

Antimicrobial Resistance: Raising Awareness

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NHS England and NHS Improvement



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Strategic context: refreshed national action plan for AMR

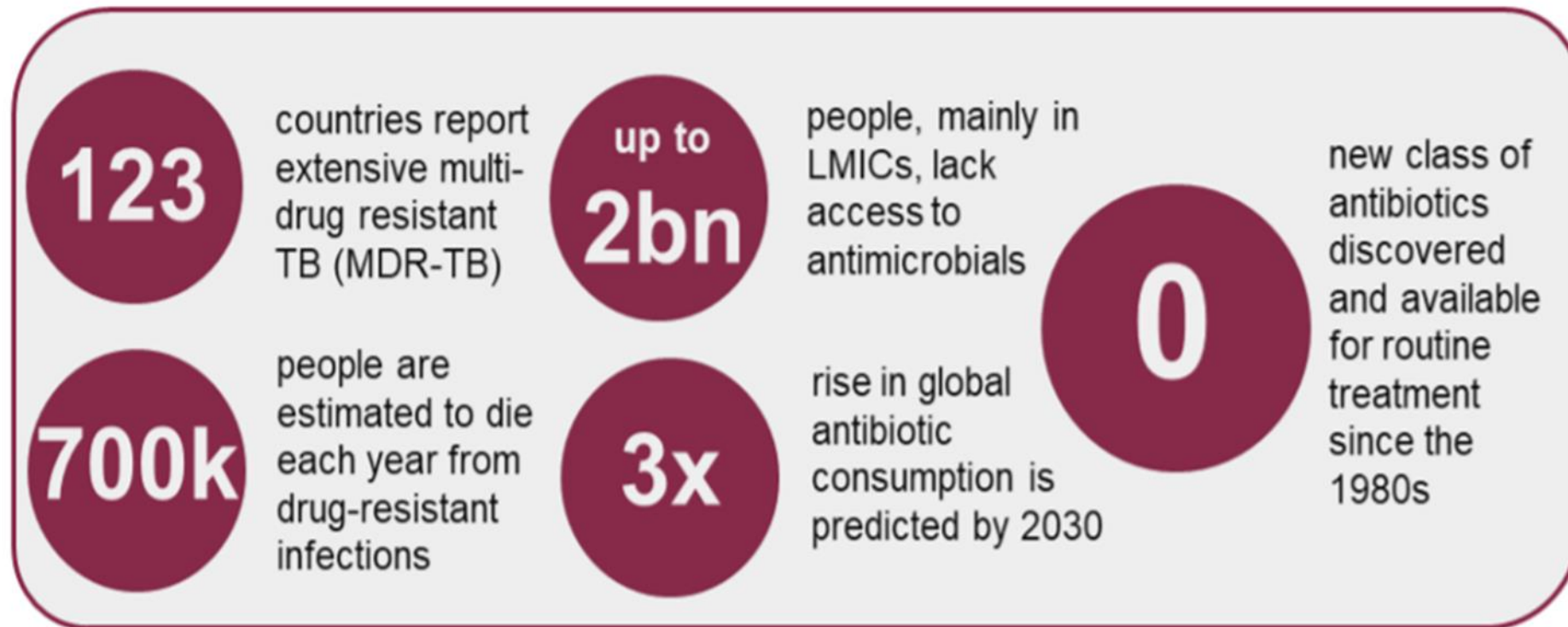
Recent performance – nationally & internationally

The NHS role

2019/20: immediate priorities

Context for the new plan – AMR in numbers

Figure 1. The rise and spread of AMR ¹



Continuing the 'One Health' approach

Did you know that no amount of antibiotics can cure your cold?

Colds, most coughs, sinusitis, ear infections and sore throats get better without antibiotics, as your body can usually fight these infections on its own.

**KEEP
ANTIBIOTICS
SAFE FOR
THE FUTURE**

Ask your pharmacist for advice about your symptoms



**ACTING AGAINST
ANTIBIOTIC RESISTANCE
IS A SHARED RESPONSIBILITY**



Everyone can help reduce the spread of antibiotic resistance



Policy-makers



Health workers



General public



Pharmaceutical industry



Farmers and veterinarians

#AntibioticResistance

<http://www.euro.who.int/amr>
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Highlights of the new plan

- Board-level leadership for IPC and AB stewardship
- Continue to work to reduce HAI gram-negative BSIs and reduce resistant infections
- Develop a real-time patient-level prescribing and resistance data source
- Investing in innovation and access: improving global supply chains, ensuring national procurement mechanisms conserve antimicrobials
- Test a new antimicrobial reimbursement model – delinking payments from volumes sold
- Research routes of transmission, including the impact of the environment and food
- Best practice IPC for livestock, pets and horses

