

Promoting appropriate antimicrobial prescribing in primary care

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Promoting appropriate antibacterial prescribing in primary care

- Why antimicrobial stewardship and AMR matters - we need to deliver benefits and avoid harms, now and in the future
- Primary care antibacterial prescribing varies – how much?
- An overview of how to improve appropriate antibacterial prescribing in primary care
- What the 2015-16 NHS Antibiotic Quality Premium means for CCGs



UK 5-year AMR Strategy 2013-18: Seven key areas for action

DH – High Level Steering Group

PHE

Human health

- 1) Better access to and use of surveillance data
- **2) Optimising prescribing practice**
- 3) Improving infection prevention and control
- 4) Improving professional education, training and public engagement

Defra

Animal health

DH

- 5) Improving the evidence base through research
- 6) Developing new drugs, vaccines and other diagnostics and treatments
- 7) Strengthening UK and international collaboration



Surveillance Summary of 2014 ESPAUR Report



English surveillance programme for antimicrobial utilisation and resistance (ESPAUR)

Report 2014

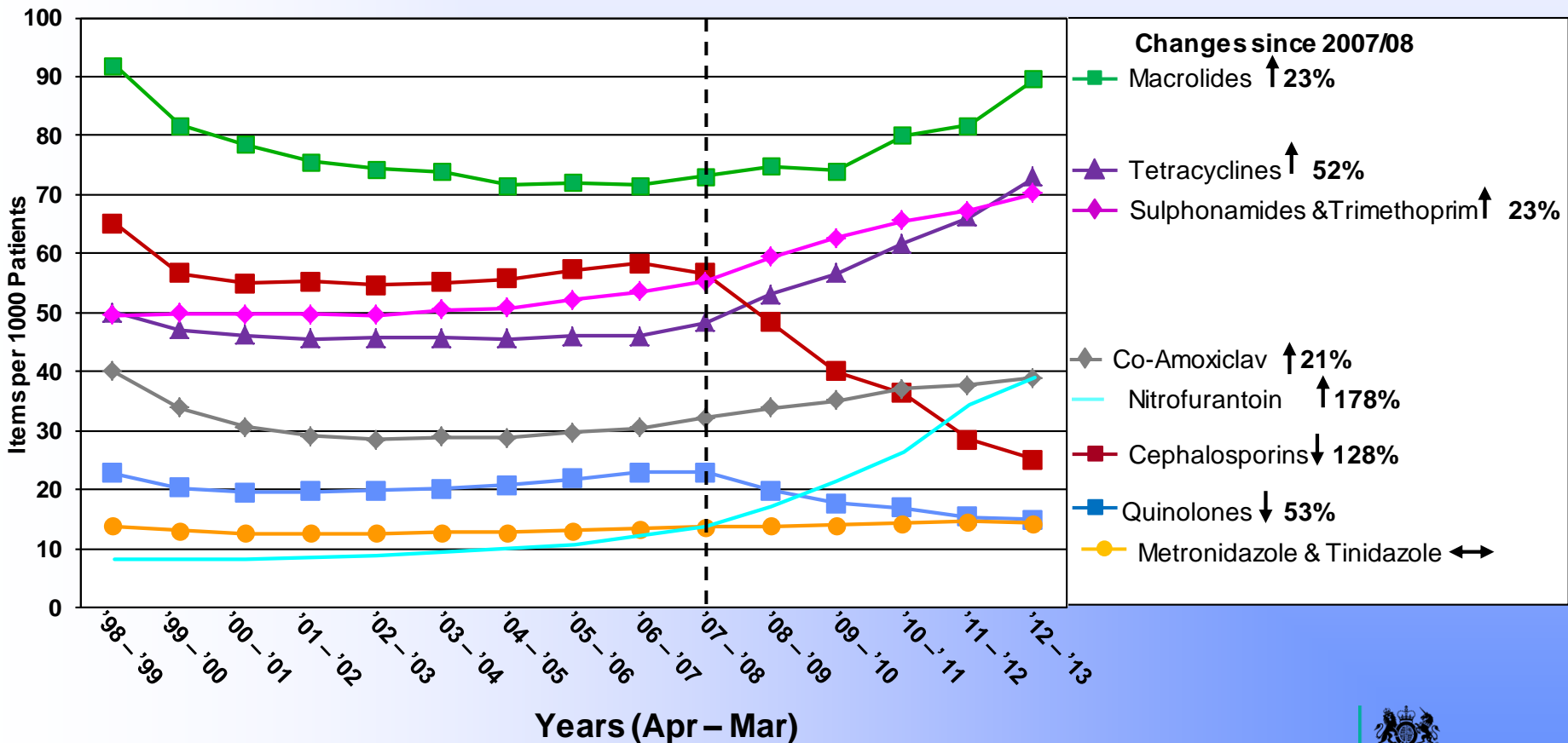
From 2010 to 2013, the total use of antibiotics increased by 6%: within general practice use increased by 4%, while prescribing to hospital inpatients increased by 12% and other community prescriptions (e.g. those issued by dentists) increased by 32%.

- **Resistance:** The number of patients with bloodstream infections has increased each year, 2010 to 2013
- Increased numbers of these bloodstream infections are caused by resistant bacteria, 2010 to 2013
- **Antibiotic prescribing** to patients has increased year on year, 2010 to 2013
- Almost 80% of antibiotics are prescribed by General Practices
- Considerable variability in both antibiotic resistance and antibiotic prescribing across England; frequently areas with high prescribing also have high resistance
- Individual healthcare organisations should use this data to benchmark their organisation

UK PRESCRIBING

What is happening to GP prescribing?

