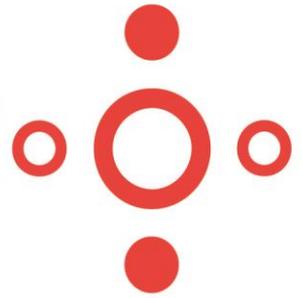


Grŵp Strategaeth Meddyginiaethau Cymru Gyfan  
All Wales Medicines Strategy Group



# Back-up antibiotic prescribing: Good practice guide

October 2024

This document has been prepared by a multi-professional collaborative group following discussions within the Primary Care Workstream Group of the Antimicrobial Resistance Delivery Board, with support from the All Wales Prescribing Advisory Group (AWPAG) and the All Wales Therapeutics and Toxicology Centre (AWTTC). It has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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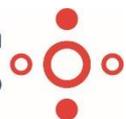
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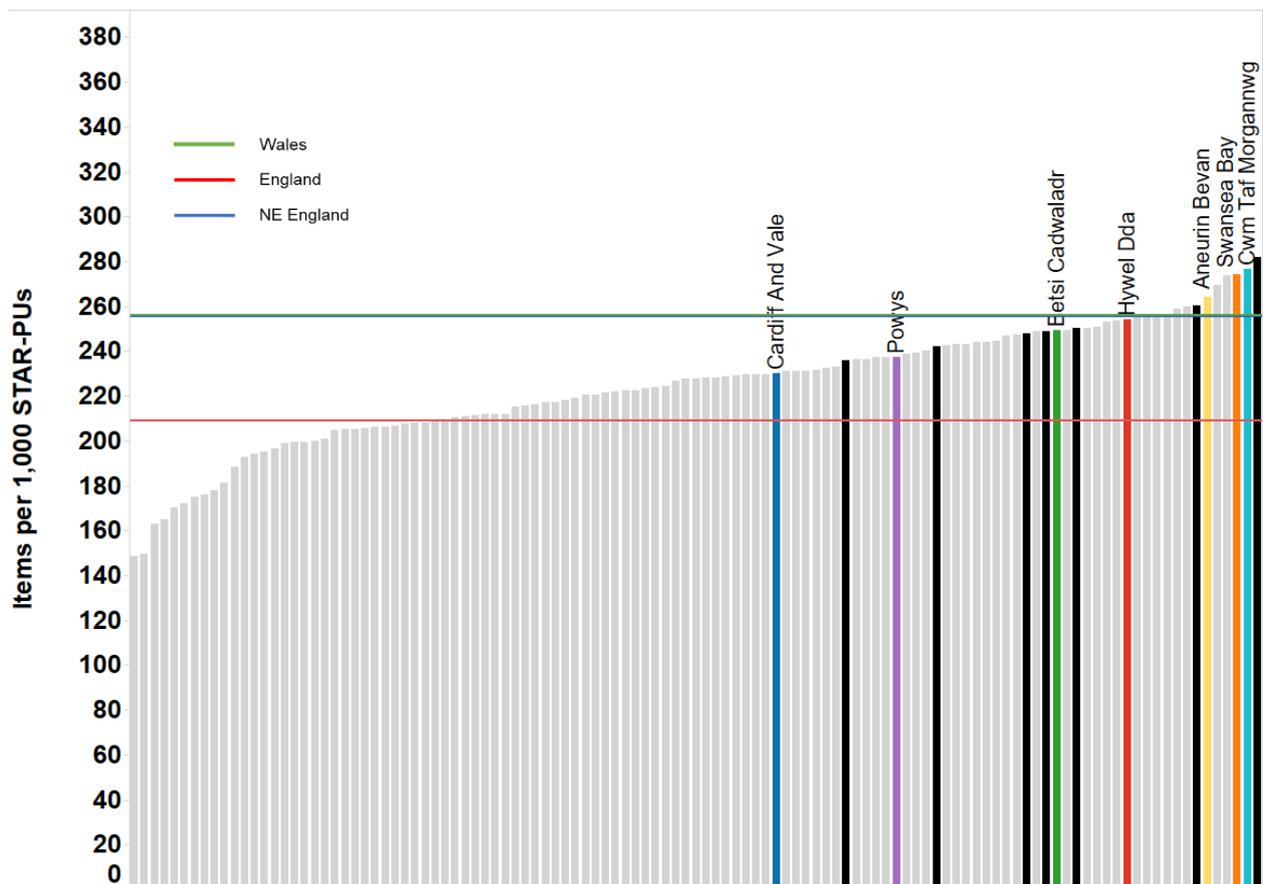
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## 1.0 Introduction

Antimicrobial Resistance (AMR) is currently one of the biggest threats to global health, food security and economic development and is a political priority at both a national and global level<sup>1</sup>. AMR was included on the 2020 UK National Risk Register for Civil Emergencies<sup>2</sup> and was recently discussed at the 2022 G7 summit. Optimising antimicrobial use is one of the key tools available to reduce the threat of AMR to our population and future generations. The 4-nations governments have jointly developed a 5-year UK AMR National Action Plan (UK NAP)<sup>3,4</sup> and a 20-year vision to tackle antimicrobial resistance<sup>5</sup>.

Prescribing rates in Wales have historically been higher than our English counterparts<sup>6</sup>. Prescribers in Wales had been making good progress in reducing antimicrobial prescribing rates, however COVID and the Group A Streptococcal outbreak in the winter of 2022 have had a negative impact.

**Figure 1: Antimicrobial prescribing rate as antibacterial items per 1000 STAR-PU for each Health Board in Wales compared to England and the North of England CCGs for Quarter 2 2023/2024**



A study found that up to 23% of antibiotic prescriptions in Primary Care in England were considered inappropriate or unnecessary<sup>7</sup>. When immediate antimicrobial prescribing is not deemed to be the most appropriate option, [NICE guideline NG15 \(Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use\)](#) recommends using a back-up antibiotic prescription to be used only if the patient fails to recover adequately with self-care and/or non-antimicrobial therapy alone<sup>8,9</sup>.

Back-up (previously called delayed) prescribing is one of several strategies targeted at reducing antibiotic use and will support potential cost reductions to NHS Wales by avoiding unnecessary dispensing costs. However, back-up prescribing can be executed in several ways, and prescribers have expressed concern regarding the uncertainty of when to implement and how to implement a back-up prescribing strategy and, the effect this may have on patient outcomes.

This document is relevant to everyone involved in the prescribing, dispensing, issuing and administration of antibiotics for self-limiting conditions. This could also be a resource for medicines management teams when working with prescribers. It provides guidance on various strategies to promote self-management and treatment options when there is clinical uncertainty about whether a condition is self-limiting or is likely to deteriorate. This document covers self-limiting conditions where there is an evidence base for back-up prescribing and this is advocated by NICE. It is acknowledged that implementing this guidance may require additional resources which is outside the scope of this document.

## 2.0 Evidence base

Evidence shows that back-up prescribing with patient counselling is a safe and effective strategy to manage certain self-limiting conditions<sup>10</sup>. Studies have also shown the following benefits (please refer to [Appendix 1](#) for list of included studies):

- Patient satisfaction: patient satisfaction is not adversely affected when using the back-up strategy and sometimes is increased when they feel empowered to self-manage their infection.
- Reduce consultation rates: patients who feel empowered to manage self-limiting infections are less likely to re-consult with the same infection in the future reducing pressure on the service.
- Reduce antibiotic use: evidence shows that only around a third of patients take antibiotics when the strategy is used, reducing the risk of future AMR.
- Complications/symptom duration: evidence has shown that utilisation of the strategy has little or no effect on symptom severity and duration and hospitalisation rates compared to an immediate antibiotic prescribing strategy.
- Concern about access to care: the strategy is useful when there is uncertainty whether a patient needs immediate antibiotics, but there are concerns about access to care e.g. around weekends and Bank Holidays.

## 3.0 Back-up prescribing in infants and children

The Royal College of Paediatrics and Child Health (RCPCH) has made a statement on the use of back-up antibiotic prescriptions in infants and children which has been endorsed by the Royal College of General Practitioners<sup>11</sup>. The RCPCH recommends the following special considerations when using back-up antibiotic prescriptions in infants and children:

- 1) Back-up prescribing in children under 3 months is never appropriate.

