## Antimicrobial stewardship – integrated care boards (ICB) situation report

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|  | **ICB performance against key performance indicators of antimicrobial prescribing quality and AMS** |  |  |  |  |
|  | **Key performance indicators** | **Performance goal** | **Latest position** | **Date** | **Comments** |
| 1a | **Primary care total antibiotic prescribing**  Source: [Model Health System](https://model.nhs.uk/)\*\*  Metric: Antibacterial items per STAR-PU | Benchmarking (lower is better\*) |  |  |  |
| 1b | **Primary care total antibiotic prescribing**  Source: [Model Health System](https://model.nhs.uk/)\*\*  Metric: Antibacterial items per STAR-PU | Trend over time (decreasing is better) |  |  |  |
| 2a | **Primary care broad-spectrum antibiotic prescribing**  Source: [Model Health System](https://model.nhs.uk/)\*\*  Metric: Co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of antibiotics | Benchmarking (lower is better\*) |  |  |  |
| 2b | **Primary care broad-spectrum antibiotic prescribing**  Source: [Model Health System](https://model.nhs.uk/)\*\*  Metric: Co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of antibiotics | Trend over time (decreasing is better) |  |  |  |
| 3a | **Primary care antibiotic duration**  Source: [Model Health System](https://model.nhs.uk/)  Metric: Proportion of amoxicillin 500mg capsules items prescribed and dispensed in primary care 5-day duration | Benchmarking (higher is better) |  |  |  |
| 3b | **Primary care antibiotic duration**  Source: [Model Health System](https://model.nhs.uk/)  Metric: Proportion of amoxicillin 500mg capsules items prescribed and dispensed in primary care 5-day duration | Trend over time (increasing is better) |  |  |  |
| 4a | **Acute hospital trusts’ Watch + Reserve prescribing**  Source: [Model Health System](https://model.nhs.uk/)  Metric: Antibiotic prescribing from the “Watch” and “Reserve” categories of the WHO Essential Medicines List AWaRe Index | Benchmarking (lower is better\*) |  |  |  |
| 4b | **Acute hospital trusts’ Watch + Reserve prescribing**  Source: [Model Health System](https://model.nhs.uk/)  Metric: Antibiotic prescribing from the “Watch” and “Reserve” categories of the WHO Essential Medicines List AWaRe Index | Trend over time (decreasing is better) |  |  |  |
| 5a | **Acute hospital trusts’ IV antibiotic prescribing**  Source: [Model Health System](https://model.nhs.uk/)  Metric: Proportion of total antibiotic prescribing administered intravenously | Benchmarking (lower is better\*) |  |  |  |
| 5b | **Acute hospital trusts’ IV antibiotic prescribing**  Source: [Model Health System](https://model.nhs.uk/)  Metric: Proportion of total antibiotic prescribing administered intravenously | Trend over time (decreasing is better) |  |  |  |
| 6a | **CQUIN performance data**  Source: [FutureNHS webpage](https://future.nhs.uk/A_M_R/view?objectId=32809584) | Benchmarking |  |  |  |
| 6b | **CQUIN performance data**  Source: [FutureNHS webpage](https://future.nhs.uk/A_M_R/view?objectId=32809584) | Trend over time (four quarters) |  |  |  |
| 7a | **Acute hospital trusts’ blood culture pathway audit (tube fill and time to incubator)**  Source: Local data | Benchmarking |  |  |  |
| 7b | **Acute hospital trusts’ blood culture pathway audit (tube fill and time to incubator)**  Source: Local data | Trend over time |  |  |  |

## \*Sensitive to case mix – benchmarking with peer group organisations recommended

\*\*To access AMR KPI data in Model Health System > [log on and open the home page](https://model.nhs.uk/home) > select the relevant ICB (top right) > select Browse tab (top banner) > select *Antimicrobial Resistance* from Population Health menu

