



WELSH HEALTH CIRCULAR

Status: ACTION/INFORMATION

Category: QUALITY & SAFETY

Title: AMR & HCAI IMPROVEMENT GOALS FOR 2023-24

Date of Expiry / Review: 31 March 2024

Action by: Health Boards/Trusts:
Chief Executives Medical Directors
Nurse Executive Directors Infection Control Doctors & Nurses
Directors of Public Health
Hospital Chief Pharmacists Dental Officers
PHW: HCAI & AMR Programme Leads CCDCs Health Protection Teams
NWSSP: For distribution to GP practices, dental practices, and community pharmacists.

For information:

Required by: with immediate effect.

DG/Chief Executive
NHS Wales Deputy Chief Exec
NHS Wales Professional & Policy Leads DHSS Operations Team
DHSS Comms Team
DHSS Digital Team **NHS Wales:**
Chairs NHS Direct Wales

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Enclosures: AMR & HCAI IMPROVEMENT GOALS FOR 2023-24 (annexe 1)



Llywodraeth Cymru
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xx August 2023

Dear Colleagues,

AMR & HCAI IMPROVEMENT GOALS FOR 2023-24

Wales remains committed to achieving the goals of the [UK AMR Strategy](#) and the 5-year ambitions outlined in the [UK National Action Plan 2019-2024](#) and [addendum](#) published in May 2022. Work is underway on a 4-nations basis to develop the next 5-year National Action Plan from 2024, but for 2023-24 the focus needs to be on continuing to work towards the goals of the current 5-year National Action Plan.

In Wales the aim is to combat antimicrobial resistance through lowering the burden of infections, improving treatments and optimising our use of antimicrobials in humans.

Yours sincerely,

Professor Chris Jones
Deputy Chief Medical Officer
Medical Director NHS Wales

Sue Tranka
Chief Nursing Officer
Nurse Director NHS Wales

Andrew Evans
Chief Pharmaceutical Officer

Andrew Dickenson
Chief Dental Officer

Annex 1

AMR & HCAI IMPROVEMENT GOALS FOR 2023-24

Wales remains committed to achieving the goals of the [UK AMR Strategy](#) and the 5-year ambitions outlined in the [UK National Action Plan 2019-2024](#) and [addendum](#) published in May 2022. Work is underway on a 4-nations basis to develop the next 5-year National Action Plan from 2024, but for 2023-24 the focus needs to be on continuing to work towards the goals of the current 5 year National Action Plan.

In Wales the aim is to combat antimicrobial resistance through lowering the burden of infections, improving treatments and optimising our use of antimicrobials in humans. National Action Plan ambitions are shown in highlighted boxes as applicable to each improvement goal.

1. OPTIMISING THE USE OF ANTIMICROBIALS

NATIONAL ACTION PLAN AMBITION:

Reduce the UK antimicrobial use in humans by 15% by 2024:

- A 25% reduction in antimicrobial usage in the community from the 2013 baseline
- A 10% reduction in use of “reserve” and “watch” antibiotics in hospitals from the 2017 baseline.

1.1 Primary Care:

Improvement Goal 1: To achieve a minimum 25% reduction in antimicrobial usage in the community from the 2013/14 baseline.

The impact of the COVID-19 pandemic and recent increased incidence of Group A streptococcus infection has had an adverse impact on our achievement of the 25% reduction in antimicrobial usage in the community (Figure 1). There is now an urgent need to re-focus on this improvement goal, to encourage a renewed attention on antimicrobial stewardship and good prescribing practices across our healthcare services.

The [All Wales Medicine Strategy Group National Prescribing Indicators for 2022/25](#) may be used to underpin further improvements in antimicrobial prescribing.

Educational resources to support prescribers on antimicrobial stewardship are available from [HEIW](#).

