Antimicrobial Resistance: Raising Awareness

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Contents

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

- 123 countries report extensive multi-drug resistant TB (MDR-TB)
- 700k people are estimated to die each year from drug-resistant infections
- up to 2bn people, mainly in LMICs, lack access to antimicrobials
- 3x rise in global antibiotic consumption is predicted by 2030
- 0 new class of antibiotics discovered and available for routine treatment since the 1980s
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

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
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)

4.5%

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

13.2%
Consumption: a positive direction of travel
...and the challenge

Secondary care antibiotic consumption

Outpatient antibiotic prescribing

Total antibiotic-resistant bloodstream infections

(all figures based on 2013-17 data)

7.7%

21%

35%
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
- Innovations
- Data provision
- Communications
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](http://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