



Meeting the TARGET? Service adherence to English national prescribing guidelines in remote telephone assessment of lower UTI in over 65s

Background

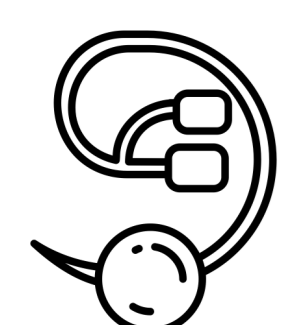
Work on antimicrobial resistance in England has led to the creation of guidelines to minimise inappropriate prescription of antibiotics.

Unaware of previous work on the performance of telephone advice services in this regard, we examined antibiotic usage in an NHS 111 service for patients over the age of 65 with lower urinary tract infection (UTI).

Methods

We conducted a retrospective audit of telephone assessments during the period 1st June to 31st August 2022.

Antibiotic prescriptions for the indication of lower UTI were identified, and notes for a random sample of 25 cases were retrieved from the computer-aided dispatch system.



5 cases relating to catheter-associated infection were discarded, because prescribing in these instances is guided by different national guidance (NICE guideline NG113).



27 cases where a decision was made jointly with a healthcare professional on scene (e.g. paramedic or nursing home) were discarded, because this scenario was not typical of the remote assessment we were evaluating for this audit.

Resources from the TARGET antibiotics toolkit and NICE guideline NG109 were used to prioritise outcome measures relevant to remote assessment in the NHS 111 setting, and records were coded against these measures by a trainee ACP with experience in telephone assessment.

Conclusions

The audit revealed disparities between guidelines and practice in this service, with particular work remaining around appropriate use of urinalysis, advice given to patients, and consideration of non-UTI pathologies. The audit was limited to a documentation review; call recordings may have revealed undocumented rationales or advice.

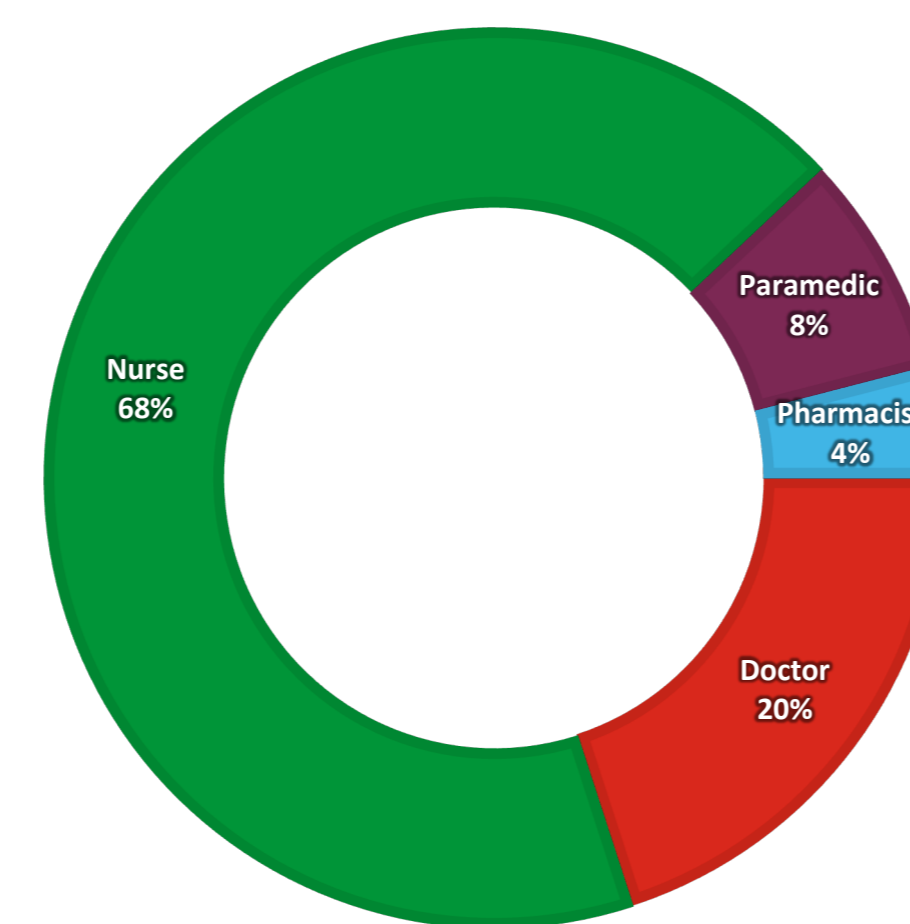
We recommend replication of this audit in similar services to enable understanding of wider patterns in this area of practice.

Results



Of **2,902** total prescriptions across the service for the period studied, **327 (11%)** met the inclusion criteria for the audit.

No published evidence was identified to enable comparison of this level of UTI prescribing with other similar services.



Prescriber background was also collected before and after the randomisation to assess sample representativeness.

Nurses were slightly over-represented (proportion **24%** higher in sample than for all service prescriptions).

