

Changing prescribing behaviour for Urinary Tract Infections (UTIs) in County Durham

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INTRODUCTION

National guidance on the first-line treatment of urinary tract infections (UTIs) changed in March 2017 from trimethoprim to nitrofurantoin⁽¹⁾. A Quality Premium was also introduced with targets for UTI prescribing for CCGs⁽²⁾. This supported the reduction of both antimicrobial resistance (AMR) and gram negative blood stream infections (GNBSIs). A change in prescribing behaviour across primary care in DDES and North Durham CCGs was required in order to;

- Encourage use of nitrofurantoin first line for UTI
- Reduce use of trimethoprim in the elderly (>70 years)
- Reduce inappropriate prescribing

INTERVENTIONS

Interventions started in March 2017 and included;

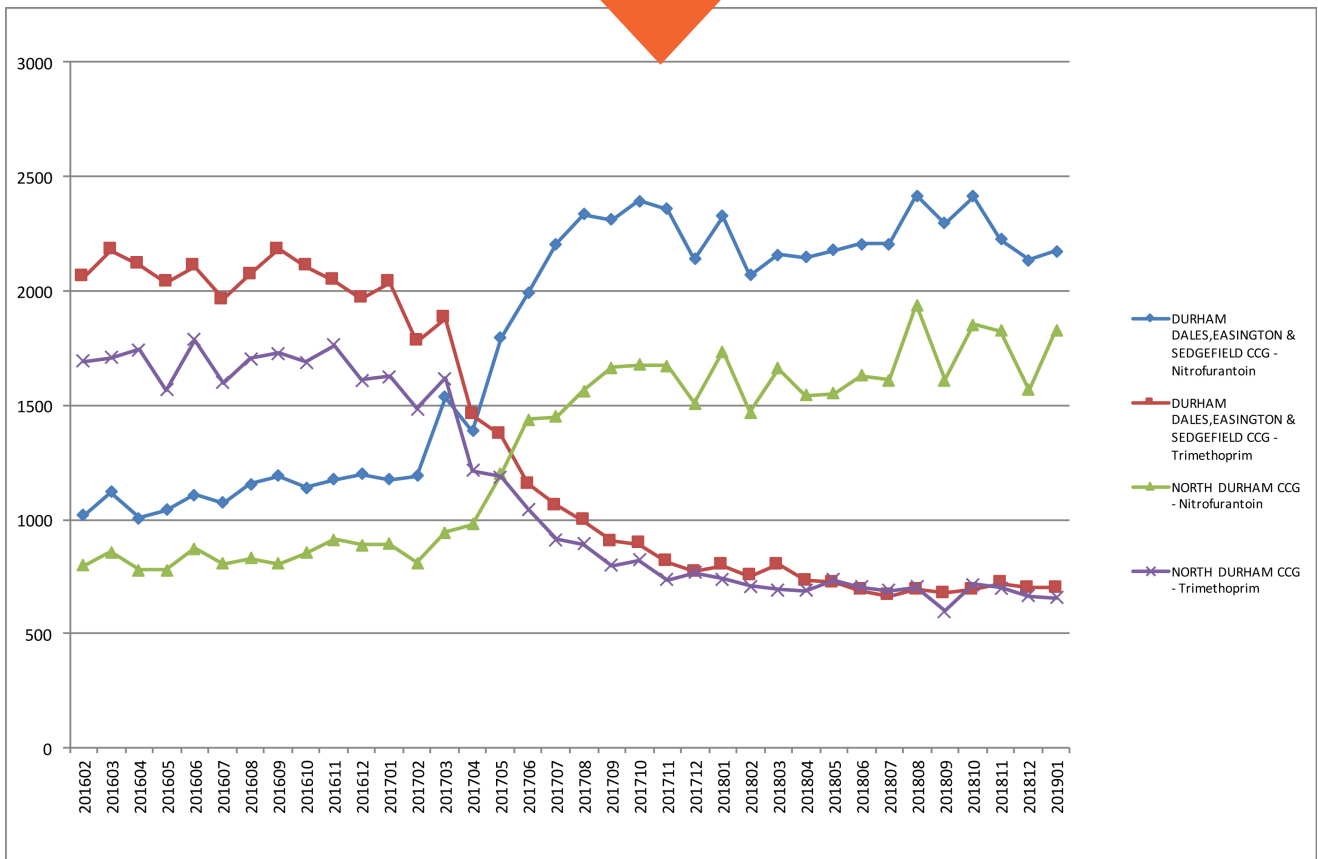
- Education sessions across primary care
 - GP practices and primary care prescribing groups and CCG wide events
 - Care homes and Urgent Care settings
 - District Nurses and Community Matrons
- Development of a local protocol on management of UTIs in adults, in collaboration with CDDFT
- Monthly publishing of practice level UTI prescribing data
- GP Clinical System 'pop-up' messages
- Audit of UTI samples sent to CDDFT pathology lab and practice level feedback

RESULTS

A reduction in trimethoprim items and an increase in nitrofurantoin items since March 2017 in both CCGs.