Trends in prescribing of antibacterial items (excluding penicillins) in English General Practices





Antimicrobial Prescribing Quality Measures

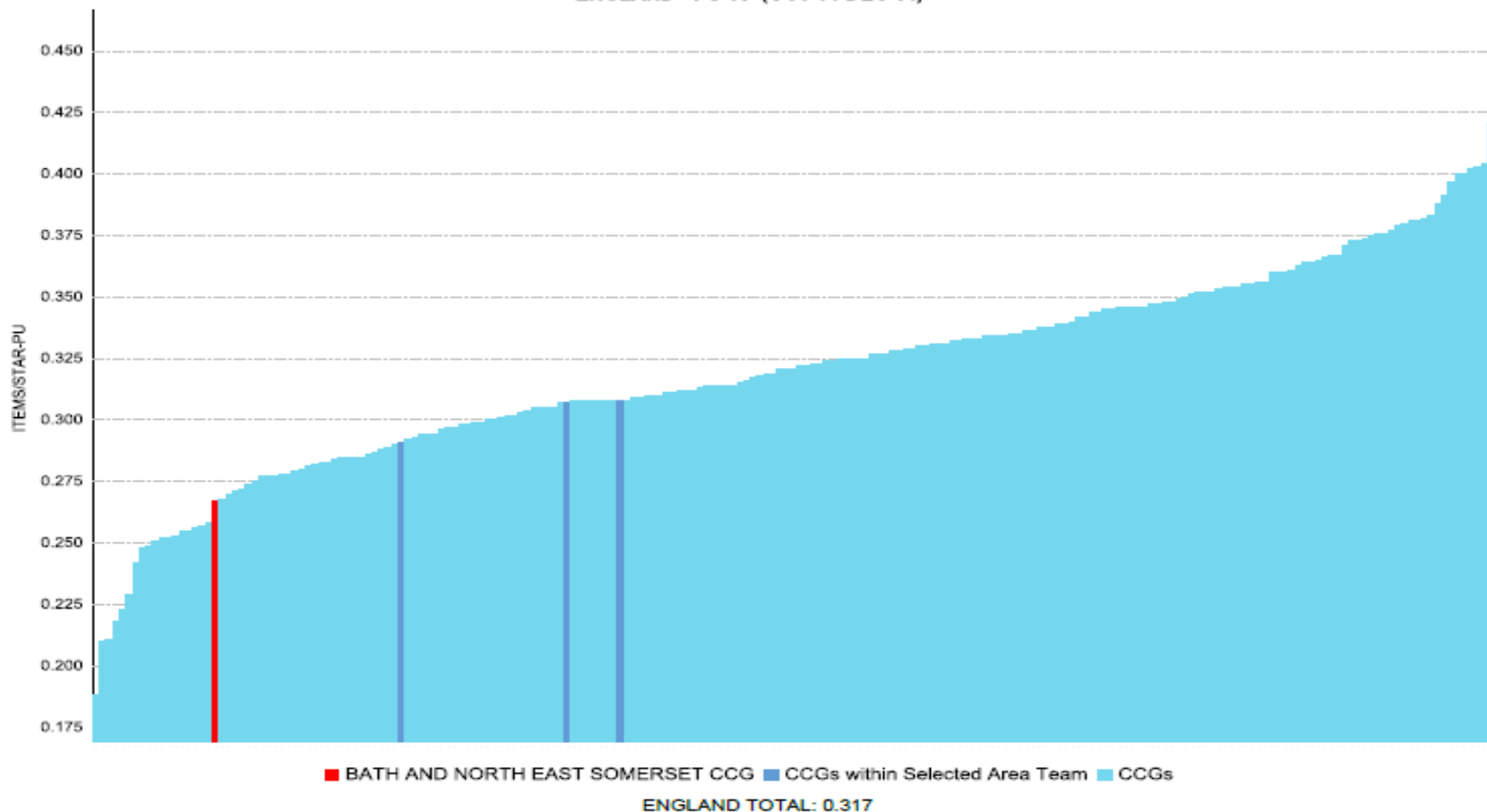
Table 3: ARHAI recommended antimicrobial prescribing quality measures October 2014

	Primary care	Secondary care
Measures to reduce total antibiotic prescribing	Total antibiotic prescribing to be reduced to 2010 levels at CCG level as measured by number of antibiotic prescriptions (“items”) per 100 patients per year	Total antibiotic consumption to be reduced by 1% per year 2015-2019 as measured by DDD per 1000 admissions per year.
Measures to encourage narrow spectrum antibiotic prescribing	Proportion of antibiotics from cephalosporin, quinolone or co-amoxiclav classes to be reduced to less than the current median for English CCGs as measured by the number of prescriptions (“items”) from target classes in comparison with the total number of antibiotic prescriptions per year.	Total carbapenem consumption to be reduced to 2010 consumption levels as measured by DDD per 1000 admissions per year.

