

## Welcome to the Spring 2019 edition of the TARGET newsletter!

This edition highlights our work over World Antibiotics Awareness Week (Nov 18). It also discusses the recent PHE/NICE updates that will influence the toolkit, showcases how Staffordshire CCGs are using TARGET resources to improve prescribing, and highlights some research underway with community pharmacies in Gloucestershire.

### Your TARGET Showcase: Staffordshire CCGs (p3)

This new section of the newsletter showcases how primary care providers are using TARGET resources to improve antibiotic use. If you or your team **would like to contribute to the next edition please [email us](#)**.

The work being undertaken by Staffordshire CCGs includes multifaceted campaigns across the CCGs to ensure that prescribing is timely and appropriate.



### Updates to tools and references (p5)

The NICE/PHE summary table [Summary of antimicrobial prescribing guidance managing common infections](#) was published in October 2019. Content was updated in December 2018 and February 2019 based on new treatment guidance from PHE/NICE for COPD, Acute cough and bronchitis and from The British Association for Sexual Health and HIV (BASHH) for Chlamydia, Gonorrhoea, and Pelvic Inflammatory Disease. Highlights include:

- Acute cough if an antibiotic is needed: doxycycline is the first antibiotic of choice
- Chlamydia: doxycycline first choice based on emerging macrolide resistance to STIs due to single dose azithromycin

### Community pharmacy campaign to Keep Antibiotics Working (p7)

We are working to increase community pharmacy staff's ability to give self-care and adherence advice with patients /carers collecting antibiotics using the Royal Pharmaceutical Society Antibiotic Checklist. Visit page 7 to find out more...



### Come meet the team

We will be attending the following meetings/conferences.

- PHE Public Health Research and Science Conference, April 2019
- Nursing in Practice Conference, June 2019
- IPS conference, September 2019

[Mail us](#) if you are attending any of these events and would like to have a chat about the presentations, TARGET or just to say hi.

### Antibiotic Guardian

Antibiotic Guardian supports the UK Antimicrobial Resistance strategy, European Antibiotic Awareness Day and World Antibiotic Awareness Week

BECOME AN  
[ANTIBIOTIC GUARDIAN](#)  
CHOOSE YOUR PLEDGE



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## Your TARGET Showcase: Staffordshire CCGs

Authors: Rosalind Needham, Denis Kanu, and Renee Larsen

This new section of the newsletter is designed to showcase how primary care providers are using TARGET resources to improve antibiotic use. If you or your team would like to contribute to the next edition please email us at [TARGETAntibiotics@phe.gov.uk](mailto:TARGETAntibiotics@phe.gov.uk).

### Background

In previous years, the 6 Staffordshire CCGs have had separate antibiotic campaigns, with varying approaches and materials used to target GP practices. Due to restructuring of the Medicines Optimisation Teams into one big team across the whole of Staffordshire, the 2018 campaign was more centralised and co-ordinated, and based on experience from previous years using the Target toolkit materials.

### Aim

The main aim of doing antibiotic campaigns across the CCGs is to reduce the STAR PU for antibiotic prescribing, ensure that prescribing is timely and appropriate, and to attain. Quality Premium (QP) targets for the CCGs QP targets for 18/19 were based on reducing Trimethoprim prescribing in the over 70s by 30% compared to 2015/16 prescribing levels and a Star PU of <1.161 (first target) or 0.95 (second target).

### Outcomes to measure

The STAR PU for antibiotic prescribing in Staffordshire over the last few years is as follows in Table 1. As you can see it has been steadily improving across the CCGs and all areas except one reached the first target by March 2018. We have seen the benefit of local campaigns and hoped that working together would achieve even greater improvement due to a uniform approach and sharing of best practice across Staffordshire.

