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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:

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Merseyside AMR Activities

Recent local AMR stewardship activities in Merseyside include:

Community / primary care (on-going activities):

- Education event for non-medical prescribers (through Merseycare) – diagnosis and management of UTI
- Education event for St Helens GPs – E coli bacteraemia, diagnosis and management of UTI
- Review of Pan Mersey Antibiotic guidelines, and development of an electronic version – ongoing
- Ongoing audit programme of antibiotic prescribing and microbiological sampling by non-medical prescribers – Merseycare AMR group – this has led to guidance being produced for microbiological sampling in primary care

Secondary care (on-going activities):

- Expanding education programme aimed at FY1 and FY2 doctors, core medical trainees, junior doctors in A&E and pharmacists.
- Audits of antibiotic prescribing including carbapenem, Teicoplanin, Tigecycline and Gentamicin
- Harmonisation of antibiotic guidelines across RLUH, BGH and Aintree

PHE relaunch of “Keep Antibiotics Working”




On 23rd October 2018, PHE will relaunch “Keep Antibiotics Working”. The campaign will run for 8 weeks from Monday 23rd October across England and will be supported with advertising on TV, radio, video on demand, social media and digital; partnerships with local pharmacies and GP surgeries; and PR activity.

Every GP practice and community pharmacy in England will automatically receive resources as part of Help Us Help You packs in October. The free non-prescription pads and other resources to promote the campaign, including leaflets and posters, are available to download from the PHE Campaign Resource Centre: [Here](#)

Relevant and up-to-date information published by PHE

Recent Fingertips data: In the North West of England over 250,000 fewer prescriptions were issued for antibiotics in 2017 compared to 2015. STAR-PU data, PHE Fingertips [Here](#)

Recent trend:  *Benchmarking against goal: ≤ mean England prescribing 2013/14 > mean England prescribing 2013/14*

Period		Count	Value	Lower CI	Upper CI	England
2015		5,143,530	1.23	1.23	1.23	1.10
2016		5,072,915	1.21	1.20	1.21	1.08
2017		4,891,400	1.15	1.15	1.15	1.04

Source: STAR-PU data is downloaded in report form from NHS Business Service Authority (NHS BSA). STAR-PU data is supplied from NHS Digital to NHS BSA as age & sex adjusted prescribing data. For more information please visit the [NHS Digital](#) website.

This demonstrates the progress that is being made across our region. In Cheshire and Merseyside, the majority of CCGs have lower prescribing of broad spectrum antibiotics in primary care compared to other CCGs in England, however levels of prescribing vary across our CCGs and further improvement is still needed.

AMR intelligence, evidence and relevant recent publications

Journal of the American Medical Association (JAMA) Internal Medicine: [Here](#)

Key findings: Increased water intake is an effective antimicrobial-sparing strategy to prevent recurrent cystitis in premenopausal women at high risk for recurrence who drink low volumes of fluid daily.

JAMA is a high ranking impact factor journal for internal medicine. The study was published on 1st October 2018, investigated the effect of increasing daily water intake in premenopausal women who experience recurrent cystitis. Hooton and colleagues randomised 140 women having 3 or more episodes of cystitis, in the prior year, to consume an extra 1.5L of water per day (in three 500ml branded bottles of water) or to consume no additional water, with their usual intake. The group of women consuming additional 1.5L water had nearly a 50% reduction in cystitis episodes in the 12 months of the study. The study was not blind (quite impossible to do), the outcome of cystitis episodes was self-reported and was sponsored by Danone Research. In summary the intervention was acceptable, safe and there was nearly a 50% reduction in antibiotics prescribed for cystitis in women consuming the additional water.

Next AMR Board Meeting: Wed 17th October 2018, 2:00 – 4:00pm, Room 2 Arpley House, 110 Birchwood Boulevard, Millennium Park, Birchwood, Warrington, WA3 7QH.

