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DEPARTMENT OF HEALTH

GOVERNMENT RESPONSE TO THE HOUSE OF LORDS SELECT COMMITTEE ON SCIENCE AND TECHNOLOGY REPORT: RESISTANCE TO ANTIBIOTICS

Presented to Parliament by the Secretary of State for Health
By Command of Her Majesty
July 2001

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GOVERNMENT RESPONSE TO THE HOUSE OF LORDS SELECT COMMITTEE ON SCIENCE AND TECHNOLOGY REPORT: RESISTANCE TO ANTIBIOTICS

Introduction

1. The Government very much welcomes the Committee's renewed consideration of the important issues surrounding the control of antimicrobial resistance. The Government fully recognises the seriousness of this problem and the need for sustained action. The Committee has undertaken invaluable work in highlighting the importance of the issue.

2. National and international interest in this subject remains high and the Government has done much to ensure that the UK is playing a leading role in tackling what it sees as a major public health threat. Indeed, at the European Union's recent follow-up conference 'The Microbial Threat: Progress Report on Antimicrobial Resistance', hosted by the Swedish Presidency, there was considerable interest in several aspects of the UK's strategy which were seen as innovative and developing approaches which others could build on. This particularly applied to the public education campaign, and the production of 'non-prescription' forms for use during primary care consultations, both aimed at reducing unnecessary prescribing of antimicrobials. That Governments should co-ordinate their actions across disciplines and between Government Departments and Agencies through a mechanism such as that achieved in the UK with the UK Interdepartmental Steering Group on Antimicrobial Resistance, was a key recommendation of this meeting.

3. As the Government has said before, however, there is no room at all for complacency about antimicrobial resistance and more still needs to be done. The Government was already aware of some of the weaknesses highlighted in the Committee's report and is taking steps to address them. The Government is also aware of the need for its strategy to evolve with time and to be the basis for long-term action.

4. Antimicrobial resistance cannot be considered in isolation. One important area of overlap is that of healthcare-associated infection. The Government is pressing ahead with arrangements for improved surveillance of both antimicrobial resistance and healthcare-associated infection, to establish more robust national information on the size of these problems and to track the progress of interventions. To support action in both these areas, the Government also recognises the need to gain a better knowledge of the extent to which antimicrobial agents are prescribed, particularly in hospitals, and this will be done. Work to obtain hospital antimicrobial prescribing data from a commercial source is continuing; in the longer term the information will be readily available with the introduction of the electronic patient record (EPR level 3)

5. There are many other areas where lack of information hampers policy development. The Department, working with others, has now identified an extensive programme of research needs and a call for research has recently been published.

6. The Government is pleased to report that the proposed new Specialist Advisory Committee has now been established to provide ongoing advice on the scientific aspects of this subject. The Advisory Committee's advice will enable the Government to review, and where necessary revise, the UK Antimicrobial Resistance Strategy and Action Plan to ensure that the wide ranging programme of work to tackle antimicrobial resistance is suitably built on and maintains its momentum.

7. The Government's response to the specific points and recommendations in the Committee's report follows.

The Government's strategy

The inevitable rise and spread of resistance will render existing drugs progressively less useful. In the absence of new drugs, this leaves us increasingly at the mercy of infections. We cannot eliminate resistance. We can however slow it down, by using antibiotics only when necessary, and by rigorous infection control and basic hygiene, both informed by thorough surveillance (para 3).

8. The Committee's recommendation highlights the three main limbs of the UK's Antimicrobial Resistance Strategy, namely prudent use of antimicrobials and infection control, underpinned by surveillance. The Government notes the Committee's observation that it "*welcomes the effort that is being made, but [bureaucratic instruments; strategies, guidelines, circulars and the like] are no substitute for action on the ground. We caution against central guidance becoming too detailed and prescriptive*" (para 4). The Government agrees, and recognises the need for local ownership of the problem as a key to action at local and individual level. However, there needs to be an element of central oversight to ensure that action is being taken. The Interdepartmental Steering Group will continue to carry out this overseeing role.