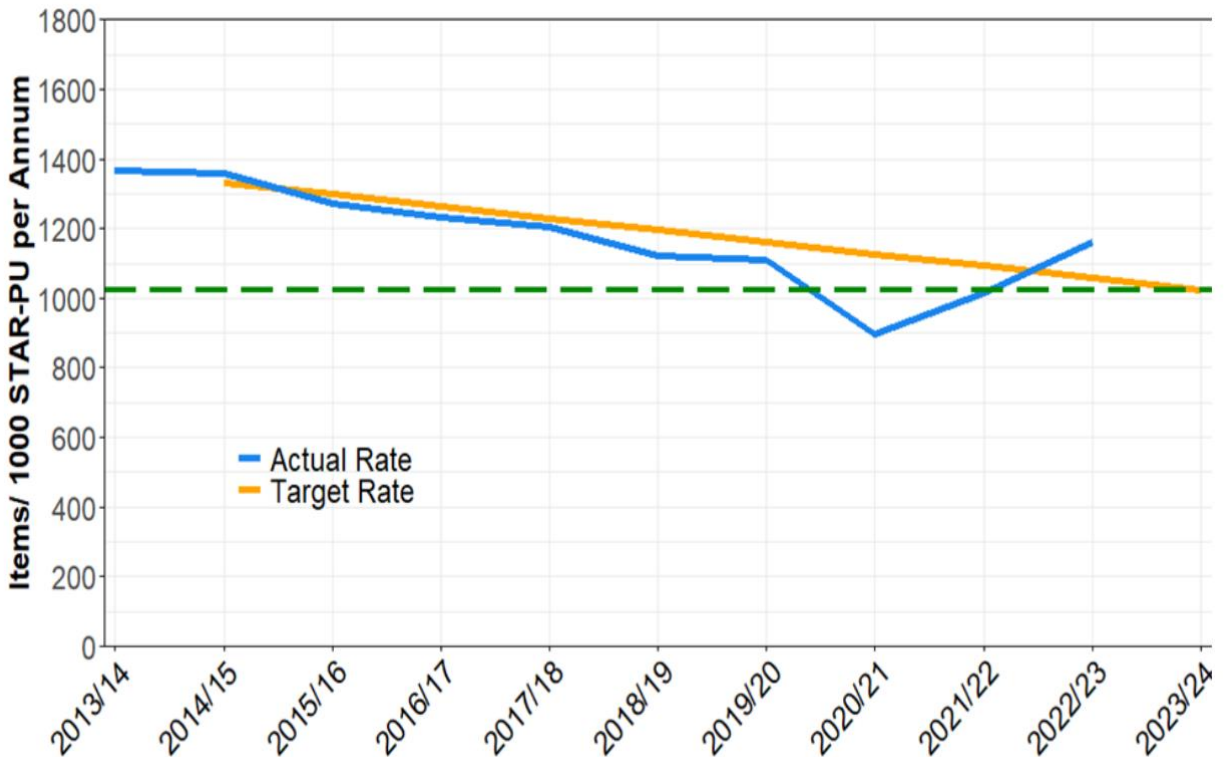


Figure 1: Antimicrobial trajectory and usage up to the period ending March 2023

Improvement Goal 2: Prescribers should document the indication and appropriate clinical diagnosis codes for all antimicrobial prescriptions.

Prescribers within primary care should document the appropriate indication and clinical diagnosis (READ/SNOMED code) for all antimicrobial prescriptions. The purpose of making this information available is to develop a culture of learning and improvement within primary care to benefit service users.

When prescribing antimicrobials, it is good practice to counsel patients on the associated risks and to document this, along with the reason for prescribing/not prescribing in the clinical notes ([Duty of Candour](#) / [Duty of Quality](#), Welsh Gov).

Improvement Goal 3: Primary care clusters should ensure urgent dental cases should be seen by dental services rather than General Medical Services.

Providers should understand the different dental services available and how to refer. Service users should be appropriately signposted to healthcare services in a timely fashion according to their needs. Accurate and consistent messaging between healthcare systems will promote cooperative working across the healthcare system and ensure patients access the appropriate services for their specific needs. Documentation of indications and read codes for prescriptions by General Practitioners can be used to assess the nature and appropriateness of consultations which concern dental cases.

1.2 Hospital Care

Improvement Goal 4: Increase to or maintain the proportion of antibiotic usage within the WHO Access category to $\geq 55\%$ of total antibiotic consumption (as WHO Defined Daily Doses). Public Health Wales' HARP team will continue to report on the proportions of "Reserve" and "Watch" antibiotics in use within health boards to provide the information that underpins the overarching UK AMR strategy ambition to reduce reserve and watch category antimicrobial usage.

