

## Antimicrobial stewardship briefing

This bulletin focuses on the effective prescribing of antibiotics in primary care. It brings together in one place the extensive range of guidelines and resources available to support Antimicrobial Stewardship (AMS) across Integrated Care Boards (ICBs) and Health Boards (HBs).

### Key recommendations

- AMS should be in place across the health system and led by a nominated senior/board level AMS lead role in ICBs/HBs to support antimicrobial prescribing.
- Monitor and evaluate antimicrobial prescribing using data available, such as the [PrescQIPP AMS visual analytics](#), and examine how this relates to local resistance patterns. Regular feedback on antimicrobial prescribing should be provided by ICBs/HBs to individual PCNs, practices or prescribers, at least annually.
- The TARGET antibiotics toolkit resource should be used to support implementation of their AMS programme.
- Health and social care staff should implement local or national antimicrobial guidelines and recognise the significance of them for AMS. Health professionals should be familiar with current AMS campaigns and programmes.
- ICBs/HBs should author, implement and review antibiotic guidelines for primary care prescribers across the ICB/HB (including doctors, dentists, locums, nurses and pharmacists) in line with national antimicrobial guidelines in [England](#), [Wales](#), [Scotland](#) and [Northern Ireland](#).
- Antibiotic guidelines should be written and reviewed in conjunction and consultation with consultant and antimicrobial pharmacists, primary care clinicians, microbiologists, public health clinicians, the Director of Infection Prevention and Control (DIPC), IPC nurses, secondary care providers, out of hours providers and other local key stakeholders.
- The use of delayed antibiotic prescribing and patient information leaflets such as “[Managing Your Common Infection \(self care\)](#)”, “[Respiratory tract infection](#)” and “[Urinary tract infection](#)” leaflets should be promoted.
- Encourage prescribers to complete the [Antimicrobial Stewardship Self-Assessment Checklist](#), group training presentations, e-learning modules and audits on the TARGET website.
- Manage patient expectations around the prescribing of antibiotics by encouraging the use of the TARGET Self Care Forum fact sheets, posters and videos for patient waiting areas.
- Support [World Antimicrobial Awareness week](#) (18th - 24th November) each year.
- Encourage all to become an “[Antibiotic Guardian](#)” which raises awareness among health professionals and the public about AMR and appropriate prescribing.

### Summary

- The increased and inappropriate use of antibiotics together with the lack of any new classes of antibiotics discovered since the 1980s, means we are heading rapidly towards a world in which our antibiotics no longer work.<sup>1</sup>
- A serious consequence of inappropriate antibiotic prescribing is CDAD which leads to an increase in morbidity and mortality. Its development can be driven by antibiotic use in the preceding four weeks and is associated with the prescribing of broad-spectrum antibiotics such as clindamycin, cephalosporins, co-amoxiclav and quinolones.<sup>2-4</sup>
- ICBs/HBs and prescribers across all health and social care settings that use NICE guidance should implement NICE guideline [NG15], Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use. The purpose of this guideline is to provide good practice recommendations on systems and processes for the effective use of antimicrobials.<sup>1</sup>
- The RCGP TARGET toolkit has many resources to support ICBs/HBs/PCNs/practices and prescribers to help influence prescribers' and patients' personal attitudes, social norms and perceived barriers to optimal antibiotic prescribing. It includes a range of resources that can each be used to support prescribers' and patients' responsible antibiotic use, helping to fulfil CPD and revalidation requirements.<sup>5</sup>

## References

1. NICE. Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use. NICE guideline [NG15]. August 2015. [www.nice.org.uk/guidance/NG15](http://www.nice.org.uk/guidance/NG15)
2. NICE. Clostridium difficile infection: risk with broad-spectrum antibiotics. NICE Evidence summary [ESMPB1]. March 2015. <https://www.nice.org.uk/advice/esmpb1/chapter/Key-points-from-the-evidence>
3. Wilcox MH, Chalmers JD, Nord CE, et al. Role of cephalosporins in the era of Clostridium difficile infection. J Antimicrob Chemother 2017; 72(1): 1-18. <https://academic.oup.com/jac/article/72/1/1/2643139>
4. Tawam D, Baladi M, Jungsuwadee P, et al. The Positive Association between Proton Pump Inhibitors and Clostridium Difficile Infection. Innov Pharm 2021; 12(1):10.24926/iip.v12i1.3439. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8102963/>
5. Royal College of General Practitioners. TARGET Antibiotics Toolkit hub. [www.rcgp.org.uk/TARGETantibiotics](http://www.rcgp.org.uk/TARGETantibiotics) accessed 27/10/22.

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| Additional resources available | Bulletin | <a href="https://www.prescqipp.info/our-resources/bulletins/bulletin-313-antimicrobial-stewardship/">https://www.prescqipp.info/our-resources/bulletins/bulletin-313-antimicrobial-stewardship/</a> |
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