- 2) Children under 2 years of age are a particularly vulnerable group, and the use of a back-up prescription for these patients would not be considered part of routine practice.
- 3) In all children, it is wise to have systems to enable and facilitate further and prompt review. There should be a low threshold for review whether an antibiotic is prescribed or not.
- 4) The safety netting advice, in the form of guidance on when to have concern and seek further assessment, must be tailored to the age of the child, the understanding of the parents and the home circumstances. Existing resources such as the [When Should I Worry booklet](#) (available in English and Welsh) contain excellent information for parents about a wide range of conditions to improve safety netting.

The full statement from the RCPCH can be found [here](#).

### 4.0 Conditions that can be managed using the strategy

The relevant National Institute for Health and Care Excellence (NICE) guidelines and All Wales Medicine Strategy Group (AWMSG) guidelines<sup>12</sup> recommend utilising a back-up prescribing strategy with advice if there is uncertainty about whether a condition is self-limiting or is likely to deteriorate. Examples of such conditions are listed below. For more information on specific antibiotic treatment options and recommended treatment duration for the conditions listed below please refer to [local guidance](#) (e.g. Microguide), [AWMSG guidelines](#), relevant NICE guidelines and/or recommended course lengths for antibiotics resource (see [Appendix 2](#)). Please see [Appendix 3](#) for a summary of these conditions.

Other strategies such as analgesia (e.g. paracetamol & ibuprofen), and throat and ear sprays can be used to support self-care and symptomatic relief if appropriate. Community pharmacy can provide advice and/or treatment for symptom relief (see [Appendix 4](#) for receptionist resource which includes information around signposting patients). These can be used instead of, or in addition to back-up prescriptions. See [local guidance](#) (e.g. MicroGuide) for further indication specific advice.

**If a patient is systemically very unwell, has signs and symptoms of a more serious illness or condition or has high risk of complications do not consider a back-up prescribing strategy.**

#### 4.1 Acute sore throat

Based on [AWMSG guidelines](#)<sup>12</sup> and [NICE guidelines](#)<sup>13</sup>.

Acute sore throat can be managed by the Common Ailments Service which includes the sore throat test and treat service, where available via community pharmacy.

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If the person has a FeverPAIN score of 2 or 3, consider:

- no antibiotic

OR

- a back-up prescription (to be used if there is no improvement in 3 to 5 days, or if symptoms worsen significantly or rapidly at any time).

If the person has a FeverPAIN score of 4 or 5, or Centor score of 3 or 4, consider:

- a back-up prescription (to be used if there is no improvement in 3 to 5 days, or if symptoms worsen significantly or rapidly at any time).

OR

- an immediate antibiotic prescription.

### 4.2 Acute otitis media

Based on [AWMSG guidelines](#)<sup>12</sup> and [NICE guidelines](#)<sup>14</sup>.

For children and young people who may be less likely to benefit from antibiotics consider either no antibiotic prescription or a back-up antibiotic prescription.

For children and young people who may be more likely to benefit from antibiotics (those of any age with otorrhoea or those under 2 years with infection in both ears) consider:

- no antibiotic prescription with self-care advice

OR

- a back-up antibiotic prescription with advice (to be used if there is no improvement in 3 days, or if symptoms worsen significantly or rapidly at any time)

OR

- an immediate antibiotic prescription.

### 4.3 Acute rhinosinusitis

Based on [AWMSG guidelines](#)<sup>12</sup> and [NICE guidelines](#)<sup>15</sup>.

For people presenting with symptoms for around 10 days or less do not offer an antibiotic prescription.

For people presenting with symptoms for around 10 days or more with no improvement, consider:

- no antibiotic prescription with self-care advice

OR

- a back-up antibiotic prescription with advice (to be used if there is no improvement in 7 days, or if symptoms worsen significantly or rapidly at any time).

A bacterial cause may be more likely if **several** of the following are present:

- symptoms for more than 10 days
- discoloured or purulent nasal discharge
- severe localised unilateral pain (particularly pain over teeth and jaw)
- fever
- marked deterioration after an initial milder phase.

### 4.4 Acute cough/bronchitis

Based on [AWMSG guidelines](#)<sup>12</sup> and [NICE guidelines](#)<sup>16</sup>.

For people who are not systemically very unwell or at higher risk of complications with an acute cough associated with an upper respiratory tract infection do not offer an antibiotic prescription.

For people with an acute cough who are identified as at higher risk of complications (ideally at a face-to-face clinical examination), consider:

- an immediate antibiotic prescription
- OR
- a back-up antibiotic prescription with advice (to be used if symptoms worsen significantly or rapidly at any time).

Higher risk of complications:

- have a pre-existing comorbidity, such as significant heart, lung, renal, liver or neuromuscular disease, immunosuppression or cystic fibrosis
- are young children who were born prematurely
- are older than **65 years with 2** or more of the following criteria, or older than **80 years with 1** or more of the following criteria:
  - hospitalisation in previous year
  - type 1 or type 2 diabetes
  - history of congestive heart failure
  - current use of oral corticosteroids.

Where CRP testing is available please refer to local guidance regarding use of back-up prescribing.

### 4.5 Simple lower UTI in non-pregnant women

Based on [AWMSG guidelines](#)<sup>12</sup>, [NICE guidelines](#)<sup>17</sup> and [SIGN guidelines](#)<sup>18</sup>.

For women with lower UTI who are not pregnant consider:

- a back-up antibiotic prescription with advice (to use if symptoms do not start to improve within 48 hours or worsen at any time)
- OR
- an immediate antibiotic prescription.

Take account of:

- the severity of symptoms
- the risk of developing complications, which is higher in people with known or suspected structural or functional abnormality of the genitourinary tract or immunosuppression
- the evidence for back-up antibiotic prescriptions, which was only in non-pregnant women with lower UTI where immediate antibiotic treatment was not considered necessary
- previous urine culture and susceptibility results
- previous antibiotic use, which may have led to resistant bacteria
- preferences of the woman for antibiotic use.

#### 4.6 Antibiotic back-up prescribing overview

Advise patient to seek medical help if symptoms worsen rapidly or significantly, or the person becomes very unwell.

<b>If a patient is systemically very unwell do not consider a back-up prescribing strategy</b>	<b>No antibiotic prescription</b> Typical duration of symptoms	<b>Back-up prescription</b> Use if symptoms worsen at any time or no improvement after the number of days specified below.	<b>Immediate prescription</b>
<b>Acute sore throat</b>			
FeverPAIN score of 2 or 3	✔ Typical duration: 8 days	✔ 3-5 days	✘ Not appropriate
FeverPAIN score of 4 or 5, or Centor score of 3 or 4	✘ Patients should be offered a back-up or immediate prescription	✔ 3-5 days	✔
<b>Acute otitis media</b>			
Children and young people less likely to benefit from antibiotics	✔ Typical duration: 8 days	✔ 3 days	✘ Not appropriate
Children and young people more likely to benefit from antibiotics ( <u>those of any age with otorrhoea or those under 2 years with infection in both ears</u> )	✔ Typical duration: 8 days	✔ 3 days	✔
<b>Acute rhinosinusitis</b>			
Symptoms for around 10 days or less	✔ Typical duration: 14 days	✘ Not appropriate	✘ Not appropriate
Symptoms for around 10 days or more with <a href="#">no improvement</a>	✔ Typical duration: 14 days	✔ 7 days	✘ Not appropriate
<b>Acute cough / bronchitis</b>			
Not systemically very unwell or at higher risk of complications	✔ Typical duration: 21 days	✘ Not appropriate	✘ Not appropriate
Identified as at <a href="#">higher risk of complications</a> (ideally at a face-to-face clinical examination)	✘ Patients should be offered a back-up or immediate prescription	✔ symptoms worsen any time	✔
<b>Simple lower UTI</b>			
Non-pregnant women (consider risk of <a href="#">complications</a> )	✘ Patients should be offered a back-up or immediate prescription	✔ 48 hours	✔

## Rhinosinusitis

A bacterial cause may be more likely if **several** of the following are present:

- symptoms for more than 10 days
- discoloured or purulent nasal discharge
- severe localised unilateral pain (particularly pain over teeth and jaw)
- fever
- marked deterioration after an initial milder phase.

