# Primary Care Measures: indicator review

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ⓘ You are now reviewing the PCM indicator(s) for: **Antimicrobial prescribing**

ⓘ **Caution**: The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.


## Strategic context

ⓘ Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- *Tackling antimicrobial resistance 2019 to 2024: the UK's 5-year national action plan* (Department of Health and Social Care, 2019; link) supports the UK 20-year vision for antimicrobial resistance (Department of Health and Social Care, 2019; link).
- A Welsh Health Circular (WHC/2019/019; link) lays out the requirements for improvements in antimicrobial prescribing in primary and secondary care for 2019/20 based on the above UK-wide policy and strategy. It notes that primary care prescribing of antimicrobials has continued to reduce during 2018/19 building on the 12% reduction in prescribing seen between 2013 and 2017; there is still however a wide variation of practice across our services.
- The AWMSG National Prescribing Indicators for 2019-20 cover antimicrobial stewardship [link]. The purpose of the total antibacterial items (per 1,000 STAR-PUs) indicator is to encourage the appropriate prescribing of all antibiotics in primary care. The purpose of the 4C antimicrobials (items per 1,000 patients) indicator is to encourage a reduction in variation and reduce overall prescribing of the 4C antimicrobials (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) in primary care. Both indicators are reported via the NHS Wales Delivery Framework [measures 19 & 20; link]; an analysis by health board is available (Sep 2019; link) while clusters can review their prescribing via SPIRA [link].
- Indicators for this topic are reported via Primary Care Measures (although obsolete and thus not reported here).

▼ PCM national variation

ⓘ Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see here. Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is

observed in a healthcare context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

PCM retains unsuitable indicators (cephalosporin & quinolone items as % of all antibacterial items have been superseded by improved indicators for official reporting)

Alternative indicator data from HARP in the form of trajectories for primary care in Wales have been shared with health boards and are available via a newly-launched antimicrobial data library here [NADEX-restricted intranet-only]; this provides access to antimicrobial prescribing data at practice and cluster level. Antimicrobial resistance and prescribing surveillance and reports for primary care will be available in early 2020 here.


# Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Reduce antimicrobial consumption**

- Per WHC/2019/019 (link) primary care should implement the following HCAI & AMR improvement for 2019–20:
- (1) To reflect the UK AMR strategy target, the primary care services in Wales will be expected to achieve a 25% reduction in antimicrobial prescribing compared with the baseline year of 2013 by 2024.
- Specific action to attain this goal for incorporation into cluster IMTPs is not identified at this time; data to monitor trajectories will soon be available from HARP as above.

▼ **Improve antimicrobial stewardship**

- Per WHC/2019/019 (link) primary care should implement the following HCAI & AMR improvements for 2019–20:
- (1) All prescribers should document indications for all antimicrobial prescriptions; it is expected that an appropriate Read code will be entered whenever antimicrobials are prescribed in line with good prescribing practice. Primary care clusters should ensure urgent dental cases are seen by dental services rather than by the GMS.
- (2) Wales Quality Improvement: Antimicrobial Stewardship—Supporting the multidisciplinary diagnosis & management of UTI. Quality Improvement materials are available to support GPs and primary care clusters to review the multidisciplinary diagnosis and management of adults with suspected urinary tract infection.
- Four UTI audits based on NICE quality standards & PHW UTI standards are included and can be

found here [linked to the GMS contract QAIF element].

- Dental services can access quality improvement advice and support on antimicrobial prescribing from the HEIW (Dental Deanery).

### ▼ Improve prevention, control and management of community infections

- Per WHC/2019/019 (link) primary care should implement the following HCAI & AMR improvements for 2019–20:
- (1) To reduce the burden of infection and risks of bloodstream infections derived from the community:
- Implement evidence-based interventions in the management of people who inject drugs (PWID); wound / chronic ulcer management; and prevention of respiratory infections (oral care; mmunisation against influenza and COPD management).
- Continue delivery of population level oral health programmes in dentistry (Designed to Smile) and dental services to increase delivery of evidence based prevention and ensure appropriate treatment of urgent dental cases.
- Roll out of Aseptic Non-Touch Technique (ANTT) in community settings.
- Early diagnosis of the infected patient in the community/ out of hospital; see here.
- (2) To improve UTI prevention, diagnosis and appropriate management across the whole healthcare system utilising 'UTI 9' standards to include:
- Improving hydration.
- Appropriate urine sampling and recognition of UTI.
- Improving the management and use of urinary catheters.
- Use of appropriate antimicrobial treatment.