Table 1: Star PU rolling 12 months										
CCG	Apr 2013- Mar 2014	Apr 2014- Mar 2015	Apr 2015- Mar 2016	Apr 2016- Mar 2017	Apr 2017- Mar 2018	Sept 2017- Aug 2018	Oct 2017- Sept 2018	Nov 17 - Oct 18	Dec 17 - Nov 18	Jan 18 – Dec 18
North Staffordshire	1.24	1.23	1.11	1.16	1.15	1.13	1.123	1.125	1.121	1.115
East Staffordshire	1.32	1.30	1.18	1.20	1.15	1.12	1.11	1.103	1.095	1.085
South East Staffordshire	1.19	1.17	1.10	1.10	1.05	1.04	1.037	1.03	1.027	1.02
Stafford and Surrounds	1.29	1.26	1.17	1.20	1.13	1.10	1.089	1.089	1.071	1.059
Cannock Chase	1.29	1.32	1.22	1.22	1.21	1.18	1.174	1.175	1.175	1.152
Stoke on Trent	1.25	1.25	1.18	1.21	1.14	1.12	1.102	1.102	1.088	1.097

## Your TARGET Showcase: Staffordshire CCGs cont...

### What we did

We used a variety of different materials from the Target toolkit and distributed them to each GP practice – ‘Treating your infection’ and ‘Get Well Soon without antibiotics’ leaflets, GP Self-assessment checklists, posters, ‘Treating your infection’ and ‘Treating your UTI’ pads. We also distributed the new UTI leaflets to practices and care homes and sent posters to dentists, libraries and supermarkets in the area. Some materials were provided to community pharmacies.

Examples of the work:

- a workshop for GP reception and administration staff using the Target PowerPoint (adjusted for the audience) to launch the campaign
- a waiting room competition for GP practices to do a display around antibiotics and self-care using the promotional materials provided
- investment in some additional materials – pens and post-its with the slogan ‘Save our antibiotics be self-care aware’ and postcards for the GPs to hand out to patients who did not require antibiotics, directing them what to do
- audit of GP practices whose antibiotic prescribing was above the quality premium target, or those who were prescribing above average numbers of cephalosporins, quinolones and co-amoxiclav (reported as RAG ratings, so practices who were ‘red’ were targeted first) and fed-back to the doctors
- provision of regular updates for the CCG practice newsletter and other local forums such as the LPC (local pharmaceutical committee), as well as Twitter and Facebook messages via the communications team
- co-ordination with IT to update the Target guides available on Emis and developed an antibiotics page on the clinician-facing intranet site, where all the campaign materials were made available for download



### What have we learned

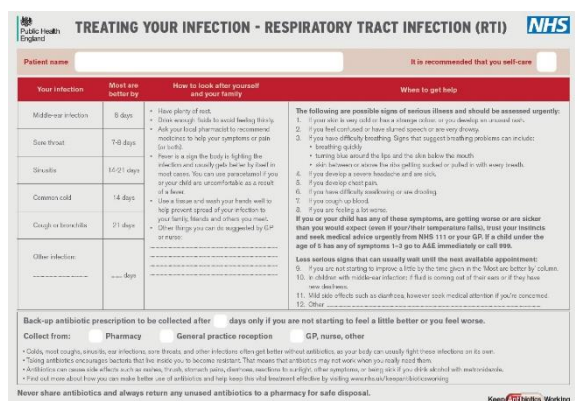
Due to the very recent merger of the CCG Medicines Optimisation teams and some staff leaving/ joining, not everything listed above was done across all areas, materials ordered or distributed at the same time but we aim to improve on this for next year. Administration support was not immediately available so some time was spent on jobs like sending letters, ordering, packaging and distributing materials that previously would have been done by administration staff. Since the campaign was launched in September 2018 (ran until January 2019), all CCGs have improved prescribing and all are below the target of <1.161 Star PU (table 1).





## TARGET News: Keep Antibiotic Working Campaign Highlights

As it has been five months since World Antibiotic Awareness Week we think now would be a good time to reflect on all the hard work and to remind you of what the TARGET team got up to throughout November. November saw the re-branding of the TARGET Toolkit in line with the Keep Antibiotics Working campaign. We got a brand-new TARGET logo, and all of our leaflets had a brand overhaul.



