



Taking antibiotics when you don't need them puts you and your family at risk.

The 'Keep antibiotics working' campaign aimed to alert the public to the risks of antibiotic resistance, and to reduce patients' expectations for antibiotics. The campaign ran throughout October 2023 and November 2023.

“Patients with sore throats automatically assumed they needed an antibiotic but this campaign was great for explaining viral infections to patients and not necessarily needing antibiotics. Good talking point and leaflets were very informative and easy for patients to understand.”



“Information was given to patients alongside the Pharmacy First sore throat pilot service. This was for those with a positive test, but also when the tests were negative to help patients understand why they were not receiving an antibiotic. One patient was questioning why we could not just give them antibiotics since they've been prescribed some each time before, even though their Strep A test was negative. It was explained to the patient that viral sore throats will usually get better within 7-8 days with rest and effective self-care without antibiotics, and if they do not feel better within this timeframe to seek advice from their GP. The patient was given the "Keep Antibiotics Working" leaflet, and a safety net of signs and symptoms of serious illness that would indicate urgent assessment.”

“When we advised a patient at the weekend, (with a suspected chest infection), that they needed to consult with a GP, the patient mentioned they had some Nitrofurantoin left over from a previous infection. We advised them on the importance of using suitable antibiotics for different infections and the issues with resistance. We provided the number for the doctor and the patient was able to get a more suitable antibiotic prescribed. They returned to our pharmacy with the prescription and thanked us for our help and for taking the time to explain the importance of targeting infections.”



“A concerned parent was seeking antibiotics for her child's mild viral infection. I educated her on the importance of avoiding unnecessary antibiotics and explained the potential risks. She decided to let the infection run its course naturally. Later, she expressed gratitude for the advice, realising the significance of responsible antibiotic use. This positive interaction highlighted the campaign's success in raising awareness and empowering the public to make informed healthcare choices, contributing to the overall goal of preserving antibiotic effectiveness.”

“An elderly gentleman came in with a serious skin infection affecting his hand. He was working as a farmer and had been given flucloxacillin by the GP. He had taken it for 2-3 days until the initial pain subsided then stopped taking it citing that he didn't like taking tablets. Now his hand was swollen, worse than before, and causing him significant pain. We called his GP on his behalf and the GP agreed to see him immediately. Before he left we explained the importance of finishing an antibiotic course and that his predicament was likely exacerbated by his decision to prematurely stop his antibiotic course the previous week. We saw him again a few weeks later and he explained his doctor had given him a course of antibiotics, which he completed and successfully cleared his infection.”



“An infant with infection was prescribed penicillin. On talking with the parent I discovered the child had a history of allergies and penicillin was one of them. I referred the child back to GP to have records amended and to get the patient an alternative antibiotic.”

“A prescription was presented for a delayed antibiotic; I explained to the patient what this meant i.e. worsening symptoms and when to seek further medical attention. I also counselled on self-care measures and advised the patient of the usual duration of viral illnesses. The patient later returned the antibiotic to the pharmacy as their condition had resolved without it.”



“Quite a few customers were frustrated that their GP would not prescribe antibiotic treatment, however, once it was explained that not all infections (for instance, viral) need an antibiotic and how long symptoms of coughs and colds can last before starting to improve, they understood the decision made by the GP. Before this campaign, many did not realise the extent of antibiotic resistance, and quite a lot of customers have admitted stopping courses of antibiotics early. We explained how this can affect both them and the wider community. They will hopefully take antibiotics as prescribed in future and realise the importance of that.”

“I had a conversation with a lady who stores antibiotics in her kitchen for future use and takes them occasionally when she doesn't feel well. She gained a new understanding of their proper use, and the risk of resistance. Later she returned a bag full of old tablets that she had at home.”

“A patient who thought they were allergic to penicillin asked if they had a true penicillin allergy. The patient was provided with information, which helped them identify they weren't actually allergic after all.”