## Acute cough / bronchitis

Higher risk of complications:

- have a pre-existing comorbidity, such as significant heart, lung, renal, liver or neuromuscular disease, immunosuppression or cystic fibrosis
- are young children who were born prematurely
- are older than **65 years with 2** or more of the following criteria, or older than **80 years with 1** or more of the following criteria:
  - hospitalisation in previous year
  - type 1 or type 2 diabetes
  - history of congestive heart failure
  - current use of oral corticosteroids.

## Simple lower UTI

Take account of:

- the severity of symptoms
- the risk of developing complications, which is higher in people with known or suspected structural or functional abnormality of the genitourinary tract or immunosuppression
- the evidence for back-up antibiotic prescriptions, which was only in non-pregnant women with lower UTI where immediate antibiotic treatment was not considered necessary
- previous urine culture and susceptibility results
- previous antibiotic use, which may have led to resistant bacteria
- preferences of the woman for antibiotic use.

### 5.0 Implementing the strategy

There are various ways to issue a back-up prescription in a variety of healthcare settings e.g. GP practice, Community Pharmacy, Out of Hours. In addition to prescribers, this strategy can be utilised via Patient Group Direction (PGD) to manage certain self-limiting conditions. Currently, Electronic Transfer of Prescriptions is being rolled out across Wales. However, until the roll-out is complete and functionality of the system is improved the use of paper prescriptions for the issuing of a back-up prescription is advocated. This recommendation will be reviewed at a later date. A recent systematic literature review showed that the various strategies have differing benefits from the perspective of symptom severity, symptom duration, antibiotic use and patient satisfaction<sup>10</sup>. Deciding on which method to utilise when implementing the strategy would therefore be dependent on the setting, patient risk and concerns around access to care, for example access to dispensing of medicines on weekends / bank holidays.

#### 5.1 Back-up prescribing strategies

##### 5.1.1 Patient-led

With a patient-led strategy, the prescription is given to the patient during the consultation with an explanation that antibiotics are not currently needed, and the prescription does not require immediate dispensing. **BACK-UP PRESCRIPTION** should be written in the dosage instruction. Add **DO NOT DISPENSE / PLEASE DESTROY AFTER <DATE>** in main bulk of prescription. This date will depend on the indication, for example 2 weeks for acute rhinosinusitis. Patients are counselled to keep the prescription with them and to only obtain the medicines from a pharmacy and take as prescribed if symptoms worsen, or do not resolve within a specific time frame. A recent review of the evidence suggests this strategy empowers patients to self-manage their infection and increases patient satisfaction<sup>10</sup>. All strategies reduce antibiotic usage compared to immediate prescription, however a recent review of the evidence suggests patient-led is not as effective as collect at later date and/or recontact.

##### 5.1.2 Collect at later date

With a collect at later date strategy, the patient is advised that antibiotics are not required at this point in time, but a prescription would be available for collection from an agreed location (e.g. practice reception, local community pharmacy) if symptoms worsen or do not resolve within a specified time frame. This strategy requires good communication between the prescriber and the location receiving the prescription. **'BACK-UP PRESCRIPTION'** should be written in the dosage instruction. Add **DO NOT DISPENSE / PLEASE DESTROY AFTER <DATE>** in main bulk of prescription. This date will depend on the indication, for example 2 weeks for acute rhinosinusitis. The location receiving the prescription should not dispense until the patient presents. Prescriptions not dispensed within a specified time frame should be disposed of according to local policy (or returned to the prescriber if local arrangements have been made). A recent review of the evidence suggests this strategy reduces antibiotic prescribing rates to a greater extent than a patient-led strategy, however patient satisfaction is greater with a patient-led strategy<sup>10</sup>.

### 5.1.3 Recontact

With a recontact strategy, the patient is advised that antibiotics are not required at this point in time. Patients are counselled if symptoms do not resolve within a certain time frame or worsen at any time, they should recontact the service for advice and reassessment. A recent review of the evidence suggests this strategy reduces antibiotic prescribing to a greater extent than a patient-led strategy, however patient satisfaction is greater with a patient-led strategy<sup>10</sup>.

### 5.1.4 Post-dated

Post-dated prescriptions, where prescriptions are dated in the future, are not recommended as part of this strategy due to the risk of a patient's condition rapidly worsening and also the negative impact of issuing further prescriptions on clinician workload. In addition, post-dated electronic prescriptions would not be visible on the NHS prescription spine until the date of the prescription. This would have an impact when electronic transfer of prescriptions is rolled out across Wales.

## 5.2 Good practice when implementing the strategy

### 5.2.1 Coding of antibiotic prescriptions

The General Medical Council (GMC)<sup>19</sup> and NICE<sup>8</sup> have specific standards and recommendations with regards to documentation of consultations. For those using a digital clinical system it is good practice to use appropriate clinical codes to aid future audit/quality improvement activities. One of the Improvement Goals included in the Welsh Health Circular ([WHC 2023/031 - AMR & HCAI IMPROVEMENT GOALS FOR 2023-24](#)) states 'Prescribers should document the indication and appropriate clinical diagnosis codes for all antimicrobial prescriptions'<sup>20</sup>. When utilising a back-up prescribing strategy prescribers should ensure clear documentation in the clinical record alongside the reason for utilising the strategy. Table 1 includes specific read-codes relating to back-up antibiotic prescribing.

**Table 1: Clinical Codes to document the use of a back-up prescribing strategy**

READ codes (EMIS, Vision)	SNOMED code (System One)	Definition
8BP0	2549788011	deferred antibiotic therapy
8CAk	406111000000113	patient advised to delay filling of prescription
8OAN	2462831000000113	provision of <a href="#">TARGET Managing Your Common Infection (Self-Care) Leaflet</a> with back-up antibiotic prescription issued

These recommendations align with the General Medical Council [Good Medical Practice](#) standards on documentation<sup>19</sup>:

*'Clinical records should include a) relevant clinical findings b) the decisions made, and actions agreed, and who is making the decisions and agreeing the actions, c) the information given to patients, d) any drugs prescribed or other investigation or treatment e) who is making the records and when.'*

### 5.2.2 Dispensing back-up prescriptions

To ensure the person dispensing the prescription is aware that this is a back-up prescription the words '**BACK-UP PRESCRIPTION**' should be included in the patient directions and **DO NOT DISPENSE / PLEASE DESTROY AFTER <DATE>** included in main bulk of prescription. This will ensure the patient is provided with consistent messaging from all healthcare professionals.

When dispensing/issuing a back-up prescription, healthcare professionals should check any directions annotated by the prescriber and reinforce to the patient that this is a back-up prescription and should only be taken when and as instructed by the prescriber. Personalised advice for the specific antibiotic issued should also be provided. At all opportunities, healthcare professionals should ensure the patient has received and understood when to take the antibiotics, and when they should seek further medical advice. See below for further safety netting advice.

### 5.3 Counselling of patients

For a back-up prescribing strategy to be successful it is important that patients are appropriately counselled and provided with (or sign posted to) additional written information where necessary, and this should be clearly documented in the clinical record. The [TARGET antibiotic toolkit](#) has an excellent section on how best to counsel/communicate with patients when utilising a back-up prescribing strategy.

The CHESTSSS acronym resulted in improved antibiotic prescribing and patient satisfaction when trialled by UK GPs. It supports prescribers to reassure patients, increasing understanding and satisfaction with a prescribing decision and helps to reduce re-consultation rates.

Further information can be found here: [Discussing antibiotics with patients: Finding the right words \(rcgp.org.uk\)](#).

<b>C:</b> Ask specifically about <b>concerns</b>	<b>'What are the things you are most worried about?'</b>
<b>H:</b> Discuss <b>history</b> and exam	While doing an examination provide 'no problem' commentary. 'Your heart rate is normal; your temperature isn't raised'
<b>E:</b> Ask specifically about <b>expectations</b>	<b>'How do you think I could most help you today?' Or 'How do you feel about antibiotics?'</b>
<b>S:</b> Provide non-serious explanation for <b>symptoms</b>	'Your body produces phlegm as a normal reaction to inflammation in your airways. The phlegm catches particles and helps keep your lungs clear.'
<b>T:</b> Be specific about illness <b>timeline</b> /usual course	<b>'A typical cough can take 3-4 weeks to clear completely'</b>
<b>S:</b> Explain <b>shortcomings</b> of antibiotics	'Antibiotics <b>don't help with pain</b> but <b>side effects</b> , such as diarrhoea, nausea and rash, can be <b>experienced by up to 1 in 10 people.</b> '
<b>S:</b> <b>Self-care</b> advice	'Soreness in the chest or throat is normal due to inflammation, <b>you can take paracetamol, and/or ibuprofen, which will help with the pain and soothe the inflammation.</b> '
<b>S:</b> <b>Safety-netting</b> advice	Provide patients with specific <b>information on red flag symptoms</b> and when they should seek further help.