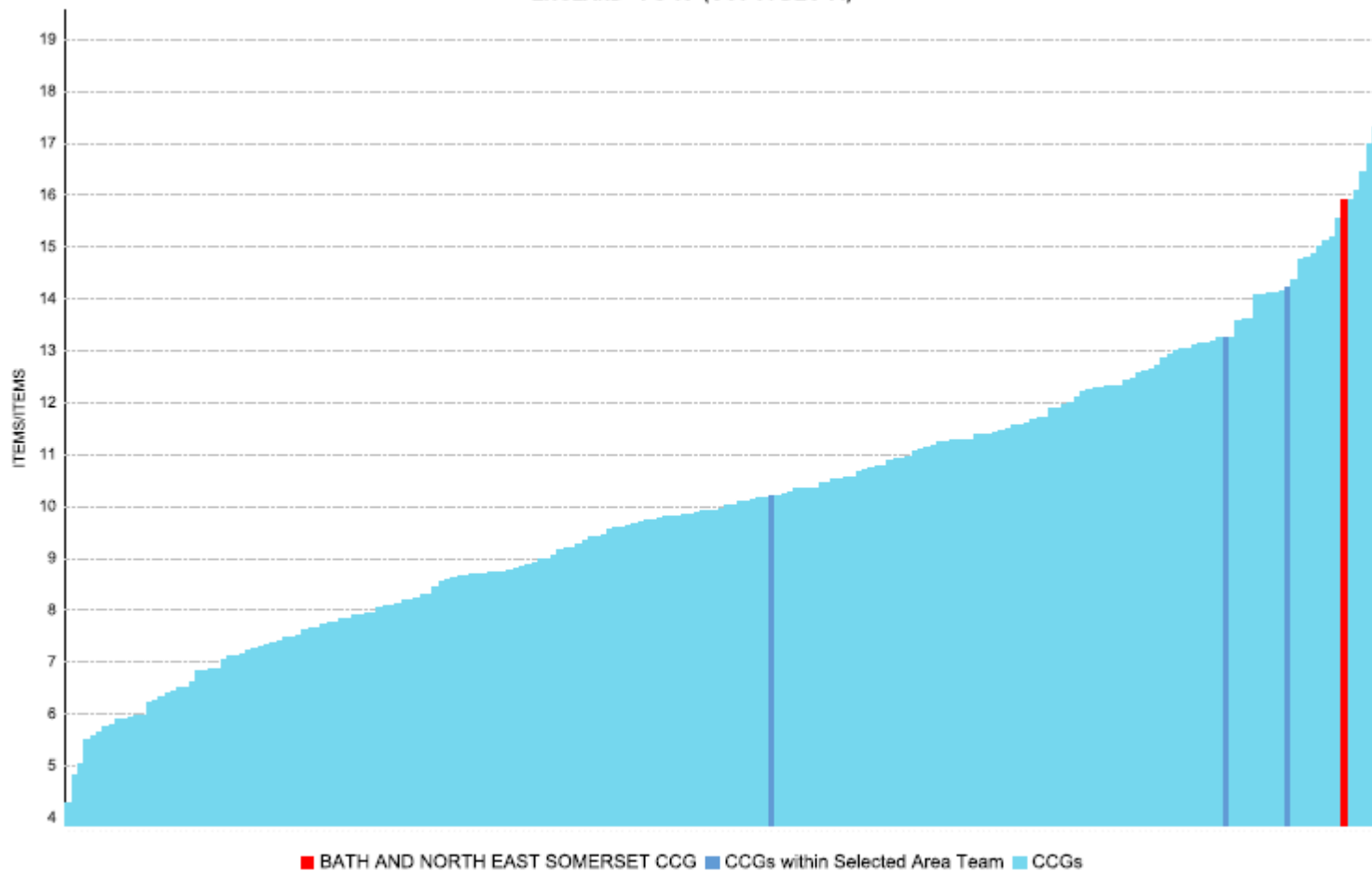
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Antibacterial items/STAR PU (CCG prescribing compared - nationally)
ENGLAND - PU 13 (OCT 14-DEC 14)