**TREATING YOUR INFECTION - RESPIRATORY TRACT INFECTION (RTI)** NHS

Public Health England

It is recommended that you self-care

Your infection	Most are better by	How to look after yourself and your family	When to get help
Middle-ear infection	9 days	<ul style="list-style-type: none"> <li>Have plenty of rest.</li> <li>Drink enough fluids to avoid feeling thirsty.</li> <li>Ask your local pharmacist to recommend medicines to help your symptoms or pain.</li> </ul>	<ul style="list-style-type: none"> <li>There is a sign the body is fighting the infection and usually pain will be by itself in most cases. You can use paracetamol if you or your child are uncomfortable as a result of a fever.</li> </ul>
Sore throat	7-8 days	<ul style="list-style-type: none"> <li>Use a lozenge and wash your hands well to help prevent spread of your infection to your family, friends and others you meet.</li> <li>Give things you can do suggested by GP or nurse.</li> </ul>	<ul style="list-style-type: none"> <li>The following are possible signs of serious illness and should be assessed urgently:               <ol style="list-style-type: none"> <li>If you are very cold or have a change colour or you develop an unusual rash.</li> <li>If you feel confused or have slurred speech or are very drowsy.</li> <li>If you have difficulty breathing. Signs that suggest a serious problem can include:                   <ul style="list-style-type: none"> <li>breathing quickly</li> <li>swelling blue around the lips and the skin below the mouth</li> <li>skin becomes or worse for the feeling swollen or pulled in with every breath.</li> </ul> </li> <li>If you develop a severe headache and are sick.</li> <li>If you develop chest pain.</li> <li>If you have difficulty swallowing or are drooling.</li> <li>If you cough up blood.</li> <li>If you are feeling a lot worse.</li> </ol> </li> </ul>
Sinusitis	10/12 days		<ul style="list-style-type: none"> <li>If you or your child has any of these symptoms, are getting worse or are sicker than you would expect given if your/their temperature falls, treat your/their symptoms and seek medical advice urgently from NHS 111 or your GP. If a child under the age of 5 has any of symptoms 1-3 go to A&amp;E immediately or call 999.</li> </ul>
Common cold	14 days		<ul style="list-style-type: none"> <li>Less serious signs that can usually wait until the next available appointment:               <ol style="list-style-type: none"> <li>If you are not starting to improve a little by the time given in the table below by column 10.</li> <li>In children with middle-ear infection: if fluid is coming out of their ears or if they have new discharge.</li> <li>Mild side effects such as diarrhoea, however seek medical attention if you're concerned.</li> <li>Other...</li> </ol> </li> </ul>
Cough or bronchitis	21 days		
Other infection	... days		

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

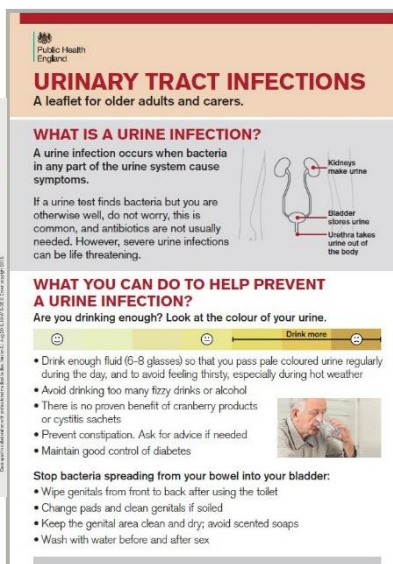
Collected from: Pharmacy

General practice reception

GP name, other

Never share antibiotics and always return any unused antibiotics to a pharmacy for safe disposal.

Keep Antibiotics Working



**URINARY TRACT INFECTIONS**  
A leaflet for older adults and carers.

Public Health England

**WHAT IS A URINE INFECTION?**  
A urine infection occurs when bacteria in any part of the urine system cause symptoms.

If a urine test finds bacteria but you are otherwise well, do not worry, this is common, and antibiotics are not usually needed. However, severe urine infections can be life threatening.

