# Kent and Medway Back-up (delayed) Antibiotic Prescribing Guidance

**Document history:**

| Version | Date | Main Changes/Comments |
|---|---|---|
| 1 | July 2022 | First draft |
| 1.1 | September 2022 | Amended following comments received at the HCP Medicines Optimisation Groups |

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# Back-up (Delayed) Antibiotic Prescribing Guidance

## Definition

A back-up (delayed) prescription is a prescription (which can be post-dated) that is given to a patient or carer, with the assumption that it will not be dispensed immediately, but in a few days if symptoms worsen.[1]

When used appropriately it can be a useful antimicrobial stewardship tool, encouraging self-management in the first instance however allowing patient's access to an antibiotic without another appointment if their condition gets worse.[1]

## Benefits of back-up prescribing [2]

1. Reduces patient use of antibiotics; a 2014 trial showed one third of patients use antibiotics when given a back-up prescription[3]
2. Useful if uncertainty about whether an immediate antibiotic is needed
3. Increase patient's ability to self-manage infections
4. Prevents complications
5. Reduces re-consultations

## When is it appropriate to prescribe back-up (delayed) antibiotics?

- Where there is clinical uncertainty about whether a condition is self-limiting or is likely to deteriorate back-up prescribing offers clinicians an alternative to immediate antimicrobial prescribing.[1]
- There is concern that the patient may need antibiotics when they will have limited access to medical care.
- The March 2022 NICE 'Summary of antimicrobial prescribing guidance – managing common infections'[4] advises that back-up antibiotic prescriptions can be considered for:
    - Acute sore throat
    - Acute otitis media
    - Sinusitis
    - Acute cough

## Special Considerations needed for Infants and Children[5]

A statement on the use of delayed prescriptions of antibiotics for infants and children from the Royal College of Paediatrics and Child Health (RCPCH) and endorsed by the Royal College of General Practitioners advises when considering a delayed prescription for a child the following points should be considered:

1. Delayed prescribing in children under **3 months** is **never** appropriate.
2. Children under **2 years of age** are a particularly vulnerable group, and the use of a delayed prescription for these patients would **not** be considered part of routine practice
3. In all children, it is wise to have systems to enable and facilitate further and prompt review. There should be a low threshold for review whether an antibiotic is prescribed or not.
4. The safety netting advice, in the form of guidance on when to have concern and seek further assessment, must be tailored to the age of the child, the understanding of the parents and the home circumstances.

   The full statement from RCPCH can be found here. Parents may also be directed to the following resource www.whenshouldIworry.com which contains information about a range of conditions to improve safety netting.[6]

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## How long should a back-up prescription be post-dated for? Points to consider:

- The decision to, and duration to post-date a prescription for, is a clinical decision that should be made on an individual patient basis.
- If there are concerns regarding the appropriate duration to post-date a back-up prescription for, prescribers have the option of using a method that does not involve post-dating. Please see below for further details.
- A 2014 study looked into delayed antibiotic prescribing strategies for respiratory tract infections and concluded that if clear advice is given to patients, there is probably little to choose between the different strategies of delayed prescription.[3] **However all methods must be coupled with appropriate communication to the patient and counselling.**
- NICE guidance for back-up prescriptions does not specify a duration or number of days to post-date prescriptions for. Although a 2017 study into delayed antibiotic prescriptions for respiratory infections defined a delayed antibiotic as advice to delay the filling of an antibiotic prescription by at least 48 hours.[7]
- NICE guidance for acute cough also includes factors that can make patients at a higher risk of complications.[3] This can be used to help make a clinical judgement regarding the duration to post-date a prescription for.

## Producing a Back-up Antibiotic Prescription:

Consideration should be made to the patient's circumstances and their nominated pharmacy opening times when selecting the most appropriate method of producing a back-up prescription.

Adding wording to prescriptions to highlight that the prescription is for a back-up antibiotic will assist community Pharmacists in identifying and counselling these patients should they need to collect their antibiotic. It will also allow the pharmacy staff to follow any internal processes they may have in place for managing back-up prescriptions.

