Illustrative Pathways to Self Care

Chapter 10. Pathway to self care: sore throat

This chapter gives you an example of a practice team's approach to the self care of sore throat.

The start

We start with a story from a patient's perspective. You could:

- work through the detailed scenario observing the sort of issues and discussion that the fictional practice team progress through here
- discuss how your team would respond to the patient story given here
- take an example case of a patient with sore throat from your own practice (anonymising the patient's identity in the team's discussion as appropriate).

If you do not know enough about the management of sore throat for completing the problem based learning, learn more about the range of self care options and clinical summary about sore throat in the second section of this chapter, before you start the problem based learning exercise.

Patient's story 10.1 Use this or your own clinical scenario to focus your discussion

'I recently had a really bad sore throat. As I only usually have sore throats for 2-3 days, maybe followed by a cold, I just treated this as any normal sore throat and took paracetamol as usual.

A week later and I still had a sore throat, especially in the mornings, so I decided it might be time to visit the GP. I had thought of going a couple of times but know that there's not much a GP can do for a sore throat or cold and it is often advertised not attend your GP surgery if you just have a cold.

I decided to go the pharmacy first to see if they could recommend anything that would clear up my sore throat so that I didn't need to see the doctor. They sold me some medicine but it did not help my sore throat much. The next day I rang for an appointment to see the doctor. I was very impressed at the fact that I got an appointment at very short notice. I was aware, though, that by this time I had started to feel a whole lot better but as I had an appointment I thought that it was still worth going.'

[Note: So the patient in this scenario had tried **A**waiting resolution of her symptoms, and self management for **R**elief of symptoms, and to some extent was **T**olerating the symptoms.]

Your project team

You might want a team to discuss alternative options for self care of sore throat as in this example to include:

Consider Tool 11 on team building

- practice nurses
- reception staff
- practice manager
- GPs
- patients and carers
- pharmacist
- pharmacy assistant

You could use a checklist as in Table 10.1 to record who is involved and in what way.

Team discussion considering the patient story 10.1

Consider Tools 1, 3,4,5,6,8 for your team work and discussions

In this scenario, discussion between the fictional practice team members reveals:

- Patients making an urgent appointment are usually seen by the GPs after the routine surgery. If a locum or new GP registrar is in the practice many of the urgent appointments will be with this doctor. The practice nurses are too booked up with patients with chronic conditions to provide any help.
- The GP's view is that many of the patients attending for urgent appointments are irritating or inadequate – unless they have a serious medical complaint. The GP gives patients inadequate explanations about their condition because of the pressure of time.
- The reception staff often feel squeezed between patients who are anxious about their symptoms and the desire to reduce the burden of extra patients for the GPs. Receptionists would like more guidance to prioritise those patients who need to see a doctor urgently.
- Management is inconsistent. Some doctors give antibiotics for sore throats frequently, others hardly ever. None feel that they can give enough time to explain how the patient can manage next time, or how patients can decide when to consult with a sore throat. They are unsure how they would do this anyway.
- Patients and carers continue to attend with sore throats because there is no consistent policy. They feel unsure how to manage themselves and how long it is reasonable to wait before consulting a GP or nurse about their sore throat. They often feel that they were right to see the doctor last time because they received a prescription.

- The pharmacist usually delegates advice about sore throats to the pharmacy assistants. No consistent policy has been agreed in the pharmacy. Neither have the GPs and local pharmacists agreed a policy for the treatment of sore throats and the pharmacists are unaware of which patients the GPs feel should be seen. The pharmacy assistant feels that she is expected by her employer and the customer to sell something to relieve the symptoms.

What you do next might include:

Consider any of Tools 2,3,4,5, 6,7,8,9,10 for your action planning

- Arrange a meeting between members of the primary care team and the pharmacist team to agree a common approach to promoting self care for sore throats.
- Nominate one of the practice nurses as the lead clinician because of her special training and skills in health promotion. (Or arrange for one of the practice nurses to receive such training before taking on the lead.) She might combine this specific task (of education about sore throats) with other prioritised health educations tasks such as smoking, obesity and exercise.
- Examine the time that the practice nurse has available. A shortage of time will prompt an audit of tasks performed. Analysis suggests that up to 40% of the work currently performed by the practice nurse could safely be delegated to a less qualified health professional. The team decide to use an appropriately trained health care assistant. You might train suitable volunteers from the existing members of staff to the requisite standard or employ someone already trained.