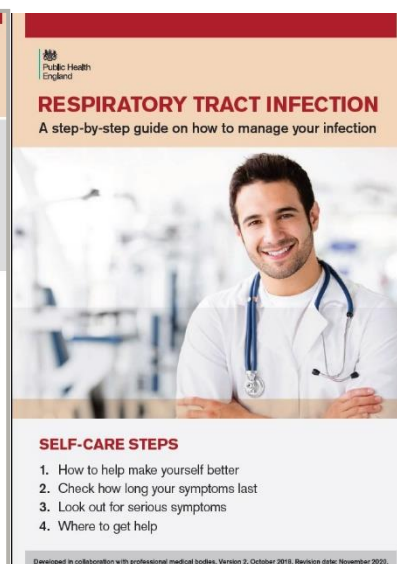
**WHAT YOU CAN DO TO HELP PREVENT A URINE INFECTION?**  
Are you drinking enough? Look at the colour of your urine.

Drink more

- Drink enough fluid (6-8 glasses) so that you pass pale coloured urine regularly during the day, and to avoid feeling thirsty, especially during hot weather.
- Avoid drinking too many fizzy drinks or alcohol.
- There is no proven benefit of cranberry products or cystitis sachets.
- Prevent constipation. Ask for advice if needed.
- Maintain good control of diabetes.

Stop bacteria spreading from your bowel into your bladder:

- Wipe genitals from front to back after using the toilet.
- Change pads and clean genitals if soiled.
- Keep the genital area clean and dry; avoid scented soaps.
- Wash with water before and after sex.



**RESPIRATORY TRACT INFECTION**  
A step-by-step guide on how to manage your infection

Public Health England

**SELF-CARE STEPS**

- How to help make yourself better
- Check how long your symptoms last
- Look out for serious symptoms
- Where to get help

Developed in collaboration with professional medical bodies, Version 2, October 2018. Review date: November 2020.

Over WAAW 2019 TARGET/BSAC opened registration for the [TARGET Future e-Learning module](#). TARGET collaborated with the British Society of Antimicrobial Chemotherapy (BSAC) to develop a TARGET e-Learning series on the Future learn platform. Registration for the course opened the week of the 14th of November the course commenced on Mon- day 28th January 2019. With the aim of helping primary care professionals to target the use of antibiotics to help towards the reduction in antimicrobial resistance. Topics covered included: Introduction to antimicrobial resistance in primary care, Prescribing in Urinary Tract Infections, Assessing the Need for Antibiotics, Managing Patient Expectations, Back-up prescriptions, Antibiotics for Children, Common Practice Approach.



On the 14<sup>th</sup> of November, Emily and Leah attended the **Gloucestershire Hot Topics event**, attended by care home staff and nurses. There they conducted 4 breakout sessions discussing the older adult leaflet and the older adult diagnostic tool with local nurses. They also had a TARGET stand which was well attended.

TARGET launched the [PHE UTI Quick Reference Diagnostic Tools](#) on the 14<sup>th</sup> of November 2019. These are now endorsed for use with NICE/PHE guideline for the treatment of lower UTIs and the UTI resource packages were promoted over WAAW 2019.

The launch of the diagnostic tools and the re-branded UTI leaflets was supported by a successful promotional webinar which has led to three further webinars covering the older adult UTI leaflet (8 Jan), diagnostic flow chart for over 65s (4 Feb), and diagnostic flow chart for under 65s (26 Feb).

## Antimicrobial guidance and quick reference tool updates

In our last Newsletter, we highlighted how the NICE and PHE had published one quick reference antimicrobial summary table to facilitate CCGs use of the guidance. The joint summary table was published October 2019 and called [Summary of antimicrobial prescribing guidance – managing common infections](#). As new syndromic NICE/PHE guidance is published, each PHE box in the NICE/PHE table summary will be replaced with content written by NICE, and users will be referred to the new rationale and infographic developed by the NICE team. PHE have continued to update their sections based on user feedback and updates to other guidance. You can access the full tables [here](#).

### NICE/PHE Chronic obstructive pulmonary disease (COPD)

In December 2018, NICE and PHE updated the antimicrobial prescribing guidance specific to acute exacerbation of COPD. This replaced previous guidance from PHE in the summary tables. The new guidance summary highlights that many exacerbations are not caused by bacterial infections so won't respond to antibiotics, but includes several risks to consider when deciding to prescribe. The new tables summary continues to recommend amoxicillin, doxycycline or clarithromycin as first line treatment choices. It also includes levofloxacin or co-trimoxazole as options to consider as an alternative to co-amoxiclav if the person is at high risk of treatment failure.