The biggest driver for AMR is overuse and misuse of antimicrobials. In addition to monitoring total volume of antimicrobials used, it is important that prescribers select the correct *type* of antimicrobial. The World Health Organisation (WHO) has categorised antibacterials according to 'Access', 'Watch' and 'Reserve' defined within the [WHO AWaRe](#) classification. Last-line antibiotics contained within the Watch and Reserve categories are more prone to drive resistance and are more often associated with side effects or toxicity. Efforts should be made to ensure they are only used when necessary.

Following the roll out of the pharmacy stock control system (WellSky), across Wales, it has been difficult to report on secondary care antimicrobial usage data due to data and processing errors in the system. However, before the introduction of the WellSky system health boards and trusts in Wales had achieved the target to increase the proportion of WHO Access category prescriptions. The challenge now to prescribers is to maintain this and continue to comply with national and local antimicrobial formularies and prescribing guidance. Microbiology teams are employed within each health board to provide advice on antimicrobial choice if required; this should assist with managing the use of "watch" and "reserve" antimicrobials.

Improvement Goal 5: All health boards and NHS trusts will support the implementation of antimicrobial stewardship interventions.

Antimicrobial stewardship (AMS) interventions encompass a range of activities and resources to optimise antimicrobial prescribing to reduce the development of antimicrobial resistance and acquisition of resistant infections and HCAI. Health boards should ensure:

- appropriate antimicrobial pharmacist provision across the health board / trust
- that an antimicrobial stewardship team is in place with organisational responsibility for AMS, membership should include an antimicrobial pharmacist consultant microbiologist and senior medical clinician.
- that regular multi-disciplinary AMS ward rounds happen on all acute hospital sites
- that the principles of [Start Smart then Focus](#) are implemented on all sites using the [ARK prescribing chart](#), with regular audit and feedback to all prescribers
- that national antimicrobial prescribing guidelines are implemented on all sites
- that IV to oral switch guidelines are implemented on all sites.

This list is not exhaustive, and health boards should consider implementing other interventions as appropriate.

2. LOWERING THE BURDEN OF INFECTION

NATIONAL ACTION PLAN AMBITION:

- Reduce the incidence of a specified set of drug resistant infections in humans in the UK by 10% by 2025
- Halve the number of healthcare associated Gram negative blood stream infections by 2024

2.1 Reducing the incidence of a specified set of drug resistant infections in humans in the UK by 10% by 2025

Against the baseline of 2018, in 2021 (most recent data available) Wales had achieved a 26% reduction in the numbers of specified drug resistant infections. It should be noted, however, that lower numbers of drug resistant infections in 2020 and 2021 may be as a result of changes in healthcare delivery due to the COVID-19 pandemic.

Reductions over time have generally been from reductions in bloodstream infections with resistant *E. coli*, vancomycin resistant enterococci and MRSA. Bloodstream infections with resistant *Klebsiella pneumoniae* however increased in 2018 and 2019, and higher numbers have been maintained in 2020 and 2021.