A reduction in trimethoprim items for patients >70 years in both CCGs since March 2017.

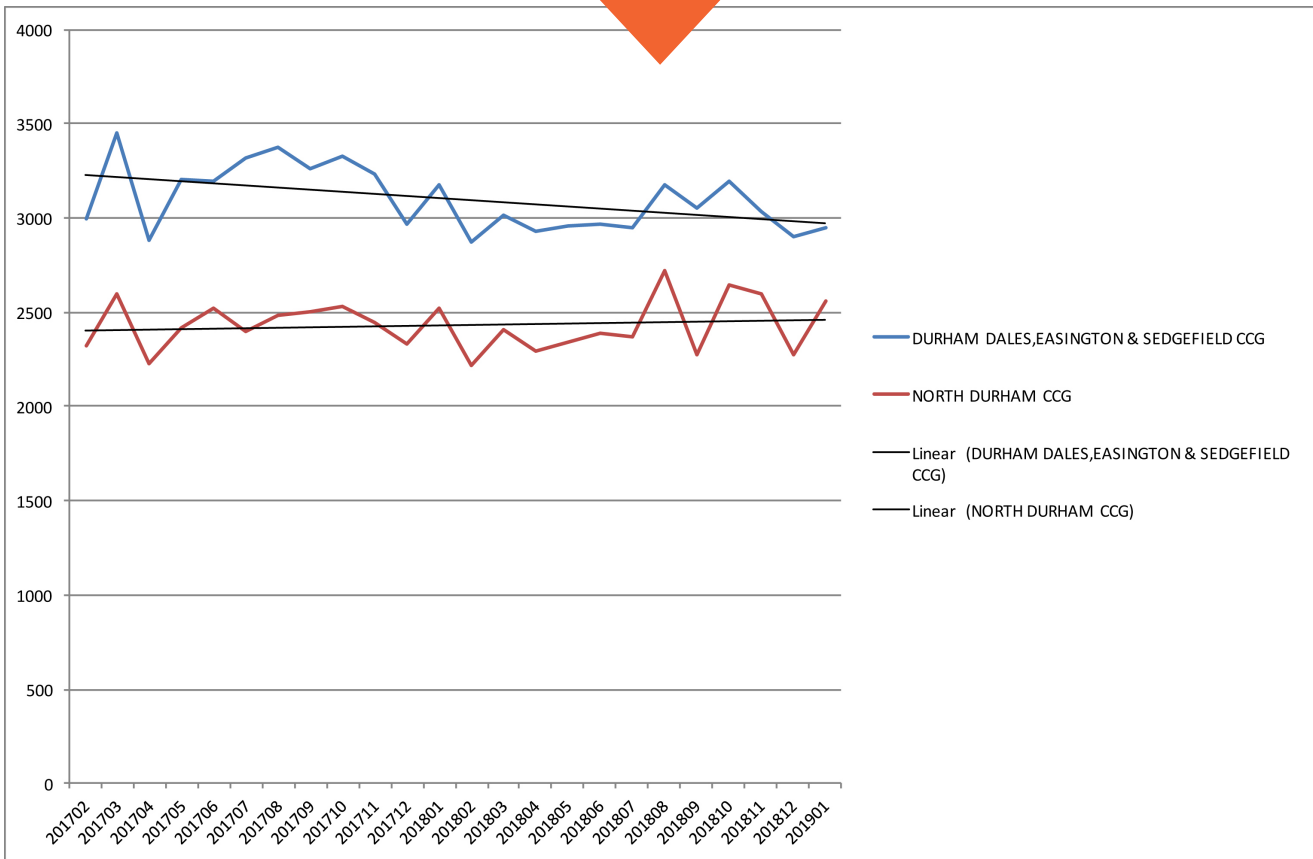
A small reduction in total items for UTIs (trimethoprim, nitrofurantoin, fosfomycin and pivmecillinam) in DDES CCG, but this has not been seen in ND CCG.



Trimethoprim and nitrofurantoin items prescribed in DDES and North Durham CCGs over 3 years



Trimethoprim items prescribed for patients >70 years in DDES and North Durham CCGs over 3 years



Total UTI antibiotic items prescribed in DDES and North Durham CCGs over 2 years

CONCLUSIONS

- The combination of education across a wide range of staff groups, and the other interventions has achieved an increased awareness of the new guidance and changed first line prescribing behaviour across primary care in the two CCGs, including in the elderly.
- There has been a reduction in inappropriate prescribing for UTI in DDES CCG.
- This was not duplicated in North Durham CCG, however, they have a lower baseline.

FUTURE WORK

- Continue ongoing education for wider staff groups including out of hours services, domiciliary carers, patients and family.
- Maintain the local protocol in-line with changes to national guidance and evidence base
- Continue to work to ensure appropriate diagnosis of UTIs including work across primary- secondary care interface and with the NEAS – e.g. PINCHME