Analysis of the impact on patients’ of community pharmacists using an antibiotic checklist when counselling.

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INTRODUCTION

Antimicrobial resistance (AMR) is a worldwide public health crisis. In order to assess how effective community pharmacists are at delivering the Department of Health 5-year antimicrobial resistance strategy¹, patient perceptions were analysed about community pharmacists using both an antibiotic checklist and an antibiotic patient information leaflet (PIL) when counselling.

Aims

To analyse patient perceptions of community pharmacists using an antibiotic checklist and an antibiotic patient information leaflet (PIL) when counselling.

Objectives

To develop and trial a checklist for community pharmacists dispensing and counselling antibiotic prescriptions used in conjunction with an antibiotic patient information leaflet (PIL) previously developed by Public Health England.

To assess the views and impact of understanding about AMR of consenting patients being counselled with these tools, using a questionnaire.

METHOD

This study required and received ethical approval.

An antibiotic counselling checklist was developed taking into account previous studies highlighting areas of antibiotic counselling needing improvement. There were 17 points including checking local guidelines, flu vaccination and handwashing. It was trialled during the first 3 months of 2017 by consenting community pharmacists and throughout this period, to determine the impact on patients, researchers used a patient questionnaire to interview consenting patients collecting antibiotics from the pharmacists using the antibiotic counselling checklist and PIL.

RESULTS

A total of 509 patients were counselled by 14 consenting pharmacists and 54 consenting patients interviewed for their views and impact on AMR understanding. Of these 63% were more aware of AMR after counselling, 61% selected correct use of antibiotics and 96% were counselled on finishing the course, 35% understood not to share antibiotics with 54% being counselled about it, 44% were counselled how to dispose of antibiotics with 19% of these already aware but after counselling 78% knew the correct way (fig 1). Whilst 26% already knew, 50% were counselled on importance of good hygiene. Only 11% with worse symptoms would approach the pharmacist, although 94% had all their information needs fulfilled by them compared to 89% who would approach a GP or hospital. Overall 59% of patients received AMR education, 98% of patients received useful information from the checklist and PIL and 100% understood all the information given (fig 2).

Conclusion

Positive feedback was received from patients receiving counselling on antibiotics by community pharmacists using an antibiotic counselling checklist and PIL, nearly all stating information was useful and all had understood all the information given. Community pharmacists promote the correct use of antibiotics well but more patients need to receive counselling on AMR to deliver the Government’s 5 year AMR strategy¹. It appears patients listen to community pharmacists when they deliver information and future work includes testing a revised antibiotic counselling checklist for patient education with more emphasis on education about AMR.

REFERENCE