Antimicrobial stewardship: changing the public’s behaviour

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In January, NICE introduced its second guideline on antimicrobial stewardship (NG63), this time focusing on increasing awareness and changing behaviour in the general public. The new guideline covers the correct use of antimicrobial medicines and the dangers associated with their overuse, as well as providing guidance on preventing and controlling infection.

NICE tackled antimicrobial prescribing, managing the introduction of new antimicrobial drugs and stewardship programmes in its 2015 guideline *Antimicrobial Stewardship: Systems and Processes for Effective Antimicrobial Medicine Use* (NG15). Now it has turned its attention to the public and those concerned with delivering healthcare with a guideline on changing behaviours associated with inappropriate use of antimicrobials.

*Antimicrobial Stewardship: Changing Risk-related Behaviours in the General Population* (NG63) is partly a reminder of what is in NG15 but it also gives guidance on how far those messages should reach and in what detail.

Overarching principles
NICE begins with some broad principles for directors of public health. They should work with health and wellbeing boards, commissioners and local authorities to prioritise the public health aspects of local antimicrobial stewardship programmes and local infection prevention programmes. It is their job to ensure collaborative working between local authorities and CCGs to deliver consistent information and advice to the public and health professionals. Anyone involved in providing care should know about NICE guidance on antimicrobial stewardship and be helped to implement it.

Local system-wide approaches
CCGs should provide the resources health professionals need to inform the public about self-limiting infections and to promote appropriate self-management. This includes recognising symptoms, knowing the likely natural course of an infection and where to find advice. The public needs to know what treat-
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ment to use, when to seek help and what symptoms amount to a red flag. Those who are prescribed an antibiotic should be supported to take it properly – that is, at the correct dose for the time specified and via the correct route. Conversely, the public should be discouraged from activities that promote resistance, such as passing antibiotics on to others, keeping leftovers for later use, or asking for a supply ‘just in case’ (unless there is a medical indication for this).

Local authorities should help disseminate these messages as opportunities arise, along with education about preventing the spread of infection through handwashing (when, where and how) and careful food storage and preparation. Information should be available in a variety of formats and distributed through a range of outlets, prioritising people at greatest risk and where the risk of transmission is highest.

Childcare and education settings

In preschool settings, parents and carers should be informed about managing symptoms of infection, when to seek help and how to use antibiotics properly. Good hygiene standards should be ensured and the necessary facilities provided. Staff should explain to children the importance of correct handwashing.

Guidance for schools is similar. All children should be taught “in an appropriate way for their age and ability” about the need to reduce inappropriate demand for antibiotics. There should be a “whole school approach”, shared with parents, to prevent the spread of infections. Here, too, high hygiene standards and the importance of handwashing should be stressed, even to the extent of giving children information to take home. This should be backed up with information about immunisation.

In educational and residential settings, the fact that many young people will be managing infections for themselves for the first time should be taken into account. They should understand the importance of being up to date with vaccinations and preventing the spread of airborne infections. They also need to know how to recognise symptoms of infection and what to do about them. Programmes to improve knowledge about infection prevention should be provided widely, regularly and repeatedly, covering handwashing, online resources with links to information on infection control, and handing out free hand rubs. Food safety campaigns should be delivered through face-to-face lectures and digital and social media.

Prescribers, primary care and community pharmacy teams

People should be aware that community pharmacists are there to provide advice. They and other health professionals should display information about how to self-manage an infection. They should recognise that a request for advice about managing self-limiting infections is an opportunity to talk about self-care; they should offer written information and back it up verbally, using technology if it helps and tackling the question of whether an antibiotic is the best option.

When an antibiotic is prescribed, the patient should be given advice on how to take it, not to share it and to return unused products to the pharmacy (not flush them down the toilet or put them in the waste bin). A delayed prescription should be supported by all the information a patient needs to use it correctly. When an antibiotic is not supplied, the person should be told how to treat themselves, how to recognise worsening symptoms and what to do if they do not recover as expected.

Summary

NICE has left no stone unturned in recommending basic hygiene measures and best practice in antibiotic prescribing. Nothing in this guideline is new – indeed, one might expect these strategies to have been in place for some time – but at least now there is a standard against which to measure performance.

References


Declaration of interests

None to declare.

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