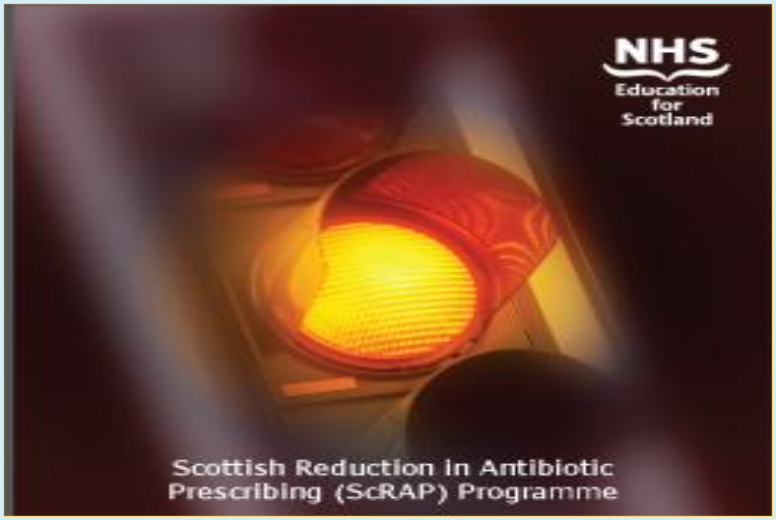

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ScRAP - 2016 Update

Anne Thomson
ScRAP 2016 Project Manager
LCP, Prescribing - Glasgow HSCP

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What we already knew 2013-15

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- 751 Participants (168 practices)
  - **152 (20%)** survey response
- **79%** rated training as **above average/ excellent**
- Most influence
  - Information on **resistance**
  - Reviewing practice prescribing **data**
- **89%** made commitment to reduce prescribing
  - **85%** indicated they had **changed** their approach
  - **72%** by taking more **time to explain** to patients
- Comments – addition **UTI content** desired

Quantitative Evaluation – Summary

- Lower rates of prescribing in practices following ScRAP (**9% relative reduction**)
- Proportionately **greater movement** to lower prescribing group (but lack of proper control)
- Greater response if
  - High prescriber
  - Large practice
  - Delivered April to Sept (non winter)

Health Board reflection on ScRAP 1

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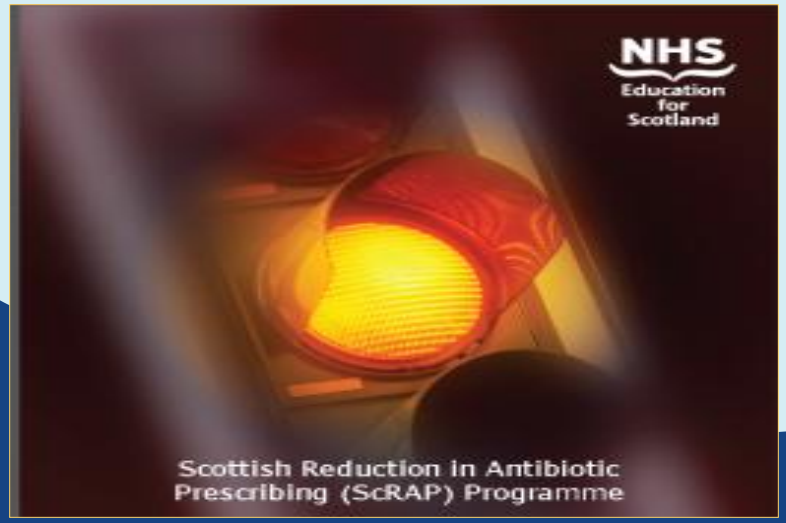
Keep

- Small group format (utilise clusters)
- Off the shelf
- Using data for reflection



Change

- Remove videos
- ↑ flexibility
  - delivery time
  - delivery method (slides)
- More about resistance/ unintended consequences
- Give examples of practical solutions/ resources

Where are the areas for improvement in UTI management in GP Practices?