Infection	Key points	Medicine	Doses		Length
			Adult	Child	
<b>Acute exacerbation of COPD</b>          <b>NICE</b>          Last updated: Dec 2018	Many exacerbations are not caused by bacterial infections so will not respond to antibiotics. Consider an antibiotic, but only after taking into account severity of symptoms (particularly sputum colour changes and increases in volume or thickness), need for hospitalisation, previous exacerbations, hospitalisations and risk of complications, previous sputum culture and susceptibility results, and risk of resistance with repeated courses.  Some people at risk of exacerbations may have antibiotics to keep at home as part of their exacerbation action plan.  For detailed information click on the visual summary. See also the <a href="#">NICE guideline on COPD in over 16s</a> .	First choice: amoxicillin OR	500mg TDS (see BNF for severe infection)	-	5 days
		doxycycline OR	200mg on day 1, then 100mg OD (see BNF for severe infection)	-	
		clarithromycin	500mg BD (see BNF for severe infection)	-	
		Second choice: use alternative first choice			5 days
		Alternative choice (if person at higher risk of treatment failure): co-amoxiclav OR	500/125mg TDS	-	
		levofloxacin (consider safety issues) OR	500mg OD	-	
		co-trimoxazole (consider safety issues)	960mg BD	-	
		IV antibiotics (click on visual summary)			

### PHE *Helicobacter Pylori*

PHE have updated the *H. pylori* sections of the management of common infections summary tables and the [H. pylori in dyspepsia: test and treat](#) quick reference tool, following other updates to NICE national guidelines and including additional information on:


- treatment for relapse for people without a penicillin allergy (with and without quinolone exposure)
- treatment for people with a penicillin allergy who relapse (with metronidazole and clarithromycin exposure)
- treatment with antibiotics has been reduced to 7 days for those without MALToma

## Antimicrobial guidance and quick reference tool updates cont...

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

## NICE/PHE Acute Cough

In February 2019, NICE and PHE updated the acute cough guidance which includes acute bronchitis. The new summary highlights self-care and safety-netting advice as first-line treatment. It summarizes criteria for higher risk groups and when to consider immediate or back up antibiotic. The first antibiotic choice for adults has changed to **doxycycline**, with amoxicillin, clarithromycin or erythromycin as alternatives. For children amoxicillin remains the first choice. The new summary links to NICE guidelines on pneumonia when considering the use of CRP in adults with acute bronchitis. You can access the full tables [here](#).

Infection	Key points	Medicine	Doses		Length
			Adult	Child	
<b>NICE</b>	<p><b>Acute cough</b></p> <p>Some people may wish to try honey (in over 1s), the herbal medicine pelargonium (in over 12s), cough medicines containing the expectorant guaifenesin (in over 12s) or cough medicines containing cough suppressants, except codeine, (in over 12s). These self-care treatments have limited evidence for the relief of cough symptoms.</p> <p><b>Acute cough with upper respiratory tract infection:</b> no antibiotic.</p> <p><b>Acute bronchitis:</b> no routine antibiotic.</p> <p><b>Acute cough and higher risk of complications (at face-to-face examination):</b> immediate or back-up antibiotic.</p> <p><b>Acute cough and systemically very unwell (at face to face examination):</b> immediate antibiotic.</p> <p>Higher risk of complications includes people with pre-existing comorbidity; young children born prematurely; people over 65 with 2 or more of, or over 80 with 1 or more of: hospitalisation in previous year, type 1 or 2 diabetes, history of congestive heart failure, current use of oral corticosteroids.</p> <p>Do not offer a mucolytic, an oral or inhaled bronchodilator, or an oral or inhaled corticosteroid unless otherwise indicated.</p> <p><i>For detailed information click on the visual summary. See also the NICE guideline on <a href="#">pneumonia</a> for prescribing antibiotics in adults with acute bronchitis who have had a C-reactive protein (CRP) test (CRP&lt;20mg/l: no routine antibiotic, CRP 20 to 100mg/l: back-up antibiotic, CRP&gt;100mg/l: immediate antibiotic).</i></p>	<b>Adults first choice:</b>	200mg on day 1, then 100mg OD	-	5 days
		doxycycline			
		<b>Adults alternative first choices:</b>	500mg TDS	-	
		amoxicillin OR			
		clarithromycin OR	250mg to 500mg BD	-	
		erythromycin (preferred if pregnant)	250mg to 500mg QDS or 500mg to 1000mg BD	-	
		<b>Children first choice:</b>	-		
		amoxicillin			
		<b>Children alternative first choices:</b>	-		
		clarithromycin OR			
		erythromycin OR	-		
		doxycycline (not in under 12s)	-		