The UK contribution to a global effort



- A lower burden of infection – including better treatment of resistant infections, and minimised transmission in communities
- Optimal use of antimicrobials and good stewardship across all sectors – including access to safe, effective, responsibly-manufactured medicines, with usage levels by sector as good as the best in the world (where comparable data is available)
- New diagnostics, therapies, vaccines and interventions – including a full antimicrobial research and development pipeline, with access to new and old technologies for all
- Improve the surveillance of AMR and generate relevant data shared nationally and globally
- Grants supporting 24 countries across Africa and Asia
- Principles of country ownership, sustainability, alignment and One-Health

Fleming Fund/CPA/THET initiative



Commonwealth Partnerships for Antimicrobial Stewardship (#CwPAMS) Objectives:

Partnerships strengthen workforce in:

- ▶ Antimicrobial prescribing practice
- ▶ Use of microbiology data to inform decision making
- ▶ Infection prevention control
- ▶ Antimicrobial stewardship including surveillance of antimicrobial use (Global PPS participation)



Improved knowledge and practice related to IPC and AMS

AMR decision-making tools used by other local and national partners.

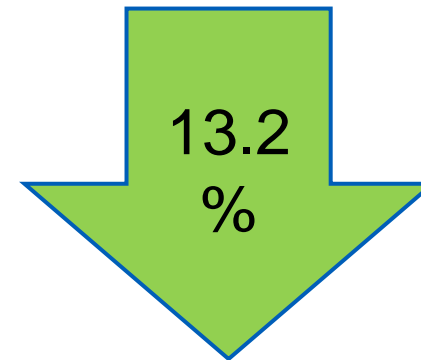
NHS staff demonstrate improved leadership and understanding of the global context (Bi-directional)

Recent progress (2013-2017): the good news...

Antibiotic prescribing in primary care
(per 1,000 inhabitants per day)



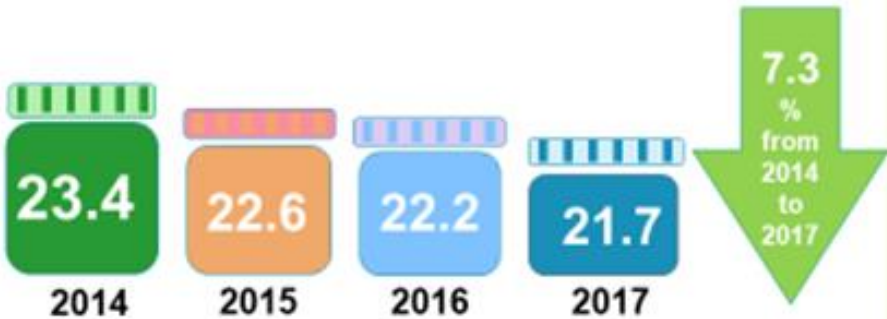
Total primary care antibiotic
prescriptions (per 1,000 inhabitants
overall)



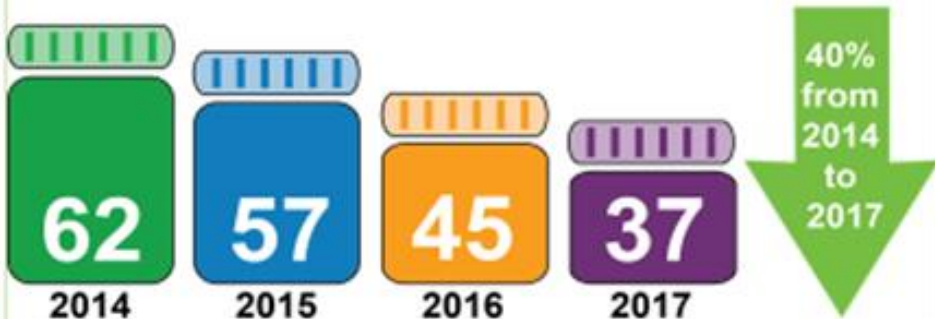
Consumption: a positive direction of travel

Reduced antibiotics consumed/ sold in the UK

Amount of Antibiotics consumed by humans in the UK
Defined Daily Doses per 1000 inhabitants per day



Amount of antibiotics sold for use in UK food-producing animals
milligrams of active ingredient per kilogram of bodyweight (mg/kg)



