Churchill Medical Centre

Doing ground breaking stuff no-one's done before

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Churchill Medical Centre

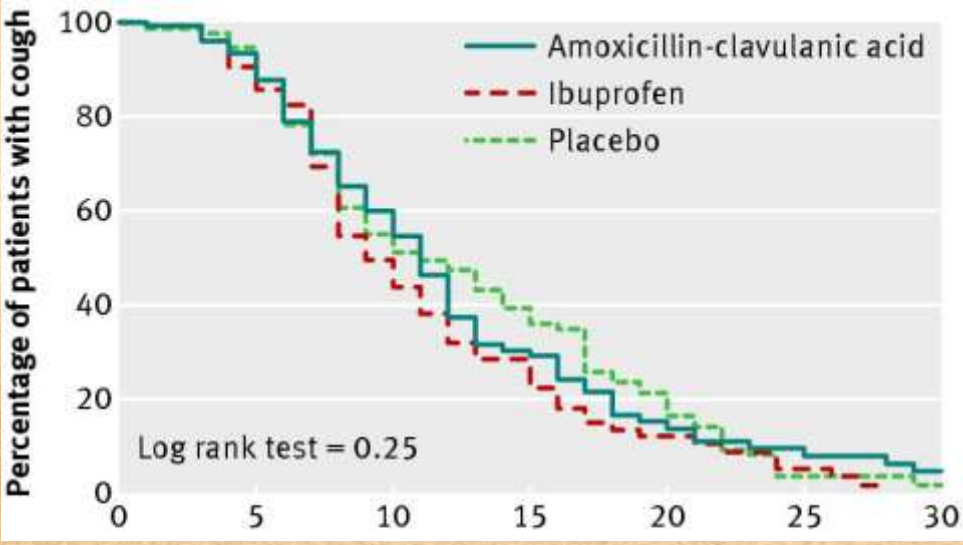
Implementing evidence from 50 years ago

Elmes, PC et al ***Value of ampicillin in the hospital treatment of exacerbations of chronic bronchitis.***

BMJ 11/1965;2(5467):904-8

CARDIFF 2013

- Cardiff 2013
- Llor et al *Efficacy of anti-inflammatory or antibiotic treatment in patients with non-complicated acute bronchitis and discoloured sputum: randomised placebo controlled trial BMJ* 2013;347:f5762
- Antibiotics don’t work for cough even with purulent sputum – don’t use them.



CARDIFF 2013

- It doesn’t matter whether it’s viral or bacterial – they still don’t work.



