



Southport and Formby
Clinical Commissioning Group

Our Ref: 66681

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southportandformbyccg.foi@nhs.net

NHS Southport & Formby CCG

5 Curzon Road

Southport

PR8 6PL

Tel : 0151 317 8456

Email: southportandformby.ccg@nhs.net

Re: Freedom of Information Request

Please find below the response to your recent Freedom of Information request regarding antimicrobial stewardship levers within NHS Southport and Formby 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](#)



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 Rob Caudwell
Chief Officer: Fiona Taylor

Length of time AMR Stewardship has been in place

* 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.



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* 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	<input type="radio"/>	<input type="radio"/>

existing
quality
improvement
programmes

provide
s

regular
feedback

to
individual

prescribers
in all
care
settings

of C-Reactive Protein Point of Care guidance

Please add any further information you require here:

CG191

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

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



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