

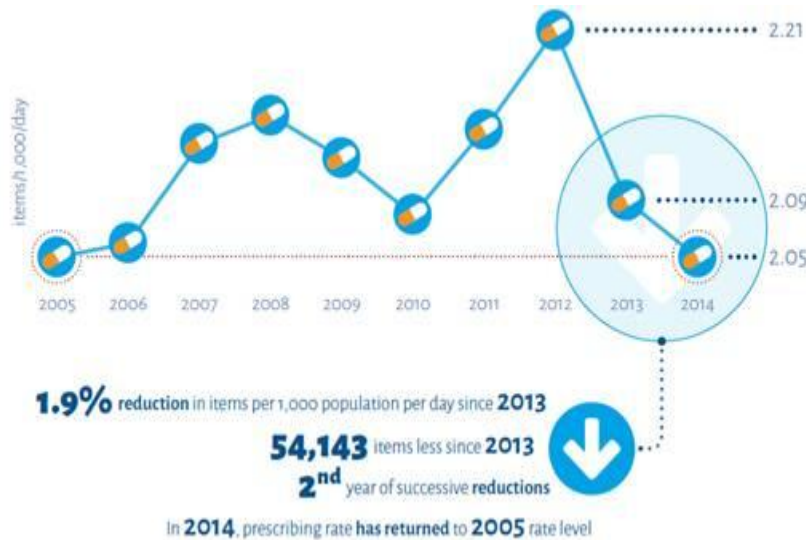
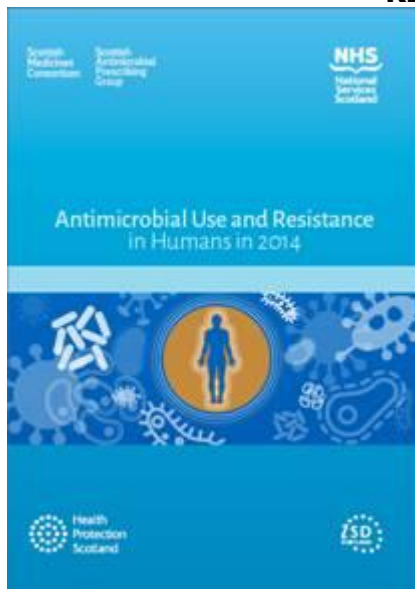
FOCUS ON:

ANTIMICROBIALS

Annual report on Antimicrobial Use and Resistance in Humans across Scotland published October 2015. <http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Publications/2015-10-06/2015-10-06-SAPG-2014-Report.pdf>

This report by NHS National Services Scotland on antimicrobial use and resistance in humans, underpins the work of the Scottish Antimicrobial Prescribing Group (SAPG) and covers the period to the end of 2014.

KEY POINTS FOR PRIMARY CARE PRACTITIONERS



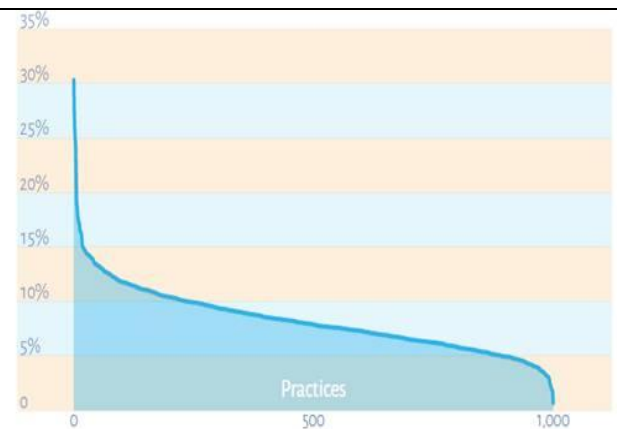
NHS Scotland:
Use of antibiotics
in primary care
items/1000/day
2005-2014

1. Overall Volume (selective pressure)

- In 2014 the rate of antibiotics dispensed in primary care was reduced by 1.9% compared with 2013, the second successive reduction in primary care.
- In contrast secondary care prescribing increased by 5.9% DDD's per 1000 population per day in the same period.
- This reduction means the rate of antibiotic prescribing in primary care across Scotland is back down to the level seen in 2005 and although NHS Lanarkshire remains the highest prescribing health board a significant downward shift in prescribing has been observed locally since 2013.

2. Agent choice (policy compliance)

- Use of recommended first line preferred antibiotics accounted for 81.3% of antibiotics prescribed and there was continued reduction in the use of the antibiotics that are particularly associated with a risk of *Clostridium difficile* infection (CDI).
- As a proportion, these higher risk agents accounted for 8.3% of total antibacterial use across Scotland in 2014, the lowest on record and reduced by 12.3% since the inception of SAPG in 2008.
- In contrast in secondary care there was a 9.7% increase in use of broad-spectrum antibacterials with a higher risk of CDI in 2014.
- A need for continued improvement in the use of these antibiotics particularly associated with CDI risk exists as there remains a marked variation in the prescribing rate of these agents in some practices across Scotland.



