Tablet Press EXTRA

The prescribing newsletter for GPs, nurses and pharmacists
NHS Nene and NHS Corby CCGs
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Quality Premium 2015-16 – Improved Antibiotic Prescribing in Primary and Secondary Care

Each year NHS England sets a "Quality Premium" (QP) which is essentially an incentive scheme for CCGs and covers a variety of achievement areas. This year, due to the importance of Antimicrobial Stewardship, it includes 3 targets relating to antibiotic prescribing, "Improved antibiotic prescribing in primary and secondary care".
http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf

England's Chief Medical Officer, Professor Dame Sally Davies has said:
"Antimicrobial resistance poses a catastrophic threat. If we don't act now, any one of us could go into hospital in 20 years for minor surgery and die because of an ordinary infection that can't be treated by antibiotics. And routine operations like hip replacements or organ transplants could be deadly because of the risk of infection".

NICE has also issued a clinical guideline on Antimicrobial Stewardship which covers the effective use of antimicrobials in children, young people and adults. It aims to change prescribing practice to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection
http://www.nice.org.uk/guidance/ng15

NHS England has issued a Patient Safety Alert which highlights the challenge of antimicrobial resistance and signposts to toolkits to support the NHS in improving antimicrobial stewardship in both primary (RCGP TARGET toolkit – see below) and secondary care.
http://www.england.nhs.uk/2015/08/18/psa-amr/

The QP offers a real opportunity for inappropriate antibiotic prescribing to be addressed and thereby to reduce antimicrobial resistance and the incidence of community and hospital acquired C.diff.

The Antibiotic QP is comprised of three parts:
Part a) reduction in the number of antibiotics prescribed in primary care by 1% (or greater) from each CCG's 2013/14 value.
Overall, the prescribing of antibiotics in Northamptonshire is much in line with the national average however, there is considerable variation between practices, with some prescribing at more than double the rates of others.

Part b) the number of co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of selected antibiotics prescribed in primary care to be reduced by 10% from each CCG's 2013/14 value, or to be below the 2013/14 median proportion for English CCGs (11.3%), whichever represents the smallest reduction for the CCG in question.
This part of the Quality Premium looks at the % of antibiotic prescriptions which are for those antibiotics most closely associated with development of C.difficile infections and antibiotic resistance *per se*.
Northamptonshire prescribers are low users of cephalosporins and quinolones but overall are high users of co-amoxiclav, but again there is considerable variation between practices.

Part c) secondary care providers validating their total antibiotic prescription data
Secondary care providers with 10% or more of their activity being commissioned by the relevant CCG are required to have validated their total antibiotic prescribing data as certified by Public Health England Providers are likely to be expected to reduce antibiotic prescribing in 2016-17.

How can we achieve the antibiotic Quality Premium?

General practice
An incentive has been agreed between the CCGs and GP practices to assist with the achievement of part (a) and part (b), details of which have been communicated to practices separately.

Part (a) – Reducing inappropriate antibiotic prescribing is a key Public Health priority. Primary care prescribers who continue to have high levels of antibiotic prescribing are encouraged to try to reduce inappropriate use.
There are a number of resources which encourage and help practices to do this, including the RCGP TARGET toolkit advocated in the Patient Safety Alert.http://www.rcgp.org.uk/clinical-and-research/toolkits/target-antibiotics-toolkit.aspx

In addition, the CCGs' Medicines Management Team has previously provided a number of resources to help prescribers to do this and the Prescribing Advisers are available to help support practices with initiatives such as

delayed antibiotic prescribing. Further information about delayed prescriptions can be found in the NICE CG69 "Respiratory Tract Infections".http://www.nice.org.uk/guidance/cg69

The Specialist Antimicrobial Pharmacist from KGH is also able to attend practice or locality prescribing meetings.

Practices where prescribing is above the QP target have been provided with an estimation of the numbers of antibiotic prescriptions that would need to be reduced per GP, per week to achieve the target. For most practices this number per GP is low and hopefully achievable – between 1 and 3 per week.

Part (b) - Primary care prescribers should follow the Health Protection Agency guidelines for treatment of infections https://www.gov.uk/government/publications/managing-common-infections-guidance-for-primary-care
Within the guidance, co-amoxiclav is only recommended for acute pyelonephritis, animal or human bites, upper UTI in children, facial cellulitis, sinusitis (3rd line) and exacerbations of COPD (3rd line).

The high use of co-amoxiclav has been discussed on a number of occasions at the Northamptonshire Prescribing Management Group and GPs raise the (valid) issue that co-amoxiclav is frequently reported by the acute trusts' laboratory sensitivity report for UTIs, which hence influences prescribing. The Medicines Management team have therefore worked with the acute trusts and has received a commitment to amend the sensitivity testing by 1st October 2015 to help support the CCG to achieve the Quality Premium (see below).

The Quarter 1 review of C diff Root Cause Analyses received from GPs in Northamptonshire demonstrated that:-

- of the 46 patients data for whom was available, 32 courses of co-amoxiclav were given and this was by far the most commonly prescribed antibiotic for these patients
- the most common indication for prescribing was Urinary Tract Infections

For the treatment of UTI in adults, use nitrofurantoin (100mg M/R bd) first line (if GFR > 45ml/min). Trimethoprim (if low risk of resistance) and pivmecillinam are alternative first line agents.

NB Laboratory sensitivities will be reported for "mecillinam". Where "mecillinam" sensitivity is reported, pivmecillinam should be prescribed (pro-drug of mecillinam) at a dose of 400mg tds.
Durations are for 3/7 (women) or 7/7 (men).

In some cases of multi-resistant Extended-spectrum Beta-lactamase (ESBL) E. coli, fosfomycin may be recommended as the only treatment option, if pivmecillinam cannot be used. This is now a licensed product so is more readily available in the community than previously. The dose is 3g stat for women plus a 2nd 3g dose in men 3 days later.

Community Pharmacy

Community pharmacists can help with antimicrobial stewardship by promoting self-care for self-limiting infections and by giving patients advice about the usual natural history of the illness, including the average total length of the illness (by definition 50% may last longer than this) -

- acute otitis media: 4 days
- acute sore throat/acute pharyngitis/acute tonsillitis: 1 week
- common cold: 1½ weeks
- acute rhinosinusitis: 2½ weeks
- acute cough/acute bronchitis: 3 weeks

Useful patient information is available at
http://www.rcgp.org.uk/clinical-and-research/toolkits/target-antibiotics-toolkit.aspx
Where antibiotics have been prescribed, ensure that patients are counselled to complete the course to ensure the infection does not recur and to help reduce antibiotic resistance.

Secondary care

Incentives have been agreed between the CCG and KGH and NGH to assist with the achievement of part (b) and part (c), details of which have been communicated to the trusts separately.

Part (b) – By 1st October 2015 the acute trust microbiology departments will have made changes to their antibiotic sensitivity testing to promote a reduction in the use of co-amoxiclav for UTIs -

- incorporation of pivmecillinam (mecillinam) reporting into the sensitivity testing for urinary tract infections
- annotation of mecillinam sensitivity reports to advise "If mecillinam is the preferred choice, prescribe as pivmecillinam"
- selective suppression of co-amoxiclav sensitivity reporting for urinary tract infections

Part (c) - Secondary care providers are responsible for achieving part (c) and are on track to do so.