9. The further responses below give more detail on elements of the strategy addressed by the Committee.

Prescribing by GP's

The significant fall in prescribing of antibiotics by GPs is a very welcome development (para 6). The "non-prescription pad" produced by the Department of Health in 1999 should be evaluated (para 7).

10. A recent paper comparing non-hospital antibiotic sales across the EU showed the UK to have the 6th lowest sales (expressed as defined daily dose).[1] It has been gratifying to note the continued decline in prescriptions. A number of factors have almost certainly contributed to the reduction in antibiotic prescribing by GPs, including increased awareness among both health professionals and the public that antibiotics are not required for many common infections, and should be used with care. The 'non-prescription' pad was not evaluated on its own, but has been seen as an innovative feature of the public education campaign that could be repeated elsewhere.

11. The Government is keen to build on the reduction in antimicrobial prescribing already achieved in primary care, and to see it repeated in hospitals. A second phase of the public education campaign is currently being planned to

[1]Ref: Variations in antibiotic use in the European Union. Cars O, Molstad S, Melander A. Lancet 2001; 357: 1851–53.

include further publicity material and a resource pack for use in schools. The Department of Health has set up a Working Group to oversee the development of this material and, following evaluation of the pad, it will consider whether or not a revised version of the 'non-prescription pad' should be launched. Overall evaluation will be an integral part of the campaign.

Prescribing in hospitals

We encourage the Department to pursue as a matter of urgency hospital trusts which do not yet have a formal prescribing policy (para 9).

12. A survey conducted by the Department of Health towards the end of last year provided a progress report on the action plans contained in health circulars HSC 1999/049 "Resistance to Antibiotics and other Antimicrobial Agents" and HSC 2000/02 "The management and control of hospital infection". The survey reported that antimicrobial prescribing policies were in place in 77% of Trusts. The remainder are being targeted by Regional Directors of Public Health who are leading the work to address the problem of antimicrobial resistance in their Regions, working with Regional Epidemiologists, Regional Prescribing leads and the NHS. All Trusts will be expected to have such policies in place.

13. In addition, a Medicines Management Performance Framework has been developed to support the clinical and cost-effective use of medicines within NHS Trusts. As part of this framework, a self-assessment tool has been developed by the Office of the Chief Pharmacist, with the support of the Regional Directors of Performance Management, Regional Directors of Public Health and Regional Pharmaceutical Advisors. This self-assessment tool recognises that achieving excellence in medicines management is an organisation-wide issue which requires managers, prescribers and pharmacists to work together. The assessment includes questions relating to the implementation of antimicrobial policies consistent with HSC 1999/049 and British Society of Antimicrobial Chemotherapy guidance. All Trusts were required to complete and return their own assessment by the end of April 2001.

Antibiotics for animals

We urge the veterinary profession to continue to reinforce the message of prudent use of antibiotics, especially the fluoroquinolones (para 13).

14. This recommendation is addressed to the veterinary profession which is well aware of codes of practice produced by the British Veterinary Association, the Responsible Use of Medicines in Agriculture Alliance and the National Office of Animal Health Ltd. These codes all place emphasis on the need to use fluoroquinolones sparingly and certainly not as the treatment of first choice. Usage of fluoroquinolones, measured by UK sales, has remained fairly constant at about 1 tonne of active ingredient annually since products were first authorised in the early 1990s. In addition, the Veterinary Products Committee is currently reviewing US evidence that the use of fluoroquinolones in the drinking water of poultry may have led to the build up of resistance in campylobacter. The US FDA is minded to ban such use and a public hearing involving the manufacturer is likely to take place soon.

We welcome MAFF's research into improved husbandry as an alternative to use of growth promoters, and look forward to seeing it turned into practice (para 14).