- Patient and carer representatives on the team help to draft and test posters and new information in the practice leaflet about the availability of advice about self care with sore throat as an example.
- Reception staff and pharmacy assistants will use the information in Box 10.1 in section 2 to advise patients on self care and whether they need an appointment at the surgery. Patients who are not happy with this, or who are on medication, will be referred to the nurse or doctor for telephone advice in the first instance.
- The receptionists decide to give out to patients the flow chart on self help for sore throats, that is published in the Thomson directory[1] (see www.nhsdirect.nhs.uk). The practice manager will scan this into the computer so that it can easily be printed out and check that it is an up to date version, once a year.
- The GPs and practice nurses agree to use the Prodigy patient leaflet[2] on sore throats. It can be printed out for patients who attend.
- The pharmacist would prefer to use the patient information leaflet from the Scottish Intercollegiate Network[3] (as it does not denigrate the use of lozenges, etc. that might affect sales) and will train the pharmacist assistants on its use. The pharmacy already has a supply of the leaflet on reducing antibiotic use (Antibiotics: Don't wear me out)[4] that customers can collect from a display.
- Discussion about the cost of self care leads to a proposal that the pharmacist and practice manager will approach the PCT. In other areas, PCTs have financed a minor ailments scheme where care is transferred from general practice to pharmacies, and patients normally exempt from prescription charges can receive over the counter medicines free of charge.
- The doctors and nurses agree to meet with the practice or community pharmacist to examine the evidence about the treatment of sore throats with antibiotics and to draw

up an agreement so that patients receive consistent management. They will allow for patients to opt for symptomatic treatments that give them temporary reduction in the discomfort of sore throat, even if there is no or limited evidence of any particular treatment providing a 'cure'. The practice pharmacist might source the evidence, in addition to that presented in this chapter.

What extra resources might this require?

Consider either Tool 8 or 10 for determining resource and skill needs

- Time for meetings and for training.
- Protected time for lead practice nurse to monitor and support the introduction of the changes. Time for her health promotion activities.
- Training for reception staff to use the flow chart and leaflets and direct patients to the pharmacy or the practice nurse for advice.
- The practice manager will ensure that all computers are set up so that information leaflets can be printed out. A supply of ready printed leaflets will be kept in the reception area and the lead receptionist or her deputy will ensure that they are replenished.
- Additional staffing hours may be needed initially - achieved by modifying the workload of existing staff, extending the hours of existing staff or employing additional staff. An additional health care assistant may be the most cost effective approach.
- Schemes for transfer of management of minor ailments funded by PCTs, have allocated funding for a pharmacy facilitator for setting up the scheme. The PCT needs to fund the cost of the medicine supplied plus a consultation fee for the pharmacist.

- The pharmacy may need extra time, but many of the consultations in minor ailments schemes are basically transfers from dispensing of a prescription that the patient would have received from a doctor. There should be an area to preserve the confidentiality of consultations between the pharmacist and patients and assistance with the paperwork created by the minor ailment scheme.
- Supplies of leaflets and posters about the minor ailments scheme.

The outcomes might include:

Either of Tools 9 and 12 will help to monitor progress

- Better and more confident self management of sore throats by patients and carers.(P, A, R, T)[♣]
- Fewer requests for GP appointments from patients with sore throats. (A, R, T)
- A decrease in the number of patients prescribed antibiotics. (A, R, T)
- No failures to identify those few patients requiring medical input. (R)

How would you demonstrate that you have achieved your outcomes?

Consider Tools 9 and 12 for reviewing outcomes

- Record GP appointments for sore throats before and at intervals after the project to demonstrate changes in demand.
- Record the lead practice nurse appointments for self care of sore throats before and at intervals after the project to demonstrate changes in demand.

[♣] **P**revent the condition , **A**wait resolution, Use self management for **R**elief of symptoms, Learn to **T**olerate symptoms.

- Record numbers of patients seen at the pharmacy for advice before and at intervals after the project to demonstrate changes in demand.
- Record the number and type of patients referred from the pharmacist, pharmacy assistants, practice nurse(s) and receptionists for medical care of sore throat.
- Significant event examination of any complaint, missed diagnosis or adverse outcome subsequent to the change to self care or pharmacy advice.

Table 10.1 Role and responsibilities check list

For each task tick the box for each team member who has a role or responsibility – then note your role and responsibilities for the task.

Completed by_____

Task	Project team member								What are the roles and responsibilities?
	Doctor	Practice nurse	Patient or carer	Reception team	Practice manager	Practice-based or community pharmacist	Pharmacy assistant	PCT	
Promoting the concept of self care, issuing leaflets, redirecting patients to pharmacy advice	ü	ü		ü	ü	ü	ü	ü	*Every person seen complaining of a sore throat can be supplied with self care information.*
Recording attendances	ü	ü		ü		ü	ü		*To ensure self care advice given to patients consulting with sore throat is recorded so that the advice is reinforced at any similar consultation in future*
Significant event audit	ü	ü	(ü)	ü	ü	ü	ü		*Any serious missed diagnosis or adverse outcome relating to the management of sore throat is examined*

Agree protocol for self care of sore throat	**ü**	**ü**			**ü**	**ü**		**ü**	*Discussions with PCT re justifying and setting up of minor ailments scheme; practice protocol agreed with local pharmacist meanwhile*
Task 5 – you add									

Section 2 Self care for sore throats

How big is the problem?

