NHS Improvement

Antimicrobial resistance CQUIN 2019/20, parts CCG1a and CCG1b

Frequently asked questions

Updated October 2019 – new content has **

We answer common questions about the new antimicrobial resistance Commissioning for Quality and Innovation (CQUIN) parts CCG1a (Lower urinary tract infection (UTI) prescribing in older people) and CCG1b (Antibiotic prophylaxis for elective colorectal surgery) for 2019/20.

*If you have any questions that are not answered below, please contact either:

- CQUIN@phe.gov.uk – for any queries relating to submission, analysis or publication of CQUIN CCG1a and CCG1b data on Fingertips
- e.cquin@nhs.net or Elizabeth.beech@nhs.net – for all other queries.

*How should the required CQUIN data be collected?

You must use the data collection tools provided on NHS Improvement's website. These have been updated to reflect changes in NICE/PHE guidance since April 2019. NHS England have updated their CQUIN scheme guidance August 2019

**How should the CQUIN data tool be submitted to PHE?

The completed data tool should be submitted to PHE for both AMR CQUIN schemes. CCG1a data tool can not be uploaded via the PHE portal and should be submitted by email sent to: phe.cquin@nhs.net This applies for all submissions – both those with and without patient identifiable content.

CCG1b data tool should be uploaded via the PHE portal

**Can we submit Quarterly data after the submission date?

CQUIN performance is based on the 12-month financial year performance, using 300 (CCG1a) or 400 (CCG1b) randomly selected cases which are submitted as 100 cases each quarter. Organisations need to submit all 300 or 400 cases to allow performance to be calculated, and they are required to submit to quarterly submission deadlines which are clearly stated in the PHE data collection tool . However late submissions have been allowed for Q1 data.

To facilitate end of Financial Year reporting the submission closure date for Q4 has been extended to close 15th May 2020. No submissions will be accepted after this date.

**Is CQUIN payment based on quarterly performance?

CQUIN performance is based on the 12-month financial year performance, using 400 randomly selected cases which are submitted as 100 cases each quarter. Organisations need to submit all 400 cases to allow performance to be calculated.

However, this no longer applies to the CCG1a scheme. NHS England and NHS Improvement announced changes to the scheme in October 2019. Trust achievement will now be based on Q2-Q4 data, although Trusts who wish to continue to include Q1-Q4 data are able to do so and should agree this with commissioners. These changes do not apply to the AMR CQUIN CCG1b scheme.

**What should I do if our Trust cannot identify 100 cases a quarter?

CQUIN performance is based on the 12-month financial year performance, using 300 (CCG1a) or 400 (CCG1b) randomly selected cases which are submitted as 100 cases each quarter. Organisations need to submit all 300 (CCG1a) or 400 (CCG1b) cases to allow performance to be calculated. If organisations treat less than 100 cases a quarter all treated cases should be included in the quarterly submission.

**Part CCG1b: What if the organisation does not treat 100 patients a quarter?

If an organisation has less than 100 cases a quarter, it is eligible for the CQUIN scheme and all cases treated should be included in the CQUIN data collection submission each quarter. It is helpful to include a statement to this effect after the final case to let PHE know and so avoid follow up questions.

*What are the thresholds for scheme payment?

CQUIN scheme payment details are published here and thresholds for the AMR CQUIN are 60% minimum to ≥90% maximum

Why is the minimum payment level set at 60% compliance for both indicators?

In the 2016 national Point Prevalence Survey, 62.5% of antibiotic prescriptions for lower UTIs were deemed inappropriate, as were 68.6% of surgical prophylaxis prescriptions for digestive tract surgery in terms of treatment duration. This payment level has been set to drive appropriate prescribing

Why is the Public Health England (PHE) *Diagnosis of urinary tract infections* guidance being used in the CQUIN when it is aimed at primary care?

The CQUIN focuses on improving the diagnosis and management of lower UTIs in older people. The PHE document is a comprehensive guide to the appropriate diagnosis of lower UTIs in older people in both primary and secondary care, and it is the most up-to-date resource. The NICE guidelines do not cover diagnosis.

