



Implementing Back-up (delayed) Antibiotic Prescribing

Introduction

Concerns exist regarding antibiotic prescribing owing to adverse reactions, cost, and antibacterial resistance. This is particularly pertinent to respiratory tract infections (RTIs) as these account for 46% of antibiotics of prescribing in primary care even though 70% are viral, and many others are minor self-limiting bacterial infections.

In a recently updated [Cochrane review](#) the author concluded delayed antibiotics for people with acute respiratory infection reduced antibiotic use compared to immediate antibiotics (31% Vs 93%) but was not shown to be different to no antibiotics in terms of symptom control and disease complications. Where clinicians feel it is safe not to prescribe antibiotics immediately for people with RTIs, no antibiotics with advice to return if symptoms do not resolve is likely to result in the least antibiotic use while maintaining similar patient satisfaction and clinical outcomes.

The following information is intended to facilitate GP practices in implementing a back-up (delayed) antibiotic prescribing system.

Implementation

- Patients may be more likely to understand and accept a back-up antibiotic prescription if you discuss two key points:
 1. Reason for giving it
 - It can be helpful to provide reassurance that there is no need for an immediate antibiotic prescription and, if given, the patient is more likely to experience the side effects of antibiotics rather than the benefits.
 - Although the illness is likely to be self-limiting, acknowledge that it is not possible to predict exactly how the illness will progress.
 - You would like the patient to have access to antibiotics should their symptoms get worse or not improve as expected.
 2. Specific number of days to wait e.g. 'wait another 2 days and start the antibiotic if you are not feeling any better by then'.
 - It is important to be specific as your patient may worry about waiting too long if they are not confident about when to start the antibiotics.
 - Advice and 'time to wait' should be tailored to the patient's current experience of the infection, the prior duration and expected natural history, their co-morbidities, and their ability to access antibiotics in a timely manner.
- The RCGP has produced helpful leaflets that can support your verbal advice and help patients remember it. They include self-care and safety-netting advice. These are incorporated into templates in Ardens, SystmOne and EMIS web and can be printed or sent via AccuRx [link](#) (for advice please ask your Medicines Optimisation Pharmacist).
- All prescribers in the practice and admin staff should be aware of delayed prescriptions for it to work effectively



- The format used to give back-up antibiotic prescriptions makes little difference to antibiotic use. Options include:
 - Giving a paper prescription with advice to get it dispensed if needed.
 - Asking the patient to collect a prescription from an agreed location if needed e.g. reception or a pharmacy if using the Electronic Prescription Service (EPS).
 - Writing a post-dated prescription.
 - Asking the patient to contact the practice again to obtain a prescription.
- Integrating digital tools such as consultation templates (e.g. Ardens), digital messaging services, and use of SNOMED codes enhances patient engagement for consistent, high-quality care delivery.
- To capture the use of back-up/delayed antibiotic prescriptions in your practice, all prescribers should be encouraged to use the relevant READ/SNOMED codes for 'deferred' antibiotics. The code should appear when 'deferred antibiotic' is typed.
- Practical hints and tips on how back-up antibiotic prescriptions can be issued using the Electronic Prescribing Service (EPS) on EMIS Web, SystmOne and using Ardens templates can be found below.

READ codes (e.g., EMIS, Vision)	SNOMED code (SystmOne)	Definition
8BP0	2549788011	deferred antibiotic therapy
8CAk	406111000000113	patient advised to delay filling of prescription
8OAN	2462831000000113	provision of TARGET Managing Your Common Infection (Self-Care) Leaflet with back-up antibiotic prescription issued

Prescribing a back-up antibiotic using Ardens Templates on SystmOne

- When a patient presents with a common infection e.g. sore throat, the clinician may choose to use an Ardens template for the consultation. The template gives an option to provide the patient with a RCGP patient information leaflet, then continue to issue a back-up antibiotic prescription.
- Please see example below for sore throat:
 - Access the Ardens template via Auto consultations – Ardens Conditions Infections – Sore Throat
 - Click on the RCGP leaflet button. This will open the SystmOne New Letter screen and then the leaflet in Word.



Tablet Press Extra

The prescribing newsletter for GPs, nurses and pharmacists
NHS Northamptonshire ICB



February 2025

Sore Throat - Tonsillitis & Pharyngitis

Other Details: Exact date & time Tue 05 Nov 2024 11:04

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Home | Acute - Adult | Acute - Child | Formulary | Referrals | Resources

