

MEETING	B&NES HEALTH AND WELLBEING BOARD
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<u>Report summary table</u>	
Report title	Establishment of a Bath and North East Somerset Antimicrobial Resistance Strategic Collaborative
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List of attachments	None
Background papers	<p>All background papers are in the public domain and are detailed below with hyperlinks. It is not anticipated that Board members will read all or any of these papers, but they have been included should anyone wish to access the strategic documents referred to within this report.</p> <ul style="list-style-type: none"> • Review on Antimicrobial Resistance http://amr-review.org/ • National Risk Register of Civil Emergencies https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419549/20150331_2015-NRR-WA_Final.pdf • UK 5 Year Antimicrobial Resistance Strategy 2013 to 2018 https://www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018 • Progress report on the UK 5 year AMR strategy: 2014 https://www.gov.uk/government/publications/progress-report-on-the-uk-five-year-amr-strategy-2014 • Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use NG15 August 2015 https://www.nice.org.uk/guidance/ng15 • Antimicrobial stewardship - changing risk-related behaviours in the general population http://www.nice.org.uk/guidance/indevelopment/gid-phg89 • English surveillance programme antimicrobial utilisation and resistance (ESPAUR) report PHE 2014 https://www.gov.uk/government/publications/english-surveillance-programme-antimicrobial-utilisation-and-resistance-espaur-report • NHS Atlas of Variation 2015 http://www.rightcare.nhs.uk/index.php/nhs-atlas/ • Cornwall Antimicrobial Resistance Group set up in response to

	<p>UK Five Year Antimicrobial Resistance Strategy 2013 to 2018 Iain Davidson - Cornwall Hospitals NHS Trust; Neil Powell - Cornwall Hospitals NHS Trust PHE Annual Conference 2015 Evidence into action: implementing antimicrobial stewardship initiatives https://www.phe-events.org.uk/hpa/frontend/reg/absViewDocumentFE.csp?documentID=8784</p> <ul style="list-style-type: none"> • NHS Bath and North East Somerset CCG Annual Report and Accounts 2014-15 http://www.bathandnortheastsomersetccg.nhs.uk/documents/annualreports/annual-report-2015
<p>Summary</p>	<p><i>If we fail to act, we are looking at an almost unthinkable scenario where antibiotics no longer work and we are cast back into the dark ages of medicine" – David Cameron, UK Prime Minister</i></p> <p>Antimicrobial resistance (AMR) is an increasing global and national problem, predicated to kill an extra 10 million global deaths a year by 2050 – more than cancer. There have been very few new antibiotics developed in the past 30 years and very few are in development at the moment. Therefore stewardship of existing antibiotics is essential to allow us to continue to successfully treat infections now and in the future. Already 25,000 deaths occur every year in Europe due to resistant infections. The UK Government have included AMR in the National Risk Register of Civil Emergencies and have published a UK 5 Year Antimicrobial Resistance Strategy 2013 to 2018. Implementation of this strategy is a Public Health England (PHE) priority, and the NHS need to support PHE deliver this.</p> <p>NHS BaNES CCG has been working over the past 18 months to improve the use of antibiotics, and this has been partly successful. However a whole economy wide approach is now required to allow us to effectively implement the key objectives within the UK 5 Year Antimicrobial Resistance Strategy. To do this we need to collaborate throughout the whole of Bath and North East Somerset: to improve the prevention of infection, increase peoples understanding of the risks that resistant infections bring, and encourage behaviour change to reduce the inappropriate use of antibiotics. 80% of antibiotic use is in primary care and the community, and half of this is for respiratory infections, many of which are self-limiting and can be managed with supported self-care, for example from community pharmacies. However, there is also a significant amount of 'unknown' antibiotic use in other areas such as dental care; and the large numbers of tourists visiting Bath bring both resistant bacteria and a variety of imported antibiotics.</p> <p>We propose the establishment of a Bath and North East Somerset Antimicrobial Resistance Strategic Collaborative, chaired by the CCG Clinical Chair, reporting to the Health and Wellbeing Board. Membership would include wide representation from NHS and private health care providers, public health, PHE, academic and</p>