If a back-up prescription is provided, specific information should be given on how and where to access antibiotics if needed. As a minimum it must be explained to patients the reasons for giving a back-up prescription, advice on how to manage their symptoms, the number of days to wait prior to starting antibiotics if they are not feeling any better or the signs and symptoms that would indicate that they need to start their antibiotics, and safety netting advice; information on red-flag symptoms and when they should seek further help. The [TARGET patient leaflets](#) are useful at providing information on the timeline of the condition as well as advice on self-care and safety-netting. These can be used to aid the counselling of patients and supports the verbal advice given during the consultation. These resources are available in a variety of languages (including English and Welsh) and can be provided either as a hard copy or electronically via e-mail or text. If a TARGET leaflet is provided as part of the consultation, it is good practice to include the relevant clinical code as listed in Table 1. In addition to standardising the information provided to patients, these leaflets empower patients to self-manage their condition and improve patient satisfaction and recollection. Back-up antibiotic prescribing patient information leaflets have been developed to support this guideline (see [Appendices 5 and 6](#)). These patient information leaflets are also available in an easy read format.

The decision to issue a back-up prescription and period of time to self-manage before initiating antibiotic treatment is a clinical decision that should be made on an individual basis taking into consideration patient history, co-morbidities, the indication for the antibiotic and their ability to access antibiotics (see reference list for indication specific advice).

## 6.0 Roles and responsibilities of health-care professionals

### 6.1 Service/practice managers

- Ensure all staff, including locum/agency staff, are aware of, and appropriately educated on local policy for utilising a back-up prescribing strategy and are familiar with this guidance. All prescribers should be aware of and have access to [local antimicrobial prescribing guidance](#) (e.g. MicroGuide) and any other relevant prescribing guidance.

### 6.2 Prescribers (all settings)

- All prescribers must adhere to professional standards as stated by their relevant professional bodies.
- All prescribers should utilise [local antimicrobial prescribing guidance](#) (e.g. MicroGuide) and any other relevant prescribing guidance when making prescribing decisions.
- Ensure patients (and/or care providers) have received and understood adequate information to utilise the back-up strategy appropriately and give advice on red flags which may necessitate a further clinical review.
- Ensure **BACK-UP PRESCRIPTION** and **DO NOT DISPENSE / PLEASE DESTROY AFTER <DATE>** is included on the prescription as outlined in this guide.

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- Ensure a patient management plan is produced for any healthcare staff responsible for patient care (e.g. nursing staff, domiciliary care).

### 6.3 Community pharmacy/dispensary staff

- Ensure patients and/or carers have been appropriately counselled, and understood the advice given regarding using back-up prescriptions.
- Safely dispose of any prescriptions as directed by the prescriber, in accordance with local policy (or return to prescriber if local policy specifies).
- Ensure a Medicines Administration Record (MAR) is produced for patients whose medicines are administered by for example nursing and domiciliary care staff.

### 6.4 Nursing and/or care home staff

#### 6.4.1 Manager of nursing and/or care home

- Implement a process of communication among staff (e.g. during handover) to ensure they are aware of the existence of a back-up prescription and understand the criteria for commencing therapy. Effective communication in the service is essential to ensure prompt initiation of antibiotic therapy if the patient deteriorates, and/or prevent unnecessary GP/out of hours consultations.
- It is good practice to incorporate a system into local policies.

#### 6.4.2 Nursing and other healthcare staff

- Effectively communicate/handover information regarding the existence of a back-up prescription and the criteria for commencing therapy.
- Adhere to local policy regarding the management of back-up prescription.
- Staff responsible for medication administration must follow the patient management plan and the prescribers' instructions regarding dose and duration.

### 6.5 Domiciliary care staff

- Work in accordance with local guidance regarding the management of back-up prescriptions, and patient specific care plans specified by the prescriber.
- Effectively communicate/handover information regarding the existence of a back-up prescription and the criteria for commencing therapy.
- Staff supporting medication administration must follow the patient management plan and the prescribers' instructions regarding dose and duration.

### 6.6 Antimicrobial pharmacists

- Promote the guidance and its adoption within the health board/incorporate into local antimicrobial stewardship strategy.
- Educate prescribers on the benefits of a back-up prescribing strategy and facilitate its use.

### 7.0 Resources

The Royal College of General Physicians (RCGP) 'Treat Antibiotics Responsibly, Guidance, Education and Tools' TARGET antibiotics toolkit for clinicians includes a range of resources including but not limited to:

- [Discussing antibiotics with patients: Finding the right words](#)
- [Delayed prescriptions \(poster\)](#)
- [Discussing antibiotics \(poster\)](#)
- Leaflets to discuss with patients:
  - [How to use these leaflets](#)
  - [Self-care leaflet](#)
  - [RFI leaflets](#)
  - [UTI leaflets](#)

All the TARGET patient leaflets are available in English and Welsh.

Other resources include:

- [AWMSG Primary care antimicrobial guidelines](#)
- [Local primary care antimicrobial guidelines](#)
- [When Should I Worry booklet](#) (available in English and Welsh)
- Quick reference guide ([Appendix 7](#))
- Useful patient resources ([Appendix 8](#))

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Appendix 1: Studies included in systematic review

Paper	Design	Strategy	Condition under investigation
Arroll (2002) <sup>21</sup>	RCT	Patient led	URTIS (common cold)
De La Poza Abad (2016) <sup>22</sup>	RCT	Patient led & collect at later date	Acute URTIs
Dowell (2001) <sup>23</sup>	RCT	Collect at later date	Uncomplicated cough
Little (2001) <sup>24</sup>	RCT	Collect at later date	Acute otitis media
Little (2005) <sup>25</sup>	RCT	Recontact	Acute uncomplicated lower respiratory tract infection (with symptoms of cough + one other)
Little (2014a) <sup>26</sup>	RCT	Patient led, collect at later date, recontact & post-date	RTIs
Little (2014b) <sup>27</sup>	Cohort	Aggregate	Acute Sore throat
Little (2010) <sup>28</sup>	RCT	Other	Suspected UTI
Mas-Dalmau (2021) <sup>29</sup>	RCT	Patient led	RTIs
Redmond (2018) <sup>30</sup>	Secondary analysis (cohort)	Aggregate	cough
van Staa (2021) <sup>31</sup>	Cohort	Other	URTIs
Spiro (2006) <sup>32</sup>	RCT	Patient led	AOM
Everitt (2006) <sup>33</sup>	RCT	Collect at later date	Acute infective conjunctivitis
Little (1997) <sup>34</sup>	RCT	Collect at later date	Sore throat

Appendix 2: Recommended antibiotic course durations

This is a quick reference guide. ALWAYS CHECK THE MicroGuide for full guidance, definitions and advice. Correct May 2024

# Recommended course lengths for antibiotics

The infographic features four main colored circles representing different course durations: a light green circle for 3 days, a light blue circle for 7 days, a large orange circle for 5 days, and a light green circle for 14 days. Each circle contains a list of conditions and treatments. The background is a light green gradient with overlapping circles.