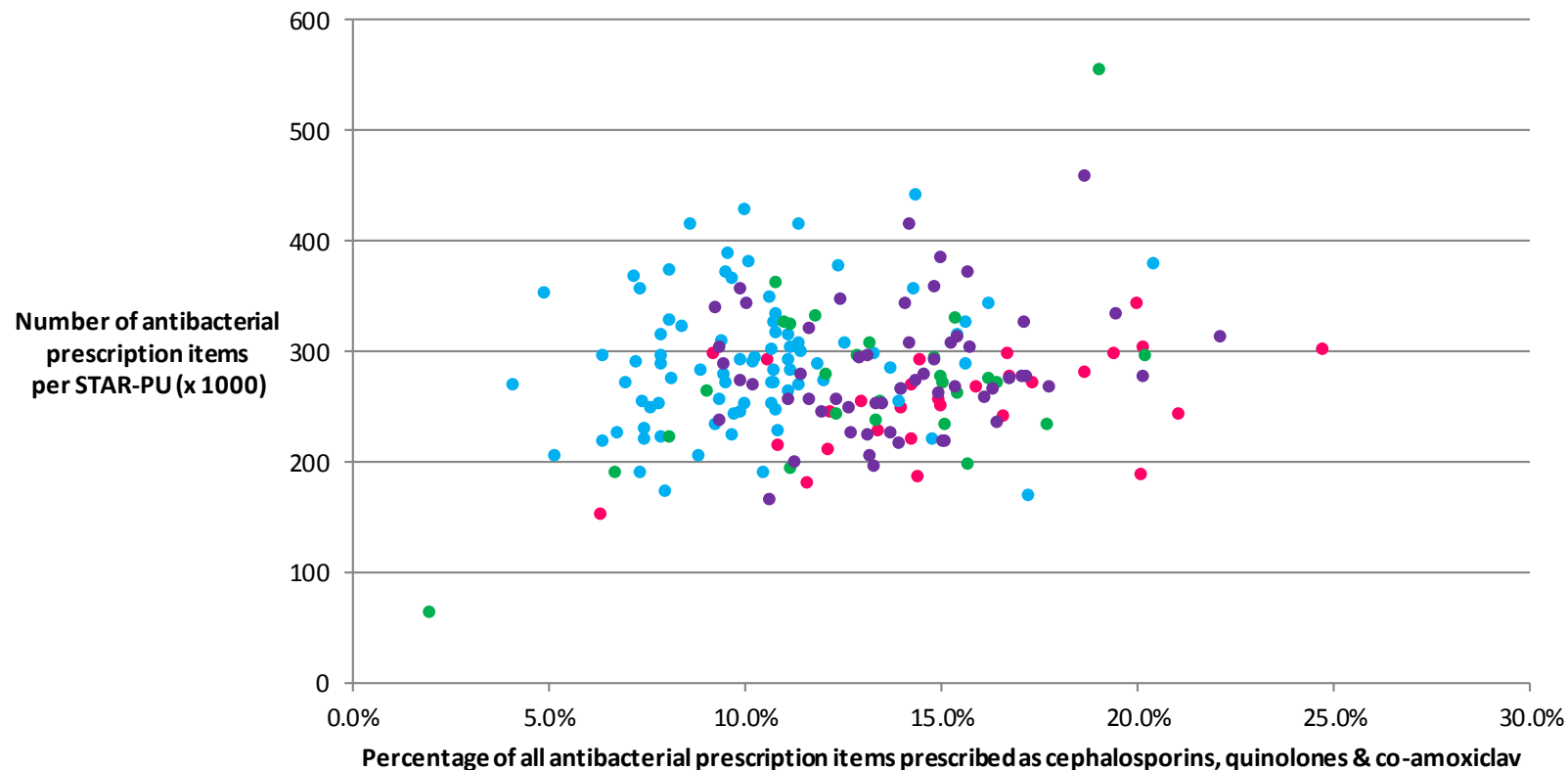


Co-Amoxiclav, Cephalosporins and Quinolones % Items (CCG prescribing compared - nationally)
ENGLAND - PU 13 (OCT 14-DEC 14)



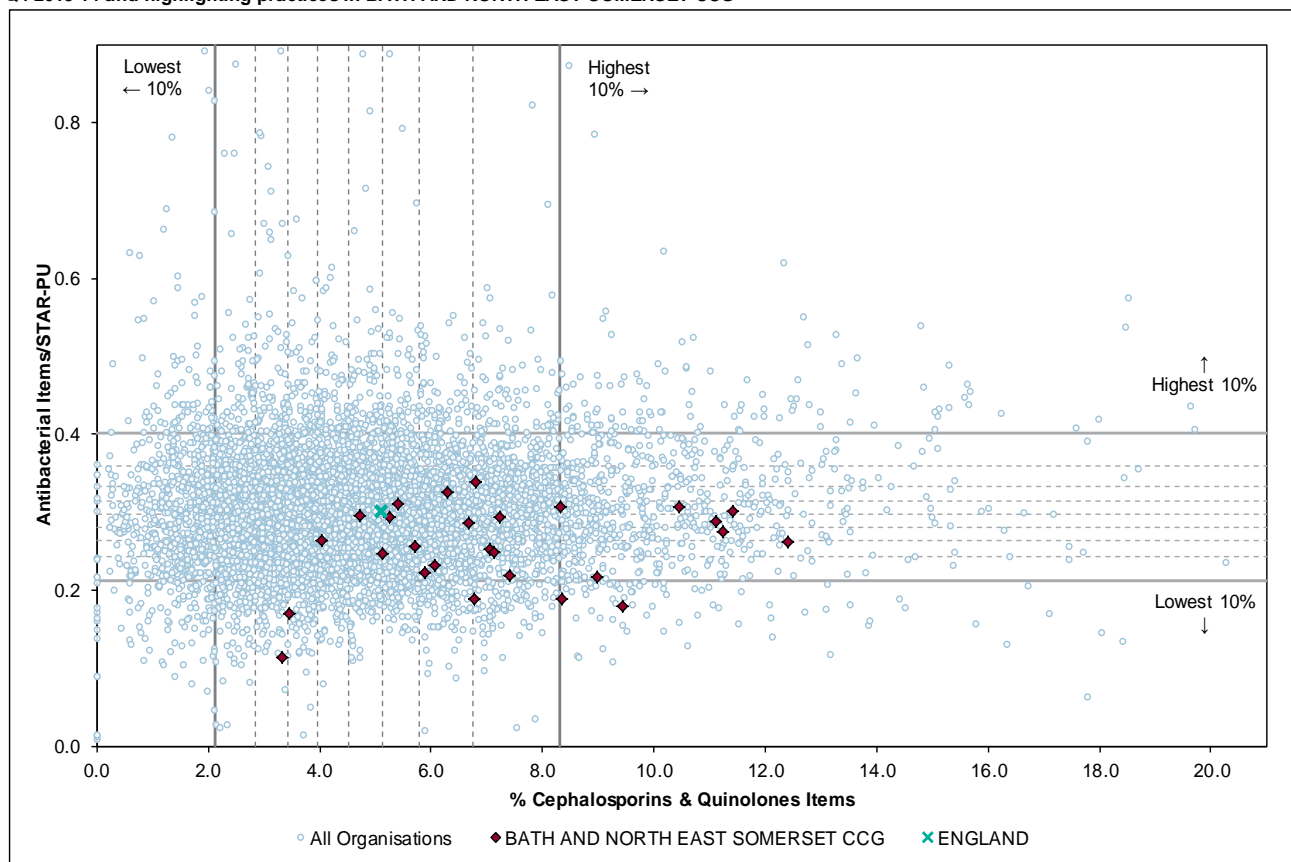
ENGLAND TOTAL: 0.101

Antibacterial prescribing by all GP practices in **NHS Bath and North East Somerset CCG**, **NHS Gloucestershire CCG**, **NHS Swindon CCG** and **NHS Wiltshire CCG** Q3 2014-2015



