

Reducing antibiotic prescribing for coughs and colds in primary care

Churchill Medical Centre in Surrey implemented a practice-wide programme aimed at patients and clinicians, to reduce ineffective antibiotic prescriptions for upper respiratory tract infections. The programme involved devising simple and consistent messages for staff and patients about the best ways to treat these self-limiting conditions at home.

“With so much conflicting information on the internet, patients are turning to GPs even though the majority of coughs and colds will get better by themselves. We want to make sure our team provide evidence-based information and appropriate treatment to their patients.”

Dr Peter Smith, GP Principal,
Churchill Medical Centre



Giving patients the confidence to manage coughs and colds themselves

Antibiotics are not effective at treating common respiratory tract infections, and in 15-25% of patients they can cause harmful side effects. Despite this, prescribing rates in primary care remain high, with GPs sometimes feeling pressured to prescribe ineffective medicines.

Churchill Medical Centre's clinicians were prescribing antibiotics for an average of 40% of patients presenting with upper respiratory tract infection symptoms.

A multidisciplinary team of 'champions' from across the practice was set up to devise key messages based on the NICE clinical guideline on antibiotic prescribing for self-limiting respiratory tract infections (CG69). They created a patient information poster which was displayed in each waiting room and clinical room. The poster highlighted that most of these common illnesses do not require antibiotics, and that treating symptoms at home with painkillers is the best course of action.

All staff, including receptionists, were fully briefed on the key messages in the run up to the project being launched. Clinicians were urged to speak to patients in a positive manner, acknowledging their efforts at home treatment and re-emphasising the key messages.

Supporting GPs to stop or delay antibiotic prescribing

GPs and other clinicians were given an A4 sheet of 'cast-iron' evidence-based messages to give confidently to patients, including:

- Normal duration of common colds, coughs and similar conditions
- Strong evidence on the inefficacy of antibiotics to treat them
- How to treat at home, use of painkillers
- When to call for help

The staff information sheet also included the NICE flow chart summary of upper respiratory tract infection management on the reverse, and patient fact sheets were saved on every desktop so they could be easily printed out.

In addition 'delayed prescribing' was promoted as an option for clinicians to use. This tactic involves giving patients a prescription for antibiotics, but advising them only to collect it from the pharmacy should their symptoms get worse.

"Delayed prescribing can be a useful tool for GPs if confronted with a very sceptical patient who just isn't happy to leave the surgery without a prescription," explains Dr Smith. "In the majority of cases, the infection will clear up on its own and as such, 70% of these prescriptions are never dispensed."

Achieving real reductions in unnecessary prescribing

Prior to launching the programme in November 2012, the team measured prescribing behaviour during the month of October in order to establish a baseline. The same measurements were taken in January 2013 after the programme had been running for two months, to chart progress.

- Antibiotic prescribing for coughs was reduced from 54.5% of patients in October, to 37.7% in January
- Antibiotic prescribing for upper respiratory tract infections was reduced from 32.6% in October to 19.7% in January
- In January alone, 67 patients avoided unnecessary prescription of antibiotics. Over the course of a year this could equate to over 700 fewer antibiotic prescriptions being issued by Churchill Medical Centre.

The success of the programme depended on the buy-in of staff from across the practice, explains Dr Smith: "We kept reinforcing the message to our clinicians. It was also important to involve reception staff from the early stages as they play such a key role, having that first contact with patients on the phone."

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