

# Frugal antibiotic prescribing associated with lower GP satisfaction scores

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Reduced antibiotic prescribing is associated with lower patient satisfaction on the national General Practice Patient Survey, according to a new study by King's College London. The study found a 25 per cent lower rate of antibiotic prescribing by a GP practice corresponded to a 5-6 point reduction on GP satisfaction rankings.

The study, published in the *British Journal of General Practice*, analysed records from 7,800 general practices - 96 per cent of practices in England - and the NHS GP Patient Survey. The Survey measures [patients'](#) satisfaction with their GP and GP practice and is a component of the NHS Quality Outcomes Framework that informs GP's pay-for-performance.

After taking into account demographic and practice factors, antibiotic prescribing was a significant determinant of patient experience. For example, for a practice that prescribed 25 per cent fewer [antibiotics](#) than the national average, there was a corresponding reduction in the national GP satisfaction rankings from the 50th centile to the 44th to 45th centile.

Dr Mark Ashworth, GP and lead author of the study from the King's Division of Health and Social Care Research, said: 'Many patients come in asking for antibiotics when they have viral infections such as colds, coughs, sore throats, or the 'flu, but antibiotics cannot treat viruses. GPs often feel pressured by patients to prescribe antibiotics and find it difficult to refuse a patient who asks for them.'

'These findings suggest that practices that try to help prevent the spread of antibiotic-resistant bacteria by prescribing fewer antibiotics are likely to experience a drop in their satisfaction ratings. GPs who are frugal in their antibiotic prescribing may need support to maintain [patient satisfaction](#). Although small-scale studies have shown that dissatisfaction about not receiving an antibiotic can be offset if the patient feels that they have been listened to or carefully examined, further research is needed to determine if this will help in the real world of busy GP practices.'

A previous study by Public Health England found 51% of patients were inappropriately prescribed an antibiotic by their GP for coughs and colds, for which antibiotics are completely ineffective. The inappropriate use and prescribing of antibiotics is contributing to the development of resistant bacteria.

The authors point out this study was observational, so no definitive conclusions can be drawn about cause and effect.

To try to rule out other factors in the doctor-patient relationship that could affect the outcomes of the survey, such as a wish to please patients, the authors investigated other possible explanations for patient satisfaction. They checked GPs' total prescribing costs and prescribing rates for other drugs, such as sleeping pills, painkillers and antidepressants, but found these had a far smaller association with patient satisfaction. They also found patients' ability to access their GP was not a factor.

The findings of this study are consistent with previous small-scale studies that found patients who did not receive antibiotics were much more likely to express dissatisfaction. This study is the first to link national patient experience survey data with GP practice [antibiotic prescribing](#) patterns.

Provided by King's College London

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