“I noticed a particular family had been getting a lot of antibiotics regularly. I spoke with the mother and she explained that her children were in nursery, getting several infections, and she was worried. She said that she contacted her GP quite often. I explained that obviously if she is worried she needs to speak to her GP but I reinforced that many infections are viral and antibiotics are not always necessary. I explained antibiotic resistance and gave her a leaflet. After reading it she came back to me more confident and happy about when to contact her GP.”

“I consulted with a mother in relation to her toddler who was on a course of antibiotics. After assessment, I advised the mother to take the child immediately to A & E. The child was admitted and treated in hospital for 7 days. The child was extremely ill with a chest infection but thankfully has now recovered. The mother was extremely grateful for our intervention and has articulated this to many in the local community.”

“Patients who had been given delayed scripts for antibiotics were asking when to take it. Advised to wait 48-72 hours to see if symptoms worsened. A patient's symptoms started to improve after a further 2 days so patient was delighted she didn't need to take the antibiotic.”

“One woman had been on a series of antibiotics for unresolved urinary tract infections, we engaged with her and encouraged her to finish the course despite minor side effects in order to reduce the chance of resistance build up.”

“A patient received a topical antibiotic from her GP. She then used it for cold sores. I was able to explain that cold sores were a viral infection and that antibiotics would be useless against it.”



“A patient presented with a sore throat. They were given self-care advice and returned a few days later to say they had improved and were glad they hadn't needed antibiotics. They appreciated the reassurance from a healthcare professional.”

“We consulted with a lady who had an ongoing "chest infection". She had received multiple antibiotic prescriptions. I referred her back to her GP where she was later diagnosed with GORD. She came back to thank me for the advice of pursuing an alternative diagnosis.”

“One of our local GP's was in the pharmacy and commented on the poster we had on display in the window and how valuable this advice is to patients. She took one of the booklets away and said she would use it during her own consultations to promote the safe use message.”

“A female adult patient came back to the pharmacy a few days after receiving a prescription for Co-amoxiclav. She explained that since starting the course of antibiotics three days prior, she had been feeling nauseous and she was thinking of stopping them. I explained that this can be a side effect of this antibiotic. I suggested that she persisted with the course, as not completing the course would not be beneficial to treating the underlying infection, however, if the nausea became very severe she should contact her GP. The patient was in the pharmacy a week later, had managed to finish the course, and the condition for which she had been prescribed them, had cleared up. I feel that without pharmacy intervention the patient would not have completed the course of treatment and the infection may not have cleared up without another potential GP visit.”

Over 62,200 patients were engaged with through 517 pharmacies on campaign messages.

Over 56,350 leaflets were distributed.

403 pharmacies reported the public's feedback to the campaign to be positive or very positive.

464 pharmacies felt campaign resources supported them to answer queries or know where to signpost patients to.

The main age groups provided with campaign information were those aged 31-50, 51-60 and 61-70 years old.

The main queries addressed were in relation to **'how long symptoms should last', 'how to take antibiotics', 'antibiotic side effects' 'self-care' and 'antibiotic resistance'**.

307 pharmacies handed leaflets specifically to patients with prescriptions for antibiotics.

22 pharmacies completed additional training/ professional development as a result of the campaign.

184 pharmacies signposted patients to TARGET patient information leaflets and **115 pharmacies** signposted patients to nidirect.

88 pharmacies specifically referred patients to their GP.

How did pharmacy engage?

- 312** verbally informing patients
- 294** Provided leaflets alongside prescriptions
- 234** Applied stickers to antibiotic prescriptions
- 69** Via social media or their website
- 56** Via their delivery driver

Number of pharmacies that provided campaign information to the following:

- 437** Elderly
- 395** Young families
- 334** Those with long term health conditions
- 196** Housebound
- 174** Socially isolated
- 158** Those with drug or alcohol addiction issues
- 123** Those where English is not