...and the challenge

Secondary care antibiotic consumption



7.7%

Outpatient antibiotic prescribing



21%

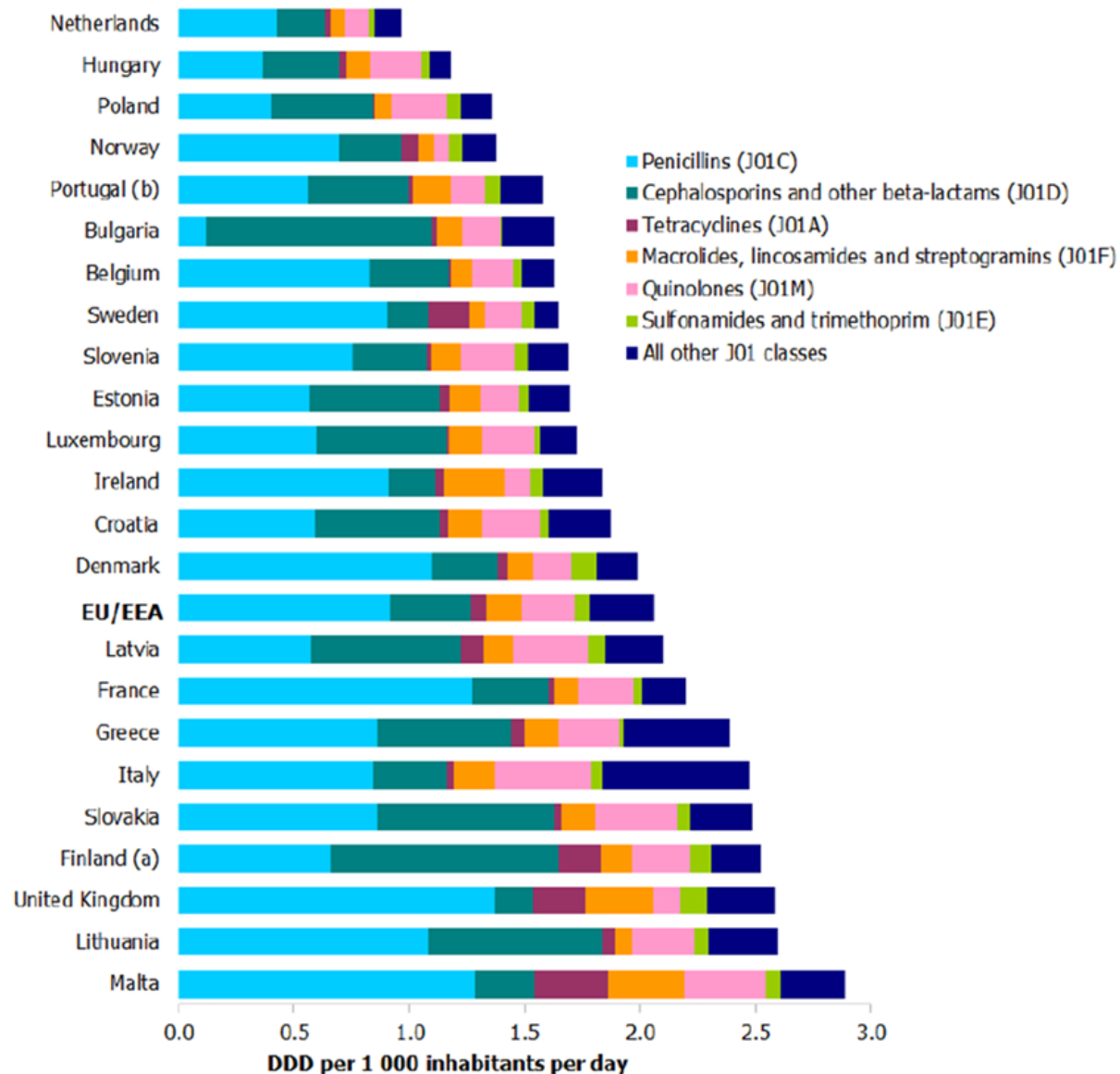
Total antibiotic-resistant bloodstream infections



35%

(all figures based on 2013-17 data)

Prescribing: performance vs European peers



(Consumption of antibiotics for systemic use in the hospital sector by antibiotic group, EU/EEA countries, 2016)

Priorities for secondary care (1/3)



Antimicrobial stewardship programmes to support reduced antimicrobial use by an overall 15% by 2024 (25% in primary care from 2013 baseline; 10% in 'reserve' & 'watch' in hospitals from 2017 baseline)

- Implementing universal data coding and interoperability of data systems – including investment in EPMA
- **Audit and feedback of surveillance**