Why are the NICE guidelines for lower UTI being used to guide treatment instead of local hospital guidelines?

These provide the most up-to-date, evidence-based guidance for the treatment of lower UTIs. Trimethoprim resistance in urine specimens processed by microbiology laboratories has reached 34% (in all ages).[1] PHE reports higher rates of *E. coli* resistance to trimethoprim in people aged 65 years and over. Trusts will need to review local guidelines for the management of UTIs, including lower UTI in older people and the audit process associated with this CQUIN should inform local guideline implementation.

*The NICE guidelines for lower UTI recommend nitrofurantoin MR formulation; does this mean use of immediate release formulations will result in a CQUIN fail?

[1] The English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) 2017 report

No, and NICE have updated this guidance in July 2019 to include immediate release nitrofurantoin formulations.

Part CCG1a: What details need to be audited?

PHE's diagnosing UTIs guidance must be followed to assess whether the correct clinical signs or symptoms were considered when diagnosing a lower UTI. These guidelines advise that people aged 65+ years do not have a urine dip stick test: asymptomatic bacteriuria are frequently present in this older population, resulting in a positive nitrite result in the absence of clinical infection. This can lead to both inappropriate antibiotic prescribing and missed diagnosis.

The flow chart and text from the PHE guidance is embedded in the data collection tool to help the auditor with this assessment. If no signs or symptoms are documented in the medical notes or those documented are not suggestive of a lower UTI according to the PHE guidance, the auditor needs to record the diagnosis as a fail ('No' will be chosen in column F of the data collection tool). If diagnosis is based solely on new confusion or delirium, the PHE flow diagram should be followed (i.e. PINCHME used to rule out other causes) for the auditor to state 'Yes' in column F of the data collection tool.

Where the antibiotic choice follows local guidance and is inconsistent with NICE guidance, the auditor will need to decide whether it is appropriate. If deemed inappropriate, the auditor must state 'No treatment doesn't follow NICE guidance or local guidance' in column H of the data collection tool.

*Why have the diagnostic or procedure codes been provided?

Diagnostic and procedure codes for the lower UTI and surgical prophylaxis indicators respectively facilitate the identification of patients for inclusion in the CQUIN audit when using NHS England's auditing guidance.

Part CCG1a ICD-10 codes: N39.0 and N30.0. ED code 27. SNOMED code 68226007 and 68566005

Part CCG1b Procedural codes: H02.1, H02.3, H04.1, H04.2, H04.3, H04.8, H04.9, H05.1, H05.2, H05.3, H05.8, H05.9, H06.1 to H06.5, H06.8, H06.9, H07.1 to H07.5, H07.8, H07.9, H08.1 to H08.6, H08.8, H08.9, H09.1 to H09.6, H09.8, H09.9, H10.1 to H10.6, H10.8, H10.9, H11.1 to H11.6, H11.8, H11.9, H13.1 to H13.5, H13.8, H13.9, H15.1 to H15.9, H18.1, H18.8, H18.9, H29.1, H29.2, H29.3, H29.4, H29.8, H29.9, H31.1, H31.3, H32.1, H32.8, H32.9, H33.1 to H33.9, H34.1 to H34.5, H34.8, H34.9, H40.4, H41.1, H41.4, H41.5, H41.8, H41.9, H50.4, H57.1, H57.4, H57.5, H66.1, H66.2, H66.8 and H66.9.

*Part CCG1a: Are all patients included?

All patients who are cared for by the provider organisation and meet the CQUIN scheme criteria should be included, where ever they receive treatment

*Part CCG1a: Are all patients admitted to hospital already prescribed antibiotics for lower UTI included?

Only if the patient's antibiotics are changed, and or a new diagnosis made, for example due to a treatment failure.

*Part CCG1a: Why do PHE require NHS number for each case in the CCG1a scheme?

PHE will link all cases reported with an NHS number to the microbiology data set; this provides an opportunity to link drug-bug data at an individual case level and identify opportunities to improve the management of UTI and safe patient care. Linking clinical data sets is an ambition within the UK's vision for AMR by 2040 and five-year national action plan. PHE have updated details of the governance associated with this in the data collection tool

*Part CCG1a: Can our organisation share patient identifiable data with PHE?

