Evaluating the use of the RPS antibiotic checklist by Community pharmacists for potential impact on AMR.  

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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 AMR strategy as set out by the Department of Health in 2013¹ by using the Royal Pharmaceutical Society (RPS) antibiotic checklist² when counselling patients. Evaluation of the use of the checklist and counselling on AMR following its adoption will identify if any changes are required.

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

OBJECTIVES  
To evaluate the use of the RPS antibiotic checklist by community pharmacists for counselling when dispensing antibiotic prescriptions in conjunction with the appropriate Public Health England “treat your infection” patient information leaflet (PIL). Views of community pharmacists were assessed using a questionnaire.

METHOD  
This study required and received ethics approval. A pilot antibiotic counselling checklist developed in 2017 was revised and promoted by RPS in their 2017 national antimicrobial stewardship campaign. Pharmacists who had used the pilot version were re-trained by researchers. The RPS checklist was used for 4 weeks in January 2018 to counsel patients when antibiotics were dispensed in conjunction with a PHE PIL (Fig 1).  A self completion tally sheet recorded the number and individual counselling points used with these patients. A piloted questionnaire recorded usefulness of checklist and PIL.

RESULTS  
Twelve pharmacists had consented to use the RPS checklist and tally sheet but after 4 weeks only 7 had recorded any data. A total of 211 patients were counselled, 29.8% (n=63) on alcohol, 31.2% (n=66) on not sharing with family and 42.6% (n=90) were asked to return unwanted medicines.

RESULTS continued  
A further 73.4% (n=155) were counseled on side-effects, 92.4% (n=195) on how to take correctly, 81.5% (n=172) on finishing the course. Almost all (95.7% n=202) were asked the reason for the antibiotic, and 85.3% (n=180) were told the likely duration of the infection. PHE leaflet was given to 28.4% (n=60) of patients, and 45.9% (n=97) were given safety-netting advice (seeking further advice) and 29.3% (n=62) on self-care. Only 18.4% (n=39) were advised on flu vaccination. The same number told about hand hygiene despite it being a key element of the RPS national campaign about antimicrobial resistance.

From the questionnaire, 71% (n=5) of pharmacists routinely used the RPS checklist. 57% (n=4) found it quite useful and 43% (n=3) thought it time consuming. Barriers included ‘too many options’, ‘very busy in the pharmacy’, ‘we know the standard advice to give on antibiotics’ and ‘all pharmacy bags state –don’t share medication’ as other reasons. The low number of eligible pharmacists taking part was a limitation.

Fig 2 shows results of tally sheet in response to checklist

REFERENCE  

Fig 1. Public Health England PIL

Fig 2