### ▼ Ensure awareness and implementation of NICE quality standards

- *Antimicrobial stewardship: Quality standard* [QS121] (Published date: April 2016) sets out six quality statements, any of which could form a focus for collective local improvement action. This quality standard covers the effective use of antimicrobial medicines (including antibiotics) to reduce the risk of antimicrobial resistance, which is when antimicrobial medicines lose their effectiveness. It covers all settings and all types of antimicrobials for treating bacterial, fungal, viral and parasitic infections. It describes high-quality care in priority areas for improvement.

# STEP C Improvement actions for wider cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Reduce antimicrobial consumption**

- Supporting actions to implement outside of GP surgeries TBC.

▼ **Improve antimicrobial stewardship**

- Supporting actions to implement outside of GP surgeries TBC.

▼ **Improve prevention, control and management of community infections**

- Supporting actions to implement outside of GP surgeries TBC.

# STEP D What is happening in Wales?

ⓘ Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ **CRP machine to reduce antibiotic prescribing**

- *What problem was being addressed?* Need to reduce inappropriate antibiotic prescribing.
- *What was done to address it?* Anglesey was the second highest antibiotic prescribing region in Wales. In addition to highlighting and training for practices we have invested in CRP point of care testing in trial sites. Our antibiotic prescribing rate has dropped from 422 per thousand population a year in 2015 to 304 per thousand in March 2019.
- *Who did it or who can be contacted in the event of queries?* Anglesey cluster (Dr Dyfrig ap Dafydd; Ellen V Williams; Helen Williams).
- *Source?* Primary Care Clusters 2019 (yearbook) [link].

### ▼ CRP testing to reduce antibiotic prescribing

- *What problem was being addressed?* Need to reduce inappropriate antibiotic prescribing.
- *What was done to address it?* Have introduced CRP point of care testing to support GP decision-making, the reduction of antibiotic prescribing and reassure patients when antibiotics prescribing is not indicated.
- *Who did it or who can be contacted in the event of queries?* Neath cluster (Dr Heather Potter; Deborah Burge-Jones).
- *Source?* Primary Care Clusters 2019 (yearbook) [link].

### ▼ CRP testing/ prescribing audit to reduce antibiotic prescribing

- *What problem was being addressed?* Need to reduce inappropriate antibiotic prescribing.
- *What was done to address it?* The cluster practices have adopted CRP Point of Care Testing, an important diagnostic tool to support clinical decisions for patients with respiratory tract infections. This has resulted in a safe reduction of antibiotic prescribing for patients whose symptoms are caused by a virus, and where an antibiotic has no effect. This has improved shared decision making between patients and healthcare professionals. The Cluster has also undertaken an in depth review of co-amoxiclav prescribing. Use was audited over a six-month period. Following this we have seen a 38% reduction in overall use of co-amoxiclav, whilst the national reduction was 14%.
- *Who did it or who can be contacted in the event of queries?* Upper Valleys cluster (Dr Rebecca Jones).
- *Source?* Primary Care Clusters 2019 (yearbook) [link].

### ▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

ⓘ Have something to share? Please let us know here.

ⓘ **Caution**: Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.


# What do you know about community views on this?

ⓘ Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

Type here


# What assets or partnership opportunities can you identify?

ⓘ Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

Type here


# Do you need more data before making a decision?

ⓘ If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

Type here


# What is your provisional decision?

ⓘ Having reviewed PCM indicator data and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team (LPHT). Summarise your proposals for action into the following box:

Type here

ⓘ Now PRINT this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and review another PCM indicator.