Last updated:  
Feb 2019

**Summary tables changed to reflect updated British Association for Sexual Health and HIV [guidance](#) for PID, Chlamydia, and Gonorrhoea** PHE updated the summary tables to reflect newly published guidelines for *Mycoplasma genitalium* and 2018 update for treatment of Chlamydia. Because macrolide resistance in *M. genitalium* is high, doxycycline is now the first line treatment for Chlamydia unless *M. genitalium* is proven. Azithromycin is recommended for women who are pregnant or breastfeeding, or patients with an intolerance/allergy.

Treatment for *Neisseria gonorrhoeae* and Pelvic Inflammatory Disease (PID) was updated based on new guidance published in January 2019. Gonorrhoea was updated to recommend 1000 mg IM ceftriaxone if susceptibility not known prior to treatment or use Ciprofloxacin if susceptibility is known.

First line therapy for PID was updated to 1000mg IM ceftriaxone plus metronidazole plus doxycycline. Second line therapy updated to metronidazole plus ofloxacin or moxifloxacin alone (moxifloxacin indicated as first line treatment for *M. genitalium* associated PID)



## Community pharmacy campaign to Keep Antibiotics Working

### What do we aim to do?

To increase community pharmacy staff's capability, opportunity and motivation to provide self-care and adherence advice to patients / carers collecting antibiotics.

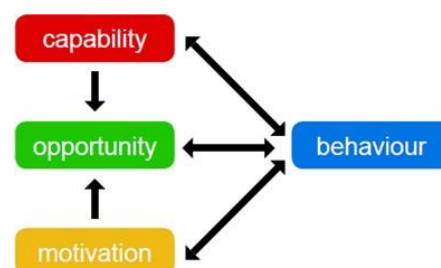
### Why community pharmacy staff?

Community pharmacy staff can influence patients' knowledge and behaviour around antibiotic use. All pharmacy staff are involved in an antibiotic prescription's journey, from hand-in of an antibiotic prescription, through dispensing and finishing with hand-out of an antibiotic.

### Why capability, opportunity and motivation?

The COM-B model postulates that for a behaviour to occur, a person needs to: be **capable**, have the **opportunity**, and be **motivated**

...to perform the behaviour



### Why provide adherence advice to patients / carers collecting antibiotics?

Patient non-adherence to antibiotic use may lead to treatment failure, re-infection, and bacterial resistance.



### Why provide self-care advice to patients / carers collecting antibiotics?

Self-care can help patients get better more quickly and links to preventing future infections and therefore, reduces antibiotic use.

### What have we developed?

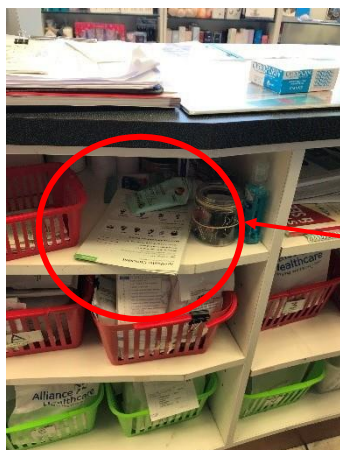
Working with community pharmacists, pharmacy users, behavioural researchers, information designers, experts in antimicrobial resistance, we have developed a community pharmacy campaign to "Keep Antibiotics Working".