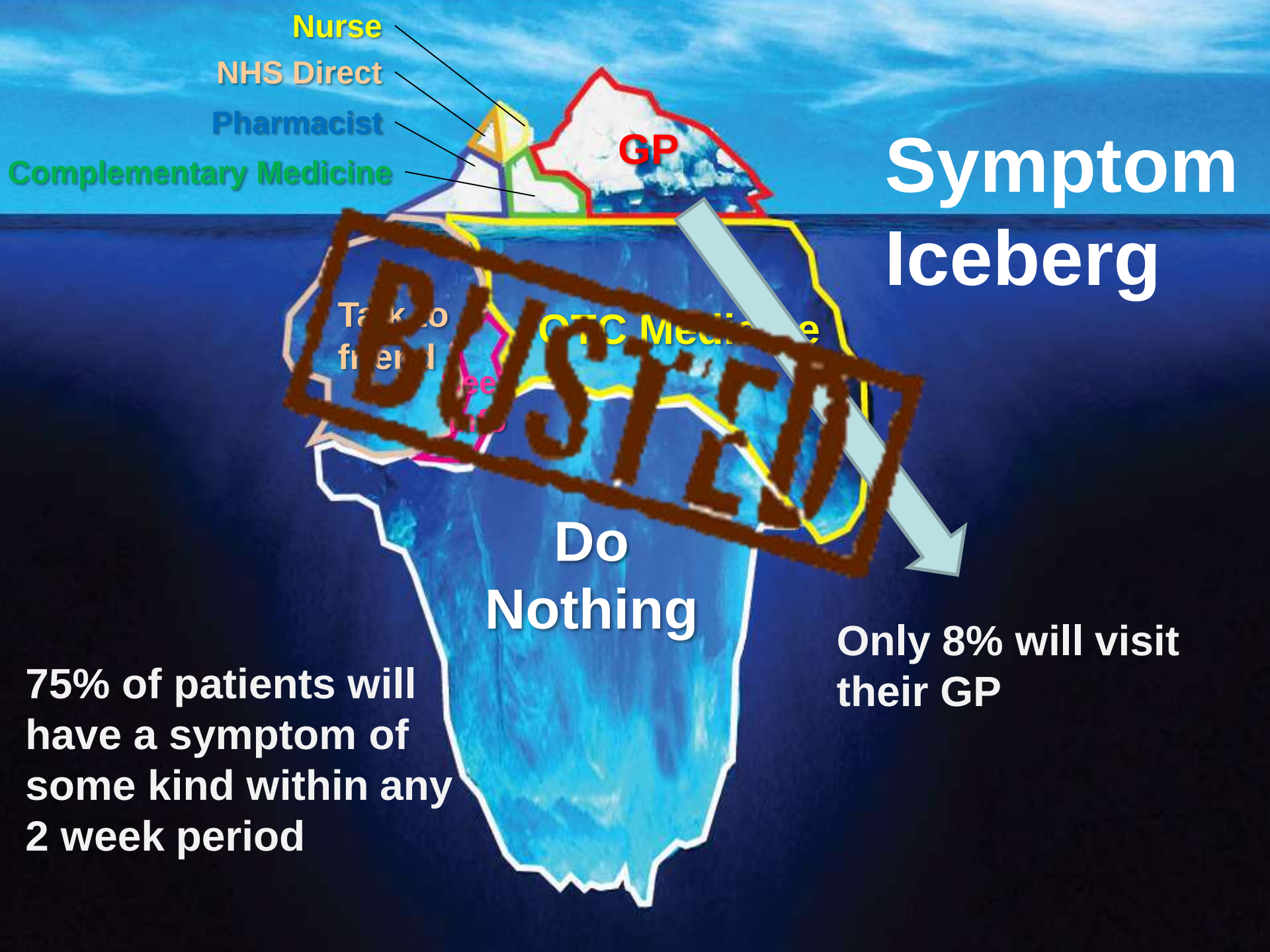




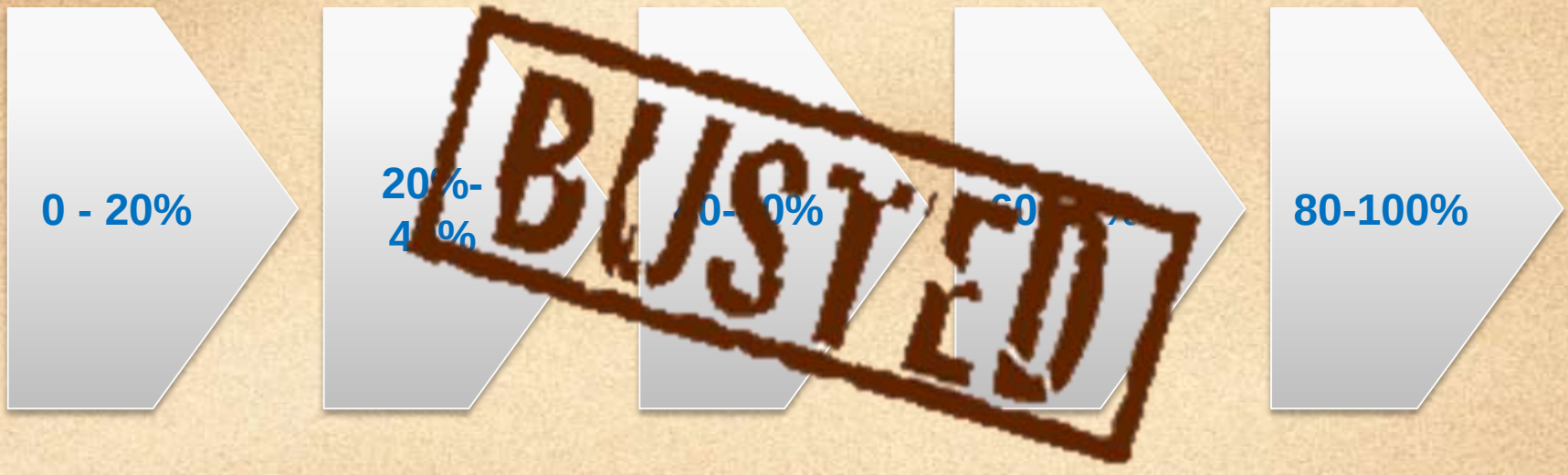
2012 MYTHBUSTING

Myths

- Everyone goes to their GP for the slightest symptom
- General practice is not very evidence based so it’s dangerous to refuse antibiotics
- It takes too long to encourage self care