- 3 DAYS**
  - Simple UTIs in children and non - pregnant adult females
  - PROPHYLAXIS after a human, dog, or cat bite
- 7 DAYS**
  - all UTIs in males
  - complicated UTIs
- 5 DAYS**
  - Diverticular infection
  - Cellulitis (5-7 days then review)
  - TREATMENT of infected human, dog, or cat bites
  - Respiratory infections e.g. CAP, LRTI, IE-COPD, acute sinusitis
  - Otitis media (when antibiotics clinically indicated)
- 14 DAYS**
  - Prostatitis (may be extended by another 14 days on review)

For definitions and further guidance: see your local MicroGuide

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Appendix 3: Back-up antibiotic prescribing summary

Access AWMSG primary care antimicrobial guidance here:



## Back-up antibiotic prescribing



Canolfan Therapiwrwg a Thocsicolog Cymru Gyfan  
All Wales Therapeutics & Toxicology Centre



Grŵp Strategaeth Meddygliniaethau Cymru Gyfan  
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**If a patient is systemically very unwell, has signs and symptoms of a more serious illness / condition or has high risk of complications DO NOT consider a back-up prescribing strategy.**

<p style="text-align: center;"><b>Acute otitis media</b></p> <p style="text-align: center;">Usually self limiting with symptoms lasting 3-7 days. Most children/young people improve within 3 days without antibiotics.</p> <p><b>Consider antibiotics (back-up or immediate) if:</b></p> <ul style="list-style-type: none"> <li>• Otorrhoea in any age</li> <li>• Under 2 years with infection in both ears</li> </ul> <p>Advise to use back-up prescription if symptoms worsen at any time or no improvement after 3 days.</p> <p><b>Offer immediate antibiotics if:</b></p> <ul style="list-style-type: none"> <li>• Systemically very unwell/high risk of complications (pre-existing comorbidity)</li> </ul>	<p style="text-align: center;"><b>Acute sore throat</b></p> <p style="text-align: center;">Sore throat can last around 3-7 days. Manage with self care. Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve.</p> <p><b>Utilise FEVERpain or Centor scores</b></p> <p>FEVER pain 0-1 or Centor 0-2 = No antibiotic FEVERpain 2-3 = No antibiotic or back-up FEVERpain 4-5 or Centor 3-4 = Back-up or immediate</p> <p>Advise to use back-up prescription if symptoms worsen at any time or no improvement after 3-5 days.</p>	<p style="text-align: center;"><b>Acute cough</b></p> <p style="text-align: center;">Usually self-limiting with symptoms lasting 3-4 weeks. Antibiotics make little difference to how long the cough lasts</p> <p>If URTI or acute bronchitis but not systemically unwell = no antibiotics</p> <p>If patient is at <b>*higher risk of complications</b> then consider back-up or immediate antibiotic.</p> <p><b>*Higher risk of complications:</b></p> <ul style="list-style-type: none"> <li>• Pre-existing co-morbidity</li> <li>• Young children born prematurely</li> <li>• People &gt;65 years with 2 or more of the following, or people &gt;80 years with one or more of the following:             <ul style="list-style-type: none"> <li>• Type 1 or 2 diabetes</li> <li>• History of congestive heart failure</li> <li>• Current use of oral corticosteroids</li> <li>• Hospitalisation in the previous year</li> </ul> </li> </ul> <p>Advise to use back-up prescription if symptoms worsen at any time.</p> <p>If patient is identified in a face to face consultation as systemically very unwell = offer immediate antibiotics</p>
<p style="text-align: center;"><b>Acute sinusitis</b></p> <p style="text-align: center;">Symptoms can last 2-3 weeks</p> <p>Symptoms for 10 days or less = no antibiotic and self-care advice.</p> <p>Symptoms with no improvement for &gt;10 days = consider no/back-up antibiotic depending on likelihood of bacterial cause. Bacterial cause more likely if:</p> <ul style="list-style-type: none"> <li>• Symptoms &gt;10 days</li> <li>• Discoloured / purulent nasal discharge</li> <li>• Severe localised unilateral pain</li> <li>• Fever</li> <li>• Marked deterioration after an initial milder phase</li> </ul> <p>Advise to use back-up prescription if symptoms worsen at any time or no improvement after 7 days.</p>	<p style="text-align: center;"><b>Simple lower UTI in non-pregnant women</b></p> <p style="text-align: center;">Evidence for back-up antibiotics was from women not needing immediate treatment.</p> <p>For non-pregnant women consider a back-up antibiotic or an immediate antibiotic. Take account of:</p> <ul style="list-style-type: none"> <li>• Severity of symptoms</li> <li>• Risk of developing complications</li> <li>• Previous urine cultures and susceptibility results</li> <li>• Previous antibiotic use, which made have led to resistant bacteria</li> <li>• Local antimicrobial resistance data</li> </ul> <p>Advise to use back-up prescription if symptoms worsen at any time or no improvement after 48 hours.</p>	<div style="border: 2px solid red; padding: 10px; text-align: center; margin-top: 10px;"> <p><b>Advise patient to seek medical help if symptoms worsen rapidly or significantly or the person becomes very unwell.</b></p> </div>

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## Appendix 4: Receptionist antibiotic resource

### Help us look after our antibiotics and keep them working

#### 5 ways reception staff can help

#### 1. Reinforce antibiotic key messages

- Antibiotics **DO NOT** work for viruses, which are the main causes of coughs, colds and sore throats
- Antibiotics **DO NOT** help with pain.
- Antibiotics are **NOT** harmless, they can cause side effects e.g. nausea, diarrhoea, vomiting
- **ALL** unused antibiotics should be returned to community pharmacies

#### 2. What reception staff say matters

- **DO NOT** set patient expectations that antibiotics will be issued
- Reassure the patient the healthcare professional will assess the need for antibiotics and only issue if indicated.
- Don't be afraid to signpost to other services.

#### 3. Signpost patients to:

##### A. Community pharmacy

1. **Common Ailment Service (CAS):** offers a free NHS consultation and free medication for common ailments
- Check which of your local community pharmacies offers this service
  - Aims to provide an alternative to a GP or out-of-hours doctor appointment
  - Assessment is done by a pharmacist who will decide whether to treat, advise or refer

Examples of conditions treated in the Common Ailment Service *	
Nappy rash	Acne vulgaris
Conjunctivitis (bacterial)	Chickenpox in children under 14 years old
Head lice	Oral candidiasis, Mouth ulcers & Cold Sores
Athletes foot	Vulvovaginal candidiasis 16-60 years of age
Scabies	Ringworm, Intertrigo & Tinea cruris
Threadworm	Warts and Verrucae

\*Refer to [All Wales Common Ailments Service Formulary](#) for exclusions on who the pharmacist can and can't see.

Common Ailment Service formulary:



- 2. **Over the counter medication** is available to treat symptoms of pain and fever
- 3. **Pharmacists independent prescribers:** some pharmacists may be able to prescribe within certain clinical areas
- 4. **Sore throat test and treat service:** available for aged 6 years and over with acute sore throat

##### B. NHS 111: for out of hours and weekends

##### C. Urgent dental problems: to own dentist, or if they don't have a dentist to NHS 111

##### D. Urgent eye problems: to opticians

#### 4. Antibiotics are generally not for repeat prescriptions

- **DO NOT** print acute antibiotic prescription without firstly getting the prescribers permission
- Antibiotic prescribing can result in antibiotic resistance, antibiotic associated infections and adverse effects.
- Antibiotics for long term conditions/prophylaxis still need to be reviewed by prescribers to ensure it is still indicated

#### 5. Samples

- Samples may be needed before starting any antibiotic therapy
- Know your practice protocol for sending and receiving samples
- Only accept samples requested by a health care professional



## Appendix 5a: Back-up antibiotic prescribing - patient information leaflet

Medicine is often prescribed by a doctor, but other healthcare workers like some nurses and pharmacists can also do this. Where this document says prescriber, this includes all healthcare workers who prescribe medicine.

### What is back-up antibiotic prescribing?

Back-up (also called “delayed”) antibiotic prescribing is when a prescription for an antibiotic is written but is not to be collected and used straight away. You can take the prescription to a pharmacy later, to collect the antibiotic, if your symptoms get worse or if symptoms have not got any better after a specific number of days. If you feel better, you should not collect the antibiotic at all.

### Why have I been given a back-up prescription?

Your prescriber has assessed your symptoms and has seen signs that you might have an infection. Antibiotics will only fight infections that are caused by bacteria. Antibiotics have no effect on infections caused by a virus, such as the common cold, most coughs and sore throats.

If your infection is caused by a virus, antibiotics do not make the symptoms go away quicker and you might get unwanted effects from taking antibiotics, such as diarrhoea, feeling sick (nausea), being sick (vomiting) and skin rashes. It would be better to let your immune system manage the infection.

Although your prescriber does not think your current symptoms need treating with antibiotics, they would like you to be able to take them if your symptoms get worse or do not improve as expected.

### When will I start to feel better?

Your prescriber will advise you about how long your symptoms might last. As long as you are not getting any worse, you do not need to worry if your symptoms take this amount of time to settle, especially if you are getting gradually better each day. If you feel better you should not collect the antibiotic at all.

