
SELF ASSESSMENT CHECKLIST

What would be good practise now

Does your practice use antibiotic guidance provided nationally or locally by the microbiologist or commissioners for treatment of common infections?

Yes No

The HPA Primary Care Guidance can be modified locally by commissioners and microbiologists to localise the antibiotic guidance in accordance with local resistance and susceptibility patterns

Does your practice use delayed prescribing on a regular basis for uncomplicated respiratory tract infections?

Yes No

Delayed prescribing is a very useful strategy to use when pressure to prescribe is greater, especially just before the weekend.

Patients may feel reassured that they have a prescription available to use if their symptoms do not get better as expected, or worsen, and the [Antibiotic Information Leaflet](#) [PDF] can be used to help communicate the benefits of this approach.

Is the latest antibiotic guidance made available to all temporary prescribers working in your surgery?

Yes No

Is the latest antibiotic guidance made available to all temporary prescribers working in your surgery? (See CQC PCA 16E 8 criterion 1, 5, 6, 9, 9A, B, C, F)

Have you undertaken a practice wide antibiotic audit in the last two years?

Yes No

It is important to conduct regular antibiotic [audits](#) within the surgery, with peer review of the results to further improve antibiotic prescribing.

Do your clinicians record clinical indication for antibiotic prescribed in patient notes using read codes?

Yes No

Using appropriate Read codes during consultations will further improve the [audit process](#) and can be used to support the prescribing decisions made on any given occasion.

Not recording an indication for prescribing antibiotics may be perceived as a reason to hide inappropriate prescribing.

What most practices should aim to do soon

Is there a GP within your practice who takes a lead for antibiotic stewardship in the practice?

Yes No



Having an “antibiotic champion” within the surgery can lead to significant improvements in antibiotic prescribing as they can help to drive and maintain initiatives to affect the required changes.

Do you analyse and discuss antibiotic prescribing at your surgery in comparison to local targets at least once a year?

Yes No

Analysing antibiotic prescribing figures against set indicators enables the surgery to benchmark itself and determine whether there is a need to review their antibiotic prescribing practices

Do you keep a written record and surgery action plan resulting from antibiotic audits?

Yes No

Audits are most effective when actions are set to improve prescribing, with subsequent audits then being completed to analyse whether the actions have been successfully implemented

What all antibiotic aware practices should be doing

Does your practice use patient focused strategies to highlight the importance of responsible antibiotic use? For example patient information, leaflets and posters.

Yes No

There are a number of patient facing materials that can be used in the surgery waiting areas to improve patient awareness of responsible antibiotic use, antibiotic resistance and patient self care of infections

Do your clinicians use patient information leaflets within your consultations?

Yes No

An **Antibiotic Information Leaflet** has been produced to share with patients in consultations when you think patients may benefit from a no or delayed prescriptions.

The **When Should I Worry booklet** can be used for parents when you think their child will benefit from a no, or delayed antibiotic prescription.

Is there a standard approach to antibiotic prescribing to avoid patients re-consulting with other clinicians within the practice, to obtain the antibiotic they expect?

Yes No

Patients with a high expectation for antibiotics may revisit their surgery or other providers to obtain a prescription for antibiotics if they were initially refused antibiotics.

This may be countered by good communication skills, the use of leaflets and a delayed prescription strategy as part of a standardised approach.

Have you or anyone in your practice undertaken any antibiotic related prescribing clinical courses, for example MARTI and MUTs on the RCGP website?

Yes No

These courses count as Continued Professional Development (CPD) for your portfolio