Sore throat is a common reason for people to seek medical attention. A GP with 2,000 patients will see around 120 people with acute throat infections every year.[5] Most people with sore throat do not attend their GP.[6] Young people and children are the most frequent attenders, especially in winter.

Symptoms

Pain in the throat and on swallowing is the most common complaint. Fever, headache, a white or grey covering over the back of the throat, swollen glands below the jaw and at the sides of the neck, feeling or being sick and abdominal pain may also occur. Cough, a runny nose or a hoarse voice often occur together with a sensation of a sore throat and are more suggestive of a viral cause.

Throat infections usually improve over three to seven days.[7]

Self care advice and guidance – take PART

Think of the range of advice and guidance about self care you might promote to patients who consult you with a sore throat. See Box 10.1.

Box 10.1 Range of self care advice and guidance you can give to patients or carers

P Prevention**:** It is difficult to avoid catching infections from other people. Washing your hands more frequently, especially after blowing or touching the nose can reduce the spread of germs by hand contact. It may be possible to avoid standing too close to someone with an obvious cold or sore throat. Avoid sharing drinking or eating

utensils with others.

A **A**wait resolution of the symptoms: A sore throat usually cures itself in three to seven days, but may take longer if associated with a cold or cough. Ask your pharmacist or call NHS Direct if you are not sure how to manage it.

R Use self management for **R**elief of symptoms: Drink fluids (not alcohol) in small amounts frequently. Take pain relief, if needed, such as paracetamol in the recommended dose on the container – that could be the maximum dose on days when the pain is most severe. Taking painkillers regularly helps to keep the pain under control. Avoid foods that cause discomfort when swallowed; ice cream and soft foods often help. Gargling with salt water or sucking lozenges eases throat soreness. Avoid smoking and smoky atmospheres.

T Learn to **T**olerate symptoms that do not resolve or cannot be reasonably alleviated. Increasing rest periods helps your body to get on with healing itself.

When they should seek further advice

Tell them:

If you have any of the following speak to NHS Direct (0845 4647) or a doctor or nurse at your general practice surgery.

- You have a sore throat lasting more than two weeks, difficulty in swallowing or a hoarse voice
- You feel generally unwell with tender lumps in your armpits and groin as well as in your neck
- You have a rash and a fever
- You have any difficulty breathing or swallowing your own saliva

Alarm symptoms or signs (red flags)

Quinsy: symptoms include a worsening sore throat, usually on one side, with fever, difficulty opening the mouth, difficulty swallowing, drooling rather than swallowing their own saliva and sometimes swelling of the face and neck. It requires urgent medical assessment and if confirmed, rapid referral to secondary care for surgical drainage.

Epiglottitis: The first symptoms are a high temperature and rapid onset of a very sore throat. Severe difficulty in swallowing follows, with drooling, spitting, fast and very noisy breathing. A child will sit straight upright in order to help them breathe more easily, or may sit with their chin forward. In infants there may be problems with sucking when breast or bottle feeding.

As the epiglottis swells and blocks the airways, a child may find it hard to breathe, and their skin may turn grey or blue. He or she may be restless and panicky, and have fever or shivering attacks. They may be unable to speak or have a very muffled voice, make grunting type noises and may sit leaning forward, trying to keep their airways open. Never lie the child down or try to look in their throat, as this can trigger a spasm that closes their throat completely, and can cause death within a few minutes. In adults, symptoms are similar, but they start more gradually and recovery is usually slower. The main symptom is usually severe pain that is worse on swallowing.

This condition is an emergency, and you should get the affected person to the nearest Accident and Emergency (A&E) department or phone 999 for an emergency ambulance.

Agranulocytosis: The commonest causes are drug reactions or infections in already immunocompromised patients. Patients taking drugs commonly associated with this adverse reaction should have received warnings to report sore throats promptly and need medical evaluation.

Other diagnoses

Glandular fever: Sore throat with fever, feeling unwell generally, and swollen glands in the neck, armpit and groin may suggest glandular fever, otherwise known as infectious mononucleosis or Ebstein Barr Virus (EBV). Abdominal pain and a rash may also occur and the spleen may be enlarged. A blood test can confirm the diagnosis and symptomatic treatment advised.