### Is there a specific number of days to wait?

Your symptoms will likely get better by themselves, and you will not need any antibiotics. However, if your prescriber has written you a back-up prescription they should have given you specific instructions about how long to wait; for example, “wait another 3 days and start the antibiotic if you are not feeling better by then”. With a back-up prescription you do not usually need to see the prescriber again.

### What should I do if I get any new or worrying symptoms?

Your prescriber will have told you when you should seek further advice. Contact your GP surgery and make an appointment if you develop any new or worrying symptoms.

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### Can anyone have a back-up prescription?

Back-up prescriptions should never be used for babies under 3 months, and back-up prescriptions are not usually recommended for any children aged under 2 years. People with certain underlying conditions, such as diabetes are more likely to need treatment with an antibiotic straight away.

### How can I access my antibiotic if I need to?

You will most likely not need the antibiotic, but if you do, there are several ways to access it.

- Your prescriber may give you a prescription during your consultation with advice for you to wait a certain number of days and only take it to a pharmacy to get the antibiotic if you still need it after waiting the specified number of days or your symptoms worsen.
- Your prescriber may ask you to collect a paper prescription from an agreed location at a later date (for example, collect it from your GP reception or from a pharmacy).
- Your prescriber may ask you to contact your GP practice again to get a prescription after waiting a certain number of days or your symptoms worsen.

You should make sure you know which method your prescriber has used, and that you fully understand how and when you can get your antibiotic prescription.

### What if I don't need the antibiotic prescription?

**If you do not need the prescription, please destroy it (for safe disposal return to a GP practice or community pharmacy or use a shredder). Do not be tempted to keep it – because it might not be the right medication for a future infection.**

### Why shouldn't I take an antibiotic 'just in case'?

Prescribers will not prescribe you an antibiotic unless you really need it. There are two reasons why we should not take antibiotics if we don't need them:

- Antibiotics are powerful medicines. They can cause unpleasant unwanted effects, such as feeling sick (nausea), being sick (vomiting), diarrhoea and skin rashes.
- Taking antibiotics when they are not needed, such as for a viral infection, allows bacteria to become "resistant" to the antibiotic. This means that the antibiotic will no longer be able to fight certain bacteria. Antibiotic resistance is a problem and there are already some bacteria that are resistant to several different types of antibiotics; these are called 'super bugs'. We must stop resistant bacteria developing, so that antibiotics will work when we really need them to treat severe and life-threatening infections.

### Useful tips to help you treat viral illnesses such as common colds and most coughs and sore throats:

- Get plenty of rest until you feel better.
- Drink plenty of fluids (6–8 drinks, or 2 litres, a day) so you do not get dehydrated.

## **Back-up antibiotic prescribing: Good practice guide**

- Take paracetamol or ibuprofen (if suitable) if you have a fever or aches and pains; make sure you follow the instructions on the packet. Before taking paracetamol, make sure you are not taking any other medicines containing paracetamol - ask your pharmacist for advice if you are not sure. Cold and flu remedies often contain paracetamol.
- You might find a cough medicine helpful - your pharmacist can advise you on which one is most suitable for you.
- Suck a lozenge or sweet to soothe a sore throat.
- Inhaling steam can also help to clear mucus and ease chest tightness. Do not use steam inhalation for young children. Remember that steam can cause burns.

## **Appendix 5b: Taflen wybodaeth i gleifion ar ragnodi gwrthfotigau wrth gefn**

Meddyg sydd fel arfer yn rhagnodi meddyginiaeth, ond gall gweithwyr gofal iechyd eraill fel rhai nyrsys a fferyllwyr wneud hyn hefyd. Lle mae'r ddogfen hon yn dweud rhagnodwr, mae hyn yn cynnwys yr holl weithwyr gofal iechyd sy'n rhagnodi meddyginiaeth.

### **Beth yw rhagnodi gwrthfotigau wrth gefn?**

Mae rhagnodi gwrthfotigau wrth gefn (a elwir hefyd yn "oedi gwrthfotigau") yn golygu bod presgripsiwn am wrthfotig yn cael ei ysgrifennu ond ni ddylai gael ei gasglu a'i ddefnyddio ar unwaith. Gallwch fynd â'r presgripsiwn i fferyllfa yn ddiweddarach, i gasglu'r gwrthfotig, os bydd eich symptomau'n gwaethygu neu os nad yw'r symptomau wedi gwella ar ôl nifer penodol o ddyddiau. Os ydych chi'n teimlo'n well, ni ddylech gasglu'r gwrthfotig o gwbl.

### **Pam rydw i wedi cael presgripsiwn wrth gefn?**

Mae eich rhagnodwr wedi asesu eich symptomau ac wedi gweld arwyddion y gallai fod gennych haint. Bydd gwrthfotigau ond yn ymladd heintiau a achosir gan bacteria. Nid yw gwrthfotigau yn cael unrhyw effaith ar heintiau a achosir gan feirws, fel annwyd, y rhan fwyaf o beswch a dolur gwddf.

Os mai feirws sy'n achosi eich haint, nid yw gwrthfotigau'n gwneud i'r symptomau ddiflannu'n gynt ac efallai y cewch effeithiau annymunol o ganlyniad i gymryd gwrthfotigau, megis teimlo'n sâl (cyfog), bod yn sâl (chwydu), dolur rhydd a brech ar y croen. Byddai'n well gadael i'ch system imiwneidd reoli'r haint.

Er nad yw'ch rhagnodwr yn meddwl bod angen trin eich symptomau presennol â gwrthfotigau, byddent yn hoffi pe baech chi'n gallu eu cymryd os bydd eich symptomau'n gwaethygu neu os na fyddant yn gwella yn ôl y disgwyl.

### **Pryd fyddaf yn dechrau teimlo'n well?**

Bydd eich rhagnodwr yn eich cynghori ynghylch pa mor hir y gallai eich symptomau bara. Cyn belled nad ydych yn gwaethygu, nid oes angen i chi boeni os yw'ch symptomau'n cymryd y cyfnod hwn o amser i setlo, yn enwedig os ydych chi'n gwella yn raddol bob dydd. Os ydych chi'n teimlo'n well, ni ddylech gasglu'r gwrthfotig o gwbl.

### **A oes nifer penodol o ddyddiau i aros?**

Mae'n eithaf tebygol y bydd eich symptomau'n gwella ar eu pennau eu hunain, ac ni fydd angen unrhyw wrthfotigau arnoch chi. Fodd bynnag, os yw'ch rhagnodwr wedi ysgrifennu presgripsiwn wrth gefn i chi dylent fod wedi rhoi cyfarwyddiadau penodol i chi ynghylch pa mor hir i aros; er enghraifft, "arhoswch 3 diwrnod arall a dechrau'r gwrthfotig os nad ydych chi'n teimlo'n well erbyn hynny". Fel arfer, gyda phresgripsiwn wrth gefn nid oes angen i chi weld y rhagnodwr eto.

**Beth ddylwn i ei wneud os ydw i'n cael unrhyw symptomau newydd neu bryderus?**

Bydd eich rhagnodwr wedi dweud wrthyfch pryd y dylech geisio cyngor pellach. Cysylltwch â'ch meddygfa i wneud apwyntiad os byddwch yn datblygu unrhyw symptomau newydd neu sy'n peri pryder.

**A all unrhyw un gael presgripsiwn wrth gefn?**

Ni ddylid byth rhoi presgripsiynau wrth gefn i fabanod o dan 3 mis oed ac ni chânt eu hargymell fel arfer ar gyfer unrhyw blant o dan 2 flwydd oed. Mae pobl â rhai cyflyrau iechyd sy'n bodoli eisoes, fel diabetes, yn fwy tebygol o fod angen triniaeth ar unwaith gyda gwrthfotig.

**Sut alla i gael gafael ar fy ngwrthfotig os oes ei angen arnaf?**

Mae'n debygol na fydd angen y gwrthfotig arnoch chi, ond os bydd ei angen, mae sawl ffordd o gael gafael arno.

