

Planning the delivery of the TARGET antibiotics toolkit





Professor Cliodna McNulty
Head, Public Health England Primary Care Unit



Public Health The TARGET Antibiotics Toolkit

INTERACTIVE WORKSHOP PRESENTATION

SELF ASSESSMENT CHECKLIST

RESOURCES FOR CLINICAL AND WAITING AREAS

The **TARGET**Antibiotics Toolkit

(Treat Antibiotics
Responsibly
Guidance, Education
and Tools)

LEAFLETS TO SHARE WITH PATIENTS

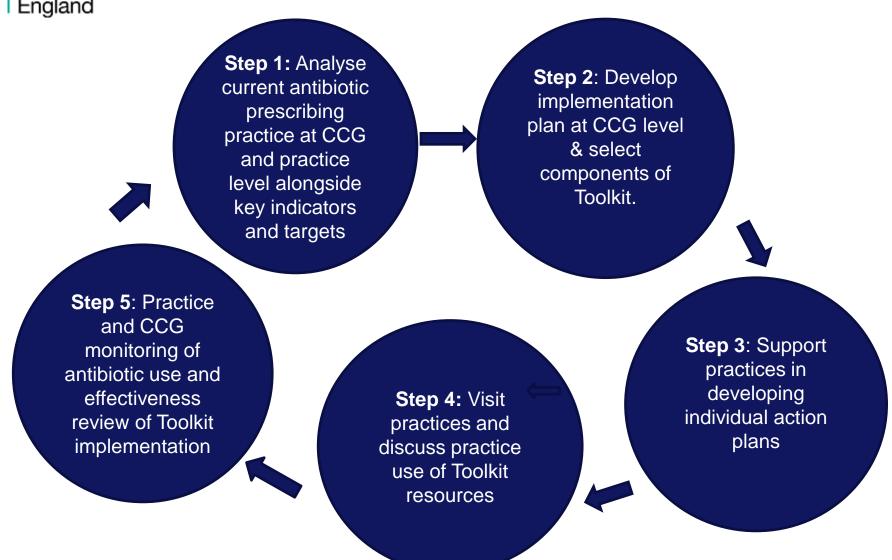
> AUDIT TOOLKITS

TRAINING RESOURCES

NATIONAL ANTIBIOTIC MANAGEMENT GUIDANCE

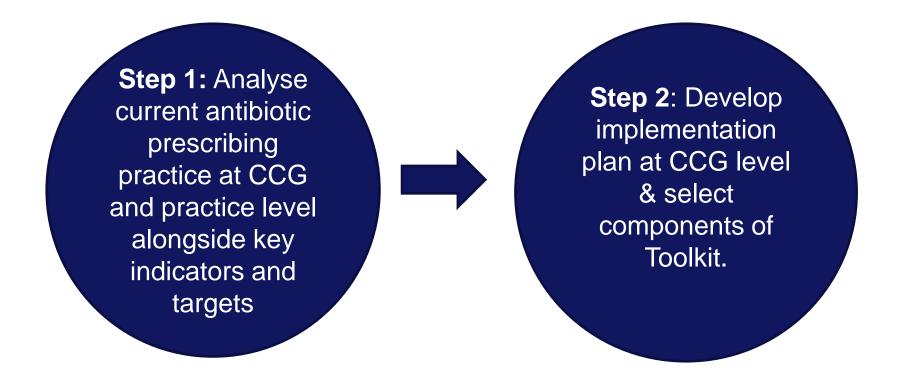


Planning delivery of TARGET Toolkit





Planning delivery of TARGET toolkit





Step 2: Developing CCG plan & selecting components of Toolkit

Discuss in groups advantages and disadvantages of each mode of delivery of materials

- 1. Workshops with groups of practices
- 2. Individual practice workshops
- 3. Workshop with voice-over presentation
- 4. On-line RCGP module followed by action planning

Delivery by expert in antibiotic use, GP champion or medicine manager



Public Health Feedback: advantages & disadvantages of each mode of delivery of materials

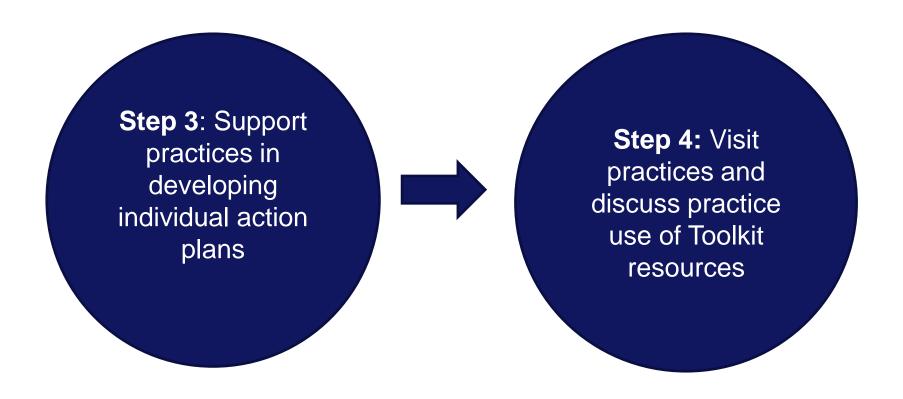
- 1. Workshops with groups of practices
- Individual practice workshops
- 3. Workshop with voice-over presentation
- On-line RCGP module followed by action planning

Delivery by

- expert in antibiotic use,
- GP champion or
- medicine manager 3.



