Promoting appropriate antimicrobial prescribing in primary care

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NHS England
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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

Defra
Animal 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

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

- **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.

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%.
What is happening to GP prescribing?

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

Changes since 2007/08
- Macrolides ↑ 23%
- Tetracyclines ↑ 52%
- Sulphonamides & Trimethoprim ↑ 23%
- Co-Amoxiclav ↑ 21%
- Nitrofurantoin ↑ 178%
- Cephalosporins ↓ 128%
- Quinolones ↓ 53%
- Metronidazole & Tinidazole

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Antimicrobial Prescribing Quality Measures

Table 3: ARHAI recommended antimicrobial prescribing quality measures October 2014

<table>
<thead>
<tr>
<th>Measures to reduce total antibiotic prescribing</th>
<th>Primary care</th>
<th>Secondary care</th>
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<tbody>
<tr>
<td>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</td>
<td></td>
<td>Total antibiotic consumption to be reduced by 1% per year 2015-2019 as measured by DDD per 1000 admissions per year.</td>
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<table>
<thead>
<tr>
<th>Measures to encourage narrow spectrum antibiotic prescribing</th>
<th>Primary care</th>
<th>Secondary care</th>
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<tbody>
<tr>
<td>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.</td>
<td></td>
<td>Total carbapenem consumption to be reduced to 2010 consumption levels as measured by DDD per 1000 admissions per year.</td>
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</tbody>
</table>
Promoting appropriate antibacterial prescribing in primary care

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- 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
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

www.england.nhs.uk
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
Drugs 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
Promoting appropriate antibiotic prescribing in primary care

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- Drug data, Bug data and benchmarking
- **Champions and clinical networks**
- **Sharing success and innovation**
- Collaboration
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%)
- Reduction in the number of antibiotic prescriptions by 1%
- 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

Plot of number of antibacterial items per STAR-PU versus the proportion of cephalosporin, co-amoxiclav and quinolone items by England CCGs 12 month period October 2013 - September 2014

QP target to reduce by 10% or to below England median value = 11.3%
Antibiotic prescribing variability – in the South West

Plot of number of antibacterial items per STAR-PU versus the proportion of cephalosporin, co-amoxiclav and quinolone items by England CCGs 12 month period October 2013 - September 2014

QP target to reduce by 10% or to below England median value = 11.3%
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%

<table>
<thead>
<tr>
<th>Area</th>
<th>Target Value FY 2015/16</th>
<th>Latest 12 month (Oct13-Sep14) indicator value (ITEMS/ITEMS) %</th>
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<tbody>
<tr>
<td>BRISTOL</td>
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<td>SOUTH GLOUCESTERSHIRE</td>
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Number of cephalosporin, co-amoxiclav and quinolone items as a percentage of all antibacterial items
Antibiotic prescribing variability – practice level

Proportion of Cephalosporin & Co-amoxiclav & Quinolone Items by GP practice last 12 months (Dec13-Nov14) with Quality Premium Target

Number of Cephalosporin & Co-amoxiclav & Quinolone Items as a proportion of all antibacterial items
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