NHS Scotland: Use of antibiotics associated with a higher risk of CDI in primary care [Proportion of total use by practice 2014]

3. Rate of Resistance

- Resistance to antibiotics continues to pose a serious public health threat globally. The loss of effective antibiotics undermines our ability to fight infectious diseases. The problem is made worse by the fact that a new infectious disease has been discovered almost every year over the past 30 years, while very few new antibiotics have been developed.
- Antibiotic resistance in the most common bacterial infections was stable in 2014, continuing the flat trend since 2011. However, resistance to a wide range of important antibiotics continues to occur for some serious infections.

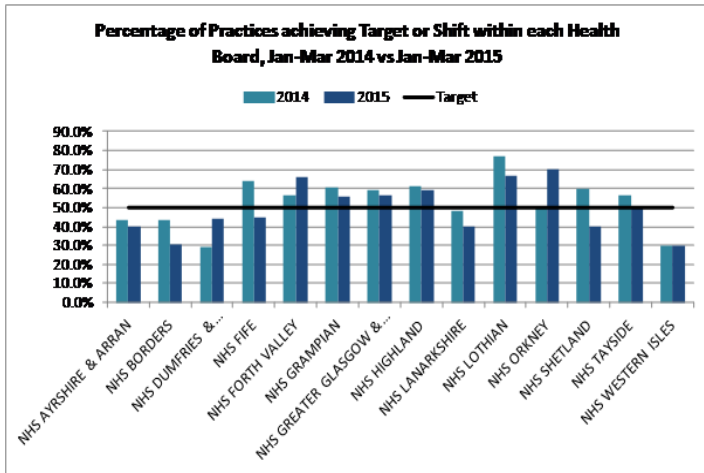
Reducing total antibiotic use through a national quality indicator – NHS Lanarkshire 2014/15

A national level three quality indicator on total antibiotic use in primary care¹ was introduced by the Scottish Government in May 2013 to provide an additional stimulus to reduce unnecessary antibiotic prescribing in primary care.

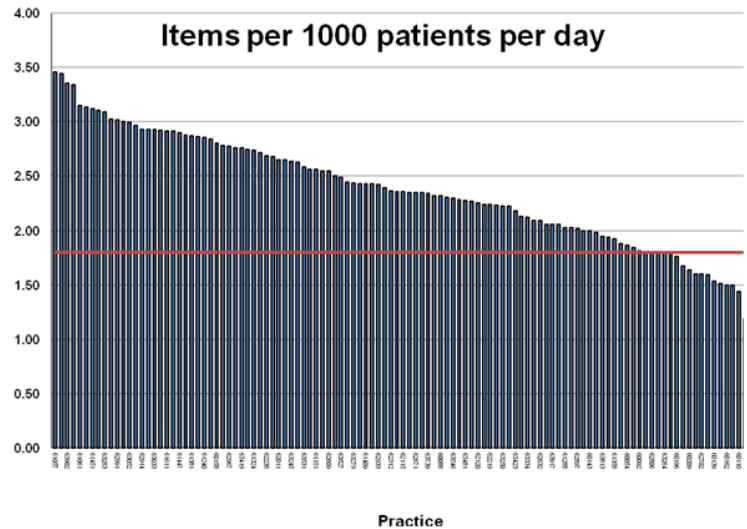
¹Scottish Antimicrobial Prescribing Group, Glasgow, June 2013, Supporting improvement in antibiotic prescribing in primary care: reducing total antibiotic use through a national quality indicator. http://www.scottishmedicines.org.uk/files/sapg/Measurement_of_primary_care_quality_indicator.pdf

- Currently 7 of the 14 NHS boards meet the indicator measure for total antibacterial use that at least 50% of GP practices should be at or below the prescribing rate of the baseline national 25th percentile (baseline Jan-March 2013) or made the minimum acceptable reduction toward that level in 2014/15.

NHS Scotland, percentage of GP practices meeting target or shift in each health board for year 1 and year 2 compared to the overall target of 50.0%



NHS Lanarkshire, antibiotic prescribing rates of GP practices – items per 1000 patients per day 2014/15



- Overall, 53.3% of GP practices in Scotland are achieving this target, in NHS Lanarkshire 40.2% of practices achieved the target or shift required
- SAPG recommends that NHS boards not meeting the target undertake further quality improvement interventions within GP practices
- Many such initiatives are already underway within NHS Lanarkshire and further support is available for any practice considering such initiatives to reduce their overall antibiotic prescribing volume

✓ GOOD PRACTICE EXAMPLE

Delayed prescription Initiative within a GP Practice, Coatbridge Locality, NHS Lanarkshire 2014/15

