audit for non-catheterised patients over 65 years old.

1. **CLINICAL ASSESSMENT SERVICE /NHS 111:** Are there any TARGET audits you can recommend for us in clinical assessment service or NHS 111 settings with remote telephone triage?

The TARGET audit toolkits were developed for primary care settings, however they are available in Word format if you wish to adapt for your setting. Please specify in the footer that the version has been adapted. Contact TARGETAntibiotics@ukhsa.gov.uk if you require any support.

1. Can TARGET tools help with other prescribing e.g. diabetes, asthma medication, opioid prescribing?

The TARGET Toolkit resources aim to improve management of common infections presenting in primary care, targeting antibiotic use and AMS activities. As the tools have been aligned to guidelines for specific common infections, they are appropriate for these infections.

1. Are the TARGET Toolkit resources linked to practice systems for easier access for prescribers?

[TARGET leaflets](https://elearning.rcgp.org.uk/mod/book/view.php?id=12647&chapterid=489) are available in Microsoft Word and PDF formats and can be embedded in practice systems such as EMIS and SystmOne. TARGET leaflets can be shared with patients using SMS message templates on AccuRx.