**If clear advice is given to patients, there is probably little to choose between the different strategies of delayed prescription[3]**

| **Methods [2]**<br>*Please see appendix 1 for the advantages and disadvantages of these methods to help inform your approach* |
|---|
| **1.** Ask the patient to collect prescription from an agreed location at a later date (e.g. the reception) *Include wording to make clear this is a 'back-up/delayed prescription'* |
| **2.** Write a post-dated paper prescription (*method below, include wording to make clear this is a 'back-up/delayed prescription'* |
| **3.** Write a post-dated electronic prescription (*method included below, use free-text to include the wording 'delayed/back-up prescription')* |
| **4.** Give a normal prescription with advice to get it dispensed if needed. Advise patient or carer to wait a specific number of days. *Include wording to make clear this is a 'back-up/delayed prescription'* |
| **5.** Ask the patient to contact the practice again to obtain a prescription if necessary |
| **6.** Ask the patient to collect the antibiotic now but only use it if needed (least preferable option) |

## How to post-date a paper prescription

At present post-dating **paper** prescriptions present less logistical challenges for patients than electronic prescriptions. In order to post-date a paper prescription:

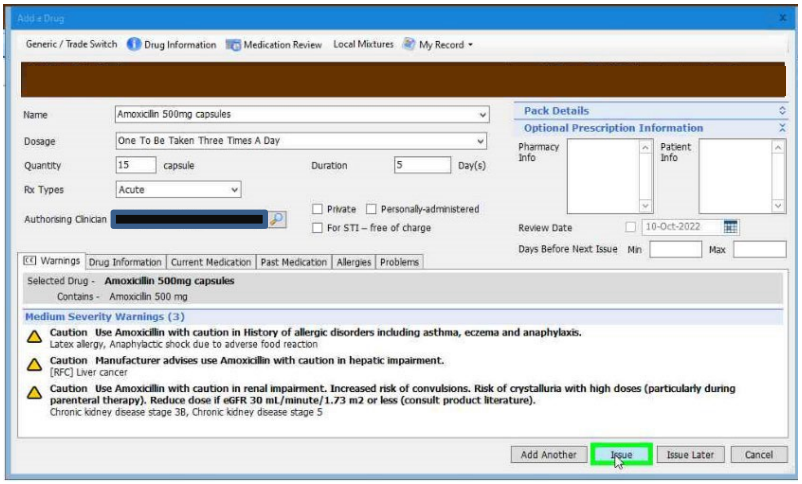
1. Complete the paper prescription as usual and include wording to make clear this is a back-up/delayed prescription.
2. In the date box write the earliest date that you would wish the patient to be able to gain access to this medication. (The pharmacy will be unable to give the prescription to the patient until the date stated on the prescription; patients should be made aware of this)
3. Advise your patient how to dispose of their paper prescription if the prescription is not required.

## How to post-date an electronic prescription

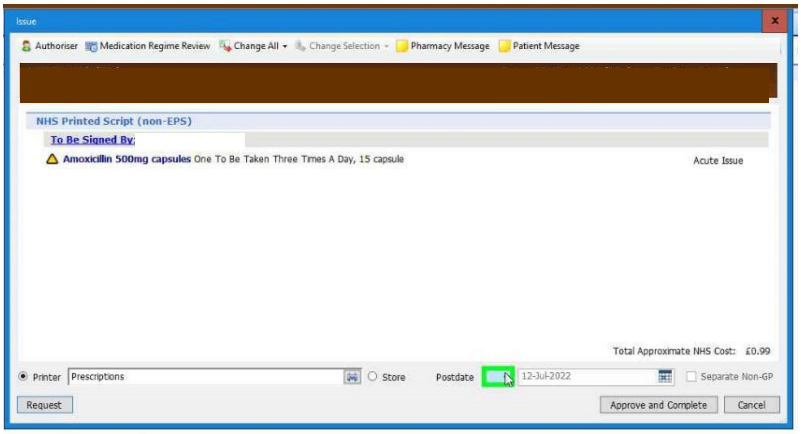
When using electronic prescribing for face-to-face appointments clinicians should consider giving the patient an EPS token and not send the prescription directly to the nominated pharmacy as a measure to mitigate any issues obtaining the prescription if the prescription is dated for a day when the patient's nominated pharmacy is closed.

