

## In This Issue

- **Suspected meningococcal disease – should an alternative to benzylpenicillin be stocked by GP practices?**
- **Remote prescribing**

## Key Links

### [Antimicrobial Resistance \(AMR\) - GOV.UK](#)

Contains:

- Strategic publications
- Clinical or technical guidance and publications
- Resources for healthcare professionals
- Resources for livestock professionals
- Research
- News

### [TARGET Antibiotic Toolkit](#)

An antimicrobial stewardship toolkit and resources for Primary Care in the UK. Produced by The Royal College of General Practitioners (RCGP).

### [Start Smart & Then Focus](#)

An antimicrobial stewardship toolkit and resources for hospitals in England. Produced by PHE.

### [Fingertips](#)

A repository of interactive profiles and indicators covering a wide range of health and wellbeing themes including antimicrobial stewardship and resistance. It is aimed at commissioners and strategic planners. Run by PHE.

### [Dental Health](#)

“Antibiotics Don’t Cure toothache” Stewardship is hosted by PHE and FGDP/RCGS, BDA websites

If you have any questions regarding C&M AMR work or this Bulletin, please contact:

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## Suspected meningococcal disease: treatment with STAT antibiotic prior to hospital admission – should an alternative to benzylpenicillin be stocked by GP practices?

*Following several queries, we thought it be useful to share the following information:*

In all cases it is important that the administration of an antibiotic does not delay urgent transfer to hospital.

NICE/PHE recommends in their [antimicrobial prescribing guidance-managing common infections](#) that a STAT dose of IV (or IM if no venous access) benzylpenicillin should be given prior to hospital transfer if there is time, except if the patient has a history of anaphylaxis.

CQC have updated their guidance [Emergency medicines for GP practices](#) in line with PHE recommendation.

The BNF also recommends benzylpenicillin. Additionally, it currently states cefotaxime and chloramphenicol as possible alternatives when there is known anaphylaxis to penicillin. However, there are current supply issues with cefotaxime. Whilst a possible available alternative is ceftriaxone, it is not essential that practices stock this or chloramphenicol based on the likelihood of ever needing to use an alternative.

## Remote prescribing

The GMC has produced some [ethical guidance](#) on remote prescribing and contains a flow chart to manage patient safety risks and decide when it’s usually safe to treat patients remotely.

TARGET has produced a [presentation](#) to support clinicians with remote consultations during the COVID-19 pandemic. It aims to help prescribers identify key decision points for remote management of common infections e.g. ENT, Urinary, Cough, COVID-19, insect bites & identify patients most likely to benefit from antibiotics (November 2020). Found under the heading ‘TARGET Training Resources’

The ‘AccuRx’ communication bolt-on for GP computer systems is increasingly being utilised to enable decision making with respect to infections, with the potential to share empowering information with patients in the absence of face-to-face consultations. These include:

- Sending of images to aid diagnosis e.g. of throats/tonsils, skin rashes and infections
- Linking up of the RCGP TARGET patient information leaflets for UTI/RTI and self-care
- Signposting patients to relevant websites including [www.nhs.uk/conditions/antibiotics/](http://www.nhs.uk/conditions/antibiotics/)

## New and Recent Publications

### [Using antibiotics wisely for respiratory tract infection in the era of covid-19](#)

was published in the BMJ (2020;371:m4125) in November 2020. The article discusses the following:

- Assessment and management of RTI
- Barriers to judicious antibiotic prescribing
- Patients perspective
- Virtual assessments limit diagnostic capabilities and can lead to overprescribing of unnecessary antibiotics.

### Faculty of General Dental Practice. [Antimicrobial Prescribing in Dentistry: Good Practice Guidelines](#)

The third edition was published in December 2020. These guidelines provide clear and practical advice on when to prescribe, what to prescribe, for how long and at what dosage.

## Local Area Medicines Management AMR leads

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## Cheshire and Merseyside AMR Board

Next C&M AMR Board meeting: 16<sup>th</sup> March 2021, 15:00-17:00, MS Teams.