Sore Throat - Acute - Adult

Assessment

Sore throat ☐ Yes ☐ No

Fever > 38C ☐ Yes ☐ No

Findings

Complications/risks

Score ☐ FeverPAIN ☐ Centor ☐ Do not examine throat if ?epiglottitis

Impression

Sore throat + FeverPAIN 0-1 or Centor 0-2 + no complications/risks ☐

Sore throat + FeverPAIN 2-3 + no complications/risks ☐

Sore throat + FeverPAIN 4-5 or Centor 3-4 + no complications/risks ☐

Sore throat + complications/risks ☐

Management

Antibiotics

Antibiotics not indicated ☐

Delayed antibiotics - start if no better 3-5d / worsens ☐

Immediate antibiotics indicated ☐

Advice - fluids, analgesia, saline gargles + medicated lozenges ☐

Advice - review if pain no better after 3d, temp > 38.3C or worsens ☐

Throat swab taken - indication ☐

Urgent FBC + if on DMARD/carbamazole, withhold until result known ☐

Urgent specialist advice / referral ☐

Hospital admission urgency as per clinical judgement ☐

RCGP Leaflet

Information | Print | Suspend | Ok | Cancel | Show Incomplete Fields

Public Health England

Treating Your Infection – Respiratory Tract Infection (RTI)

NHS

Your infection	Most are better by	How to look after yourself and your family	When to get help
<input type="checkbox"/> Middle ear infection	8 days	<ul style="list-style-type: none">Have plenty of rest.Drink enough fluids to avoid feeling thirsty.Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both).Fever is a sign the body is fighting the infection and usually gets better by itself in most cases. You can use paracetamol if you or your child are uncomfortable as a result of a fever.Use a tissue and wash your hands with soap to help prevent spread of your infection to your family, friends and others you meet.	<p>If you or your child has any of these symptoms, are getting worse or are sicker than you would expect (even if your/their temperature falls), trust your instincts and seek medical advice urgently from NHS 111 or your GP. If a child under the age of 5 has any of symptoms 1–3 go to A&E immediately or call 999.</p> <ol style="list-style-type: none">If your skin is very cold or has a strange colour, or you develop an unusual rash.If you have new feelings of confusion or drowsiness or have slurred speech.If you have difficulty breathing. Signs that suggest breathing problems can be:<ul style="list-style-type: none">breathing quicklyturning blue around the lips and the skin below the mouthskin between or above the ribs getting sucked or pulled in with every breath.If you develop a severe headache and are sick.If you develop chest pain.If you have difficulty swallowing or are drooling.If you cough up blood.If you are passing little to no urine.If you are feeling a lot worse. <p>Less serious signs that can usually wait until the next available appointment:</p> <ol style="list-style-type: none">If you are not starting to improve a little by the time given in 'Most are better by'Children with middle-ear infection: if fluid is coming out of their ears or they have new deafness.Mild side effects such as diarrhoea: seek medical attention if you are concerned
<input type="checkbox"/> Sore throat	7-8 days		
<input type="checkbox"/> Sinusitis	14-21 days		
<input type="checkbox"/> Common cold	14 days		
<input type="checkbox"/> Cough or bronchitis	21 days (a cough caused by COVID-19 may differ)		
Other infection: <input type="text"/>	<input type="text"/> days		

If you think you may have COVID-19 then please visit <http://www.gov.uk/coronavirus> or <http://www.nhs.uk> for the latest guidance and information

Back-up antibiotic prescription to be collected after days only if you are not starting to feel a little better or you feel worse. Collect from:

- Colds, most coughs, sinusitis, ear infections, sore throats & other infections often get better without antibiotics, as your body can usually fight these infections on its own
- Taking antibiotics encourages bacteria that live inside you to become resistant. That means that antibiotics may not work when you really need them.
- Antibiotics can cause side effects such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight, other symptoms, or being sick if you drink alcohol with metronidazole.
- Find out more about how you can make better use of antibiotics and help keep this vital treatment effective by visiting www.nhs.uk/keepantibioticsworking

Never share antibiotics and always return any unused antibiotics to a pharmacy for safe disposal.

Keep Antibiotics Working

- Amend the leaflet as required – then save to the patient record. This can be printed or sent via AccuRx.
- After providing the patient with the leaflet, continue to prescribe the back-up antibiotic prescription by choosing either the formulary button or formulary tab on the Ardens template. **Click on new acute, do not click on the formulary drug buttons** (you cannot add additional directions when choosing these). Choose the drug and

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then prescribe following the steps below, changing the start date and ensuring it is clear to the patient and the pharmacy that this is a back-up (delayed) prescription.

To prescribe a back-up (delayed) antibiotic on SystmOne

- After selecting the antibiotic of choice, the prescriber must amend the Medication start date on the template. Note the prescription will not be visible to retail pharmacies until this date.

- The prescriber should add some additional text on the dose line to indicate to the pharmacy that the script is for a delayed antibiotic (e.g. “This is a back-up (delayed) antibiotic prescription, if the patient does not request by ...(date).... please mark the item as not dispensed”). If this information is added as a script note the pharmacy might miss the information and dispense the antibiotic rather than waiting for the patient to request it.

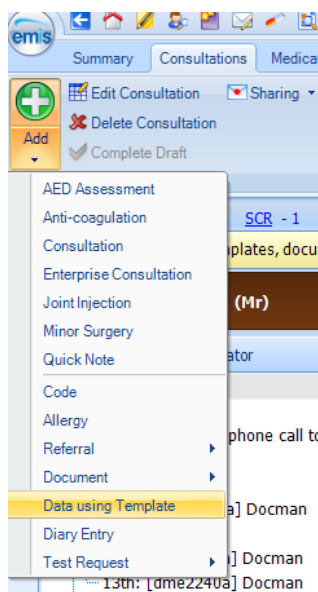


- The pharmacy should be made aware of the process and be able to explain to patients why their prescription has been delayed. The pharmacy should mark any unclaimed prescriptions as “not dispensed” as opposed to sending back up the spine.