Planning delivery of TARGET toolkit





Which TARGET materials?

- Interactive presentation / eModule
- 2. Antibiotic data compared to others
- 3. Leaflets to share with patients
- 4. Audit toolkits
- 5. Antibiotic guidance
- 6. Self-assessment checklist
- 7. Posters
- 8. Computer prompts
- 9. Delayed prescribing
- 10. Action planning and targets set at meeting

Personal Attitude

The belief that resistance is important. The belief that changes in prescribing will make a difference to resistance. Any personal rewards for responsible prescribing.

Subjective norms

Peers' opinions about antibiotic prescribing.

Pressure to prescribe responsibly from society or CCG.

Perceived behavioural controls

Confidence to use antibiotics responsibly. Other barriers such as time, computers and cost influencing prescribing behaviour.

Measurable outcome

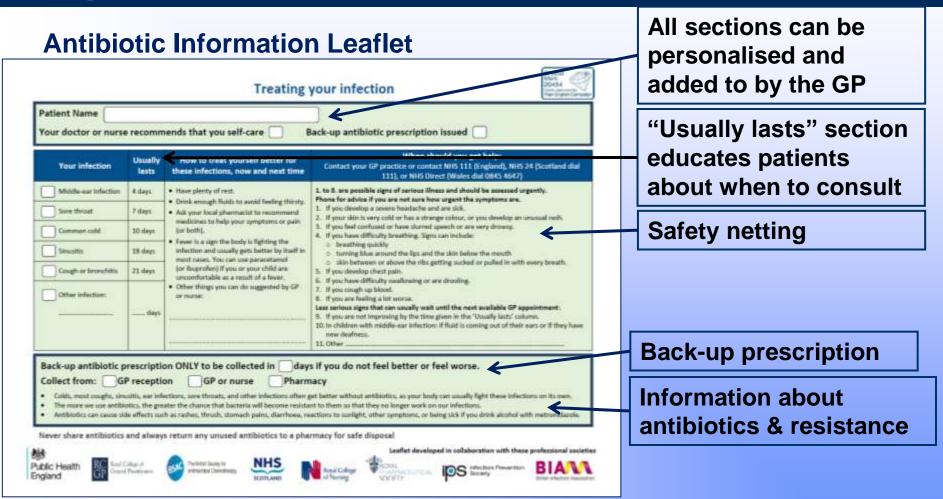


Which TARGET materials?

- Interactive presentations
 Targets set at meeting
- 2. Delayed prescribing
- 3. Computer prompts
- 4. Leaflets to share with patients
- Audit toolkits
- Self-assessment checklist
- 7. eModules on RTI, UTI, skin
- 8. Posters
- 9. Antibiotic guidance
- 10. Laboratory antibiotic reporting

Prioritise and discuss how you will implement the chosen resources

TARGET Patient Information Leaflet how to implement



Read codes: Delayed:8CAk, Leaflet: 8CE





Actions: Developing priorities for you & this CCG

Reduce Clostridium difficile in the community

Reduce use of

- Ciprofloxacin
- Cephalosporins
- Co-amoxiclav

HOW

for UTI

Increase use of

- Nitrofurantoin
- Trimethoprim
- Pivmecillinam

Co-amoxiclay ONLY recommended for:

- Pyelonephritis in pregnancy
- Facial cellulitis or prophylaxis post dog or human bites
- Diverticulitis





Actions: Developing priorities for you & this CCG

Aim to roll back to prescribing in 2010 (12%)
Reducing total antibiotics by about 1% annually
HOW

- 1. Use the leaflets to reduce patient expectations
- 2. Develop computer prompt or use patient.co.uk to increase use of leaflet
- 3. Use back-up/delayed prescribing (the leaflet will help)
- 4. Refer to the posters to introduce antibiotics
- 5. Make sure everyone has access to antibiotic guidance
- 6. Do an antibiotic audit
- 7. Give an individual responsibility of taking these forward







Many thanks to:

The TARGET team at the PHE PCU:

Rebecca Owens, Donna Lecky,

Leah Jones, Katherine Butler

All those involved in TARGET materials especially:

the RCGP, BSAC, RPS, DH, behavioural team at PHE,

Elizabeth Beech, Ruth Dale, RCN, ARHAI, Nick

Francis, Phil Howard

The GPs and patients involved in evaluation and interviews

The IPSOS Mori team

The e-Bug team at the PCU