An audit of a concerted drive to utilise a delayed antibiotic prescribing strategy for young patients presenting with symptoms of upper respiratory illness was conducted over a 6 week period during Dec 2014 to Feb 2015

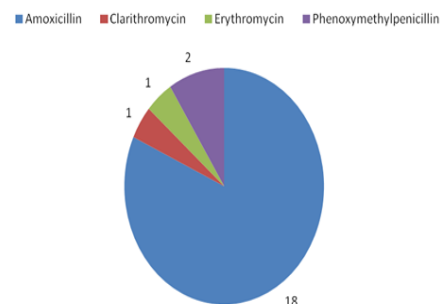
Key results

Total number of patients issued a delayed prescription	22
Number of instances where prescription was dispensed (all within 48hours of prescription date)	7 (32%)
Number of prescriptions not dispensed*	15 (68%)

* Available data at the time using e-messages.

Drug	TOTAL	Not dispensed
Amoxicillin	18	14 (78%)
Clarithromycin	1	1 (100%)
Erythromycin	1	0 (0%)
Phenoxymethylpenicillin	2	0 (0%)

Number of prescriptions prescribed as delayed prescription



Indication given for antibiotic prescription

	Total	Not dispensed
Upper Respiratory Tract Infection (URTI)	18	14 (78%)
Sinusitis	1	0 (0%)
Not recorded	3	1 (33%)

Key Conclusions

- Although small numbers this data adds support to the benefit of utilising a delayed antibiotic prescription strategy for URTIs.
- Feedback from GPs and reception staff highlighted that patient support materials from toolkits such as TARGET and ScRAP were particularly useful in initiating conversations around prudent antimicrobial use prior to AND during consultation.

Wider Benefit

PRISMS data was interrogated to determine the effects of this initiative and changes to antibiotic prescribing within the practice as a whole.

The National Therapeutic Indicators (NTIs) 2014/15 were used to compare Q1 2013/14 and Q1 2014/15.

Total antibiotic items/1000patients/day	
Jan – Mar 2014	2.63
Jan – Mar 2015	2.03

- The data highlighted a significant reduction in overall antibiotic volume.
- The practice is one of 28 within NHSL that achieved the required shift on prescribing and are now closer to the target of < 1.8 items/1000 patients/day.

4C antibiotics items/1000patients/100days	
Jan – Mar 2014	13.08
Jan – Mar 2015	7.51

- The data also highlighted a significant reduction in the use of 4C antibiotics.
- The practice is one of 50 within NHSL that achieved the required shift in prescribing and are now lower than the target of < 11.2 items/1000 patients/100days.

Week commencing Monday 16th November 2015 marked the start of World Antibiotic Awareness Week

To highlight the issue of antimicrobial resistance in 2015, the first World Antibiotic Awareness Week (WAAW) took place between 16th and 22nd November.

In the UK the [Antibiotic Guardian campaign](#) encourages all healthcare staff, patients and the public to make a personal pledge to help preserve our antibiotics for future generations.

In Lanarkshire, many staff, patients and members of the public made their pledge at sign-up events staged across all acute hospital sites and a number of primary care health centre locations.



Fiona Graham, GP Practice Pharmacist for Wellwynd Practice, Airdrie HC makes her pledge.

[Sign up and become an Antibiotic Guardian today! Using the link here](#)



Further information and resources available

The TARGET toolkit - Treat Antibiotics Responsibly, Guidance, Education, Tools - is available on the RCGP website and is designed to be used by the whole primary care team within the GP practice or out of hours setting. These resources can be used flexibly; either as standalone materials or as part of an integrated package.

<http://www.rcgp.org.uk/clinical-and-research/toolkits/target-antibiotics-toolkit.aspx>

The Scottish Reduction in Antimicrobial Prescribing (ScRAP) Programme, is an educational toolkit to help prescribers to reduce unnecessary prescribing of antibiotics. It can also be used to support NHS boards in delivering the level 3 quality indicator for reduction of total antibiotic use. It was developed by NES (Pharmacy and HAI) in conjunction with the Scottish Antimicrobial Prescribing Group (SAPG).

[http://www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy/about-nes-pharmacy/educational-resources/resources-by-topic/infectious-diseases/antibiotics/scottish-reduction-in-antimicrobial-prescribing-\(scrap\)-programme.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy/about-nes-pharmacy/educational-resources/resources-by-topic/infectious-diseases/antibiotics/scottish-reduction-in-antimicrobial-prescribing-(scrap)-programme.aspx)



PRACTICE POINTS: HOW DOES YOUR PRESCRIBING COMPARE?

For further information on prescribing within NHS Lanarkshire please contact:

Primary Care - Prescribing Management Team who will liaise with NHSL Antimicrobial Management Team as necessary