***Scarlet fever*:** The main symptoms include sore throat with fever, headache, vomiting and swollen neck glands. The tongue has a thick white coating that peels to leave a red 'strawberry' appearance. The rash usually appears on the second day and looks like sunburn. You can feel little bumps all over it and it may be itchy. It appears on the neck, and spreads to the rest of the body. The skin affected may peel off especially around the fingers and toes. The causative agent is the toxin produced by the *group A beta-haemolytic streptococcus* (GABHS).

Persistent sore throat: Consider other diagnoses such as perennial or seasonal rhinitis with postnasal catarrh, and, rarely, blood abnormalities like leukaemia.

Late complications

Other complications of acute sore throat caused by GABHS are sinusitis or otitis media. Non-suppurative complications include acute nephritis and rheumatic fever, both now very rare in developed countries.

Identifying group A beta-haemolytic streptococcus (GABHS)

Throat swab cultures can take 24-48 hours to be reported, limiting their usefulness for a decision during the consultation. The high rate of asymptomatic carriers in the population of around 40%[5] means that many people with a positive throat culture will not have a sore throat caused by GABHS. Rapid antigen testing gives a quick result in the consultation, but still only tells you if GABHS is present, not if it is the cause. Neither is much help with deciding on whether to treat with antibiotics!

A symptom and sign score, such as the Centor score[8,9] may help to decide whether GABHS is present using the criteria:

- Tonsillar exudates
- Tender anterior cervical lymph nodes
- Fever
- Absence of cough.

A score of 0, 1 or 2 of the criteria shows low likelihood of GABHS infection.

A score of 3 or 4 of the criteria increases the likelihood of GABHS infection.

Using antibiotics

A study in children using two of the Centor criteria as the cut off point for treating with antibiotics showed that antibiotics did not help the symptoms but did reduce the complications of imminent quinsy, impetigo and scarlet fever.[10] However, the authors did not advise immediate prescription of antibiotics even for this group of children who were more unwell. Delayed antibiotic use in children whose illness worsened was sufficient. A commentary on this and other studies[11] concluded that seven children with two of the four Centor criteria would have to be treated to prevent one case of worsening of illness. The other six would suffer the disadvantages of side effects, reduced local and systemic immunity and the cycle of recurrence.

A systematic review by the Cochrane collaboration[12] suggested that antibiotics might shorten the length of time symptoms persisted, but only by eight hours overall. Around 90% of patients were symptom free after seven days, whether or not they received antibiotics. There was no evidence that treatment with antibiotics resulted in an earlier return to school or work. The review also reported that, although antibiotic treatment reduced the incidence of otitis media and sinusitits, this did not translate into significant clinical benefits. To prevent one episode of otitis media, about 30 children, and 145 adults, with sore throat would need to be treated with antibiotics.

Other studies have reported the lack of success in preventing both rheumatic fever and acute glomerulonephritits when sore throats were treated with antibiotics. Most clinical trials have used 10 days of penicillin or erythromycin to eradicate GABHS. It is not clear if shorter courses are any less effective in relieving symptoms or preventing complications.[5] Other

antibiotics such as amoxicillin should be avoided because of the risk of precipitating a rash if the patient has glandular fever.

The MeRec Bulletin[5] and the SIGN guidelines[6] both conclude that GPs should avoid prescribing antibiotics for most sore throats. In very ill patients, or those with a history of previous complication, penicillin or erythromycin may be used. A delayed prescription to be used if symptoms worsen after a few days, may be a useful compromise for patients unconvinced by an explanation of the evidence. There are two models for a 'delayed' prescription: one where the patient comes back to the practice if the condition persists,[13] and the other where a post-dated prescription is given.[14] In any audit you undertake of your prescribing for sore throat, you should develop a system to account for delayed antibiotic prescriptions not presented to the pharmacy because the person's sore throat symptoms have resolved. If the prescription is left at the practice to collect, you should delete it as having been issued, on your computer system. If you opt for the post-dated delayed prescription model, see if you can allocate a specific code for delayed prescriptions via your practice computer system.

Apart from being mainly unnecessary or ineffective for sore throat, prescribing antibiotics can trigger a learned behaviour resulting in future unnecessary consultations.

Find a way to gain everyone's agreement as to your policy for prescribing antibiotics in general, and in this instance for sore throat – and review the extent to which all prescribers are adhering to your practice policy. Advertise that message to patients so they know when they should consult a doctor or nurse with their sore throat or when they might benefit from

an antibiotic. This might be a central part of establishing a local minor ailments scheme in pharmacies and general practices (see Chapter 6).

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