The following guide was created using a simulated patient account which is therefore not linked to an EMIS number. For this reason the screenshots will say non-EPS printed script. However similar principles will apply when producing an electronic prescription. A green box has been used to highlight where prescribers should click.

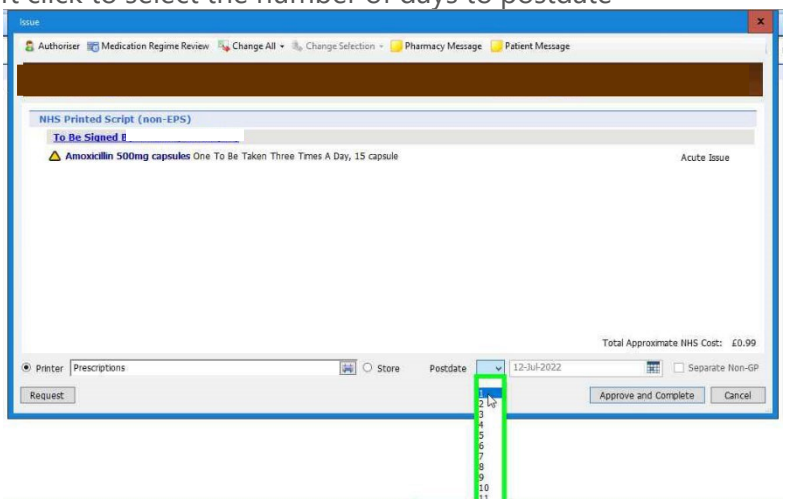
**Step 1:** Left click on "Issue (button)" in "Add a Drug"



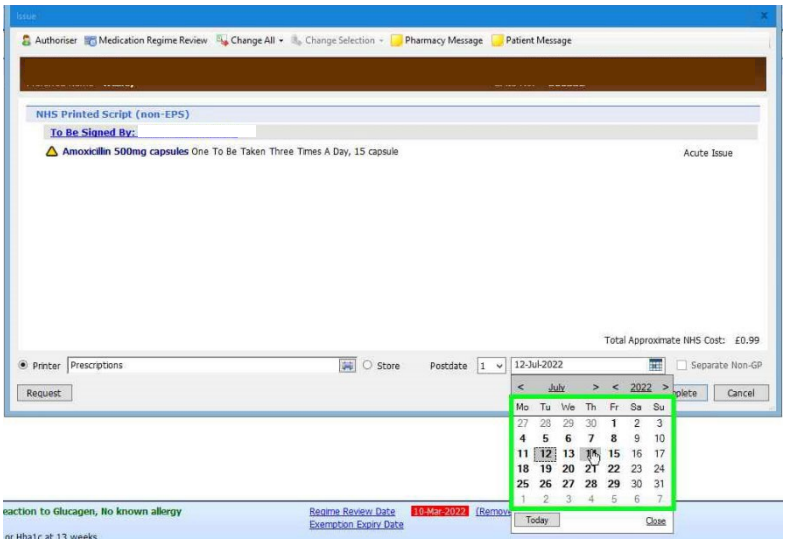

**Step 2:** Left click in "Issue"



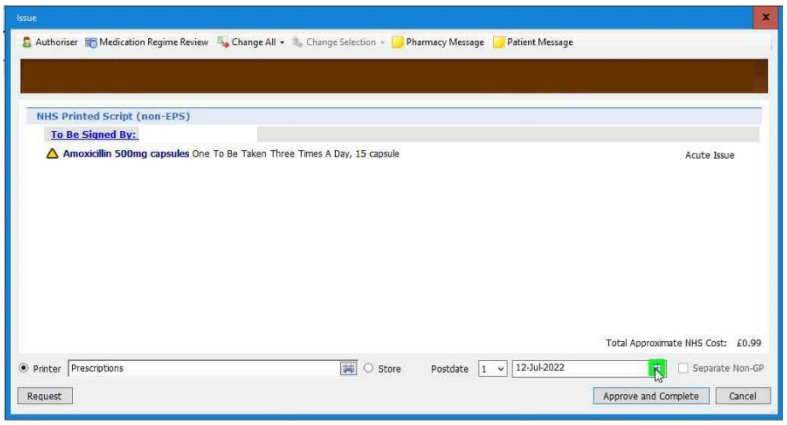
**Step 3:** Left click to select the number of days to postdate



