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Key Links

[Antimicrobial Resistance \(AMR\) - GOV.UK](#)

Contains:

- Strategic publications
- Clinical or technical guidance and publications
- Resources for healthcare professionals
- Resources for livestock professionals
- Research
- News

[TARGET Antibiotic Toolkit](#)

An antimicrobial stewardship toolkit and resources for Primary Care in the UK. Produced by The Royal College of General Practitioners (RCGP).

[Start Smart & Then Focus](#)

An antimicrobial stewardship toolkit and resources for hospitals in England. Produced by PHE.

[Fingertips](#)

A repository of interactive profiles and indicators covering a wide range of health and wellbeing themes including antimicrobial stewardship and resistance. It is aimed at commissioners and strategic planners. Run by PHE.

If you have any questions with regard to C&M AMR work or this Bulletin, please contact:

C&M Health Protection Team
PHE North West
Suite 3B
Cunard Building
Water Street
Liverpool L3 1DS

Tel. 0344 225 0562 (option 1)
Fax. 0151 236 2488
e-mail: candmhpu@phe.gov.uk

C&M AMR Task Group Meeting – 13th June 2018

Key public health interventions to be discussed at the above meeting include:

- Education and training
- Optimising prescribing / tackling inappropriate prescribing
- Delayed / back-up prescribing
- Intelligence on antibiotic prescribing and antimicrobial resistance, and timely feedback to prescribers
- Evaluation of interventions
- Audit and local operational research

Journal of Antimicrobial Chemotherapy, March 2018

Below are five recent publications on AMR in the above peer reviewed journal:

1. Potential for reducing inappropriate antibiotic prescribing in English primary care
2. Antibiotics in primary care in England: which antibiotics are prescribed and for which conditions?
3. Actual versus 'ideal' antibiotic prescribing for common conditions in English primary care
4. Explaining variation in antibiotic prescribing between general practices in the UK
5. Defining the appropriateness and inappropriateness of antibiotic prescribing in primary care

Summary findings from the five papers:

- *The importance of primary care in tackling AMR* and the role primary care staff (GPs and other prescribers) can play to reduce inappropriate prescribing
- *All practices had non-zero reduction potentials*, ranging from 6.4% to 43.5% in the middle scenario.
- *There is substantial overprescribing*, and this is most pronounced in respiratory tract conditions, followed by urogenital tract, and skin/wounds infections
- *There is poor diagnostic coding*, and in almost one-third of all prescriptions no clinical justification was documented
- *The majority of practice-level variation in antibiotic prescribing cannot be explained by variation in prevalence of comorbidities.*

C&M AMR Board Next Steps

1. To develop a work plan following recommendations from the task group (June – Sept 2018).
2. To undertake a scoping exercise of current AMR activity across the health economy.
3. Organising a multi-agency stakeholders event on AMR in November 2018.