Nurse
NHS Direct
Pharmacist
Complementary Medicine
GP
Symptom Iceberg
BUSTED
Do Nothing
Only 8% will visit their GP
75% of patients will have a symptom of some kind within any 2 week period

What percentage of GP interventions are evidence based?



1963 Forsyth – half a century ago, 20% evidence based prescriptions

1995 Gill, - 81% interventions in GP evidence based

Tweetment

- 90% of coughs last up to 3 weeks and will not be helped by antibiotics unless you are elderly, very ill or have another health condition

- 138 characters

Talking and walking

BITE-SIZED CHALLENGE FOR WINTER 2012

Bite sized challenge for this winter

- Multidisciplinary team – everyone involved

- Start with respiratory illnesses
- Consistent messages
- Evidence based literature
- Positive messages
- Delayed/no prescribing strategy

NICE 2008

Everyone needs to know:

- **acute otitis media: 4 days**
- **Acute sore throat/acute pharyngitis: 1 week**
- **common cold: 1½ weeks**
- **acute rhinosinusitis: 2½ weeks**
- **acute cough/acute bronchitis: 3 weeks**

Cough – simply the evidence

1. 90% of coughs last up to three weeks (whether or not treated with antibiotics or chest signs present) (Cochrane)
2. The same number reattend even if given antibiotics (Cochrane)
3. Delayed or no prescribing strategy if not at an increased risk of developing complications (NICE)
4. Antibiotic may sometimes be given if
   - suggestion of complications or
   - at risk of complications elderly, very ill, have comorbidities and or significant history (NICE)

Evidence based advice on RTIs

NORMAL DURATION OF RTIs

• Otitis media:	4 days
• Sore throat/pharyngitis/tonsillitis:	1 week
• Common cold:	1 ½ weeks
• Acute rhinosinusitis:	2 ½ weeks
• Cough:	3 weeks

NB: CHILDREN UNDER 5 WITH FEVER

• 5 days or more of fever need to be seen: AMBER risk

• 0-3 months: temp over 38 or 3-6 months over 39 need to be seen within 2 hours: RED risk

ACUTE OTITIS MEDIA

Ear infections are very common in young children; last 4 days; painkillers main treatment unless with a discharge or under 2 years, both ears.

• 3/4 of all children have had an ear infection by age 2
• Commonest between 3-18 months
• Not unusual to have up to 3 attacks a year
• Will usually last 4 days

Nice recommends ONLY consider antibiotics if:
There is a discharge, or under 2 with infection in both ears

When to seek advice

• High temp not coming down
• New discharge
• Vomiting
• Dizziness
• Floppy
• Lethargy
• Severely unwell
• Irritable
• Unwell and still not clearing after 2-3 days

COUGH

• 90% cough last up to 3 weeks, whether or not treated with antibiotics even if chest signs present.

When to seek advice

• Getting worse
• Coughing up blood
• Cough lasts for more than three to four weeks.
• Develop chest and/or shoulder pain.
• Difficult breathing
• Losing weight over a period of six weeks or more
• Voice becomes hoarse.
• Ends of fingers take on a 'club-like' shape.
• New swellings in the neck or above the collar bones.

DELAYED PRESCRIBING OR NO PRESCRIBING STRATEGY

if not at risk of complications:

• Elderly
• Very ill
• Co-morbidities e.g. COPD
• Significant history

SORE THROAT

• 90% clear within 1 week, antibiotics or not
• Do not give antibiotics unless 3 or more Centor criteria present:
  • Tonsillar exudates
  • Cervical lymphadenopathy
  • History of fever
  • Absence of a cough

When to seek advice

• Persistent high temperature for more than three days that does not come down with ibuprofen and/or paracetamol.
• Not getting better or that gets worse – after 4 to 5 days
• Hard to breathe in or your throat feels like it's closing up
• Drooling and difficult to swallow.
• Pain is severe and does not respond to over the counter pain killers.
• Voice becomes muffled.
• Difficult to drink enough fluids and become dehydrated
• Symptoms so bad that they prevent you from functioning normally.
• Immunocompromised (including steroids)