	<p>clinical networks, patient and public representation, and local healthcare professional representation. The purpose of the Collaborative is to facilitate implementation of the UK 5 Year Antimicrobial Resistance Strategy key objectives at a local level, in particular;</p> <ul style="list-style-type: none"> • Improving infection prevention and control practices • Optimising prescribing practice • Improving professional education, training and public engagement • Developing new drugs, treatments and diagnostics • Better access to and use of surveillance data
Recommendations	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Agree to the establishment of a Bath and North East Somerset Antimicrobial Resistance Strategic Collaborative, chaired by the CCG Clinical Chair, reporting to the Health and Wellbeing Board at 6 monthly intervals 2. Support European Antibiotic Awareness Day on 18th November and pledge to become an Antibiotic Guardian at https://antibioticguardian.com/
Rationale for recommendations	<p>Antimicrobial resistance (AMR) is an increasing global and national problem, predicated to kill an extra 10 million global deaths a year by 2050 – more than cancer. There have been very few new antibiotics developed in the past 30 years and very few are in development at the moment. Therefore stewardship of existing antibiotics is essential to allow us to continue to successfully treat infections now and in the future. Already 25,000 deaths occur every year in Europe due to resistant infections. The UK Government have included AMR in the National Risk Register of Civil Emergencies and have published a UK 5 Year Antimicrobial Resistance Strategy 2013 to 2018. Implementation of this strategy is a Public Health England (PHE) priority, and the NHS need to support PHE deliver this.</p> <p>If AMR continues to develop to the remaining antibiotics we still have, we will lose our ability to provide safe and effective healthcare to our whole population, from child birth to routine elective surgery such as hip replacements, to patients with long term conditions such as diabetes and respiratory illnesses. We therefore need to improve our stewardship of those antibiotics we still have working.</p> <p>NHS BaNES CCG has been working over the past 18 months to improve the use and stewardship of antibiotics, and this has been partly successful, as highlighted in the CCG Annual Report. However a whole economy wide approach is now required to allow us to effectively implement the key objectives within the UK 5 Year Antimicrobial Resistance Strategy. To do this we need to collaborate throughout the whole of Bath and North East Somerset.</p>

A Bath and North East Somerset Antimicrobial Resistance Strategic Collaborative would support wider engagement and more effective implementation of the UK 5 Year Antimicrobial Resistance Strategy at a local level. It will align to recent NICE guidance promoting the value of whole economy antimicrobial stewardship programmes, and support the implementation of Public Health England Local AMR plans.

There is no existing whole health economy AMR collaborative in Bath and North East Somerset at present, although there is a BaNES CCG led Healthcare Infection Prevention Collaborative that would contribute and report to the proposed AMR collaborative. In addition other topic related working groups, for example the NHS England immunisation planning group, would be invited to contribute. This provides an excellent opportunity to collaborate to deliver the Joint Wellbeing Strategy health outcomes.

Cornwall have successfully implemented an AMR Collaborative that is demonstrating real gains to local communities; for example winning innovation funding to provide Infection Prevention and Control nursing expertise to work with children in schools who have had disruptive winter infections outbreaks.

How the recommendations contribute to the delivery of the outcomes in the Joint Health and Wellbeing Strategy:

- Preventing ill health by helping people to stay healthy
Inappropriate antibacterial use can lead to the development of bacterial resistance and infections become harder to treat, particularly in the very young, very frail, and those who are immunocompromised, such as people with cancer. Healthy people can transfer resistant bacteria to other people who are vulnerable. Preventing infection is an essential part of reducing the use of antibiotics, and includes effective use of hand washing, vaccination and self-care. Educational and behavioural change strategies are vital to promoting these activities to the residents of BaNES to help them stay healthy.
- Improving the quality of people's lives
The availability of effective antibiotics are essential to keeping people healthy, reducing the burden of ill health associated with long term conditions such as respiratory disease and diabetes. Inappropriate use of antibiotics contributes to the development and spread of resistant infections putting this population at risk of avoidable harm (harm from untreatable and hard to treat infections such as MRSA, and harm from antibiotic associated infections such as Clostridium difficile infection which can be fatal). Inappropriate use includes the use of antibiotics to treat infections caused by viruses (antibiotics do not work for viral infections), self-limiting infections (that will get better without antibiotics), and use of broad spectrum antibiotics when not

	<p>required (narrow spectrum antibiotics should always be used where possible to minimise the development of resistance to broad spectrum antibiotics which are required for serious infections such as blood stream infections, and infections already resistant to usual antibiotics).</p> <ul style="list-style-type: none"> • <u>Tackling health inequality by creating fairer life chances</u> The ESPAUR report shows the volume and choice of antibiotics varies widely throughout England, with higher levels of bacterial resistance reported in areas with higher use of specific antibiotics. National antibacterial prescribing indicators included in the NHS Atlas of variation show wide variation in primary care antibiotic prescribing; NHS BaNES CCG have very high use of key antibiotics (broad spectrum antibiotics; low use is better than high use).
Resource implications	<p>Resource costs are anticipated to be minimal initially, limited to staff time to attend 4 meetings a year and this would be met by all organisations contributing to the AMR Collaborative. Meeting resources and administrative support could be provided by the CCG. The collaborative will be able to apply and bid for resource funding to support innovation and effective interventions, and may contribute a resource gain for the health economy.</p> <p>A successful collaborative is anticipated to increase appropriate self-care of infections, resulting in a reduction in workload for primary and emergency healthcare services. Increased uptake of vaccinations would deliver a reduction in preventable infections in all parts of the economy, resulting in reduced days lost at work and school, reduced workload for healthcare services, and a reduction in avoidable life lost. Avoidance of healthcare acquired infections will reduce harm and associated costs - each Clostridium difficile infection costs the NHS at least £10,000</p>
Statutory considerations and basis for proposal	None anticipated
Consultation	Health care providers and professionals have been informally consulted and expressed support and willingness to contribute to the collaborative. Public Health has been consulted locally and is fully supportive of the initiative. Public Health England has been informally consulted and is supportive and able to contribute. The BaNES CCG led Healthcare Infection Prevention Collaborative has been consulted and discussed the proposal and is fully supportive and has expressed a desire to report its activities to the collaborative.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

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