England All GP practices antibacterial prescribing Q4 2013-14 Items/STAR-PU versus % Cephalosporin & Quinolones

Scatter Plot to show % Cephalosporins and Quinolones Items vs. Antibacterial Items/STAR-PU for GP practices, England Q4 2013-14 and highlighting practices in BATH AND NORTH EAST SOMERSET CCG



Promoting appropriate antibiotic prescribing in primary care – an overview

- National policy, guidance, and evidence base
- Commissioning for quality
- Antimicrobial stewardship across and within organisations
- Collaboration with AHSNs, CLAHRCs, Royal colleges, PHE
- Guidelines, education and audit
- Improving antimicrobial use within care pathways
- Drug data, Bug data and benchmarking
- Champions and clinical networks
- Sharing success and innovation
- Collaboration

National policy, guidance, and evidence base

- **UK 5 Year Antimicrobial Resistance Strategy 2013 to 2018**
- NICE Antimicrobial Stewardship: guideline consultation
- NICE Key therapeutic Topics KTT9: Antibiotic prescribing
- The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance

- Antimicrobial stewardship: Start smart - then focus
- Antimicrobial prescribing and stewardship competencies
- RCGP TARGET toolkit to promote stewardship in GP practices
- European Antibiotic Awareness Day: resources toolkit for healthcare professionals in England

- English surveillance programme antimicrobial utilisation and resistance (ESPAUR) report
- PHE Second Generation Surveillance System – resistance pattern data

Commissioning for quality

Quality Premium

- National Antibiotic Quality Premium 2015-16
- Locally use current Quality Premium funding to deliver quality improvements

CQUINs

- National - 2015/16 Sepsis CQUIN
- Local – OOH/UC services

Provider contracts

- NICE QS61 Infection prevention and control: support for commissioning report
- Antimicrobial stewardship: Start smart - then focus
- Last years CQUINs targets become routine

Prescribing incentive schemes

- Delayed (Back Up) antibiotic prescribing strategies
- Incentivise to educate, audit and move to prescribing targets

Collaboration

Within CCGs and CSUs

- Build antimicrobial stewardship into commissioning programmes and contracting

Within health economies

- Infection Prevention & Control collaborative
- Provider antimicrobial stewardship expertise moving out into the community
- Guideline development groups – include Antimicrobial Stewardship
- Public Health in local authorities

Across health economies and beyond

- Sub regional groups
- Patient Safety Collaborative in AHSNs
- Clinical networks, research networks, professional networks

National

- DH, Defra, NHS and PHE
- Professional bodies and organisations, Royal Colleges, industry, voluntary sector, and patient groups

Guidelines, education and audit

Improving antimicrobial use within care pathways

- Managing common infections: guidance for primary care PHE November 2014
- Local guidelines – maximise use across health communities
- Local expertise – primary care facing microbiologist expertise

- Education, education and education – about AMR and AMS, IPC, clinical guidelines, evidence based strategies, for commissioners, health care professionals, carers, families, patients and public
- TARGET, CPPE,
- Prescribing competencies (ARHAI)

- Black holes – OOH and Urgent Care, PGD driven services, Dental
- Audit antibacterial prescribing and use across pathways, both clinical (in growing toenails to cellulitis) and organisational (OPAT services) as well as in GP practices
- Learning from HCAI events in primary care

Drug data, Bug data and benchmarking

- English surveillance programme antimicrobial utilisation and resistance (ESPAUR) report
- PHE Second Generation Surveillance System – resistance pattern data
- PHE portal bringing Drug and Bug data together for primary, community and secondary care

- NHS BSA Information Services Portal provides FP10 prescribing data
- New comparator for broad spectrum antibiotics includes co-amoxiclav
- PrescQIPP Antimicrobial Stewardship Hub – free access
- How do CCGS want to monitor Quality Premium performance?

- PHE behavioural interventions programmes – prescribers and patients
- PHE Tailored Antimicrobial Programme (TAP) for OOH/UC services are recruiting interested CCGs/CSUs now

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NHSE Antibiotic Quality Premium 2015-16 and what it means for CCGs

The Quality Premium is intended to

- Improve the quality of services commissioned, improving health outcomes and reducing inequalities in health outcomes
- Reward CCGs for quality improvement, paid in the following financial year, and must be reinvested in quality or health outcome improvement

And has a maximum value of £5 per head of population; weighted allocation to a variety of measures. The CCG has to meet certain performance criteria for part/full Quality Premium payment

Quality Premium – improving antibiotic prescribing in primary and secondary care

Aim

To reduce over use and inappropriate use of antibiotics in order to reduce the spread of antimicrobial resistance

Value

This is a composite QP measure consisting of 3 parts and is worth 10% of the QP if CCGs meet target values in FY 2015-16

Primary care component (80%)

- a) Reduction in the number of antibiotic prescriptions by 1%
- b) Reduction in the proportion of broad spectrum antibiotics cephalosporins, quinolones & co-amoxiclav by 10%
or to below England median value = 11.3%

Secondary care component (20%)

Secondary care providers with 10% or more of their activity being commissioned by the relevant CCG have validated their total antibiotic prescribing data as certified by PHE