NHS Evidence
accredited provider
NHS Evidence - provided by NICE
www.evidence.nhs.uk

NHS
National Institute for
Health and Clinical Excellence

National Institute for Health and Clinical Excellence care pathway for respiratory tract infections

At the first face-to-face contact in primary care, including walk-in centres and emergency departments, offer a clinical assessment, including:

- history (presenting symptoms, use of over-the-counter or self medication, previous medical history, relevant risk factors, relevant comorbidities)
- examination as needed to establish diagnosis.

Address patients' or parents'/carers' concerns and expectations when agreeing the use of the three antibiotic strategies (no prescribing, delayed prescribing and immediate prescribing)

Agree a no antibiotic or delayed antibiotic prescribing strategy for patients with acute otitis media, acute sore throat/pharyngitis/acute tonsillitis, common cold, acute rhinosinusitis or acute cough/acute bronchitis.

However, also consider an immediate prescribing strategy for the following subgroups, depending on the severity of the RTI.

The patient is at risk of developing complications.

No antibiotic prescribing

Offer patients:

- reassurance that antibiotics are not needed immediately because they will make little difference to symptoms and may have side effects, for example, diarrhoea, vomiting and rash
- a clinical review if the RTI worsens or becomes prolonged.

Delayed antibiotic prescribing

Offer patients:

- reassurance that antibiotics are not needed immediately because they will make little difference to symptoms and may have side effects, for example, diarrhoea, vomiting and rash
- advice about using the delayed prescription if symptoms do not settle or get significantly worse
- advice about re-consulting if symptoms get significantly worse despite using the delayed prescription.

The delayed prescription with instructions can either be given to the patient or collected at a later date.

No antibiotic, delayed antibiotic or immediate antibiotic prescribing

Depending on clinical assessment of severity, also consider an immediate prescribing strategy for:

- children younger than 2 years with bilateral acute otitis media
- children with otorrhoea who have acute otitis media
- patients with acute sore throat/acute tonsillitis when three or more Centor criteria[1] are present.

[1] Centor criteria are: presence of tonsillar exudate, tender anterior cervical lymphadenopathy or lymphadenitis, history of fever and an absence of cough.

Immediate antibiotic prescribing or further investigation and/ or management

Offer immediate antibiotics or further investigation/management for patients who:

- are systemically very unwell
- have symptoms and signs suggestive of serious illness and/or complications (particularly pneumonia, mastoiditis, peritonsillar abscess, peritonsillar cellulitis, intraorbital or intracranial complications)
- are at high risk of serious complications because of pre-existing comorbidity. This includes patients with significant heart, lung, renal, liver or neuromuscular disease, immunosuppression, cystic fibrosis, and young children who were born prematurely.
- are older than 65 years with acute cough and two or more of the following, or older than 80 years with acute cough and one or more of the following:
  - hospitalisation in previous year
  - type 1 or type 2 diabetes
  - history of congestive heart failure
  - current use of oral glucocorticoids.

Offer all patients:

- advice about the usual natural history of the illness and average total illness length:
  - acute otitis media: 4 days
  - acute sore throat/acute pharyngitis/acute tonsillitis: 1 week
  - common cold: 1½ weeks
  - acute rhinosinusitis: 2½ weeks
  - acute cough/acute bronchitis: 3 weeks
- advice about managing symptoms including fever (particularly analgesics and antipyretics). For information about fever in children younger than 5 years, refer to 'Feverish illness in children' (NICE clinical guideline 47).

XXXX: 'Home treatment is the best treatment' campaign

At XXXX we are starting a campaign to make sure people are aware that they can treat themselves and their children effectively and safely for most of the coughs, colds, sore throats and earaches they get and that they do not need antibiotics.

Why are we doing this?
Most of you will be aware that antibiotics don't work for most coughs, colds, sore throats and earaches and there has been a big story about this in the news recently. Despite this, people still come in regularly expecting treatment when there is nothing we can do. What is worse, giving unnecessary antibiotics increases the risk of bacteria developing that are resistant to them so they won't work when they are really needed. This campaign is intended to empower patients to treat themselves for conditions that get better anyway and that we can't treat any better than they can.