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GP Practice Audit
Five practices in NHSGGC (population 16,787)

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Inadequate symptom recording

50% patients

No patient prescriber contact (in person/ by phone)

up to 60% of cases

Unnecessary dipstick urinalysis

20 to 30% of dipstick urinalysis (mainly in elderly)

Cultures were recommended but not done

20 to 40% of cases (mainly men, older women, recurrent/persistent)

What interventions work to reduce unnecessary prescribing for UTI?

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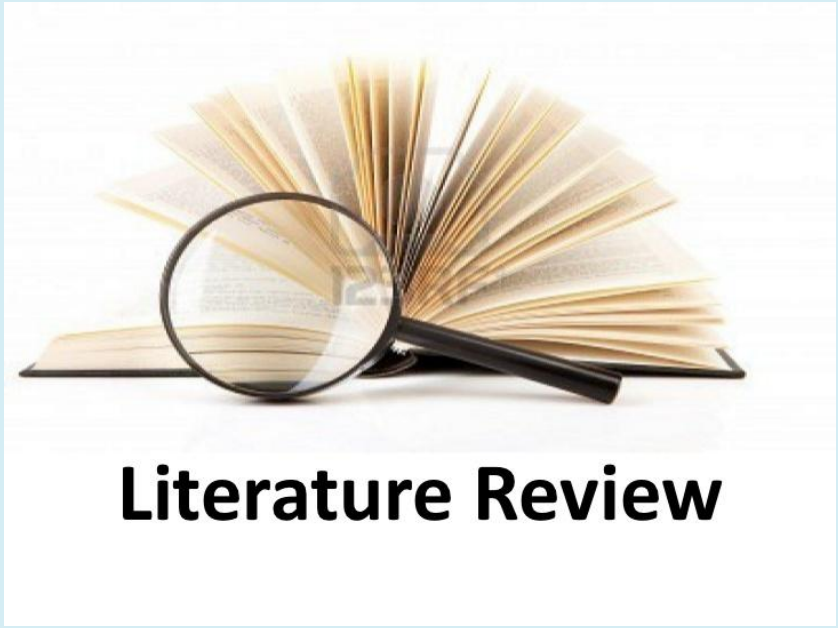