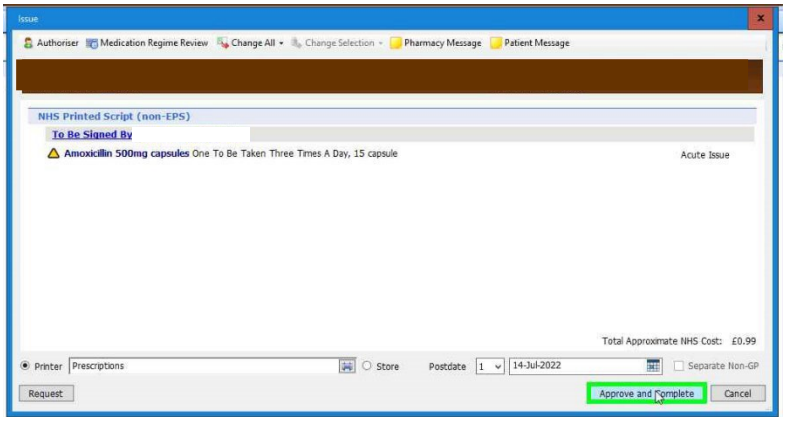

**Step 4:** Alternatively use the calendar symbol to pick the appropriate date




**Step 5:** Left click on "Close (pane)"



**Step 6:** User left click on "Approve and Complete (button)" in "Issue"




## When Post-dating EPS prescriptions, please note:[8]

- EPS prescriptions will **not** be released to the spine until the post date is reached.
- The prescription will not be visible on the EPS Tracker until it is released to the spine.
- An EPS Phase 4 token will print for non-nominated prescriptions with the intended dispense date showing in the 'Date of issue' box. This should be **given** to the patient if present or able to collect.
- If sending to a patient's nominated pharmacy, some practices have anecdotally noticed that when producing electronic post-dated prescriptions the prescription does not appear at the pharmacy on the post-dated date **until** the time the prescription was originally written. To avoid this patient's may be given the barcode of the prescription which will allow community pharmacies to search for the prescription and pull this down earlier **on the date** the prescription is post-dated for.
- If the prescription is not collected by the patient from their nominated pharmacy the prescription should be returned to the spine by the community pharmacy.

## Patient Counselling

- Patients are likely to better understand and accept a back-up prescription if they are counselled effectively.[9]
- The following RCGP leaflets for urinary tract infections and respiratory tract infections available here can be used interactively e.g. printed, shared and completed with patients to support effective discussions, maintain patient satisfaction and improve counselling regarding back-up prescriptions.
- These leaflets can also be uploaded to EMIS using the following TARGET guidance to save time and allow easy future access.
- Advice should be tailored to patient's history, co-morbidities and ability to access antibiotics, for example are they independent or mobile.
- Examples of possible miscommunication regarding delayed prescriptions and how to better phrase advice can be found on the RCGP website.

## Counselling and Safety Net checklist

- □ Reassurance that antibiotics are not needed immediately because they are likely to make little difference to symptoms.[1]
- □ Explain the risk that if given immediately the patient is more likely to experience side effects of the antibiotics (e.g. diarrhoea, vomiting, rash) than see an improvement in their presenting symptoms.[8]
- □ Acknowledge that although illness is likely to be self-limiting it is not possible to predict exactly how the illness will progress.[8]
- □ Explain that you would like the patient to have access to antibiotics should their symptoms get worse or not improve as expected.[8]
- □ Explain the method you will use to provide them with this prescription