One surgery had around 300 appointments for these conditions in October 2012. Of these, 100 received antibiotics. The other 200 did not need to attend and it is unlikely that many of the 100 had any great benefit from the antibiotics and were at risk of side effects from them.

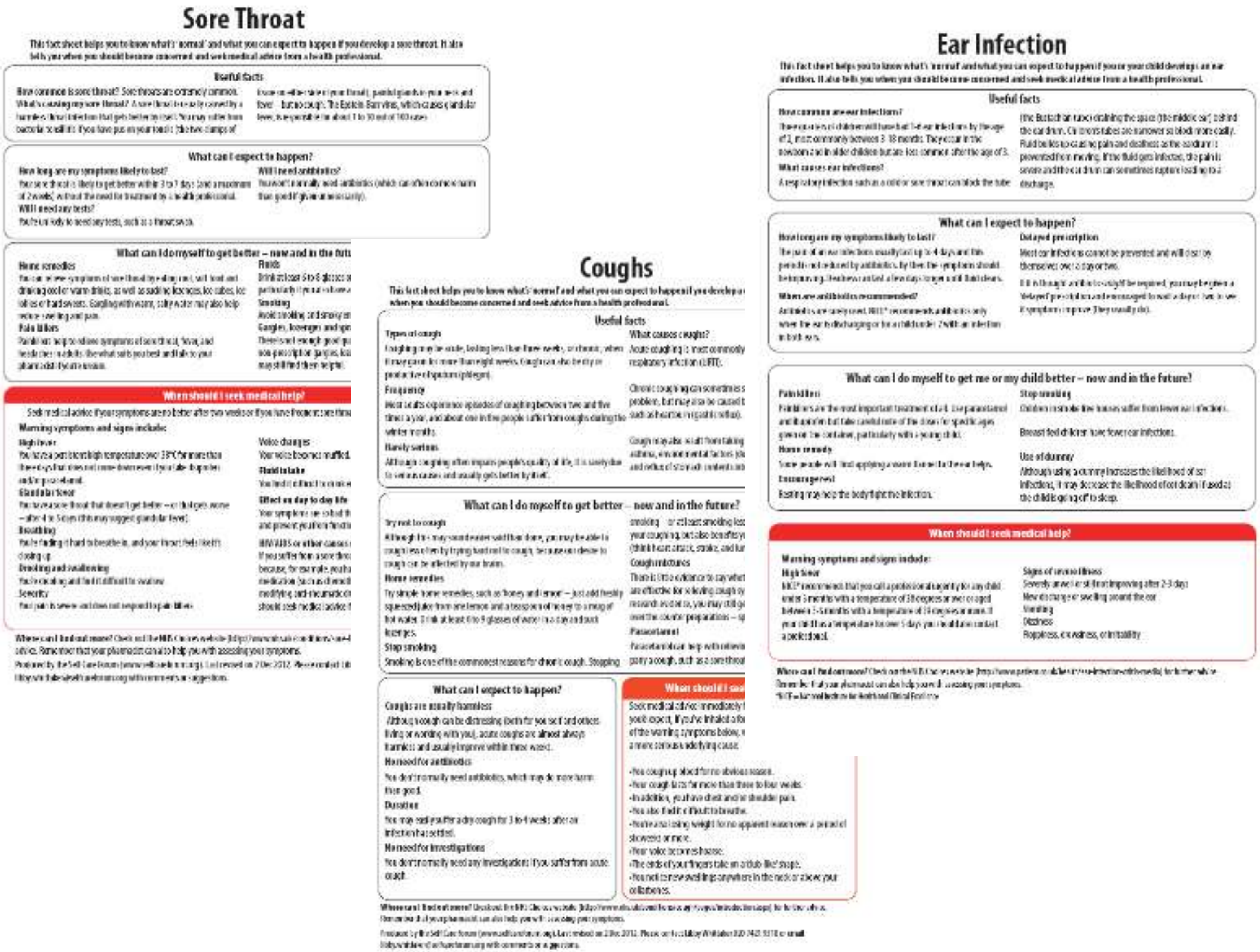
What will we be doing?
We will be encouraging all patients who attend with what we call 'respiratory tract infections' to treat themselves and their children rather than coming to see us, although we will not be turning patients away, and we won't be calling these 'minor' illnesses as they don't feel minor!

