

If a patient had an advanced cancer diagnosis and blood tests showed raised infection markers, do you think they should be considered for antibiotics?



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Should we question if antibiotics are appropriate when a patient is approaching end-of-life?



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Do you think oral antibiotics should be given during end-of-life care if the patient has an infection and could tolerate them?



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If antibiotics were not improving the patient's clinical status and they were continuing to deteriorate, do you think they should be continued if the family requested them to be?



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If a patient was imminently dying and had a raised temperature, should we give intravenous antibiotics?



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Do you think it is important to review plans of antibiotics with patients and families who are going home for supportive care?



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Do you think it is appropriate to talk about future antibiotics when a patient is going on to the care of the dying pathway?



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What proportion of patients who receive antibiotics at the end-of-life actually benefit from them?

Please see fact sheet



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What do you think are the pros and cons of giving antibiotics in palliative care?



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How do you think we should decide which infections to treat versus which not to treat?



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Do you know what the risks are associated with antibiotic therapy?



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What do you think and know about antibiotic resistance?



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Do you know why bacteria are becoming resistant to antibiotics?



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Do you know the proportion of antibiotics that are prescribed inappropriately?

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Would you choose to have antibiotics to prolong death?



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Do you think it is our responsibility to ensure antibiotics are available for future generations?



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Do you think it is important to carry out shared decision making with patients and their relatives if the patient is at the end-of-life?



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Do you think there should be clear documented plans for all medicines, including antibiotics, prescribed for patients at the end-of-life?



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Do you think it is acceptable to consider the cost of antibiotic treatment at the end-of-life?



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Do you think prescribers should still be regularly checking and reviewing prescriptions for intravenous antibiotics if they have been initiated by someone else?



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If you are a clinical member of staff, have you ever felt pressure from external sources to prescribe, administer, validate or order an antibiotic that you felt was inappropriate?



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Whose responsibility do you think it is to make sure that the NHS' resources are used appropriately and safely?



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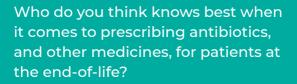
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Do you think there are barriers to communication between healthcare professionals and patients/relatives in end-of-life situations?



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How much do you think the NHS spends on prescribed medication each year? How much could be saved by reducing inappropriate prescriptions?

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Only **40%** of palliative patients actually benefit from antibiotics

Antibiotic resistance could cause **10m** deaths by 2050



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£17billion spent on medications a year

A **quarter** of all antibiotic prescriptions are inappropriate



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WHAT DO YOU NEED?

 A room – anything will do (conference/seminar room, office space, even a real café!!)

- 2. Decorations it's a café not work (tablecloths, bunting, flowers, doylies)
- 3. Refreshments/catering it is a café after all!

 Question cards – prompts on each table to encourage and guide discussion

5. Information leaflets – give people some reading material for both in the session and to take away



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HOW TO RUN A NORTHUMBRIA LEARNING CAFE

I. Set the context: why are people coming together to learn

RULES

2. Create an inviting space: cafes should be inviting with tables laid out to encourage open conversation. Be creative! – tablecloths, flowers, music, decoration

3. Pick your questions carefully – topics should be relevant, engaging and slightly controversial. Consider your audience and make them accessible

4. Encourage participation of everyone

5. Rotate the tables during the café to keep conversations fresh and widen everyone's perspective

6. Listen to as many conversations as you can

7. Gather the whole room at the end and reflect on some of the key issues raised/discussed. Try to put the conversations into the context of clinical practice.