## Documentary evidence of antimicrobial stewardship

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|  | Source document and recommended elements | Met/not met | Evidence |
| 1 | **ICB antimicrobial resistance strategic plan** |  |  |
| 1.1 | Ratification by senior leadership of ICB |  |  |
| 1.2 | Inclusion of antimicrobial stewardship |  |  |
| 1.3 | Inclusion of monitoring and evaluation mechanisms |  |  |
| 1.4 | Inclusion of workforce strategy for antimicrobial stewardship (and infection prevention and control) with capacity plan, training and accreditation |  |  |
| 1.5 | Inclusion of implementation plan with goals, priorities, delivery milestones and accountability |  |  |
| 1.6 | Inclusion of programme of audit and feedback |  |  |
| 1.7 | Allocation of financial and human resources |  |  |
| 2 | **Board terms of reference** |  |  |
| 2.1 | Responsibility for oversight of antimicrobial resistance and stewardship assigned to named board member |  |  |
| 2.2 | Requirement for at least annual board review of performance against antimicrobial resistance key performance indictors |  |  |
| 3 | **Board Assurance Framework** |  |  |
| 3.1 | Compliance assessed for infection prevention and control and antimicrobial stewardship domains [[National infection prevention and control manual for England](https://www.england.nhs.uk/publication/national-infection-prevention-and-control/)] |  |  |
| 4 | **Board risk register** |  |  |
| 4.1 | Antimicrobial resistance included as risk or issue with evidence of mitigating actions taken or planned |  |  |
| 5 | Board minutes where antimicrobial stewardship report and antimicrobial prescribing data are presented |  |  |
| 5.1 | Presentation of (annual) report of antimicrobial stewardship activities and accomplishments |  |  |
| 5.2 | Accurate reporting of ICB performance, including underperformance |  |  |
| 5.3 | Presentation of ICB benchmarking with peers and trend over time compared to national targets for key performance indicators |  |  |
| 5.4 | Presentation of primary care key performance indicators by sub-ICB and presentation of secondary care indicators by trust(s) |  |  |
| 5.5 | Interpretation of data provided to the board with recommended actions and action plan, where required |  |  |
| 5.6 | Evidence of accountability and action taken to investigate and address underperformance |  |  |
| 6 | **ICB antimicrobial stewardship committee terms of reference** |  |  |
| 6.1 | Appropriate multi-professional representation including: microbiology/infectious diseases, pharmacy, nursing, medical |  |  |
| 6.2 | Adequate representation from key stakeholders in primary care and secondary care provider organisations |  |  |
| 6.3 | Named ICB lead with responsibility for antimicrobial stewardship |  |  |
| 6.4 | Adequate meeting frequency (minimum 6-monthly) |  |  |
| 6.5 | Adequate committee oversight, governance, and reporting arrangements up to board level. |  |  |
| 7 | **ICB antimicrobial stewardship committee risk register** |  |  |
| 7.1 | Risks and issues documented with evidence of mitigating actions |  |  |
| 8 | **ICB antimicrobial stewardship committee minutes** |  |  |
| 8.1 | Attendance by core antimicrobial stewardship multi-professional team and representation from healthcare provider organisations |  |  |
| 8.2 | Meaningful review of ICB performance, including underperformance |  |  |
| 8.3 | Review of ICB benchmarking with peers and trend over time compared to national targets for key performance indicators |  |  |
| 8.4 | Review of primary care key performance indicators by sub-ICB (and primary care network) and presentation of secondary care key performance indicators by trust(s) |  |  |
| 8.5 | Review of focussed audit or point prevalence survey reports |  |  |
| 8.6 | Interpretation of data is documented with recommended actions and action plan where required to investigate and address any underperformance |  |  |
| 9 | **ICB antimicrobial stewardship committee action plan** |  |  |
| 9.1 | Evidence of actions completed and underway, with milestones and accountability |  |  |
| 9.2 | Local needs and inequalities considered as part of planned actions |  |  |

## Key informant evidence

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|  | Key informants and lines of enquiry | Evidence |
| 1 | **ICB board member with nominated responsibility for antimicrobial resistance** |  |
| 1.1 | Awareness of ICB antimicrobial resistance and stewardship leads |  |
| 1.2 | Awareness of ICB performance against antimicrobial prescribing key performance indicators |  |
| 1.3 | Assurance of priority level of improving quality of antimicrobial prescribing and antimicrobial stewardship |  |
| 1.4 | Knowledge of ICB antimicrobial resistance risks and actions being taken to address them |  |
| 2 | **ICB medical director** |  |
| 2.1 | Awareness of ICB antimicrobial resistance and stewardship leads |  |
| 2.2 | Awareness of ICB performance against antimicrobial prescribing key performance indicators |  |
| 2.3 | Assurance of priority level of improving quality of antimicrobial prescribing and antimicrobial stewardship |  |
| 2.4 | Knowledge of ICB antimicrobial resistance risks and actions being taken to address them, and mechanism in place to escalate concerns to the ICB board |  |
| 3 | **ICB antimicrobial resistance senior responsible officer** |  |
| 3.1 | Assurance of sufficient capacity and capability to undertake role (protected time and training/qualifications) |  |
| 3.2 | Awareness of ICB performance against antimicrobial prescribing key performance indicators |  |
| 3.3 | Assurance of priority level of improving quality of antimicrobial prescribing and antimicrobial stewardship |  |
| 3.4 | Knowledge of ICB antimicrobial resistance risks and actions being taken to address them, and mechanism in place to escalate concerns to the medical director |  |
| 4 | **ICB nominated lead for antimicrobial stewardship** |  |
| 4.1 | Sufficient capacity and capability to undertake role (protected time and training or qualifications) |  |
| 4.2 | Awareness of ICB performance against antimicrobial prescribing key performance indicators |  |
| 4.3 | Adequate senior leadership engagement and support |  |
| 4.4 | Effective microbiology/infectious diseases collaboration, engagement and support |  |
| 4.5 | Effective infection prevention and control collaboration, engagement and support |  |
| 4.6 | Adequate healthcare provider organisation engagement and action |  |
| 4.7 | Appraisal and personal development plan in place |  |
| 4.8 | Knowledge of ICB antimicrobial resistance risks and actions being taken to address them, and mechanism in place to escalate to the ICB antimicrobial resistance senior responsible officer |  |