Analysis of the impact on community pharmacy practice of using an antibiotic checklist to deliver the Government’s AMR strategy.

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INTRODUCTION

Antimicrobial resistance (AMR) is a worldwide public health crisis; this study analyses how community pharmacies could deliver elements of the 5-year antimicrobial resistance strategy as set out by the Department of Health in 2013¹ by using a trial antibiotic checklist when counselling patients.

Aims

To analyse community pharmacists’ use of an antibiotic checklist and possible impact on AMR to deliver the Government’s antimicrobial resistance strategy¹.

Objectives

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

METHOD

To assess the views of community pharmacists about these tools using a questionnaire. This study required and received ethics approval. An antibiotic counselling checklist (and tally list) was developed in collaboration with Public Health England and trialled during the first 3 months of 2017 by consenting community pharmacists who counselled patients when dispensing antibiotics using an antibiotic PIL. Previous studies highlighted areas of counselling needing improvement. The checklist 17 points included checking local antibiotic guidelines and handwashing. Researchers recorded views of the pharmacists, about the checklist, at the end of data collection by questionnaire. Potential impact of the checklist was captured by researchers throughout the study using a questionnaire on patients’ views following counselling (separate study).

RESULTS

Fourteen pharmacists consented to trial the checklist and counselled 509 patients collecting antibiotic prescriptions. Of these (fig 1), 79% were asked if they had antibiotics before, 81% counselled on allergy, 59% on side-effects, 97% on dose, 95% on duration, 94% on finishing course with 38% being asked what the antibiotics were for.

RESULTS cont

Only 15% of pharmacists checked local antibiotic guidelines; 67% (SD 0.29) used the top half of the checklist (antibiotic use) but only 26% (SD 0.16) used the bottom section (AMR counselling Figure 1). Pharmacists agreed that when using the checklist (fig. 2), in 85% of cases they offered better counselling with 77% covering all the necessary points, 54% stating it was quick and easy to use, 69% felt confident (fig 3) and 62% were able to engage patients. It was a useful tool for 92% (93% found it useful but only 91% would use it in future if it was reduced in size & used with the PIL in the appropriate language). However 53% found it time consuming.

Fig 2 - Evaluated usefulness, practicality and strengths and weaknesses of checklist - completed by pharmacists and pharmacy staff (n=24)

Fig 3 - Would feel confident to use this in the future for antibiotic counselling (n=13)

23%
8%
69%

Pharmacists agree

Conclusion

This study suggests that community pharmacists are key to promoting the correct use of antibiotics in the population but AMR needs to be given more prominence when counselling patients in order to deliver elements of the Government’s AMR strategy¹. With amendments, the checklist is a useful tool for adoption into community pharmacy practice when counselling on antibiotics but more community pharmacists should be checking allergies and prescriptions against local antibiotic guidelines. Future work includes testing a revised checklist.

REFERENCE