

# **CQUIN 2016/17**

## **Anti-Microbial Resistance (AMR) Frequently Asked Questions**

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<b>Description</b>	This Frequently Asked Questions document provides additional guidance to support the implementation of the AMR measure in the CQUIN 2016/17 scheme.
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<b>Superseded Docs (if applicable)</b>	Version 1 issued May 2016 (Gateway Ref 05303)
<b>Action Required</b>	To support implementation of CQUIN measure
<b>Timing / Deadlines (if applicable)</b>	<b>Refer to guidance</b>
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**Document Status**

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## **CQUIN 2016/17**

### **Anti-Microbial Resistance (AMR) Frequently Asked Questions**

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Updates to questions 2.3, 2.4 and 2.5.

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## AMR CQUIN FAQ's

### 2 Part A – Reduction in Antibiotic Consumption

#### 2.1 Why has the baseline year been set as 2013/14?

As part of the 2015/16 Quality Premium, acute providers were required to submit antibiotic usage data to Public Health England (PHE) for validation against information held within IMS. During the validation exercise discrepancies were identified and the data provided by acute providers was assumed to be correct and was valuable in improving the accuracy of data held within IMS. The information submitted as part of this data validation provided an accurate baseline of antibiotic usage.

#### 2.2 Can I use data from 2014/15 or 2015/16?

As above, the baseline of 2013/14 was chosen as this is the only nationally available data set which has been validated.

#### 2.3 Does the total antibiotic consumption reduction refer to just those antibiotics that were submitted for validation as part of the Quality Premium (QP) or all antibiotics including those not included in the data validation i.e. Aztreonam, Co-trimoxazole, TB drugs etc?

Following feedback from providers and PHE, the list of antibiotics that are included for the total antibiotic consumption element of this CQUIN are listed within the baseline data spreadsheet available on the NHS England website. The data submitted for the QP represented greater than 90% of all antibiotic usage reported by acute providers. Information on the antibiotics not included as part of the QP will be taken from IMS to give a total value of antibiotic usage. TB drugs have been excluded from the baseline and will not be included as part of this year's AMR CQUIN. Acute providers will have the opportunity to check the data is accurate and upload a full antibiotic data set from 2013/14 if required.

#### 2.4 When should antibiotic consumption data for years 2014/15 and 2015/16 be submitted and how will it be submitted?

Total antibiotic usage data for years 2014/15 and 2015/16 should be submitted by the end of Q1 (June 2016). This data should be submitted as either annual or quarterly data as per the consumption spreadsheet on the NHS England website. As there has been a large number of queries relating to how the data should be submitted and the delayed publication of the spreadsheets data can be submitted up until the 14th August 2016. Once completed this spreadsheet should be e-mailed to Public Health England (PHE) via [ESPAUR@phe.gov.uk](mailto:ESPAUR@phe.gov.uk) with subject line "AMR CQUIN part a".

## **2.5 Should we supply pharmacy issues data or individual patient data?**

The data supplied should mirror the methodology for the previous data submission as part of the Quality Premium and will be pharmacy issues data.

## **2.6 Does the CQUIN apply to inpatients and outpatients including OPAT, franchises, FP10(HP), homecare antibiotics and supplies to other Trusts / Units?**

The CQUIN applies to inpatients and outpatients including OPAT, franchises and homecare antibiotics. Issues to other organisations, manufacturing units and between pharmacy stores will not be included in the CQUIN. FP10(HP) will be excluded because of the delay in getting information back from ePACT. However, data on FP10(HP) prescriptions will be obtained from NHS BSA and monitored centrally.

## **2.7 How will I submit quarterly data for the year 2016/17**

A spreadsheet will be available to download from the NHS England website, similar in design to the spreadsheet used for validation as part of 2015/16 AMR QP. Once the spreadsheet has been populated it should be e-mailed to PHE ([ESPAUR@phe.gov.uk](mailto:ESPAUR@phe.gov.uk)) and it would be advised to copy your CCG into this e-mail. PHE and NHS England will produce a report within 4 weeks to show which acute providers have submitted data.