## Safety Net advice:

- □ What the expected clinical course is
- □ What to do if clinical course is not followed
- □ What signs and symptoms to look out for and how to recognise if they need to take their prescription
- □ Advise about re-consulting, when and how to seek further assessment.
- □ How to recognise whether they need to use the antimicrobials
- □ How to obtain their prescription
- □ When to start taking or using them, give a **specific** number of days to wait.
- □ How to take or use them.
- □ Consider providing further educational material for example:
    - □ RCGP leaflet Urinary tract infection (UTI) -UTI in women under 65 years
    - □ RCGP leaflet - UTI Older adults
    - □ RCGP leaflet - combined UTI leaflet for women under 65 and older adults
    - □ RCGP leaflet - Respiratory tract infection
    - □ When should I worry leaflet

## Confirm arrangements for obtaining prescription including:

- □ Whether the patient should be provided with a printed prescription token
- □ Whether the patient has a nominated pharmacy
- □ Whether their prescription should be sent to their nominated pharmacy or not
- □ Whether the nominated pharmacy will be open on the day the prescription is post-dated for/released to the spine

## Coding[8]

For advice regarding ways to capture data on back-up/delayed antibiotic prescriptions please see the Royal College of General Practitioner guidance available here.

**References:**


[1] National Institute for Health and Care Excellence. Antimicrobial Stewardship Quality standard [QS121] available at: https://www.nice.org.uk/guidance/qs121/chapter/quality-statement-2-back-up-delayed-prescribing

[2] Royal College of General Practitioners. Targe Keep antibiotics working. *Back-updelayed antibiotic prescriptions Why and how to use them in primary care settings.* 25.11.2021 powerpoint presentation available here PowerPoint Presentation (rcgp.org.uk)

[3] P. Little, M Moore et al. *Delayed antibiotic prescribing strategies for respiratory tract infections in primary care: pragmatic, factorial, randomised controlled trial.* BMJ 2014;348:g1606 doi: 10.1136/bmj.g1606 (Published 5 March 2014)

[4] Nice summary of antimicrobial prescribing guidance- managing common infections (march 2022)

[5] Royal College of Paediatrics and Child Health. *Statement on the use of delayed prescriptions of antibiotics for infants and children.* Available at https://www.rcpch.ac.uk/sites/default/files/2019-01/rcpch_rcgp_delayed_prescribing_statement.pd f

[6] when should I worry available at www.whenshouldIworry.com



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[7] G. Spurling, C Del Mar et Al. *Delayed antibiotic prescriptions for respiratory tract infections. PubMed. September 2017 available at* Delayed antibiotic prescriptions for respiratory infections - PubMed (nih.gov)

[8] NHS Digital. EPS in other care settings. Available at https://digital.nhs.uk/services/electronic-prescription-service/eps-in-other-care-settings#post-dating-prescriptions

[9] RCGP Learning. Discussing antibiotics with patients. Available at: https://elearning.rcgp.org.uk/mod/book/view.php?id=12646&chapterid=438