- Efallai y bydd eich rhagnodwr yn rhoi presgripsiwn i chi yn ystod eich ymgynghoriad gyda chyngor i chi aros am nifer penodol o ddiwrnodau ag ond fynd ag ef i fferyllfa i gael y gwrthfotig os bydd dal ei angen arnoch ar ôl aros y nifer penodedig o ddyddiau, neu os bydd eich symptomau'n gwaethygu.
- Efallai y bydd eich rhagnodwr yn gofyn i chi gasglu presgripsiwn papur o leoliad y cytunwyd arno ar ddyddiad diweddarach (er enghraifft, ei gasglu o dderbynfa eich meddygfa neu o fferyllfa).
- Efallai y bydd eich rhagnodwr yn gofyn i chi gysylltu â'ch meddygfa eto i gael presgripsiwn ar ôl aros am nifer penodol o ddyddiau neu os bydd eich symptomau'n gwaethygu.

Dylech wneud yn siŵr eich bod yn gwybod pa ddull y mae eich rhagnodwr wedi'i ddefnyddio a'ch bod yn deall yn llawn sut a phryd y gallwch gael eich presgripsiwn gwrthfotig.

**Beth os nad oes angen y presgripsiwn gwrthfotig arnaf?**

**Os nad oes angen y presgripsiwn arnoch, dinistriwch ef (i'w waredu'n ddiogel dychwelwch i bractis meddyg teulu neu fferyllfa gymunedol neu defnyddiwch beiriant rhwygo). Peidiwch â chael eich temptio i'w gadw - efallai nad dyma'r feddyginiaeth iawn ar gyfer unrhyw haint yn y dyfodol.**

**Pam na ddylwn i gymryd gwrthfotig 'jyst rhag ofn'?**

Ni fydd rhagnodwyr yn rhagnodi gwrthfotig i chi oni bai eich bod wir ei angen. Mae dau reswm pam na ddylem gymryd gwrthfotigau os nad oes eu hangen arnom:

- Mae gwrthfotigau yn feddyginiaethau pwerus. Gallant achosi effeithiau annymunol a digroeso, megis teimlo'n sâl (cyfog), bod yn sâl (chwydu), dolur rhydd a brech ar y croen.
- Mae defnyddio gwrthfotigau pan nad oes eu hangen, megis ar gyfer haint feirysol yn annog bacteria i wrthsefyll y gwrthfotig. Mae hyn yn golygu na fydd y gwrthfotig yn gallu ymladd yn erbyn rhai bacteria mwyach. Mae ymwrthedd i wrthfotigau yn broblem ac mae rhai bacteria eisoes yn gallu gwrthsefyll sawl math gwahanol o wrthfotigau; gelwir y rhain yn 'super bugs'. Mae'n bwysig atal y bacteria sydd ag ymwrthedd rhag datblygu, fel y bydd gwrthfotigau yn

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parhau i weithio pan fydd eu gwir angen arnom i drin heintiau difrifol a sy'n bygwth bywyd.

### **Awgrymiadau defnyddiol i'ch helpu i ddelio â salwch feirysol fel annwyd cyffredin, peswch a dolur gwddf:**

- Dylech orffwys nes i chi deimlo'n well.
- Yfwch ddigon o hylifau (6–8 diod, neu 2 litr, y dydd) fel nad ydych chi'n dadhydradu.
- Cymerwch paracetamol neu ibuprofen (os yw'n addas) os oes gennych dwymyn neu boenau; gwnewch yn siŵr eich bod yn dilyn y cyfarwyddiadau ar y pecyn. Cyn cymryd paracetamol gwnewch yn siŵr nad ydych yn cymryd unrhyw feddyginiaethau eraill sy'n cynnwys paracetamol - gofynnwch i'ch fferylllydd am gyngor os nad ydych yn siŵr. Mae meddyginiaethau gogyfer annwyd a ffliw yn aml yn cynnwys paracetamol.
- Mae rhai pobl yn gweld moddion peswch yn ddefnyddiol - gall eich fferylllydd eich cyngori ar ba un sydd fwyaf addas i chi.
- Sugnwch losin neu 'lozenge' i leddfu dolur gwddf.
- Gall anadlu stêm hefyd helpu i glirio mwcws a lleddfu tyndra yn y frest. Ni ddylai plant ifanc anadlu stêm. Cofiwch - gall stêm achosi llosgiadau.

## Appendix 6a: Back-up antibiotic prescribing - patient information leaflet

# Back-up antibiotic prescribing



Back-up (also called “delayed”) antibiotic prescribing is when a prescription for an antibiotic is written but is not to be collected and used straight away.

### Why have I been given a back-up prescription?



Your prescriber has assessed your symptoms and has seen signs that you might have an infection. Antibiotics will only fight infections that are caused by bacteria. Antibiotics have no effect on infections caused by a virus, such as the common cold, most coughs and sore throats.



If your infection is caused by a virus, antibiotics do not make the symptoms go away quicker and you might get unwanted effects from taking antibiotics, such as diarrhoea, feeling sick (nausea), being sick (vomiting) and skin rashes.



You can take the prescription to a pharmacy later, to collect the antibiotic, if your symptoms get worse or if symptoms have not got any better after a specific number of days.

### When will I start to feel better?

Your prescriber will advise you about how long your symptoms might last. As long as you are not getting any worse, you do not need to worry if your symptoms take this amount of time to settle, especially if you are getting gradually better each day.

**If you feel better, you should not collect the antibiotic at all.**

### Is there a specific number of days to wait?

If your prescriber has written you a back-up prescription they should have given you specific instructions about how long to wait; for example, “wait another 3 days and start the antibiotic if you are not feeling better by then”.

Your prescriber will have told you when you should seek further advice. Contact your GP surgery and make an appointment if you develop any new or worrying symptoms.

### How can I access my antibiotic if I need to?

You will most likely not need the antibiotic, but if you do, there are several ways to access it.



Your prescriber may give you a prescription during your consultation with advice for you to wait a certain number of days. You should only take it to a pharmacy to get the antibiotic if you still need it after waiting the specified number of days.



Your prescriber may ask you to collect a paper prescription from an agreed location at a later date (for example, collect it from your GP reception or from a pharmacy).



Your prescriber may ask you to contact your GP practice again to get a prescription after waiting a certain number of days.

You should make sure you know which method your prescriber has used, and that you fully understand how and when you can get your antibiotic prescription.

If you do not need the prescription, please destroy it. Do not be tempted to keep it – because it might not be the right medication for a future infection.

## Useful tips to help you treat viral illnesses



Get plenty of rest until you feel better



Drink plenty of fluids (6–8 drinks, or 2 litres, a day) so you do not get dehydrated



Take paracetamol or ibuprofen if you have a fever or aches and pains; make sure you follow the instructions on the packet. Before taking paracetamol, make sure you are not taking any other medicines containing paracetamol - ask your pharmacist for advice if you are not sure. Cold and flu remedies often contain paracetamol.



Suck a lozenge or sweet to soothe a sore throat.



You might find a cough medicine helpful - your pharmacist can advise you on which one is most suitable for you.



Inhaling steam can also help to clear mucus and ease chest tightness. Do not use steam inhalation for young children. Remember that steam can cause burns.

Access this leaflet on your phone:



## Appendix 6b: Taflen wybodaeth i gleifion ar ragnodi gwrthfotigau wrth gefn

### Rhagnodi gwrthfotigau wrth gefn



Mae rhagnodi gwrthfotigau wrth gefn (a elwir hefyd yn “oedi gwrthfotigau”) yn golygu bod presgripsiwn am wrthfotig yn cael ei ysgrifennu ond ni ddylai gael ei gasglu a’i ddefnyddio ar unwaith.

#### Pam rydw i wedi cael presgripsiwn wrth gefn?



Mae eich rhagnodwr wedi asesu eich symptomau ac wedi gweld arwyddion y gallai fod gennych haint. Bydd gwrthfotigau ond yn ymladd heintiau a achosir gan bacteria. Nid yw gwrthfotigau yn cael unrhyw effaith ar heintiau a achosir gan feirws, fel annwyd, y rhan fwyaf o beswch a dolur gwddf..



Os mai feirws sy’n achosi eich haint, nid yw gwrthfotigau’n gwneud i’r symptomau ddiplannu’n gynt ac efallai y cewch effeithiau annymunol o ganlyniad i gymryd gwrthfotigau, megis teimlo’n sâl (cyfog), bod yn sâl (chwydu), dolur rhydd a brech ar y croen.