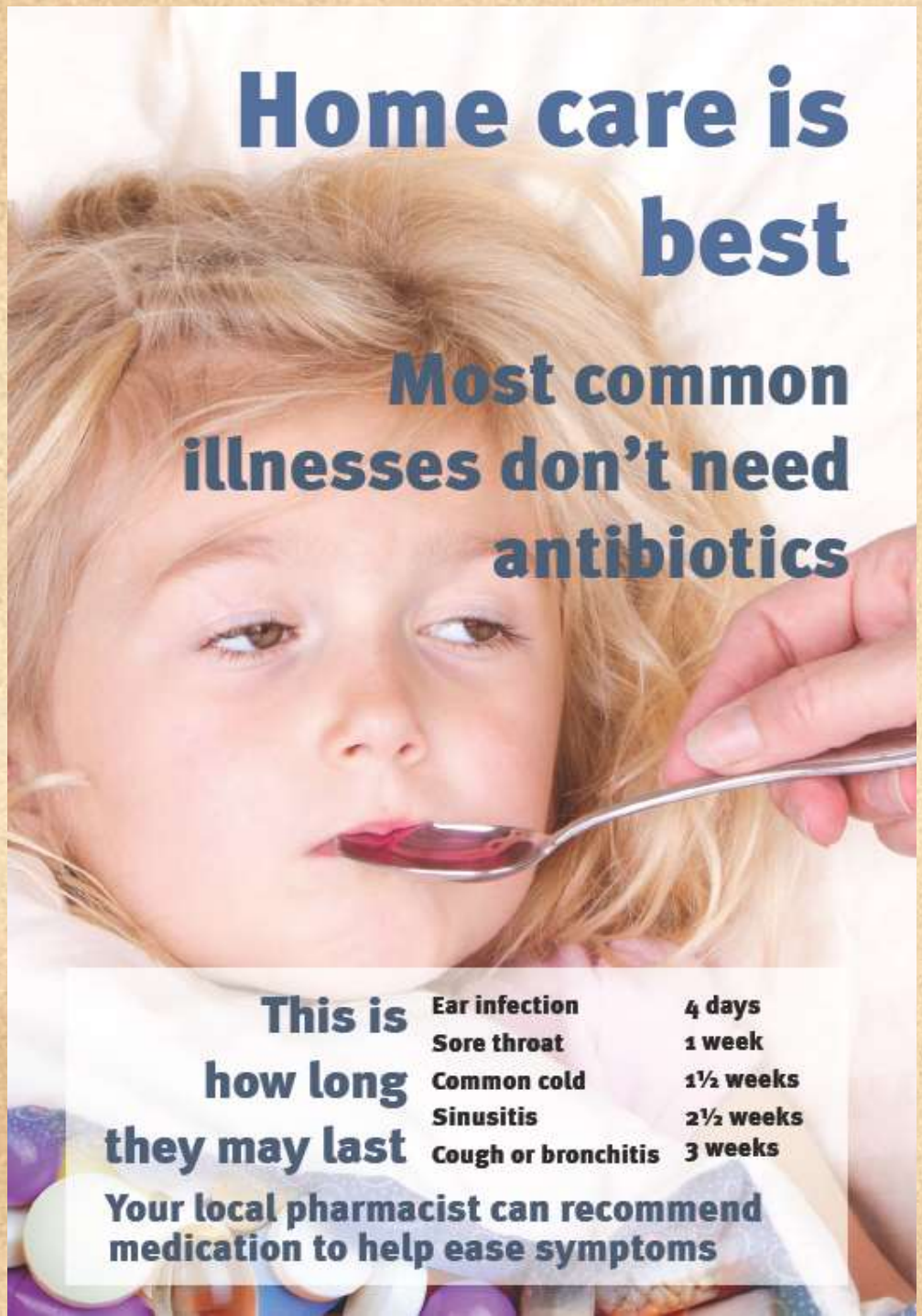
We have prepared a laminated sheet for doctors and nurses giving a brief summary of the evidence and short messages to give. We have also used the information given in the national Self Care Forum's leaflets to prepare single advice sheets on Coughs and Sore Throats and prepared one on Ear infections which we will be giving to patients.