15. The Department of the Environment, Food and Rural Affairs (DEFRA) is funding several projects which are looking at the influence of antimicrobial usage, management strategies and positive health plans on the incidence of antimicrobial resistance in micro-organisms from different food-producing animals. Projects are also looking at the effects of withdrawal of antimicrobial treatments, notably growth promoters, on the persistence of resistance in organisms from animal populations. These projects were commissioned in 2000 and have different completion deadlines. DEFRA is committed to placing the results of all the projects into the public domain. Certain suppliers of poultry meat to retailers have already adjusted husbandry systems so that antimicrobial growth promoters are not used in their production.

Public Education

We strongly recommend that a specific campaign against inappropriate use of antibiotics be repeated at frequent and regular intervals (para 18). We encourage the Department of Health to pursue the placing of suitable articles of public health education in popular women's magazines (para 17).

16. The Department of Health was pleased to see the impact of its 1998 campaign acknowledged by reproduction of one of its campaign posters as the cover of the Committee's report. The Working Group referred to in paragraph 10 is currently developing the strategy for phase two of the publicity campaign, with a launch expected in the Autumn of this year. Various target audiences are being considered, including women with children and carers of young children. It is likely that women's magazines will be one route for conveying the key messages.

17. This phase will be fully evaluated and decisions on future phases made in the light of that evaluation. Part of the Government's Strategy for tackling antimicrobial resistance is to encourage realistic expectations for antimicrobial prescribing and to emphasise the public's roles in helping to reduce the problem.

Professional education

We encourage the Department of Health to press ahead with their initiatives to improve coverage of antibiotic resistance in professional education (para 20).

18. The Department has stimulated a wide range of initiatives in professional education. Although not having direct responsibility for the content of undergraduate medical curricula, the Department will continue to seek opportunities to influence the appropriate bodies in the hope that teaching on antimicrobials and antimicrobial resistance will be an integral part of core teaching on the management of infection in the future.

19. In keeping with the trend towards self-directed learning also encouraged by the GMC, a small group set up by the British Society for Antimicrobial Chemotherapy is continuing, with the support of the Clinical Prescribing Subgroup of the Interdepartmental Steering Group, to scope the possible production of materials to be used in undergraduate education. If successful, these may later be expanded for use in postgraduate education and continuing professional development.

20. In recognition that junior doctors are responsible for much antimicrobial prescribing in hospitals, the national standards referred to in paragraph 25 below include a requirement that junior doctors and specialist registrars should receive training in antimicrobial prescribing as part of their continuing professional development.

21. In addition, a review of the Senior House Officer (SHO) grade is currently in progress. It is hoped that this work will lead to the introduction of formal curricula for SHO training but the review is also focussing on principles and operational processes. Work on curricula will be done in collaboration with the Royal Colleges at a later implementation stage. This phase may offer an opportunity for the Department to again raise the issues of antibiotic resistance.

22. Other professional education initiatives have included the production and dissemination of the template guidelines for the management of infection in primary care from the PHLS; the Department of Health commissioned guidelines on prevention of healthcare-associated infections referred to in paragraph 26; and the National Electronic Library for Health's developing compendium of clinical evidence-based guidelines. Government-sponsored meetings for public health professionals, such as the recent antimicrobial resistance surveillance seminar at the Royal Society of Medicine, have informed and raised awareness about this issue.

MRSA

We are pleased that nationwide monitoring of MRSA in hospitals is now to go ahead (para 24).

23. The Government is determined to establish a strong evidence base for action to tackle healthcare-associated infection and to contain resistance to antimicrobial agents.