References

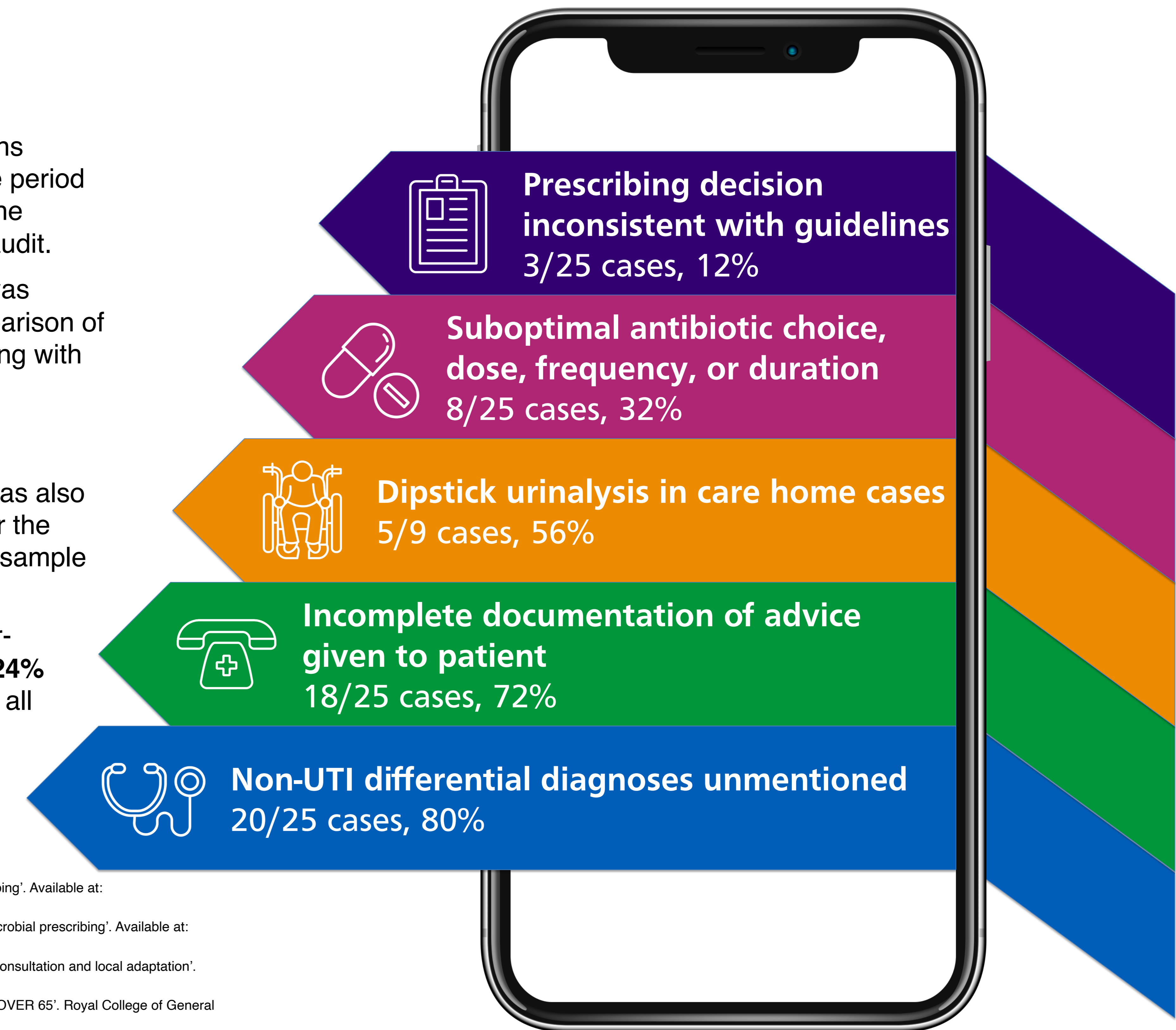
National Institute for Health and Care Excellence (2018) 'Urinary tract infection (lower): antimicrobial prescribing'. Available at: <https://www.nice.org.uk/guidance/ng109>

National Institute for Health and Care Excellence (2018) 'Urinary tract infection (catheter-associated): antimicrobial prescribing'. Available at: <https://www.nice.org.uk/guidance/ng113>

Public Health England (2020) 'Diagnosis of urinary tract infections: quick reference tool for primary care for consultation and local adaptation'. Available at: <https://www.gov.uk/government/publications/urinary-tract-infection-diagnosis>

TARGET Group (2021) 'Antibiotic Prescribing in Primary Care UTI Audit for NON-CATHETERISED patients OVER 65'. Royal College of General Practitioners. Available at: <https://elearning.rcgp.org.uk/mod/book/view.php?id=12652&chapterid=467>

Images: doctor, drugs, Foley catheter, patient data, stethoscope, telephone, and wheel chair [pic] by Muhamad Fuad Afandi from Noun Project (CCBY3.0)



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