Prescribing a back-up antibiotic using Ardens Templates on EMIS web

When a patient presents with a common infection e.g. sore throat the clinician may choose to use an Ardens template for the consultation. The template gives an option to provide the patient with a RCGP patient information leaflet and then continue to issue a back-up antibiotic prescription.

- Start a consultation and choose ‘Add’ then ‘Data using Template’, search for the relevant template from the Template Picker.



Template Picker

Please make your selection below

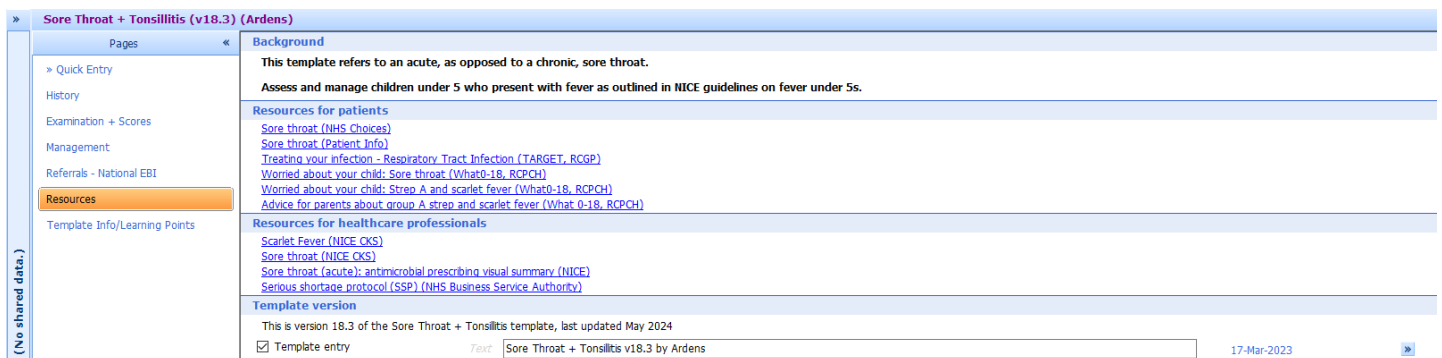
sore throat

Found 2 matches for "sore throat"

[Sore Throat + Tonsillitis \(v18.3\) \(Ardens\)](#)

[Sore throat in a Child under 18 - Remote \(v...](#)

- The resources tab within the Ardens template has links to patient information leaflets that can be printed or sent via Accurx.
- Prescribe a delayed antibiotic using the process explained on the next page.



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To prescribe a back-up antibiotic on EMIS web

- Add the chosen antibiotic to the patient's medical records and issue in the usual way.
- Before 'approving and completing' use the dropdown postdate box to choose the required date, as shown below.

Issue

Authoriser Medication Regime Review Change All Change Selection Pharmacy Message Patient Message

TEST, A (Mr) Born 10-Dec-2000 (23y) Gender Male EMIS No. 5000

NHS Printed Script (non-EPS)

Amoxicillin 500mg capsules One To Be Taken Three Times A Day, 15 capsule Acute Issue

Total Approximate NHS Cost: £1.08

Printer Store Postdate 05-Nov-2024 Separate Non-GP

Request Approve and Complete Cancel

Then click on the Pharmacy Message option as shown below. Add a message to the pharmacy to indicate that the script is for a back-up (delayed) antibiotic, asking them to only dispense the item if the patient requests it (e.g. "This is a back-up (delayed) antibiotic prescription, if the patient does not request by(date)....please mark the item as not dispensed").

Issue

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TEST, A (Mr) Born 10-Dec-2000 (23y) Gender Male EMIS No. 5000

NHS Printed Script (non-EPS)

Amoxicillin 500mg capsules One To Be Taken Three Times A Day, 15 capsule Acute Issue

Total Approximate NHS Cost: £1.08

Printer Store Postdate 14-Nov-2024 Separate Non-GP

Request Approve and Complete Cancel

Pharmacy message

Type a message for the pharmacy about this issue of the selected drug. The message will be added to the prescription and displayed on the left-hand page.

This is a back-up (delayed) antibiotic prescription, if the patient does not request by(date)....please mark the item as not dispensed

Save message Cancel

- The pharmacy should be made aware of the process and be able to explain to patients why their prescription has been delayed. The pharmacy should mark any unclaimed prescriptions as "not dispensed" as opposed to sending back up the spine.

References and Resources

- RCGP TARGET antibiotics toolkit hub
<https://elearning.rcgp.org.uk/course/view.php?id=553#section-0> (accessed 6/11/2024)
- NICE [QS121] Antimicrobial stewardship, published 22 April 2016.
<https://www.nice.org.uk/guidance/qs121> (accessed 6/11/2024)