

System recovery post COVID-19

This briefing focuses on areas of prescribing which have seen a significant increase as a result of the COVID-19 pandemic, with guidance on how to review and manage the increase in prescribing and the system post pandemic.

Key recommendations

Broad spectrum antibiotics

- Review prescribing of co-amoxiclav, cephalosporins and quinolones to ascertain if prescribing is in-line with local and national antibiotic guidelines.
- Develop an Antimicrobial Stewardship programme using resources available in the [PrescQIPP Antimicrobial Stewardship hub](#) and the [TARGET antibiotic toolkit](#).
- Manage patient expectations around the prescribing of antibiotics, encourage the use of Self Care Forum fact sheets, posters and videos for patient waiting areas.
- Promote delayed antibiotic prescribing and the use of the [TARGET Treating Your Infection](#) patient information leaflets during consultations to increase the patient's confidence to self-care.

The increase in prescribing of broad-spectrum antibiotics during COVID-19 could be due to a number of factors, such as the shielding programme and reduced face to face GP appointments. A systemic review of 28,093 patients between November 2019 and December 2020 found 58.7% received antibiotics. Broad-spectrum antibiotics were prescribed presumptively without pathogen identifications.¹

Vitamin B12 – oral cyanocobalamin

- Review all patients prescribed oral cyanocobalamin, all strengths, to identify the indication for prescribing.
- Review patients with diet-related vitamin B12 deficiency:
 - » Give dietary advice about foods that are a good source of vitamin B12 or taking an over the counter supplement where appropriate.
 - » If patients do not have adequate levels, despite taking oral B12 supplements, commence intramuscular (IM) hydroxocobalamin twice-yearly.
 - » Continued need for prescribing should be reviewed on a regular basis e.g. at annual review.
- Review patients with non-diet-related vitamin B12 deficiency prescribed cyanocobalamin 1mg tablets:
 - » Recommence patients on IM hydroxocobalamin given at intervals of up to two to three months.
 - » IM hydroxocobalamin is preferred as it is retained in the body longer than cyanocobalamin.
 - » If IM hydroxocobalamin is not tolerated, or administration not possible ensure the licensed oral cyanocobalamin 1mg tablet (Orobalin) is prescribed.

Direct Oral Anticoagulants (DOACs)

- Review if DOAC is still appropriate.
- Ensure the patient is prescribed a dose in-line with the DOAC licensed dose for the indication.
- Ensure the appropriate monitoring in place.
- Ensure warfarin has been stopped if the patient has been switched to a DOAC.

An NHS England guideline recommended that patients that require the initiation of an oral anticoagulation during COVID-19 should have a DOACs initiated, instead of warfarin to minimise the monitoring burden. It also advised that anticoagulation services should consider if patients on warfarin could be switched to a DOAC if appropriate.²

Oral Nutritional Supplements (ONS)

- Ensure screening for malnutrition uses a validated screening tool.³
- Ensure prescribing is in-line with the criteria from the Advisory Committee on Borderline Substances (ACBS). Patients who do not meet the criteria should purchase ONS over the counter or prepare homemade nourishing foods and drinks. Products not listed as ACBS should not be prescribed.⁴
- COVID-19 is not an ACBS criteria and therefore patients should not be prescribed ONS unless they have a MUST score of more than two and also meet ACBS criteria.
- Appropriate dietary advice should be given to all patients at risk, regardless of MUST score.
- Review prescribing of ONS to screen and assess the patient for continued clinical need and discontinue treatment when it is no longer indicated. If ONS is still indicated, switch suitable patients to a more cost-effective alternative ONS in-line with local formularies/guidance.

References

1. Al-Hadidi SH, Alhussain H, Abdel Hadi H et al. The Spectrum of Antibiotic Prescribing During COVID-19 Pandemic: A Systematic Literature Review. Microb Drug Resist. June 2021. <https://pubmed.ncbi.nlm.nih.gov/34077290/>
2. NHS England/ NHS Improvement. Clinical guide for the management of anticoagulant services during the coronavirus pandemic. November 2020, updated February 2021 <https://www.nice.org.uk/media/default/about/covid-19/specialty-guides/specialty-guide-anticoagulant-services-and-coronavirus.pdf>
3. Malnutrition Advisory Group. BAPEN (British Association of Parenteral and Enteral Nutrition). Malnutrition Universal Screening Tool ('MUST'). http://www.bapen.org.uk/pdfs/must/must_full.pdf
4. NHS Business Services Authority. Drug Tariff October 2021. <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-304-system-recovery-post-covid/
	Tools	
	Data pack	https://data.prescqipp.info/#/views/B304_SystemrecoverypostCOVID/FrontPage?iid=1

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