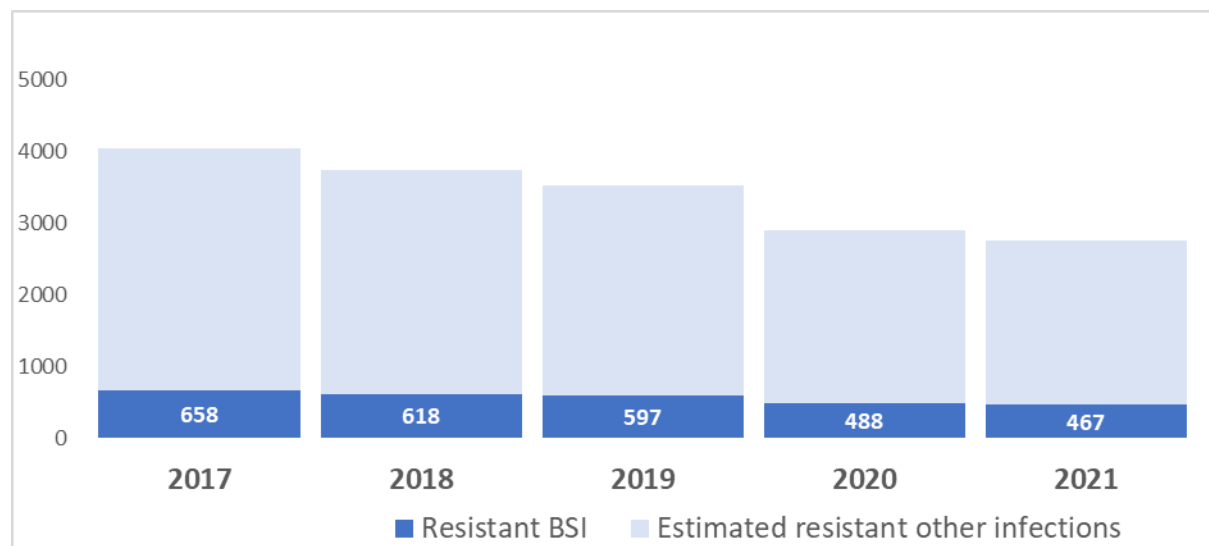


Figure 2: Annual counts of drug resistant bloodstream infections (BSI) and estimations of other drug resistant infection types in Wales, 2017-2021

2.2 Reducing the burden of Gram Negative Blood Stream Infections

Improvement Goal 6: Reduce the annual incidence of *E. coli* bacteraemia to below 67 cases per 100,000.

Improvement Goal 7: Reduce the annual incidence of *P. aeruginosa* and *Klebsiella* spp. bacteraemia by 10% against 2017-18 figures.

We have not yet achieved the improvement goals set previously. An increased focus is now required to reduce the burden of Gram Negative infections.

the addendum to the UK NAP (2019 – 2024) published in May 2022

[Tackling antimicrobial resistance 2019 to 2024: addendum to the UK's 5-year national action plan - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/107422/tackling-antimicrobial-resistance-2019-to-2024-addendum-to-the-uk-5-year-national-action-plan.pdf)

highlights 4 new commitments to reduce urinary tract infections as key measures to adopt in support of the NAP ambition to halve healthcare associated Gram negative blood stream infections.

The new commitments are to:

- enhance the prevention of UTIs, the early, accurate diagnosis of UTIs and the treatment of suspected and confirmed UTIs, including the prescribing and use of antibiotics and therapeutics in older people, both in their own homes and in care homes, by developing mechanisms to support implementation or adoption and spread of optimal practice and potentially beneficial interventions.
- develop new and promote existing educational materials and resources for prevention and management of UTI for the primary and social care sectors.
- develop a program for enhancing patient and public awareness of a) how to support people to better self-manage their risk of developing a UTI, b) how people, or those who care for them, can identify when they may be at risk of developing a UTI and how they can help to prevent it, and c) how and when to seek help.
- develop commitment to research in key elements of UTI prevention, diagnosis and treatment where further evidence is needed, including: any association between hydration and the prevalence and outcome of urinary tract or blood stream infections, antibiotic prophylaxis, the use of ibuprofen, and the potential role of UTI vaccines and barriers to roll-out.

The Public Health Wales Healthcare Associated Infection & Antimicrobial Resistance Programme (HARP) have re-established the UTI Working Group and also published guidance to help healthcare professionals with the prevention, diagnosis and management of UTI: UTI resources and tools, [Urinary Tract Infection \(UTI\) resources and tools - Public Health Wales \(NHS.Wales\)](https://www.nhs.uk/publications/urinary-tract-infection-uti-resources-and-tools/)

Health boards and trusts should develop their systems to improve the diagnosis and management of UTI as a key part of their strategies to reduce the burden of infection and in particular Gram-negative blood stream infections.

2.3 Reducing the Burden of other healthcare associated infections

2.3.1 Reduce the incidence of *Clostridioides difficile* infection

Improvement Goal 8: Reduce the annual incidence of *C. difficile*

disease to 25 cases per 100,000 or below. *C. difficile* disease is a serious infection associated with 10% mortality as reported by O'Neill (2016). This infection is rapidly spread within healthcare settings and management is of significant cost to the healthcare economy. Despite a significant reduction in *C. difficile* incidence pre COVID pandemic, we are now experiencing an increase in *C. difficile* disease as we emerge from the pandemic.

