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For: NHS Improvement/ NHS England PrescQIPP AMS Hub

October 2018

# Re: CMO Letters to High Antibiotic Prescribers – sent November 2018

Improving antibiotic stewardship is a priority for Public Health England due to the continuing threat of antimicrobial resistance. The Chief Medical Officer for England is sending her annual winter-season feedback letter on antibiotic prescribing rates to GPs in November 2018.

The feedback letters are being sent to over 13,600 individual GPs in over 1,450 different GP practices with high antibiotic prescribing rates. Practices were selected based on their level of prescribing per STAR-PU and in comparison with the England average used by the Quality Premium, and on their percentage of broad spectrum prescribing and in comparison with the NHS 10% target. The letters are tailored according to GP practice prescribing rate and percentage of broad spectrum prescribing. While many GPs are already reducing their usage of antibiotics, the letters are intended to support GPs to reduce their prescribing further by providing feedback on practice prescribing rates, offering encouragement and suggesting practical actions in a clear and succinct manner. Public Health England’s Behavioural Insights Team is managing the process.

Public Health England ran a randomised controlled trial in 2014/15 to test the effect of sending feedback to GPs about their antibiotic usage (LANCET Vol 387, No. 10029, p1743). The trial found that practices that were sent a supportive feedback letter prescribed 3.3% fewer antibiotics than practices that did not receive a letter. GPs in practices with antibiotic prescribing rates in the top 20% for each NHS Area Team were involved in this study.

In Jan 2016, March 2017 and March 2018 similar letters were sent to all GPs in practices whose prescribing rate, calculated as above, was in the top 20% nationally, and in March 2018 letters were also sent to practices who were outside the top 20% of prescribers but whose prescribing had increased by more than 4%.

The methodology used to allocate letter content is provided in the table below, with copies of all 5 letters posted on the AMS Hub, and an excel sheet containing details of all prescribers and practices who have been sent letters. Note the letters suggest the prescribers do contact their CCG prescribing advisers for antimicrobial stewardship support.

GP practices were included if they prescribed more than 1.161 Antibacterial Items/STAR-PU for the twelve months (June 2017 – May 2018) or if they prescribed more than 0.965 Antibacterial Items/STAR-PU and also more than 10% broad spectrum items for the twelve months (June 2017 – May 2018). There are five main letters that have been tailored according to the table below. There is a sixth control group whose data will be used in the trial but who did not receive a letter.

This year, the Public Health England Behavioural Insights Team is running a trial to see whether including specific feedback on the exact percentile that the practice is on and a graphical representation of the practice prescribing compared to the average will further reduce prescribing:

(A) GPs in half of the practices who prescribe more than 1.161 Antibacterial Items/ STAR-PU and more than 10% broad spectrum will receive Letter A2, which has specific information about the percentile they are on for broad spectrum prescribing and a bar chart representing their broad spectrum prescribing compared to the average; GPs in the other half of practices will receive the standard practice overall prescribing letter as a control (Letter A1). PHE Behavioural Insights will investigate how prescribing compares in these two groups to see if the broad spectrum message is more effective at reducing the percentage of broad spectrum prescribing in high prescribing practices than standard practice.

(B) GPs in half of the practices who prescribe more than 1.161 Antibacterial Items/ STAR-PU and less than 10% broad spectrum will receive Letter B2, which has specific information about the percentile they are on for overall prescribing and a bar chart representing their overall prescribing compared to the average; GPs in the other half of practices will receive the standard practice overall prescribing letter as a control (Letter B1). PHE Behavioural Insights will investigate how prescribing compares in these two groups to see if the more specific feedback and the visual representation of prescribing is more effective at reducing overall prescribing than the standard feedback letter.

(C) GPs in half of the practices who prescribe more than 0.965 but less than 1.161 Antibacterial Items/ STAR-PU and more than 10% broad spectrum will receive Letter C2, which has specific information about the percentile they are on for broad spectrum prescribing and a bar chart representing their broad spectrum prescribing compared to the average; GPs in the other half of practices will receive no letter, which is standard practice, as a control. PHE Behavioural Insights will investigate how prescribing compares in these two groups to see if the broad spectrum message is effective at reducing the percentage of broad spectrum prescribing in moderately high overall prescribing but high percentage broad spectrum prescribing practices.

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| **Group** | **Overall prescribing in the last 12mths** | **Broad spectrum prescribing in the last 12mths** | **Category** | **Headline Message** | **Secondary Message** | **Visual representation** | **Count of GPs** |
| High overall rate, high broad spectrum | More than 1.161 items per STAR-PU (top 20%) | > 10% | Letter A1  (standard practice as control, overall prescribing letter) | [practice name] prescribes more antibiotics than 80% of practices in England | I am specifically writing to your practice because the great majority (80%) of practices in England prescribe fewer antibiotics per head (after adjustments for age and sex) than yours. | None | 1615 |
| High overall rate, high broad spectrum | More than 1.161 items per STAR-PU (top 20%) | > 10% | Letter A2  (intervention letter, broad spectrum prescribing with graph) | [Practice NAME] prescribes a higher proportion of broad spectrum antiobiotics than xx% of practices in England | I am specifically writing to your practice because the great majority (xx%) of practices in England prescribe a lower proportion of broad spectrum antibiotics than yours. | Broad spectrum prescribing compared to peers (average) | 1661 |
| High overall rate, low broad spectrum | More than 1.161 items per STAR-PU (top 20%) | < 10% | Letter B1  (standard practice overall prescribing letter, control) | [practice name] prescribes more antibiotics than 80% of practices in England | I am specifically writing to your practice because the great majority (80%) of practices in England prescribe fewer antibiotics per head (after adjustments for age and sex) than yours. | None | 3310 |
| High overall rate, low broad spectrum | More than 1.161 items per STAR-PU (top 20%) | < 10% | Letter B2  (intervention letter, overall prescribing with graph) | [practice name] prescribes more antibiotics than [xx]% of practices in England | I am specifically writing to your practice because the great majority (xx%) of practices in England prescribe fewer antibiotics per head (after adjustments for age and sex) than yours. | Overall prescribing compared to peers (average) | 3397 |
| Moderate overall rate, high broad spectrum | More than 0.965 but less than 1.161 items per STAR-PU | > 10% | Letter C2  (intervention) | [Practice NAME] prescribes a higher proportion of broad spectrum antiobiotics than xx% of practices in England | I am specifically writing to your practice because the great majority (xx%) of practices in England prescribe a lower proportion of broad spectrum antibiotics than yours. | Broad spectrum prescribing compared to peers (average) | 3631 |
| Moderate overall rate, high broad spectrum | More than 0.965 but less than 1.161 items per STAR-PU | > 10% | No letter (standard practice, control) | n/a | n/a | n/a | n/a |
|  |  | *Total number of GPs to be contacted:* | | | | | 13,614 |

If CCGs have any questions please contact:

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NHS Improvement