Delayed prescriptions
Some of our patients have come to believe they need an antibiotic. Most are quite happy not to have them, but for the small number who become distressed when told an antibiotic is not required, we will be giving a 'delayed' antibiotic. A prescription will be given and the patient told they do not need it but that if the patient's condition becomes more severe, they can take it. We know that only a third will then be taken. Once patients are aware that there is nothing we can do, they are less likely to come back next time for another fruitless visit.

Dr Pete Smith prepared a talk for the Self Care Forum on this subject. You can see The PowerPoint presentation and copies of the advice sheets and laminated sheets on XXXX.

Our patients are usually very sensible and we have had very few who have complained, but views about antibiotics can be surprisingly strongly held, particularly when their previous doctor gave a prescription rather than explaining that they are not necessary. Please speak to XXXX if you want to know more.


Sore Throat
This fact sheet helps you to know what's 'normal' and what you can expect to happen if you develop a sore throat. It also tells you when you should become concerned and seek medical advice from a health professional.
Useful facts
What can I expect to happen?
How long are my symptoms likely to last?
Will I need antibiotics?
Will I need any tests?
What can I do myself to get better – now and in the future?
Home remedies
Fluids
Smoking
Pain killers
When should I seek medical help?
Warning symptoms and signs include:
High fever
Voice changes
Fluid intake
Glandular fever
Effect on day to day life
Breathing
Drooling and swallowing
Severity
Coughs
This fact sheet helps you to know what's 'normal' and what you can expect to happen if you develop a cough. It also tells you when you should become concerned and seek advice from a health professional.
Useful facts
Types of cough
What causes coughs?
Frequency
Rarely serious
What can I do myself to get better – now and in the future?
Try not to cough
Home remedies
Stop smoking
Cough mixtures
Paracetamol
What can I expect to happen?
Coughs are usually harmless
No need for antibiotics
Duration
No need for investigations
Ear Infection
This fact sheet helps you to know what's 'normal' and what you can expect to happen if you or your child develops an ear infection. It also tells you when you should become concerned and seek medical advice from a health professional.
Useful facts
How common are ear infections?
What causes ear infections?
What can I expect to happen?
How long are my symptoms likely to last?
Delayed prescription
When are antibiotics recommended?
What can I do myself to get me or my child better – now and in the future?
Painkillers
Stop smoking
Home remedy
Encourage rest
Use of dummy
When should I seek medical help?
Warning symptoms and signs include:
High fever
Signs of severe illness


Home care is best
Most common illnesses don't need antibiotics
This is how long they may last
Ear infection 4 days
Sore throat 1 week
Common cold 1½ weeks
Sinusitis 2½ weeks
Cough or bronchitis 3 weeks
Your local pharmacist can recommend medication to help ease symptoms







RESULTS

Stats pre-campaign

October 2012	Antibiotics Given	Antibiotics Not Given	Total	Percentage given antibiotic
Cough	78	65	143	54.5
URTI	60	124	184	32.6
OM	0	0	0	0.0
Otalgia	3	5	8	37.5
Temp symp	7	6	13	53.8
Sore throat	0	1	1	0.0
Viral infection	0	6	6	0.0
	148	**207**	**355**	**41.7**
Tonsillitis	**27**	**0**	**27**	**100**

Stats post-campaign

January 2013	Antibiotics Given	Antibiotics Not Given	Total	Percentage given antibiotic
Cough	55	91	146	37.7
URTI	40	163	203	19.7
OM	0	0	0	0
Otalgia	4	16	20	20.0
Temp symp	2	15	17	11.8
Sore throat	1	3	4	25.0
Viral infection	2	9	11	18.2
	116	**322**	**438**	**26.5**
Tonsillitis	**35**	**0**	**35**	**100**

Results – per month

	Pre	Post	%age reduction	Numbers not receiving unnecessary antibiotics
Cough	54.5	37.7	16.9	25
URTI	32.6	19.7	12.9	26
TOTAL URTI	**355**	**438**	**15.2%**	**67**

So what?

Results – per month

15.2%	reduction in use of antibiotics
67	people per month avoided antibiotics
804	per year avoid unnecessary antibiotics
50/1,000	pts on practice list will benefit

All on the SCF website

- http://www.selfcareforum.org/resources/case-studies/

No excuses-
JUST DO IT!