- [Educational webinar](#) to give pharmacy staff the **capability** and **motivation** to provide self-care and adherence advice to patients / carers collecting antibiotics.
- Antibiotic checklist and other reinforcing materials to give pharmacy staff the **opportunity** to provide self-care and adherence advice tailored to the individual patient and antibiotic.



## How is it being used in community pharmacies?

We are currently piloting the campaign in twelve pharmacies in Gloucestershire. Forty pharmacy staff have watched and evaluated the educational webinar and over 700 completed antibiotic checklists have been completed, in three weeks.



Poster displayed in pharmacy window/door

Antibiotic Checklists kept by the counter for patient/carer to complete when they hand-in an antibiotic prescription.



Counter mat with key messages to Keep Antibiotics Working



Shelf-danglers with key messages to Keep Antibiotics Working displayed by the counter



## How do we know if it works?

Pharmacy users will be followed up to see what they have understood and whether they have adhered to the advice given by the pharmacy staff.

Community pharmacy staff will provide feedback about implementing the materials in daily practice.

For more information or if you would like to view and help evaluate the webinar please visit:

<https://antibioticguardian.com/webinar/pharmacy-kaw/>



## Come meet the team: Meetings and Conferences

### Oslo UTI symposium

**6-7th February 2019**

Leah and Clodna presented work covering the UTI older adult leaflet and UTI resource development. Thanks to all those who shared their thoughts and work to address UTI management and prevention.



### British Society for Antimicrobial Chemotherapy (BSAC) Spring Conference

**Dates: 21-22 March 2019**

For full programme [click here](#)

Venue: International Convention Centre, Birmingham

The TARGET team hosted a booth with information on the latest projects and examples of updated resources. Simon Collin presented a poster of a public survey that explored antibiotic use in England. Thanks to all who have been able visit with the team.

## Future Meetings and Conferences

### Public Health England Health Research and Science Conference

For full programme [click here](#)

**Dates: 9-10 April 2019**

Venue: University of Manchester

Abstracts from the TARGET team will be submitted to this conference.

### Nursing In Practice

**Date: 20 June 2019**

Venue: International Conference Centre, Birmingham

For information [click here](#)

The TARGET team hosted a booth with information on the latest projects and examples of updated resources.

### Infection Prevention Society Conference 2019

**Date: 22-24th September 2019**

Venue: The Arena and Convention Centre Liverpool

For information [click here](#)

Abstracts from the TARGET team will be submitted to this conference and TARGET will have a stand during the exhibitions.

## The TARGET Team

### **Professor Clodna McNulty, TARGET Programme Lead**



Clodna, a clinical microbiologist, leads the Public Health England Primary Care Unit. She has led numerous large surveys on the public's use of and attitudes to antibiotics and resistance and is an expert advisor to the ECDC Advisory Committee on AMR and HCAs.

### **Dr Donna Lecky, TARGET Programme Manager (on maternity leave)**



Donna has a background in microbiology research, programme management and resource development having previously managed the development of the e-Bug educational resources for school aged children, the PHE stool collection leaflet and the TARGET Urinary Tract Infection leaflet.

### **Emily Cooper, TARGET Project Manager**



Emily has a background in nursing and public health. She works part time supporting resource development projects within TARGET and is currently involved in management and maintenance of the toolkit, and updating/reviewing quick reference tools.

### **Leah Jones, TARGET Research Project Support Officer**



Leah has a background in Psychology and is currently studying for a Professional Doctorate in Health Psychology. Leah's current work includes the evaluation of a urinary tract infection patient leaflet for older adults, and exploratory work in community pharmacies with the view of developing and evaluating resources for the pharmacy setting.

### **Rosie Allison, TARGET Research Project Support Officer**



Rosie is a TARGET Project Support Officer with a background in Biology and Public Health. Rosie's current work includes developing tools to increase adherence and self-care advice given by community pharmacy staff.

### **Rosie Alouat, Project Manager (RCGP)**



Rosie is a Project Manager for the RCGP's Clinical Innovation and Research Centre, focusing on the College's quality improvement projects. Her portfolio of work includes the maintenance of the TARGET Toolkit on the RCGP website and managing QI Ready.