Evaluating Clinical Pharmacist Management of Acute Sore Throats

Saeed, S.[1], Patel, B.[2], Thompson, J.[1]

[1]Keele University, Keele, Staffordshire, England

[2]Chair of the Midlands Practice Pharmacy Network, Rushall Medical Centre, Walsall, West Midlands, England

Background

- Sore throat is a common, usually self-limiting upper respiratory tract infection
- Public Health England reported that 20% of all antibiotic prescriptions are inappropriate[1]
- Antibiotics are prescribed in 59% of acute sore throat consultations compared to an 'ideal' of 13%[2]
- Antibiotic misuse has accelerated worldwide antibiotic resistance[3]
- The Government have announced plans to reduce antibiotic use by 15%[5]
- Auditing prescribing can help support this by identifying areas for improvement
- Independent pharmacist prescribers employed by GP practices are becoming more commonplace and there is little research evaluating their prescribing trends in the management of acute sore throats

Aim

- To audit one pharmacist prescriber's adherence to local and national guidelines for acute sore throat management

Methods

- The management of sore throats at the Medical Practice followed NICE CG84
- The audit standards were:

Standard 1. 100% of patients are assigned a feverPAIN score
Standard 2. 100% of patients are given advice by the prescriber
Standard 3a). 100% of patients with a feverPAIN score of 0 or 1 are NOT prescribed an antibiotic
Standard 3b). 80% of patients with a feverPAIN score of 2 or 3 are NOT prescribed an antibiotic
Standard 3c). 100% of patients with a feverPAIN score of 4 or 5 are prescribed an antibiotic
Standard 4. 100% of patients received the appropriate choice, dose, frequency and duration of antibiotic, if required
Standard 5. 80% of patients do not return for re-consultation

- Data of patients who presented to the pharmacist with sore throat symptoms between 29/03/2018 and 03/10/2018 were extracted from EMIS
- Data was analysed descriptively against the audit standards

Results

- Prescribing data from 124 patients was extracted from EMIS
- Of all patients presenting with sore throat, 30% received antibiotics
- The comparison of the findings against the audit standards can be seen in table 1

Audit Standard	Prescribing Adherence	Comments
1. 100% of patients are assigned a feverPAIN score for their symptoms	100%	feverPAIN scoring criteria were documented in all consultations
2. 100% of patients are given advice by the prescriber	100%	Appropriate advice, including verbal or written was given to all patients
3a. 100% of patients with a feverPAIN score of 0 or 1 are NOT prescribed an antibiotic	100%	Patients with a feverPAIN score of 0 or 1 were not prescribed antibiotics
3b. 80% of patients with a feverPAIN score of 2 or 3 are NOT prescribed an antibiotic	85%	The patients who were prescribed an antibiotic had a feverPAIN score of 3, and appropriate professional judgement was used
3c. 100% of patients with a feverPAIN score of 4 or 5 are prescribed an antibiotic	97%	A high feverPAIN score indicates severe symptoms. One patient was diagnosed with viral infection so was not given an antibiotic
4. 100% of patients received the appropriate choice, dose, frequency and duration of antibiotic, if required	97% for choice, dose, frequency 78% for duration	One patient prescribed phenoxymethylpenicillin was later found to be allergic to it Course length of Macrolides reduced in 2018 from seven to five days
5. 80% of patients do not return for re-consultation	86%	18 patients returned for re-consultation: 11 returned within 4 days, 1 returned after 5-7 days, 4 returned after 8-14 days and 2 returned after over 14 days. The majority of patients who returned did not receive an antibiotic initially and 44% received an antibiotic on visit.

Table 1

Conclusion

- High adherence to the clinical guideline suggests the management of sore throat is within a pharmacist prescriber's competence
- Antibiotic prescribing rates of 30% were found which were lower than the national average of 59%, but higher than the recommended 13%
- Potential implementations to ensure adherence is high whilst over-prescribing is minimised: promote use of NICE guidelines and TARGET toolkit by all prescribers, consistent use of feverPAIN, use of TARGET TYI-RTI leaflet for patients, record actions required (if any), particularly where adherence to guidance is below 80% and regular prescribing audits of all staff members

References:

1. Johnson A, Lewis R, Wickens H. 'Appropriateness of antibiotic prescribing in English primary care', Journey of Antimicrobial Chemotherapy, 2018; 73(2): i1
2. Pouwels, K, Dolk, F, Smith, D., Robotham, J, et al., 'Actual versus 'ideal' antibiotic prescribing for common conditions in English primary care', Journal of Antimicrobial Chemotherapy, 2018; 73(2):19-26
3. NICE (2018). NICEimpact antimicrobial resistance. Accessed at: https://www.nice.org.uk/Media/Default/About/what-we-do/Into-practice/measuring-uptake/NICEimpact-antimicrobial-resistance.pdf on 22/08/2019
4. GOV.UK (2019). Antimicrobial resistance: UK launches 5-year action plan and 20-year vision. Available at https://www.gov.uk/government/news/antimicrobial-resistance-uk-launches-5-year-action-plan-and-20-year-vision