## Appendix 1. Advantages and disadvantages of each method for producing delayed prescriptions

| Method | Advantages | Disadvantages |
|---|---|---|
| **1. Ask the patient to collect prescription from an agreed location at an agreed later date e.g. reception** | • A separate, second journey to obtain a prescription may discourage patients in whom an antibiotic would be inappropriate from travelling to have an unnecessary prescription dispensed and used.<br>• Practices are able to provide a prescription without the need for a second consultation.<br>• If not collected within a reasonable amount of time practices are able to dispose of prescription appropriately without it being collected and potentially used inappropriately for another infection by the patient. | • This would result in someone who is potentially unwell needing to return to a practice and make a second journey to collect their prescription. |
| **2. Write a post-dated paper prescription** | • A separate, second journey to obtain a prescription may discourage patients in whom an antibiotic would be inappropriate from travelling to have an unnecessary prescription dispensed and used.<br>• A post-dated paper prescription gives patients written information regarding the number of days to wait before they can get their prescription dispensed and an antibiotic used. | • This would result in someone who is potentially unwell needing to return to a practice and make a second unnecessary journey to collect their prescription.<br>• May be difficult in certain situations to judge the duration to post-date for. |
| **3. Write a post-dated electronic prescription** | • A separate, second journey to obtain a prescription may discourage patients in whom an antibiotic would be inappropriate from travelling to have an unnecessary prescription dispensed and used.<br>• If a patient has received a telephone consultation then they are able to collect a prescription directly from the pharmacy on the appropriate date if required and will only travel once.<br>• If a patient does not have a nominated pharmacy an EPS Phase 4 token will print with the intended dispense date showing in the 'Date of issue' box. This should be given to the patient if present or able to collect. | • Prescribers would need to remember to confirm with patient whether they have a nominated pharmacy or not so that they can print a prescription token.<br>• Prescribers also need to explain to patients that the prescription will not be received by the pharmacy until the designated date. The prescription will not be visible on the EPS Tracker at the pharmacy until it is released to the spine on the date of the prescription.<br>• The prescriber will need to ensure that the nominated pharmacy is open on the day that it would be appropriate for the antimicrobial to be dispensed and taken by the patient. |
| **4. Give a prescription with advice to get it dispensed if needed.** | • A separate, second journey to obtain a prescription may discourage patients in whom an antibiotic would be | • Patients may still get the prescription dispensed before the date they have been to wait until and inappropriately take an antibiotic. |

| | | |
|---|---|---|
| **Advise patient or carer to wait a specific number of days.** | inappropriate from travelling to have an unnecessary prescription dispensed and used. | • This may be dispensed and then potentially stored and used inappropriately for another infection or period of illness by the patient or relatives.<br>• If this is dispensed and not used by the patient the medication will be wasted and will still contribute to the number of antibiotic items prescribed by the surgery. This may result in practice targets for antimicrobial prescribing not being met.<br>• If instructions are followed correctly and the patient attends the pharmacy several days later to obtain their prescription the Pharmacist may query why the patient is collecting their prescription several days later than the date on the prescription, this may result in unwanted calls to the Surgery and potential delay to antimicrobial treatment. |
| **5. Ask the patient to contact the practice again to obtain a prescription** | • Allows patient to be assessed again by a clinician to ensure an antimicrobial is an appropriate option. | • This may result in additional workload and phone calls for multiple members of the practice team. |
| **6. Ask the patient to collect the antibiotic now but only use it if needed** | | • Patients may not necessarily wait the specified amount of time before taking the antimicrobial.<br>• If the medication is not required it will be either wasted and require appropriate disposal or potentially stored and used inappropriately by the patient in future.<br>• This will contribute to the number of antibiotic items prescribed by the surgery even if the patient does not take the antimicrobial and may result in practice targets for antimicrobial prescribing not being met.<br>• Depending on the patient's circumstances they may pay a prescription charge for a medication they do not need. |

Appendix 2: Back-up antibiotic prescription leaflet for patients (following pages)

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# Back-up (Delayed) Antibiotic Prescriptions

**You may wish to make a note of the date you first spoke to your doctor or healthcare professional about this illness.**

Your appointment was on:……
You were advised to wait ……. days before taking your prescription

## What is a delayed prescription?

Your doctor or healthcare professional has either given you a prescription or made arrangements for you to gain access to a prescription at a later date. This is different to a normal prescription because they have likely asked you to wait a certain amount of time before collecting and taking your medicine and told you if you are feeling better you should not collect it at all.

## How can I access my antibiotics if I need them?

It is likely that you will not need your prescription, however if you do there are various ways that your clinician may have made this prescription available to you for a later date.

