

EVALUATING CLINICAL PHARMACIST MANAGEMENT OF ACUTE SORE THROATS

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Introduction:

Sore throat is a common, usually self-limiting upper respiratory tract infection. Public Health England have reported that 20% of all antibiotic prescriptions are inappropriate¹, with antibiotics prescribed in 59% of acute sore throat consultations compared to an 'ideal' of 13%². Several factors, including antibiotic misuse, have led to increasing antibiotic resistance³ which is a threat to public health and rising costs of healthcare services. 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 throat.

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. Five audit standards were created in line with this guidance: (1) 100% of patients assigned a feverPAIN score; (2) 100% of patients provided with appropriate self-care advice; (3) 80% of antibiotic prescribing is based on patients' feverPAIN score; (4) 100% of antibiotic prescription regimens are correct; (5) 80% of patients do not require a re-consultation for sore throat symptoms. Data of patients who presented to the pharmacist with sore throat symptoms between 29/03/2018 and 03/10/2018 were extracted from EMIS and transferred into an anonymised spreadsheet. Data was analysed descriptively against the audit standards.

Results:

Prescribing data from 124 patients was extracted from EMIS. Adherence to the prescribing guidelines was high, with use of the feverPAIN scoring system in 100% of consultations and appropriate advice given on all occasions. Antibiotics were prescribed appropriately in-line with patient's feverPAIN scores in 92% of consultations. Antibiotic choice, dose and frequency were appropriate for 97% of patients (1 patient prescribed phenoxymethylpenicillin was found to be allergic to it) and duration of treatment for 78% of patients (course length of Macrolides reduced in 2018 from seven to five days). Re-consultation rates were low at only 14%, with the majority of these patients having not received an antibiotic at initial presentation. Of all patients presenting with sore throat, 30% received antibiotics in the study time period.

Conclusion:

High adherence to the clinical guideline suggests the management of sore throat is within a pharmacist prescriber's competence and their professional judgement can aid patient-centred care. Antibiotic prescribing in this audit was lower than the national average of 59%, but higher than the recommended 13%, thus measures can be implemented to ensure adherence is high whilst over-prescribing is minimised.

References:

1. Johnson A, Lewis R, Wickens H. 'Appropriateness of antibiotic prescribing in English primary care', *Journey of Antimicrobial Chemotherapy*, 2018; 73(suppl 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