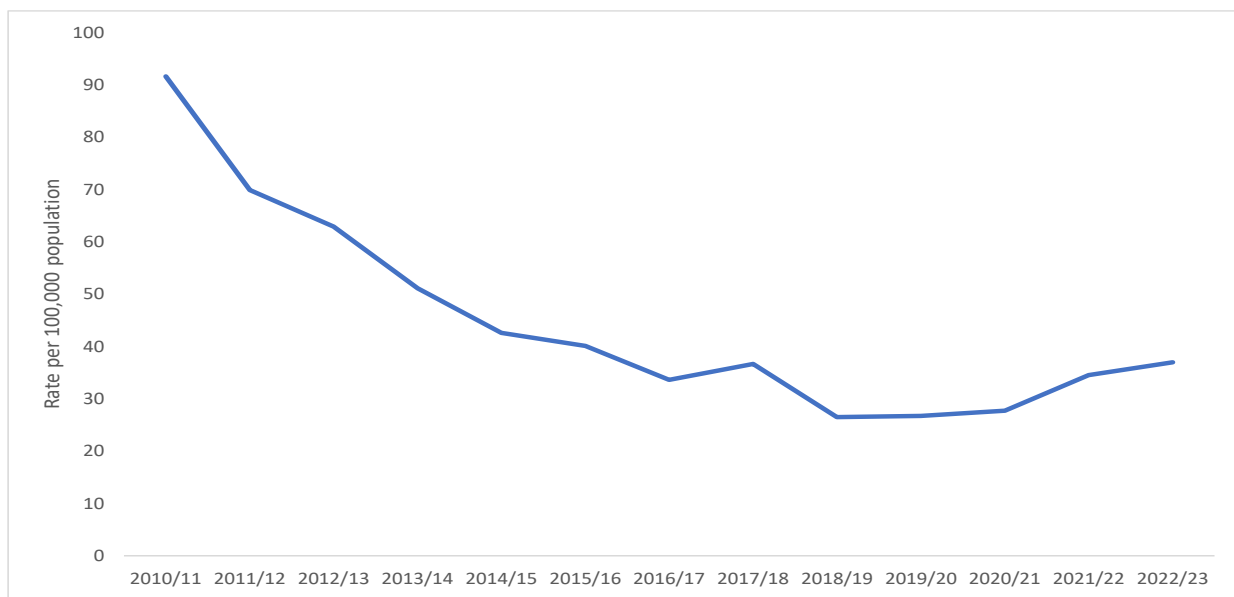


Figure 3: Annual incidence of toxin positive *C. difficile* in Wales, Apr 2010-Mar 2023

A Wales *C. difficile* Infection Focus Group has been established and has nearly finalised the development of a *C. difficile* strategy and action plan for Wales for 2023-25. The document sets out what needs to be done to ensure the highest levels of effective prevention and management of *C. difficile* infection and encompasses areas such as antimicrobial stewardship, infection prevention and control, laboratory diagnosis and typing, patient treatment and management and surveillance and epidemiology.

The NICE guidance on the management of *Clostridioides difficile* disease is available [here](#).

2.3.2 Reduce incidence of *Staphylococcus aureus* blood stream infections:

Improvement Goal 9: Reduce the annual incidence of *Staphylococcus aureus* bacteraemia to 20 cases per 100,000 or below. With zero tolerance of preventable MRSA blood stream infections and continued drive to reduce cases.

As for the other improvement goals, we are yet to achieve this reduction in incidence of Staph. aureus BSI. Health boards and trusts are required to re-focus on lowering the burden of infections for their populations.

Preventative measures aimed at reducing contamination of the blood stream with *Staphylococcus aureus* and other organisms include:

- Aseptic Non-Touch Technique (ANTT),
- Improving Medical Device management including central/peripheral venous catheter care
- Use of invasive medical device care bundles.
- Effective wound management and oral care