

Our Ref: 66678

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NHS South Sefton CCG

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Re: Freedom of Information Request

Please find below the response to your recent Freedom of Information request regarding antimicrobial stewardship levers within NHS South Sefton CCG.

Request/[Response](#):

1. Antimicrobial resistance has been identified by the Government as one of the most significant challenges facing our society and represents a growing threat to the foundations of modern medicine.

As part of the Patient Association's ongoing commitment to address the challenge posed by antimicrobial resistance, we are carrying out a follow-up investigation into the uptake and implementation of several key antimicrobial stewardship policy initiatives by Clinical Commissioning Groups.

[Please see appendix 1](#)

Appendix 1

Length of time AMR Stewardship has been in place



CCGs Antimicrobial Stewardship Programme

Antimicrobial resistance has been identified by the Government as one of the most significant challenges facing our society and represents a growing threat to the foundations of modern medicine.

As part of the Patient Association's ongoing commitment to address the challenge posed by antimicrobial resistance, we are carrying out a follow-up investigation into the uptake and implementation of a number of key antimicrobial stewardship policy initiatives by Clinical Commissioning Groups.

* 1. Please state the name of your CCG

Local antimicrobial stewardship (AMS) programmes

* 2. Does your Clinical Commissioning Group have a named individual responsible for the implementation of a local antimicrobial stewardship (AMS) programme?

☐ Yes

☐ No

If Yes, please provide the name and the job title of the individual here:

* 3. Is your Clinical Commissioning Group part of any local wider partnership group addressing antimicrobial resistance (AMR) (eg involving public health in Local Authority and/or any other organisations)?

☐ Yes

☐ No

If Yes, please indicate:

- a) the membership of the partnership group (job titles/ organisations)
- b) who provides systems leadership of the partnership group

Chair: Dr Craig Gillespie
Chief Officer: Fiona Taylor

* 4. How long has your local antimicrobial stewardship programme been in place for?

- ☐ 0 - 3 months
- ☐ 4 - 6 months
- ☐ 7 - 9 months
- ☐ 10 - 12 months
- ☐ Over a year
- ☐ We do not have a local antimicrobial stewardship programme

RCGP TARGET Toolkit

* 5. Which of the following components of the RCGP TARGET Antibiotics toolkit and training have you used or implemented within your Clinical Commissioning Group area:

- ☐ Interactive workshop presentation and clinical eModule
- ☐ Leaflets shared with patients
- ☐ Audit toolkits and action planning
- ☐ Antibiotic and diagnostic quick reference tools
- ☐ Training resources
- ☐ Resources for clinical and waiting areas
- ☐ Self- assessment checklists
- ☐ Resources for commissioners
- ☐ All of the above
- ☐ None of the above

Please include any further information you may wish to provide here:

NICE guideline 15 Antimicrobial Stewardship: Systems and Processes for Antimicrobial Use

If your CCG has or is a member of an Antimicrobial Stewardship programme, please answer **Yes** or **No** to the following statements, drawn from NG15, about the recommended **membership** and **actions** of Antimicrobial Stewardship programmes.



South Sefton
Clinical Commissioning Group

* 6. The antimicrobial stewardship programme:

	Yes	No
clearly defines member s' roles, responsibilities and accountabilities	<input type="radio"/>	<input type="radio"/>
core members include an antimicrobial pharmacist and a medical microbiologist	<input type="radio"/>	<input type="radio"/>
can co-opt additional members as required	<input type="radio"/>	<input type="radio"/>
involves lead health and social care practitioners	<input type="radio"/>	<input type="radio"/>
monitors and evaluates antimicrobial prescribing	<input type="radio"/>	<input type="radio"/>
provides AMR education and training to health and social care practitioners	<input type="radio"/>	<input type="radio"/>

integrates
audit into
existing
quality
improvement
programmes

provide
s
regular
feedback
to
individual
al
prescribers
in all
care
settings

Please add any further information you require here:

CG191

of C-Reactive Protein Point of Care guidance

CG191 recommends considering a point of care C-reactive protein test for people presenting with symptoms of lower respiratory tract infection in primary care, if after clinical assessment a diagnosis of pneumonia has not been made and it is not clear whether antibiotics should be prescribed.

* 7. What proportion of GP practices in your Clinical Commissioning Group area offer point of care C-reactive protein tests for patients with an uncertain diagnosis of pneumonia, as recommended by CG191:

☐ None

☐ All

☐ Some - indicate the approximate percentage:

* 8. Does your CCG have a policy to promote the use of point of care C-reactive protein tests in primary care settings?

☐ Yes

☐ No

Please add any further information you may wish to provide here:

Optional additional questions

9. Do you collaborate with any other CCGs around AMR, or do you have any plans to do so?

☐ Yes

☐ No

10. Do you have a ring-fenced budget for your CCG AMR strategies?

☐ Yes

☐ No

11. Are you currently achieving your antibiotics reduction target?

☐ Yes

☐ No

☐ Don't have reduction target

12. Do you believe that your CCG could practically do more to achieve the aims of its AMS programme?

☐ Yes

☐ No

Chair: Dr Craig Gillespie
Chief Officer: Fiona Taylor

13. Please add any further information you may wish to provide here:

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