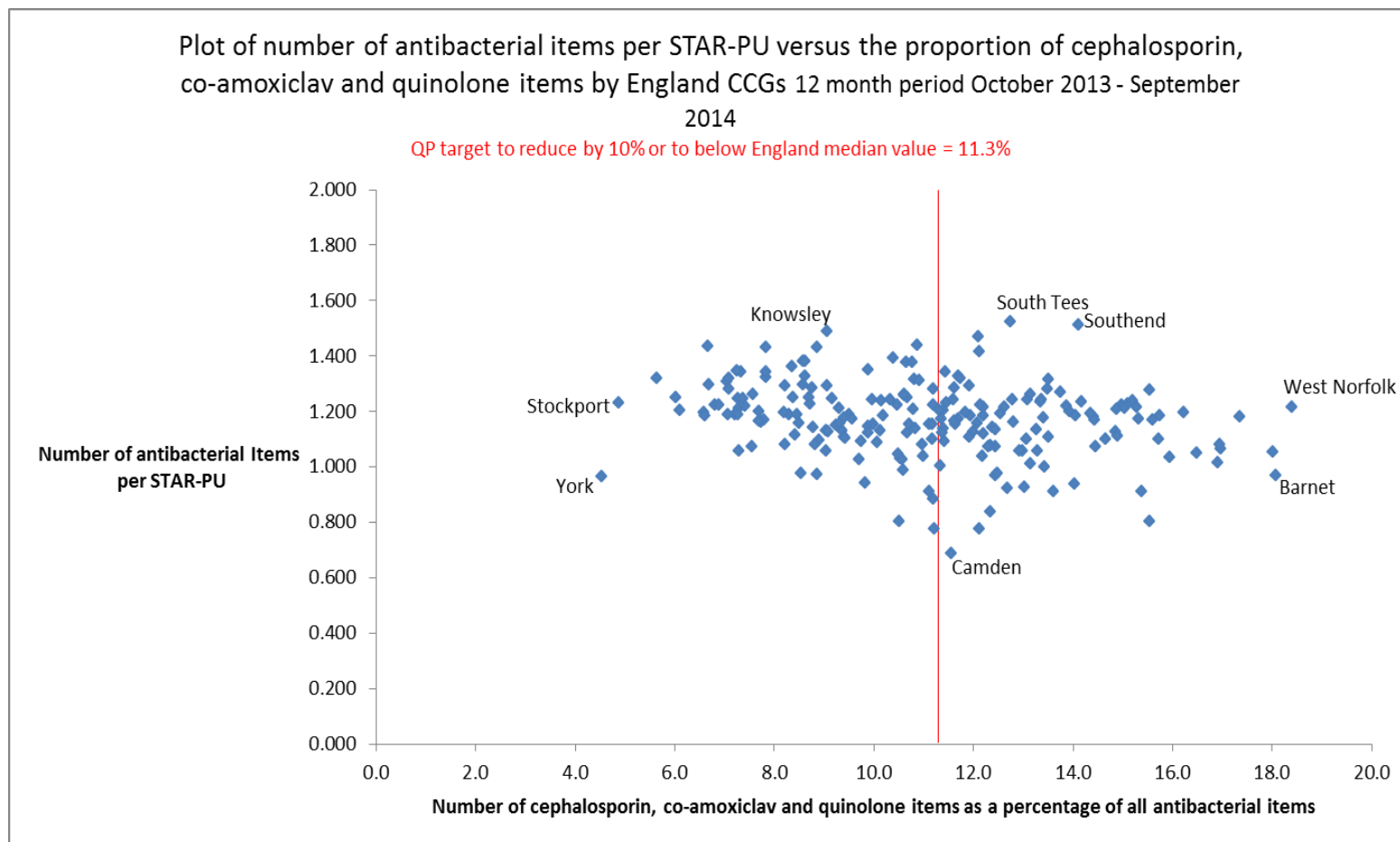
NHSE Antibiotic Quality Premium 2015-16 and what it means for CCGs

Primary care component (50% + 30%)