Below are some of the ways this may have been done. You should ensure that you know which method your clinician has used and you fully understand **how and when** you can obtain your prescription.

| *You may have:* |
|---|
| 1. Been asked to collect a paper prescription from an agreed location at a later date for example the surgery reception or prescriptions department. |
| **2.** Been given a paper prescription with a future date on it. The pharmacy will not be able to give you your prescription until the date on your paper prescription. This is to help remind you of the number of days you should wait to see if you feel better before taking your prescription. |
| **3.** Been asked to collect your prescription from a community pharmacy on a specified date or to take a copy of your electronic prescription token to the pharmacy on a specified date. |
| **4.** Been given a normal prescription with the advice to wait a certain number of days and only get it dispensed if needed after the specified number of days. |
| **5.** Been asked to contact the practice again to obtain a prescription if necessary after waiting a specified number of days. |
| **6.** Been asked to collect the antibiotic straight away but to only use it if needed on advice of your healthcare professional. |


[1] Clostridium difficile (C. diff) - NHS (www.nhs.uk)
[2] Managing common infection self-care leaflet V1.1 UKHSA.pdf (rcgp.org.uk)



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## Why have I been given a delayed prescription?

Your clinician has carefully assessed your symptoms which suggest you have signs of an infection.

Infections such as colds and most coughs and sore throats are caused by viruses. Antibiotics do not work against infections caused by viruses and viral infections are much more common than bacterial infections. At the moment your body is fighting the infection and your clinician believes your immune system should be able to fight this infection without antibiotics.

We now know that most coughs and colds get better just as quickly without antibiotics and by not using antibiotics unnecessarily, they are more likely to work when we need them.

## So why have I been given a prescription at all?

Sometimes it is difficult to know whether it is bacteria or a virus that is causing your symptoms. Your doctor or healthcare professional does not think your current symptoms need treating with antibiotics but if your symptoms get worse you may need them.

## Why should antibiotics only be taken when they are needed?

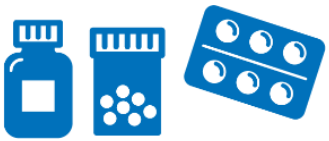
### 1. Resistance

Bacteria can adapt and find ways to survive the effects of an antibiotic. They become 'antibiotic resistant' so that the antibiotic no longer works. The more often we use an antibiotic, the more likely it is that bacteria will become resistant to it. Some bacteria that cause infections, such as MRSA, are resistant to several antibiotics.

### 2. Balance of natural bacteria

Antibiotics can upset the natural balance of bacteria in your body allowing numbers of other bacteria to increase. Bacteria such as Clostridium difficile (C. diff) can cause severe illness in this way.

C. diff bacteria usually live harmlessly in your bowel along with lots of other types of bacteria. But sometimes when you take antibiotics, the balance of bacteria in your bowel can change, causing an infection. Common symptoms of a C. diff infection include:
diarrhoea, a high temperature,
loss of appetite, feeling sick
and a stomach ache.[1]



## How should I treat my cold?

The best way to treat most colds, coughs or sore throats is to drink plenty of fluids and get plenty of rest. Take pain relief if you need to (be sure to follow the instructions) and for coughs there are many over the counter remedies that can be used to ease symptoms. Ask your pharmacist for advice.[2]

## What about my children, they're always getting coughs and colds?

It's very common for children to get coughs and colds, especially when they go to school and mix with other children. Ask your pharmacist for advice. If the symptoms persist and you are concerned, see your doctor but you shouldn't expect to be prescribed antibiotics.

## How will I know if I need antibiotics?

Your healthcare professional will explain this to you. Depending on your infection they may also provide you with a leaflet on treating your infection which gives further advice about when to get help.

If you need further advice please telephone the surgery or out of hours telephone number, explain that you have been given a delayed prescription and your current symptoms.

A short leaflet for managing common infections can be found at:
https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Felearning.rcgp.org.uk%2Fpluginfile.php%2F172227%2Fmod_book%2Fchapter%2F440%2FManaging%2520common%2520infection%2520self-care%2520leaflet%2520V1.1%2520UKHSA.docx&wdOrigin=BROWSELINK

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## Before leaving your appointment make sure you know:

- ☐ What is expected to happen to your symptoms
- ☐ What signs and symptoms of serious illness you should look out for
- ☐ How to recognise when to use your antibiotic prescription and how long to wait.
- ☐ How to access your prescription
- ☐ How to take or use them.
- ☐ When to go back to your healthcare professional and how to seek further assessment.

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