Antimicrobial stewardship: slowing the relentless rise in resistance

“Antimicrobial resistance is a very real threat. If we have no suitable antibiotics to treat infection, minor surgery and routine operations could become high risk procedures.” – Professor Dame Sally Davies

In 2012, the Antimicrobial Stewardship Clinical Priority, with Dr Michael Moore as Clinical Champion and Public Health England (PHE) as a key stakeholder, was established to show that appropriate prescribing in primary care can make a difference to resistance.

The rising threat of antibiotic resistance regularly makes national headlines as prescribing rates continue to climb. Patients with UTI or RTI who have had antimicrobials in the previous six months are twice as likely to have a resistant organism. With 80% of antibiotic prescribing occurring in primary care, the pressure on GPs, practice teams and pharmacists to discuss the alternatives with patients is high.

In order for prescribers and patients to change their antibiotic use they need to:
• Be convinced of the importance of antibiotic resistance and how their responsible antibiotic use can contribute to controlling resistance.
• Have the confidence and tools to use antibiotics responsibly.

Some of the key developments, measures and resources, which the Clinical Priority Programme has played an important role in creating, to support the above are:

**TARGET Toolkit - Treat Antibiotics Responsibly, Guidance, Education, Tools**

The Toolkit has been developed to influence personal attitudes, social norms and perceived barriers to optimal antibiotic prescribing. It acts as a central hub of resources, including patient information leaflets to encourage responsible antibiotic use and an assessment checklist for GP practices and commissioning groups to assess antibiotic prescribing. The TARGET Antibiotics presentation and toolkit have been designed to be introduced to the whole primary care team as a one hour workshop within the GP practice or out of hours setting. It was developed under the aims of the UK Five Year Antimicrobial Resistance Strategy and to reflect the work of the English Surveillance Programme for Antimicrobial Utilisation and Resistance.
The UK Five Year Antimicrobial Resistance Strategy 2013-2018

A cross-government UK strategy to slow the development and spread of antimicrobial resistance, highlighting seven key areas for action around three strategic aims:

- improve the knowledge and understanding of antimicrobial resistance
- conserve and steward the effectiveness of existing treatments
- stimulate the development of new antibiotics, diagnostics and novel therapies

The English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR)

This programme, led by PHE, is developing and improving surveillance systems to measure antibiotic use and antibiotic resistance as well as measuring the impact of resistance of the safety of patients and the general public.

Antimicrobial Resistance Summit

The Antimicrobial Resistance Summit – ‘Meeting the Challenge’ was held on 6 November 2014 to bring together GPs, hospital doctors, nurses and pharmacists to call for binding national “rollback” targets on antibiotic prescribing to halt the rise in resistance. The summit, a joint initiative of RCGP and many other Royal Colleges, Department of Health and PHE, was in response to a PHE report showing that between 2010 and 2013 there was a 6% increase in the combined antibiotic prescribing of GPs and hospitals. The report showed a wide variation in both prescribing and antibiotic usage across England, highlighting increased resistance in geographical areas that have higher rates of prescribing. The resources in the TARGET toolkit are designed to help practices address this.

Antibiotic Guardian Pledge campaign

The Antibiotic Guardian campaign was established to coincide with Antibiotic Awareness Day on 18 November to encourage everyone in the UK (including healthcare professionals, healthcare leaders and the public) to make one pledge to improve knowledge about antibiotic resistance across the UK. Over 12,500 people signed up to actions including:

- When I see a patient with a self-limiting illness, I will discuss methods of controlling symptoms rather than prescribing antibiotics – for a primary care prescriber
- For infections that our bodies are good at fighting off on their own, like coughs, colds, sore throats and flu, I pledge to talk to my pharmacist about how to treat the symptoms first rather than going to the GP – for the general public

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The future

“As the RCGP AMR Clinical Champion, Dr Michael Moore’s contribution to the cross-sector development and implementation of the UK 5 Year AMR Strategy has been invaluable...His work representing the RCGP on the issue of AMR and engaging frontline GPs in reducing antibiotic prescribing has been vital in delivering the first year of the UK AMR Strategy. However, the work has only just begun and ensuring the RCGP remains represented and actively involved in implementing the strategy will be critical to achieving the whole system changes necessary to tackle AMR.” - Professor Anthony Kessel  Director of International Public Health Responsible Officer,  Public Health England

With prescribing rates still high, and a clear variation in antibiotic usage across the country, antibiotic stewardship will continue to be a priority for the College. More information will be available on the antimicrobial stewardship resource page.