Gallwch fynd â’r presgripsiwn i fferyllfa yn ddiweddarach, i gasglu’r gwrthfotig, os bydd eich symptomau’n gwaethygu neu os nad yw’r symptomau wedi gwella ar ôl nifer penodol o ddyddiau.

#### Pryd fyddaf yn dechrau teimlo’n well?

Bydd eich rhagnodwr yn eich cyngori ynghylch pa mor hir y gallai eich symptomau bara. Cyn belled nad ydych yn gwaethygu, nid oes angen i chi boeni os yw’ch symptomau’n cymryd y cyfnod hwn o amser i setlo, yn enwedig os ydych chi’n gwella yn raddol bob dydd.

**Os ydych chi’n teimlo’n well, ni ddylech gasglu’r gwrthfotig o gwbl.**

### A oes nifer penodol o ddyddiau i aros?

Os yw'ch rhagnodwr wedi ysgrifennu presgripsiwn wrth gefn i chi dylent fod wedi rhoi cyfarwyddiadau penodol i chi ynghylch pa mor hir i aros; er enghraifft, "arhoswch 3 diwrnod arall a dechrau'r gwrthfotig os nad ydych chi'n teimlo'n well erbyn hynny".

Bydd eich rhagnodwr wedi dweud wrthy'ch pryd y dylech geisio cyngor pellach. Cysylltwch â'ch meddygfa i wneud apwyntiad os byddwch yn datblygu unrhyw symptomau newydd neu sy'n peri pryder.

### Sut alla i gael gafael ar fy ngwrthfotig os oes ei angen arnaf?

Mae'n debygol na fydd angen y gwrthfotig arnoch chi, ond os bydd ei angen, mae sawl ffordd o gael gafael arno.



Efallai y bydd eich rhagnodwr yn rhoi presgripsiwn i chi yn ystod eich ymgynghoriad gyda chyngor i chi aros am nifer penodol o ddyddiau. Dim ond os byddwch dal ei angen ar ôl aros am y nifer penodedig o ddyddiau y dylech fynd ag ef i fferyllfa i gael y gwrthfotig.



Efallai y bydd eich rhagnodwr yn gofyn i chi gasglu presgripsiwn papur o leoliad y cytunwyd arno ar ddyddiad diweddarach (er enghraifft, ei gasglu o dderbynfa eich meddygfa neu o fferyllfa).



Efallai y bydd eich rhagnodwr yn gofyn i chi gysylltu â'ch meddygfa eto i gael presgripsiwn ar ôl aros am nifer penodol o ddyddiau.

Dylech wneud yn siŵr eich bod yn gwybod pa ddull y mae eich rhagnodwr wedi'i ddefnyddio a'ch bod yn deall yn llawn sut a phryd y gallwch gael eich presgripsiwn gwrthfotig.

Os nad oes angen y presgripsiwn arnoch, dinistriwch ef. Peidiwch â chael eich temptio i'w gadw - efallai nad dyma'r feddyginiaeth iawn ar gyfer unrhyw haint yn y dyfodol.

## Awgrymiadau defnyddiol i'ch helpu i drin salwch feirysol



Dylech orffwys nes i chi deimlo'n well.



Yfwch ddigon o hylifau (6-8 diod, neu 2 litr, y dydd) fel nad ydych chi'n dadhydradu.



Cymerwch paracetamol neu ibuprofen (os yw'n addas) os oes gennych dwymyn neu boenau; gwnewch yn siŵr eich bod yn dilyn y cyfarwyddiadau ar y pecyn. Cyn cymryd paracetamol gwnewch yn siŵr nad ydych yn cymryd unrhyw feddyginiaethau eraill sy'n cynnwys paracetamol - gofynnwch i'ch fferylllydd am gyngor os nad ydych yn siŵr. Mae meddyginiaethau gogyfer annwyd a ffliw yn aml yn cynnwys paracetamol.



Sugnwch losin neu 'lozenge' i leddfu dolur gwddf.



Mae rhai pobl yn gweld moddion peswch yn ddefnyddiol - gall eich fferylllydd eich cynghori ar ba un sydd fwyaf addas i chi.



Gall anadlu stêm hefyd helpu i glirio mwcws a lleddfu tyndra yn y frest. Ni ddylai plant ifanc anadlu stêm. Cofiwch - gall stêm achosi llosgiadau.

**Darllenwch y daflen hon ar eich ffôn:**



Appendix 7: Quick reference guide

Quick reference guide to back-up antibiotic prescribing: good practice guide								
 <p>Background</p>	<p>The National Institute for Health and Care Excellence (NICE)<sup>1</sup> and All Wales Medicine Strategy Group (AWMSG) guidelines<sup>2</sup> recommend utilising a back-up antibiotic prescribing strategy with advice if there is uncertainty about whether a condition is self-limiting or is likely to deteriorate.</p>							
 <p>The evidence</p>	<p>No adverse effects on symptoms severity, symptom duration, hospitalisation rates or patient satisfaction compared to immediate antibiotics<sup>3</sup>.</p> <p>Reduced consultation rates &amp; antibiotic use<sup>3</sup>.</p>							
<p>Acute conditions for considering a back-up prescribing strategy</p> 	<table border="0"> <tr> <td>Sore Throat</td> <td>Cough / Bronchitis</td> <td rowspan="3">                     Access AWMSG primary care antimicrobial guidance here:   </td> </tr> <tr> <td>Otitis Media</td> <td>Rhinosinusitis</td> </tr> <tr> <td colspan="2">Simple Lower UTI in non-pregnant women</td> </tr> </table>	Sore Throat	Cough / Bronchitis	Access AWMSG primary care antimicrobial guidance here: 	Otitis Media	Rhinosinusitis	Simple Lower UTI in non-pregnant women	
Sore Throat	Cough / Bronchitis	Access AWMSG primary care antimicrobial guidance here: 						
Otitis Media	Rhinosinusitis							
Simple Lower UTI in non-pregnant women								
<p>Implementation Methods</p> 	<p><b>Patient-led:</b> Prescription is given to the patient during consultation, explaining it only requires dispensing if symptoms worsen or do not improve within the specified time frame. The prescription should be endorsed BACK-UP PRESCRIPTION.</p> <p><b>Collect at a later date:</b> Prescription available for collection from an agreed location if symptoms worsen or do not improve within the specified time frame e.g. GP reception, community pharmacy. The prescription should be endorsed BACK-UP PRESCRIPTION.</p> <p><b>Recontact:</b> Patient re-contacts with the service for advice if symptoms worsen or do not improve within a given time frame.</p>							
<p>Patient Counselling</p> 	<ul style="list-style-type: none"> <li>• Reason for back-up prescription</li> <li>• Symptom management and anticipated symptoms duration</li> <li>• When to access antibiotic therapy and how</li> <li>• Safety netting advice</li> <li>• Red flags</li> <li>• TARGET antibiotic toolkit patient information leaflets<sup>4</sup></li> </ul>							
<p>References</p>	<ol style="list-style-type: none"> <li>1. National Institute for Health and Care Excellence. NICE Guideline, NG15. Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use. Aug 2015. Available at: <a href="https://www.nice.org.uk/guidance/ng15">https://www.nice.org.uk/guidance/ng15</a></li> <li>2. All Wales Medicines Strategy Group. Primary care antimicrobial guidelines. 2024. Available at: <a href="https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/primary-care-antimicrobial-guidelines/">https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/primary-care-antimicrobial-guidelines/</a></li> <li>3. Smith MK. A literature review in a systematic manner investigating various approaches to delayed prescribing: an evaluation of patient outcomes and antibiotic use. [Unpublished masters dissertation]. Cardiff University. 2022</li> <li>4. The Royal College of General Physicians (RCGP) 'Treat Antibiotics Responsibly, Guidance, Education and Tools' TARGET antibiotics toolkit <a href="https://elearning.rcgp.org.uk/course/view.php?id=553#section-0">https://elearning.rcgp.org.uk/course/view.php?id=553#section-0</a></li> </ol>							



## Appendix 8: Useful patient resources

[AWMSG back-up prescribing patient information leaflets](#)



[Discussing antibiotics with patients: finding the right words](#)



[Self-care leaflet to discuss with patients](#)



[When should I worry?](#)



[Urinary tract infection resources for patients](#)



[Resources for community pharmacy](#)



[Respiratory tract infection resources for patients](#)



[Posters for clinical and waiting areas](#)



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