

<b>Section A: CPHE to complete</b>	
<b>Name:</b>	Jacqueline Sneddon
<b>Job title:</b>	Project Lead for Scottish Antimicrobial Prescribing Group
<b>Guidance title:</b>	<b>Antimicrobial stewardship - changing risk-related behaviours in the general population</b>
<b>Committee:</b>	PHAC A
<b>Subject of expert testimony:</b>	Role of community pharmacists in providing advice to the public
<b>Evidence gaps or uncertainties:</b>	[Please list the research questions or evidence uncertainties that the testimony should address]
Weak evidence about provision and impact of public education by healthcare professionals	
Limited evidence about provision of information by community pharmacists	
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<b>Section B: Expert to complete</b>	
<b>Summary testimony:</b>	[Please use the space below to summarise your testimony in 250 – 1000 words – continue over page if necessary ]
<p>There is limited evidence on both the provision and the impact of advice for the public about antimicrobial resistance and appropriate use of antibiotics. However the evidence can be summarised as follows:</p> <ul style="list-style-type: none"> <li>• Verbal and written information provided by healthcare professionals (including community pharmacists) has an impact on patient and public knowledge about use of antibiotics</li> <li>• Information has less impact on knowledge about antimicrobial resistance</li> <li>• Improved knowledge may influence behaviours around antibiotic use</li> <li>• Impact on behaviours greatest when combined with interventions to change behaviour of prescribers.</li> </ul> <p>There are various methods of providing access to such information for patients and the public in healthcare settings such as GP surgeries, community pharmacies and dental surgeries. Verbal information may be provided for patients/carers through active communication with healthcare professional (doctor, pharmacist, nurse). Written communication may be via posters displayed in healthcare settings providing information passively to patients and the public. Leaflets for patients and the public to take away may provide information actively to patients in combination with verbal advice or may provide information passively to interested members of the public.</p> <p>Community pharmacies are the most easily accessible healthcare setting in primary care as they are open 7 days a week and with extended hours compared to most GP surgeries. Access to pharmacist advice on minor ailments, health promotion and use of medicines is available without an appointment. Pharmacists are experts in use of medicines, their clinical knowledge is extensive and they are often under utilised by the public as a source of free and timely advice.</p>	

Community pharmacists have an important role in antimicrobial stewardship through their awareness of local antimicrobial prescribing policies enabling them to query use of non-policy antibiotics and inappropriate dosage or duration with prescribers. However their most important role is in providing patient education on self limiting infections to avoid GP consultations and reduce unnecessary use of antibiotics. This role has been demonstrated through community pharmacy involvement with European Antibiotic Awareness Day (EAAD), an annual campaign run on 18<sup>th</sup> November since 2008. For the past two years this has included promotion of the antibiotic guardian resource and pledge campaign [1]. In 2014, a specific Community Pharmacy leaflet called the 'Self care guide to treating your infection' [2], based on a similar one for GPs was piloted in Scotland and used throughout the UK from 2015 onwards. This leaflet gives personalised advice to patients seeking advice on self-limiting respiratory tract infections including symptom relief, duration of illness and signs that suggest medical consultation is required. A qualitative evaluation of this leaflet found it useful both for pharmacy staff to give a consistent message and for patients in providing detailed advice.

Community pharmacists are supported in providing advice through professional organisations such as the Royal Pharmaceutical Society and also resources such as the Self Care Forum [3]. The Pharmacy profession is evolving to meet the needs of a pressurised healthcare system with new opportunities for pharmacists to extend their roles to provide more direct patient care. Through this NICE guideline and EAAD 2016 Community Pharmacy will be promoted as first port of call for patients with self-limiting infections for triage, advice on symptom management and supply of medication via minor ailments schemes. The evolving role will see pharmacists involved in controlled supply of antibiotics via Patient Group Directions or as independent prescribers, going beyond managing self-limiting respiratory infections to include urinary tract infections some of which are also self-limiting.

In summary, there is evidence that use of verbal and written information from healthcare professionals, including community pharmacists, can influence public behaviours. Community pharmacists are well placed to provide professional advice and are readily accessible to all and their inclusion in a primary care team approach can reinforce key messages. Therefore at various places within the guidance recommendations signposting to Community Pharmacy should be included.

#### **References (if applicable):**

1. Antibiotic guardian website <http://antibioticguardian.com/>
2. Leaflets to share with patients <http://www.rcgp.org.uk/clinical-and-research/toolkits/target-antibiotics-toolkit/patient-information-leaflets.aspx>
3. Self care forum <http://www.selfcareforum.org>