## **2.8 What do we do if there are other antibiotics that we dispense from our pharmacy that are not on the list**

This list is the NHS DM+D list. However if there are antibiotics missing, then please add them in a similar format to the end of the list.

## **2.9 How should the data be supplied and what DDD values are going to be used?**

Unit data should be supplied to PHE who will then convert to DDD's. The DDD values used by PHE are those recommended by the World Health Organisation. PHE will develop a look up table using the DM+D codes which will include the ATC code and WHO ATC defined daily dose.

## **2.10 Where is admission data extracted from?**

Admission data has been taken from HSCIC and is available online. It is the data in the column marked admissions. (<http://www.hscic.gov.uk/>)

## **2.11 What if I submitted the wrong data or I have identified an error in the data submitted for the data validation exercise for last year's QP?**

If an error has been identified following submission of data for last year's QP then it would be advisable to inform your CCG of the error. Data for the year 2013/14 can be resubmitted for validation and a new baseline calculated. However, PHE will require information on why the original data was incorrect.

## **2.12 Will PHE, NHS England (NHSE) or NHS Improvement (NHSI) use this data to compare Providers against each other especially as I have a large CF centre / TB unit / Paediatric population?**

The data on antibiotic usage will not be used by PHE, NHSE or NHSI to compare against another provider. The data is your own data and as a provider you may wish to compare with other peers but this will be your decision.

### 3 Part B – Empiric review of antibiotic prescriptions

#### 3.1 Which areas should be included for data collection?

A selection of wards and areas including Medicine, Surgery, Paediatrics, Elderly Care, ITU/HDU, Neonates, Psychiatry, Rehabilitation, Long-term care and Obstetrics and Gynaecology where possible should be included. Ideally all areas and specialities should be included within each quarter. If this is not possible then all areas should be audited within the year.

#### 3.2 Should I audit 50 sets of notes, 50 patients or 50 antibiotic prescriptions?

Each month 50 antibiotic prescriptions should be audited. This may result in one patient having two antibiotic prescriptions counted i.e. a patient prescribed IV Cefuroxime and IV Metronidazole for five days would count as two antibiotic prescriptions.

#### 3.3 Should only intravenous antibiotics be included in the 50 antibiotic prescriptions for Part B?

Any oral or intravenous can be included for the empiric review of 50 antibiotic prescriptions and it would be good practice to include both. Eye drops, ear drops, suppositories, nebulised etc should not be included.

#### 3.4 What if a patient has not had 72 hours of antibiotics and they have not been reviewed should they be included?

They would not be included as it has not been 72 hours since antibiotics were commenced. To include the patient, you would need to go back and review when it has been longer than 72 hours since antibiotics commenced to document whether a review had taken place.

#### 3.5 What constitutes an empiric review?

As part of good antimicrobial stewardship it would be expected that a review of an antibiotic should take place within 72 hours of starting. This review will be based on Start Smart then Focus (<https://www.gov.uk/government/publications/antimicrobial-stewardship-start-smart-then-focus>) and would include documented evidence of either:

- Stop
- IV to PO switch
- Change antibiotic
- Continue
- OPAT

This information can either be documented within the medical notes, on the medication chart or electronically (if systems exist).



### **3.6 Who should collect the data for Part B?**

Any suitably qualified healthcare professional with experience of data collection e.g. Doctor, Nurse, Pharmacist, Pharmacy Technician.

### **3.7 Is there a tool for uploading data for Part B of the CQUIN and how will commissioners know if the data has been submitted?**

PHE have developed a data collection and submission tool for Part B (empiric review). The data collection form will be available to download from the NHS England website. It is recommended that this form is used for data collection and quarterly data submitted via the online submission portal. Following submission of your data to PHE an automated e-mail will be sent to you and this can then be forwarded to your commissioners as evidence of data submission. A list of those organisations who have submitted data to PHE will be available on the NHS England website as well as PHE's AMR Fingertips.