Priorities for secondary care (2/3)



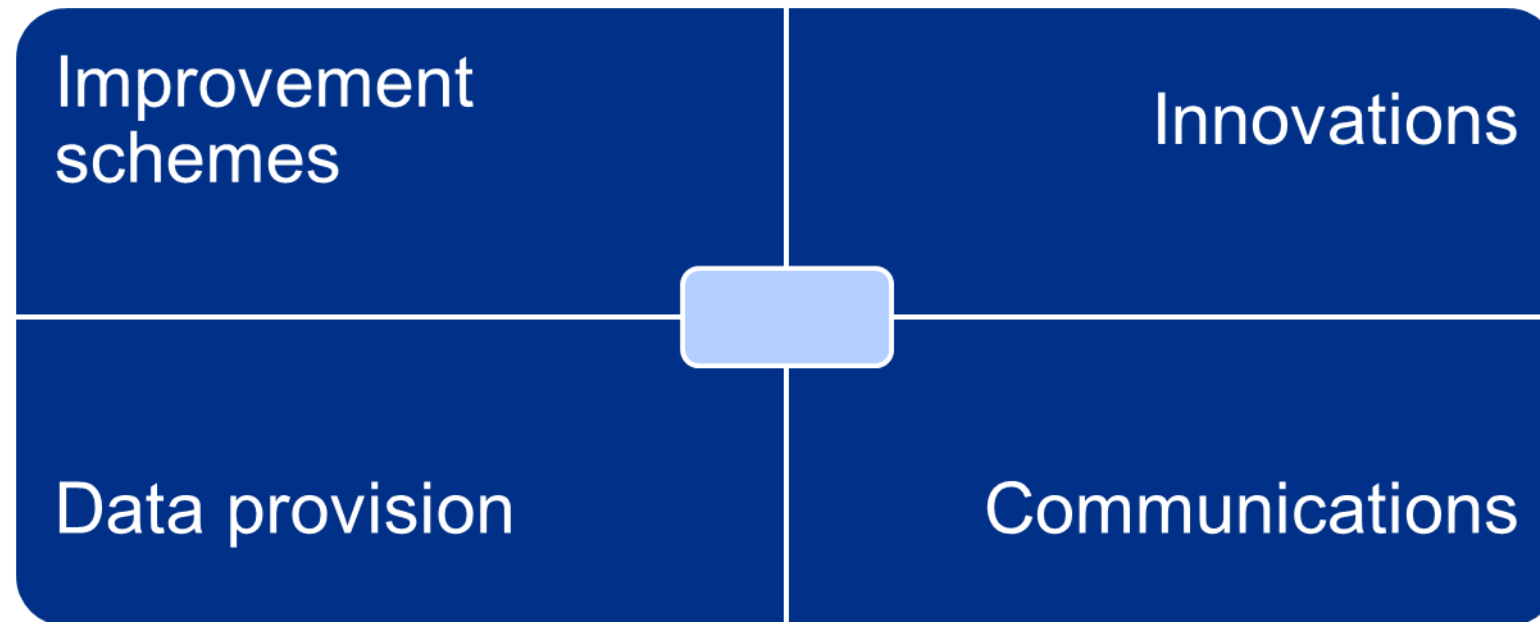
- Enhancing the role of pharmacists, including in primary care
- **Preparing a 2-5 year urgent diagnostics priority list**
- Implementing national purchasing arrangements that de-link the price paid for antimicrobials from the volumes sold

Priorities for secondary care (3/3)



- **Contributing to reducing the incidence of drug resistant infections from 53,000 to 48,000 (a 10% decrease)**
- **Ensuring board-level, system leadership: combined IPC and antimicrobial stewardship role for all regulated providers**
- **Mandating IPC and care standards first developed in Scotland**

2019/20: early opportunities



Improvement schemes applying from April 2019



CQUIN

- Achieving 90% of antibiotic prescriptions for lower UTI in older people meeting NICE and PHE guidance
- Achieving 90% of antibiotic surgical prophylaxis prescriptions for elective colorectal surgery being a single dose

NHS Standard Contract

- Reduce antibiotic usage (against a 2018 calendar year baseline) by:
- 1% in the first contract year; and
- by a further 1% in each subsequent contract year

Join an AMR network

- Online map and tool presents national AMR network coverage, helps connect the country to deliver the National Action Plan
- Specialist Pharmacy Service www.sps.nhs.uk
- Represents activity at all the tiers of the NHS to drive improvement
- Each network has its own space to share key outputs

