Private & Confidential

XXXX

GP name: xxxx Time period: 12 months to end Sep 21

XXXXX

Thank you for your continued engagement in the HSE-AMRIC antibiotic quality improvement initiative. This report consists of 3 pages – page 1: the key message of the report, page 2: your antibiotic rate data, page 3: your antibiotic green (preferred) & red (not preferred) prescribing data.

Overall aim of this antibiotic quality improvement initiative: high percentage of green antibiotic agents and a rate of prescribing that is as low as is practical while ensuring that those most likely to benefit from antibiotics receive that benefit.

Time period for report: your antibiotic prescribing report includes antibiotic prescriptions attributed to your GMS number for 12 consecutive months up to the end of *September 2021*. This report will be updated each quarter. It is acknowledged that some prescriptions assigned to your GMS number may be by prescribers in 'out of hours' services and in hospitals.

Key message:

This report (issue 10) is the first report to include the rate of prescribing for your GMS list (see Chart 1) and it will continue to be included for future reports in addition to the percentage of green/red prescribing for your list.

The 'rate' is reflective of the proportion of your registered GMS patients for whom antibiotics are prescribed, this should add more context to this report. The ideal is the lowest safe prescribing rate with a high proportion of green agents. It is noted that prescribing practice is appropriately influenced by patient profile and GMS lists may be quite different with respect to profile of age, deprivation and health status.

In this report we would like to highlight some diagnostic tips in the management of urinary tract infections.

*Dump the dipstick: For persons aged 65 years and older, the use of **dipstick urinalysis** in assessing for evidence of a UTI is not a useful guide to management and is not recommended. Use of dipsticks can lead to unnecessary antibiotic prescribing which may cause considerable harm. Dipstick urinalysis position statements available at: www.bit.lv/3GkvNnC

*Symptoms that suggest **recurrent UTI in females** are often caused by other conditions including gynaecological conditions. A mistaken diagnosis of recurrent UTI means that their real problem goes untreated and the patient is exposed to potentially harmful antibiotics. Recommendations for females with recurrent UTI available at: www.bit.ly/3gyT2zX

Or access via <u>www.antibioticprescribing.ie</u> "urinary section" for dipstick urinalysis position statements and recommendations for females with recurrent UTI.

Kind Regards,

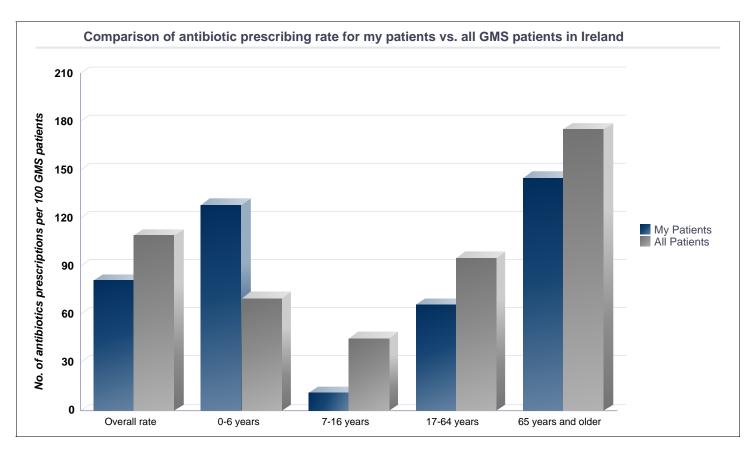
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Section 1: Your antibiotic rate data

Rate definition: Number of antibiotic prescriptions per 100 GMS patients for 12 consecutive months.

Chart 1: Comparison of antibiotic prescribing rate for my patients vs. all GMS patients in Ireland for 12 consecutive months up to the end of September 2021

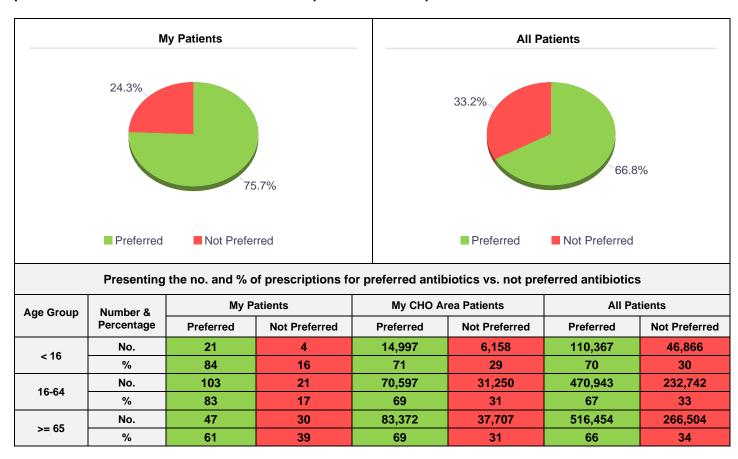


• The first column shows an overall rate and then breakdown is displayed for four age groups: 0-6 years, 7-16 years, 17-64 years, 65 years and older.

The rate of antibiotic prescriptions prescribed for patients on your GMS list is lower than the average. That is to say, the rate of prescriptions is among the lowest for GMS lists on the PCRS database.

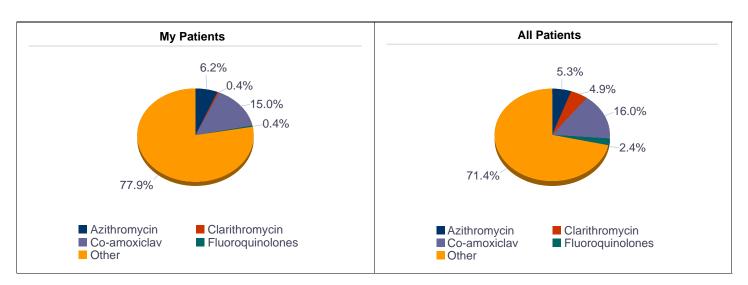
Section 2: Your antibiotic green (preferred) & red (not preferred) prescribing data

Chart 2: Comparison of antibiotic green (preferred) & red (not preferred) prescribing for my patients vs. all GMS patients in Ireland for 12 consecutive months up to the end of September 2021



The proportion of "green" antibiotics prescribed for patients on your GMS list is higher than the average. In fact, the proportion of prescriptions for "green" antibiotics on your GMS list is in the top quartile that is to say it is among the highest for GMS lists on the PCRS database.

Chart 3: Comparison of red (not preferred) antibiotic prescribing for my patients vs. all GMS patients in Ireland for 12 consecutive months up to the end of September 2021



If you require further information on interpreting the report there are explanatory notes available on www.antibioticprescribing.ie on the green/red page or at this direct link: https://bit.ly/2ZnyDbx