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Feedback of antibiotic prescribing to primary care

Submission date
06/05/2016

Recruitment status
No longer recruiting

Registration date
23/06/2016

Overall study status
Completed

Last Edited
25/05/2021

Condition category
Other

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
Antibiotics are vital for treatment of bacterial infections. The main driver for development of antimicrobial resistance is exposure to antibiotics and resistance is greatest where use is greatest. Resistance is a natural consequence of using antibiotics but overuse and inappropriate use can unnecessarily increase the rate of resistance development.
The aim of this study is to test whether e-mail feedback of a practices antibiotic prescribing together with action orientated goal setting information can reduce antibiotic prescribing.

Who can participate?
General practices in NHS Ayrshire & Arran, NHS Highland, NHS Lanarkshire and NHS Lothian.

What does the study involve?
Participating general practices are randomly allocated to one of two groups. Those in the first group receive quarterly reports for a year containing information about the amount of antibiotics they are prescribing compared to a benchmark for their NHS board and Scotland as a whole. The report also contains suggested actions that practices can take and details of the support resources that are available. Those in the second group continue with their usual practice and do not receive any reports. One year after the final report, the rate of prescribing antibiotics in general and to different age groups, as well as the rate of prescribing different antibiotics in all the practices is recorded.

What are the possible benefits and risks of participating?
Practices in the feedback arm will benefit from having access to reports containing the amount of antibiotics they are prescribing. There are no notable risks involved with participating in this study.

Where is the study run from?
The study is run from NHS National Services Scotland and takes place in 183 general practices in Scotland (UK)

When is study starting and how long is it expected to run for?
August 2015 to June 2017

Who is the main contact?
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Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
1.0

Study information

Scientific Title
Feedback of Antibiotic Prescribing to Primary Care (FAPPC): A cluster randomised controlled trial using nationally held prescribing data

Acronym
FAPPC

Study objectives
A report containing feedback of antibiotic prescribing data plus action orientated goal setting text delivered by email to primary care medical practices will reduce antibiotic prescribing compared to practices which do not receive the reports.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethical approval was not required as the study is an assessment of the impact of a service development using nationally held prescribing data and no patient identifiable information provided.

Study design
Interventional cluster randomised controlled study

Primary study design
Interventional

Study type(s)
Other

Health condition(s) or problem(s) studied
Antibiotic prescribing in primary care

Interventions
The intervention is feedback of antibiotic prescribing data plus action orientated goal setting text
Practices in the feedback arm will receive quarterly feedback of practice rates of antibiotic prescribing compared to a benchmark of the 25th percentile at local and national together with suggested actions that practices can take and details of the support resources that are available.

Comparators will receive usual care (no report)

Intervention Type
Other

Primary outcome(s)
Rate of prescribing of systemic antibacterials is calculated as the number of antibacterial prescriptions per 1000 registered patients per day measured one year after the final intervention.

Key secondary outcome(s))
1. Number of antibacterials defined daily doses per 1000 registered patients per day measured 1 year after the final intervention
2. Number of antibacterial prescriptions per 1000 registered patients aged 0-4 years per day measured 1 year after the final intervention
3. Number of antibacterial prescriptions per 1000 registered patients aged 5-64 years per day measured 1 year after the final intervention
4. Number of antibacterial prescriptions per 1000 registered patients aged ≥65 years per day measured 1 year after the final intervention
5. Number of amoxicillin prescriptions per 1000 registered patients per day measured 1 year after the final intervention
6. Number of phenoxymethylpenicillin prescriptions per 1000 registered patients per day measured 1 year after the final intervention
7. Number of flucloxacillin prescriptions per 1000 registered patients per day measured 1 year after the final intervention
8. Number of co-amoxiclav prescriptions per 1000 registered patients per day measured 1 year after the final intervention
9. Number of doxycycline prescriptions per 1000 registered patients per day measured 1 year after the final intervention
10. Number of clarithromycin and erythromycin prescriptions per 1000 registered patients per day measured 1 year after the final intervention
11. Number of trimethoprim prescriptions per 1000 registered patients per day measured 1 year

after the final intervention
12. Number of nitrofurantoin prescriptions per 1000 registered patients per day measured 1 year after the final intervention
13. Number of ciprofloxacin prescriptions per 1000 registered patients per day measured 1 year after the final intervention
14. Number of cefalexin prescriptions per 1000 registered patients per day measured 1 year after the final intervention
15. Number of prescriptions commonly used for respiratory tract infections (amoxicillin, doxycycline, phenoxymethylpencillin) per 1000 registered patients per day measured 1 year after the final intervention
16. Number of prescriptions commonly used for urinary tract infections (trimethoprim, nitrofurantoin, ciprofloxacin, cefalexin, co-amoxiclav) per 1000 registered patients per day measured 1 year after the final intervention
17. Number of prescriptions commonly used for long term skin infections (oxytetratcycline, lymecycline, minocycline) per 1000 registered patients per day measured 1 year after the final intervention
18. Number of hospital admissions with mastoiditis, peritonsillar abscess, pneumonia, exacerbation of COPD

Completion date
30/06/2017

Eligibility

Key inclusion criteria
General medical practices in NHS Ayrshire and Arran, NHS Highland, NHS Lanarkshire and NHS Lothian.

Participant type(s)
Health professional

Healthy volunteers allowed
No

Age group
All

Sex
All

Key exclusion criteria
1. Practices with <250 registered patients
2. Practices which cease to exist during the trial
3. Practices which merge with another practice where the merging practices are in different arms

Date of first enrolment
01/04/2015

Date of final enrolment
01/04/2015

Locations

Countries of recruitment
United Kingdom

Scotland

Study participating centre
NHS National Services Scotland
United Kingdom
G2 6QE

Sponsor information

Organisation
NHS National Services Scotland

ROR
https://ror.org/04za2st18

Funder(s)

Funder type
Government

Funder Name
Scottish Government

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration