ROYAL PHARMACEUTICAL SOCIETY

BRITISH SOCIETY FOR ANTIMICROBIAL CHEMOTHERAPY

Interim pharmacy standards for virtual wards (VW): Antimicrobial stewardship (AMS) considerations

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Context and purpose

This is a statement of the Royal Pharmaceutical Society's Antimicrobial Expert Advisory Group (AmEAG) and the British Society of Antimicrobial Chemotherapy to accompany *Interim Professional Standards for Hospital at Home and Virtual Ward Pharmacy Services (2023)*. It can be used as an implementation tool to provide additional detail in the context of VW service provision and AMS but may also be used as a standalone document. AmEAG will periodically review this statement.

Governance and AMS for VW

Ensure pharmacy stakeholders contribute to the design, implementation and evaluation of any service that includes medicines. All pathways that include antimicrobial medicines should have input from the relevant AMS team or an infection specialist (medical microbiologist, infectious diseases physician and specialist pharmacist). Healthcare professionals involved in VW should receive appropriate AMS training.

Where point-of-care testing or microbiology culture and sensitivity testing are a part of clinical pathways, ensure there is oversight from the relevant pathology service. Ensure that standard operating procedures make it clear who retains clinical responsibility for the patient and who will review the antimicrobial treatment regimen in line with national or local best practice principles (such as those set out in Start smart then focus).

Any clinical pathway that involves using intravenous (IV) antimicrobials should be reviewed in line with the national good practice recommendations for outpatient parenteral antimicrobial therapy services, as there are significant areas of overlap between these services and VW patient cohorts being treated for infection. Take care to avoid overusing broad-spectrum IV antimicrobials for the convenience of once daily dosing alone.

Antimicrobial guidelines for VW

Where available and relevant, follow national guidelines or the local primary or secondary care organisation guidelines for the diagnosis and treatment of infections. It should be clear to prescribers which guidance is relevant for VW patients.

Guidelines should specify an appropriate course length and, where IV agents are recommended, specify an appropriate duration before considering an IV to oral switch.

National IV to oral switch criteria (or local equivalents) should be signposted.

If patients have allergies or contraindications, guidelines should include alternatives to first-line options. If a penicillin allergy is reported, ensure a thorough allergy history is taken and consider referring the patient to local allergy delabelling services if these are available.

Prescribing and supply of antimicrobials

Antimicrobials should be prescribed and dispensed through agreed processes in discussion with local AMS groups/committees to ensure appropriate clinical governance of antimicrobial prescribing. If electronic prescribing systems are available, these should be incorporated into VW where possible. This ensures a complete healthcare record for the patient and that the details of the prescribed agent are available for future medicines reconciliation. Additionally, this allows formal national systems to capture antimicrobial consumption data essential for governance, audit and public health purposes.

If patient group directions are used for supply of antimicrobials, they should be written in line with the national exemplar template with audit processes in place and approved by local AMS groups/committees. Any medicines supplied by this route must be documented clearly within the patient record, ideally electronically.

Over-labelled pre-packs of antimicrobials (with appropriate digital records of supply) should only be supplied if they are clinically essential for timely treatment – supply via a prescription dispensed by a community or hospital pharmacy is preferred to ensure digital records are available, to safeguard public health through oversight of human exposure to antimicrobials.

Digital records should capture the supply of pre-packs to patients and be visible in the drug treatment section of the patient's record (i.e., rather than a patient journal entry record of pre-pack supply only). Records should capture details of any prescription, including antimicrobial name, dose, frequency and quantity supplied. VWs should have a reporting function to monitor antimicrobial prescribing, ideally linked to clinical diagnosis.

Local AMS groups/committees should review and approve pre-pack sizes and choice of antimicrobials before they are used in VWs. The pre-pack stock list should be reviewed annually to ensure appropriateness, and no antimicrobials should be added to the stock list without approval from the relevant AMS groups/committees. Pre-pack use should be regularly audited, with mechanisms in place to reconcile stock volumes. National guidance on storage and transport of medication should be followed at all times.

VW activity reports, including antimicrobial use, should feed into appropriate local and regional (and national where appropriate) AMS structures. Each VW should have an AMS lead who attends local and regional AMS committees and reports on activity and incidents.