Yes, although this must be shared via the secure email to phe.cquin@nhs.net Do not upload the data reporting workbook via the PHE portal if it contains patient identifiable data.

Public Health England (PHE) is an executive agency of the Department of Health & Social Care. It fulfils the Secretary of State's statutory duties under the Health & Social Care Act 2012 to protect health and address health inequalities and executes the Secretary of State's power to promote the health and wellbeing of the nation. The lawful basis for PHE to process personal data for the purpose of the surveillance and management of antimicrobial resistance is provided by General Data Protection Regulation (GDPR) Articles 6(1)(e) ('exercise of official authority') and 9(2)(h) ('public health interest'). PHE further has approval from the Secretary of State to process confidential patient information without consent under Section 251 of the NHS Act 2006 and the associated Regulation 3 of the Health Service (Control of Patient Information) Regulations 2002. This authority is exercised on behalf of the Secretary of State by the PHE Caldicott Guardian, who has approved the use of Regulation 3 for the surveillance and management of antimicrobial resistance. Further information on the responsibilities for approving the use of Regulation 3 is provided in the Health Research Authority's list of Section 251 frequently asked questions published at https://www.hra.nhs.uk/documents/223/cag-frequently-asked-questions-1.pdf

Part CCG1a: What if the patient is being treated for more than one infection?

If a patient was treated for a UTI as well as another infection (such as community acquired pneumonia), the prescription can be included in the audit as long as the auditor can identify which antibiotic was for the lower UTI as this is the only one that needs to be reported.

Part CCG1b: What if the patient is being treated with more than one antibiotic?

If a patient is administered more than one antibiotic for surgical prophylaxis, each data field in the data collection tool will apply to all the antibiotics. For example, if the hospital guidance states gentamicin and metronidazole should be used, and one dose of gentamicin is given with two doses of metronidazole without documenting the rationale for this, the option chosen in column B of the data collection tool will be 'One dose preoperatively and further doses given either perioperatively or postoperatively with no documented reason' and the option chosen in column C will be 'Yes'. This will be counted as one patient in the data collection tool.

Why is there a requirement to submit the data collection forms to Public Health England (PHE)?

For data validation purposes, PHE may analyse a random sample of 10% of trusts' data. Data should be collected using the data collection tool and submitted to PHE using the part CCG1a and part CCG1b data submission portals, which include an upload option for ease of submission of the data collection tool.

**When should we submit data?

Data should be submitted as soon as possible after the end of each quarter and no later than the end of the month following the end of the quarter:

- Q1 2019/20 – 31 July 2019
- Q2 2019/20 – 31 October 2019
- Q3 2019/20 – 31 January 2020
- Q4 2019/20 – 15th May 2020

*How should data be submitted?

Data for part CCG1a can be submitted online via this portal link:

Do not upload the data reporting workbook via the PHE portal if it contains patient identifiable data; this must be shared via secure email to phe.cquin@nhs.net

Data for part CCG1b can be submitted online via this portal link:

How can we monitor progress of parts CCG1a and CCG1b of this CQUIN?

All data submitted to PHE will be available on the PHE Fingertips data portal. Antimicrobial consumption indicators of relevance to the Standard Contract will be found in the 'supporting NHS England initiatives' and antibiotic prescribing domains under the acute trusts area type from early October 2019.

Data will be released as follows:

- Q1 2019/20 – early October 2019
- Q2 2019/20 – early January 2020
- Q3 2019/20 – early April 2020
- Q4 2019/20 – early July 2020.

**Where can I find quality improvement (QI) expertise and support?

Your trust is likely to have a QI lead who can sign post you to local trust resources. The Health Foundation Q community is a great resource and members are listed at https://q.health.org.uk/community/directory/

NHS England and NHS Improvement has a QI hub with resources and shared learning. Academic Health Science Networks provides QI expertise and training. Improvement Fundamentals offer online courses for those involved in health and social care.

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