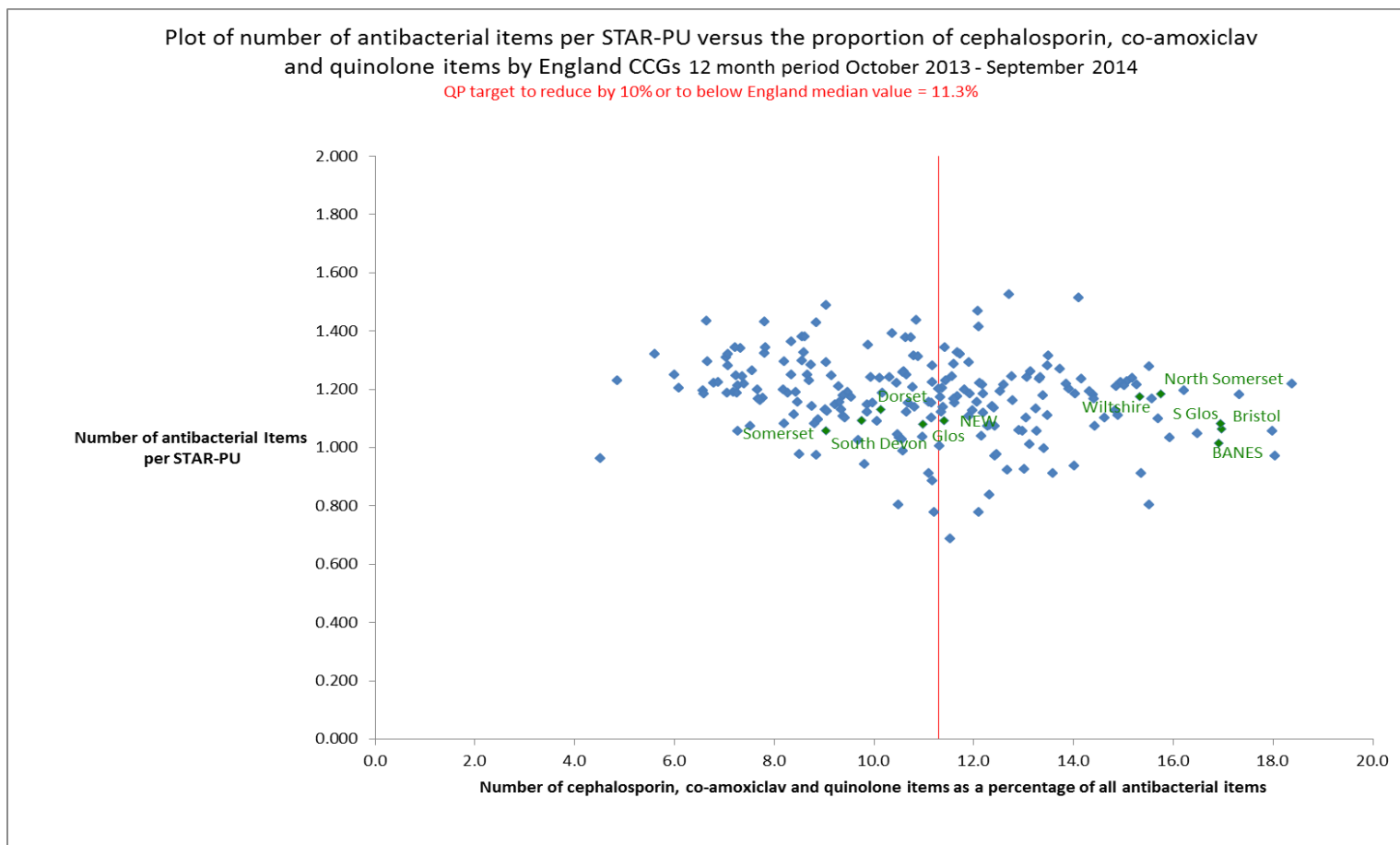
CCG target values for both indicators have been calculated from the financial year 2013-14 NHS BSA prescription services data set, and apply to the financial year 2015-16. Payment is made on full 2015-16 financial year data set published by the NHS BSA in June 2016. A QP annex will publish full data details for all CCGs – excel format

- a) Reduction in the number antibacterial items/STAR-PU by 1% (or greater) from 2013-14 baseline value
- b) Reduction in the proportion of cephalosporins, quinolones & co-amoxiclav by 10% from 2013-14 baseline value OR to stay below England median value = 11.3%

NHSE Antibiotic Quality Premium 2015-16 and what it means for CCGs - prescribing variability

