

**RF20 PRIMARY HEALTH CARE PROFESSIONALS VIEWS OF REMINDERS IN ELECTRONIC PATIENT RECORDS**

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**Background** Primary care administrative systems contain the medical records of patients' contacts with primary care services. These data are used to create electronic reminders at the point of care. The reminders, or pop-up prompts, support clinicians to provide good quality care, safe prescribing and to save money. It is suggested that the increasing use of reminders has led to desensitisation and a tendency to ignore the information provided. Our study aimed to explore primary healthcare professionals' (PHCP) attitudes towards electronic reminders in primary care, to support their enhancement.

**Methods** Fifteen semi-structured interviews were conducted with general and nurse practitioners based in North West London and Yorkshire, England. PHCPs were selected as a national representative sample across various metrics (position or experience of the PHCP; factors relating to the practice; and the demographic characteristics of the practice population). Topic areas included i) experiences of reminders; ii) perceptions of the validity of the information provided; iii) reminder-related behaviours and iv) views on improvement. We analysed data using a framework approach.

**Results** We found that PHCPs were familiar with the reminders in their clinical systems. PHCPs believed most were important and supported their work by providing up to date, evidence based information. Significant barriers towards reminders were time constraints; numbers; and the fact that reminders interrupted their natural patient interaction. PHCPs felt frustrated that data requested by a reminder and collected in contacts with other healthcare providers was not shared (for example a blood pressure reading or smoking status). Poorly designed or oversensitive reminders were considered particularly annoying. Feelings towards reminders were not consistent across the participants and often related to experience, roles, consultation styles and interests. Few PHCPs had experienced or heard of negative outcomes after ignoring the information in a reminder, but some did feel guilty or concerned that ignoring a reminder would reflect badly on them. PHCPs felt more training was needed to efficiently manage reminders but highlighted that managing reminders was also the responsibility of the patients.

**Conclusion** Improving reminders must ensure integration between health care administrative systems (primary, community and hospital); develop more refined algorithms; and consider cognitive workflow of PHCPs.

**RF21 WHY DO SOME GPs AND PRACTICE NURSES IN THE UK CONTINUE TO PRESCRIBE ANTIBIOTICS INAPPROPRIATELY? A QUALITATIVE ANALYSIS OF HEALTH PROFESSIONALS' ANTIBIOTIC PRESCRIBING IN PRIMARY CARE IN THE NHS**

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**Background** Antibiotic prescribing in primary care has decreased over the last five years. Nevertheless, this remains

an area of concern as antibiotic resistance rates continue to increase. Some prescribers continue to prescribe inappropriately – i.e. in contradiction of clinical guidelines. This qualitative study undertakes thematic analysis to determine the attitudes and perceptions of these professionals about inappropriate prescribing.

**Methods** We draw on data from our evaluation of the UK's five-year antimicrobial resistance strategy, undertaken from 2015–18 funded by the Department of Health and Social Care. We conducted 73 semi-structured interviews across six case study sites at the CCG level or equivalent in each of the four nations in the UK. Relevant informants in each trust were theoretically sampled in order to capture a mix of professionals in each case study site (including GPs, nurse prescribers, antimicrobial pharmacists, medicines management trust professionals, microbiologists, hospital doctors with opinions on primary care, and commissioners with oversight roles). Analysis was undertaken drawing on inductive and deductive logics.

**Results** In primary care, antibiotics have a symbolic potency that is constructed and mediated through the interactions of the prescriber and the patient. These interactions produce a negotiated understanding between both parties in relation to the significance and symbolism of an antibiotic prescription. Our analysis highlights how decisions to prescribe an antibiotic may be influenced by the context of competing pressures extrinsic to the patient-provider relationship, including time, risk, and responsibility. In certain circumstances this may lead to the inappropriate prescription of an antibiotic script.

Influenced by the theory of negotiated order,<sup>1</sup> we explore how different approaches towards antibiotic-seeking behaviour by patients are interpreted by prescribers. We highlight how extrinsic factors may influence co-produced care, and consequently impact upon a patient or provider's agency, including: (1) rapid diagnostics, which aim to reduce uncertainty in a consultation; and (2) disruptions to medical hierarchies, such as attaching an antimicrobial pharmacist to a GP practice in order to monitor the appropriateness of antibiotic prescriptions.

**Conclusion** How providers negotiate their patients' antibiotic-seeking behaviour is linked to temporal factors, professional experience, perceptions of risk, and culturally mediated understandings of 'appropriateness'. Future efforts to reduce antibiotic prescribing in community settings may be achievable by pulling on extrinsic levers, rather than sacrificing the patient-provider relationship.

**REFERENCE**

1. Strauss A, Schatzman L, Ehrlich D, Bucher R, Sabshin M. (1963). The hospital and its negotiated order. In Friedson E. (ed). *The Hospital in Modern Society*. Free Press, Glencoe, NY, 147–169.

**RF22 THE ROLE OF POWER IN REGULATING ONLINE ADVERTISING OF HIGH IN FAT, SUGAR AND SALT FOOD AND BEVERAGES TO CHILDREN: PARENT AND STAKEHOLDER PERSPECTIVES**

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**Background** In the United Kingdom (UK) increasing childhood obesity rates may be indicative of a lack of regulation of