Interventions to reduce unnecessary antibiotic prescribing for UTI

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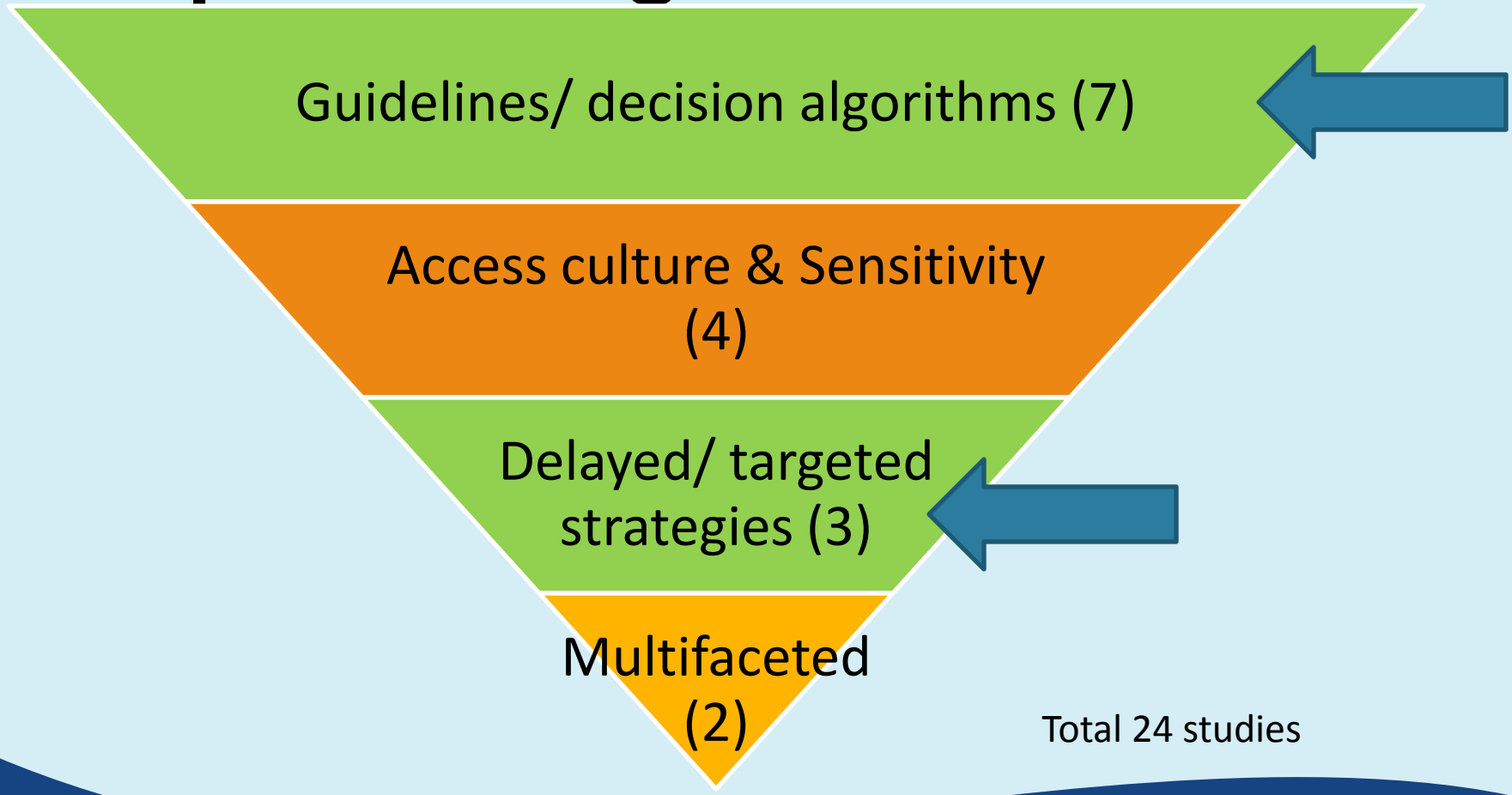

Total 24 studies

UTI - Aims & Objectives

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- **Improve** management (process)
  - Urinalysis
  - Diagnosis (inc differential)
- **Target** prescribing
- **Reduce** unnecessary prescribing
  - Alternative strategies (uncomplicated UTI) e.g. delay, NSAID
  - When to initiate, review, stop prophylaxis (recurrent)

Sessions

1. Antimicrobial Resistance and HAI
2. Public Understanding and Expectations
3. Targeting Prescribing – RTI
    a. Deciding when to prescribe
    b. Alternative strategies
4. UTI
    a. Uncomplicated female
    b. Complicated (older people, catheter associate, male)
    c. Recurrent

Which session(s)?

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Identify the Issue

- Review local prescribing data reports
- Audit infection management in at least 10 patients
- Undertake process mapping for UTI management as a team

Identify the Actions

- Facilitated education sessions
- Process changes
- Implementation of good practice tools and resources
- PLAN and DO

Demonstrate Improvement

- Identify measures relevant to the intervention
- Track changes in these over time
- STUDY and ACT

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Other Elements

- Resource Pack
- Evaluation Survey (update, impact)
- Good Practice Examples

Reference Group

- Anne Thomson (project manager), LCP Glasgow HSCP
- Dr Gill Walker, HAI Programme Director, **NES**
- Dr Jacqueline Sneddon, Project Lead, **SAPG**
- Dr John MacKay, **GP** / NES
- Dr Edward James, **Microbiologist**, NHS Borders
- Hazel Steele, Antimicrobial/ Prescribing Support **Pharmacist**, NHS Tayside
- Anthony McDavitt, Prescribing Support **Pharmacist**, NHS Shetland
- Debbie Waddell, **Community Nursing**/Lecturer/PhD Research
- Fiona McMillan/ Fiona Stewart, NES Pharmacy
- Graeme Bryson, LCP Glasgow HSCP (ScRAP 1 project manager)