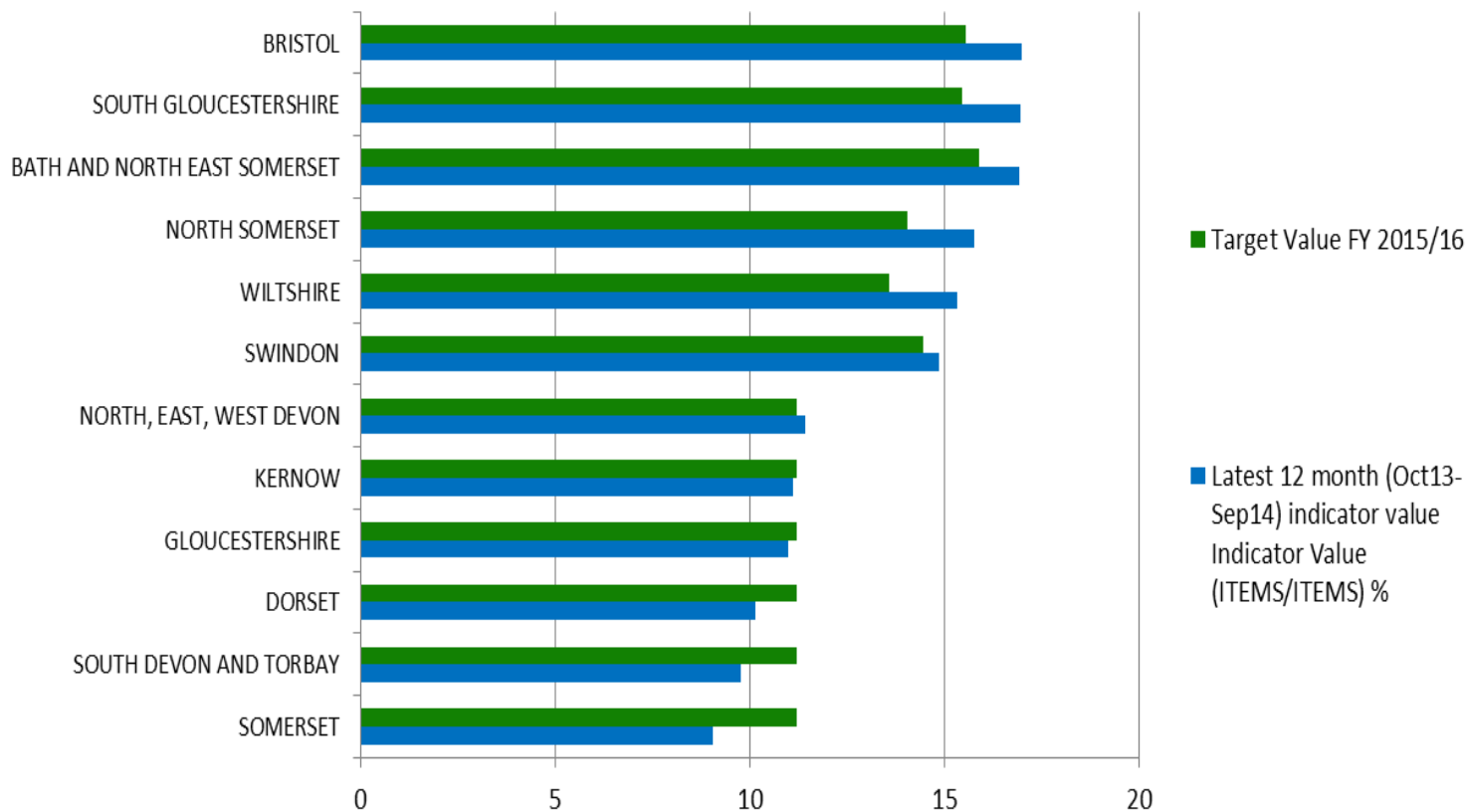


Antibiotic prescribing variability – in the South West



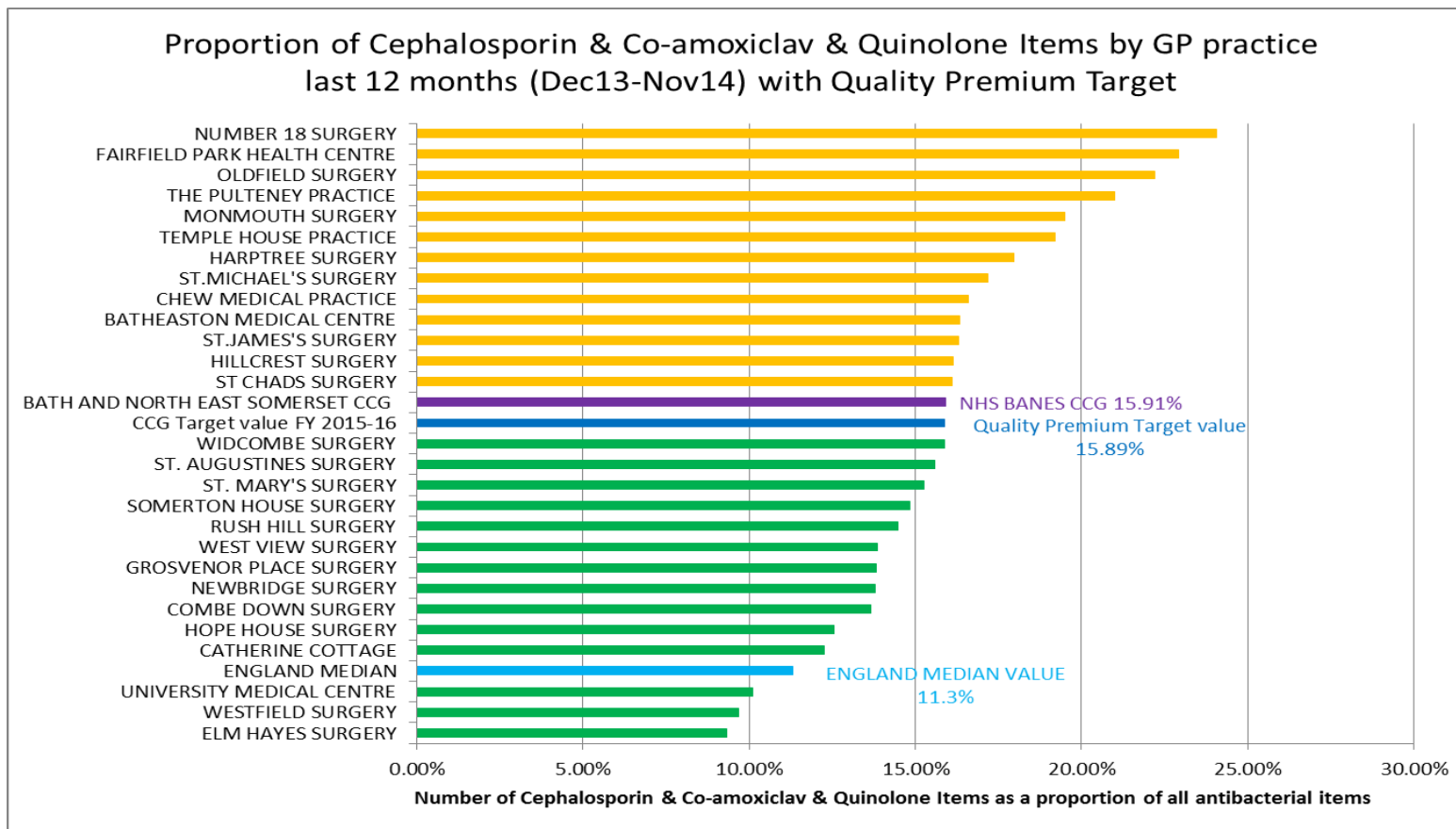
Plot of the proportion of cephalosporin, co-amoxiclav and quinolone items by SOUTH WEST CCGs
12 month period October 2013 - September 2014

with Quality Premium target to reduce by 10% or to below England median value = 11.3%



Number of cephalosporin, co-amoxiclav and quinolone items as a percentage of all antibacterial items

Antibiotic prescribing variability – practice level



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