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## Drugs and Therapeutics Bulletin Press Release

### NHS England taken to task for sore throat ‘test and treat plans’ in pharmacies

*Evidence flimsy and estimates of doctors’ time and NHS monies saved likely to be overblown*

Plans to run a ‘test and treat’ service for sore throat in community pharmacies in England are based on flimsy evidence and “heroic assumptions” about the potential impact on family doctor (GP) appointments, concludes an editorial in this month’s issue of the **Drug and Therapeutics Bulletin (dtb)**.

The NHS England plans fall under its National Innovation Accelerator (NIA) programme, which aims to promote “mature innovations with an evidence base, ready to scale in the NHS, and where there is no easy or obvious mechanism for adoption.”

But **dtb** questions just how far these criteria apply, given that the scheme was evaluated in just 367 people from 35 community pharmacies owned by one commercial chain.

The pilot involved people aged 12 and older with a sore throat, which was assessed using criteria designed to winkle out the likelihood of bacterial infection (group A streptococcus) as the cause.

Those deemed most likely to have a bacterial infection were then offered a throat swab and a rapid test to confirm the cause, with the option of antibiotics if they tested positive.

The evaluation drew on 367 people, of whom 149 were considered eligible for the test: 36 tested positive for group A streptococcus infection. Pharmacists referred 56 people to their GP for further tests.

Based on these figures, NHS England suggests that if the scheme were rolled out nationally, visits to the family doctor for sore throat would plummet from 1.2 million to just 400,000—estimates which *dtb* dubs “heroic assumptions”—and would add up to a hefty £34 million in savings for the NHS every year.

But says *dtb*: “The small-scale evaluation did not include a comparison of the rate of antibiotic provision with usual care, did not assess outcomes of treatment, did not review complication rates and did not address issues of funding, cost-effectiveness, or scalability.”

It continues. “It did not provide evidence that a test and treat service in community pharmacies would achieve a reduction in GP consultations, a reduction in antibiotic prescribing, an improvement in outcomes for patients or a financial saving.”

And there are other drawbacks to the scheme, the costs of which were borne by patients in the pilot, states *dtb*.

Most sore throats are viral, and there’s no evidence that bacterial sore throats last longer or that the test used can distinguish between carrier status and active infection. Up to 40% of those ‘infected’ with group A streptococcus have no symptoms.

Furthermore, antibiotics are not recommended for sore throat and there’s no evidence to suggest that they are any better than simple painkillers for tackling the severity of symptoms.

And as only 6% of patients with a sore throat make an appointment to see their GP, “it is not clear what would happen if the other 94% were to access this service,” says *dtb*.

It concludes: “When it comes to devising a national service for such a common self-limiting condition, let’s base it on evidence.”

[Ends]

### **Notes for editors**

**Editorial:** Sore throat test and treat – a £34 million question?

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