24. Last year, the Department of Health established a Healthcare-associated Infection Surveillance Steering Group (HAISSG) to provide strategic advice on the surveillance of healthcare acquired infection. The Group is chaired by a Trust Chief Executive and includes representatives of the key players working in the NHS. The Group has identified the minimum data required for surveillance of MRSA infections in acute hospital trusts. The data are being collected by all acute NHS Trusts in England from 1 April this year and will be published from April 2002. This minimum data set is very much the first stage in the development of a comprehensive surveillance specification for the NHS to collect data on alert organisms, alert conditions, infections occurring post discharge and untoward events

Infection control and basic hygiene

We warmly welcome the Government's initiatives on infection control and cleanliness in hospitals, and the Minister's declaration that infection control and basic hygiene are "core issues" for the NHS (para 26). We urge the Department, in composing its tool kit for trusts on staffing levels and skill mix, to emphasise to trusts the crucial importance of a sufficient and properly supported team of infection control nurses (para 27).

25. The Government agrees that infection control, by reducing the need for antimicrobials and reducing the spread of resistant organisms, is a fundamental part of any strategy to control antimicrobial resistance. It has given high priority to this area of work. In recognition of the particular importance of healthcare-associated infection, it has taken a number of steps over the last eighteen months to tackle this problem. Not all such infection is avoidable. However, its impact can be reduced significantly by better application of existing knowledge and proper adherence to well-established infection control practices.

26. Effective infection control, and action to control and reduce antimicrobial resistance are core requirements in the NHS Plan implementation programme. NHS Trusts and Health Authorities have been required to put infection control and basic hygiene at the heart of good management and clinical practice, with appropriate resources. The Government has made it clear that the prime responsibility for delivering improvements rests with each NHS Trust and its Chief Executive for which an action plan programme was set out in HSC 2000/02.

27. New national standards on infection control were issued to the NHS in November 1999. Their implementation in being independently reviewed and monitored by both the Audit Commission and the Commission for Health Improvement.

28. In addition, new Department of Health commissioned guidelines for the prevention and control of healthcare-associated infection in hospitals were published as a supplement to the Journal of Hospital Infection in January this year. These guidelines contain general principles for preventing infections in hospitals, including hand hygiene, universal infection control precautions, disposal of needles and sharp instruments and hospital hygiene. Global recognition of their value and importance has been confirmed by their recent selection for publication by the International Federation of Infection Control for distribution to 67 countries.

29. From April 2001, all hospitals have been required to invest in meeting standards of cleanliness set out in their Cleanliness Action Plan and to routinely monitor patients' views on the cleanliness of hospitals. National Standards of cleanliness will form part of the Performance Assessment Framework and every hospital will be measured against these standards. £31 million was invested last year followed by £30 million this year.

30. Discussions are at an early stage on the development of a tool kit for staffing levels and skills mix. The national infection control standard referred to in paragraph 25 makes it clear that acute Trusts must have an infection control team, including infection control nurse(s), and that the team should be supported, as appropriate, by adequate secretarial, IT and audit staff.

Infection control in community settings

Four years is too long to wait for action in such an important area as infection control in community settings such as nursing homes. Action should be taken immediately to address these concerns (para 29).

31. In 1997, Regional Directors of Public Health commissioned the Regional Services Division of the PHLS Communicable Diseases Surveillance Centre to conduct "A study of the communicable disease control function in England, 1997". This was followed in 1998/99 by a collaborative study with the National Audit Office on "Hospital Infection Control in Acute NHS Trusts". To complement these studies the Regional Directors of Public Health have commissioned a study of infection control arrangements in community settings. In this study the term community will include schools as well as nursing and residential care homes. The overall outcome will be to describe the pattern of provision, together with the development of indicative standards. The study will highlight areas of Community Infection Control that need strengthening. This study is due to report in the summer of 2002.

32. The Department of Health has commissioned guidelines for the prevention and control of healthcare-associated infections in primary and community care. These guidelines form part of the National Institute of Clinical Excellence work programme and are due to be completed in 2002.

33. Following on from the Select Committee's first report in 1998, DH has commissioned a review of the role and responsibilities of Community Infection Control Nurses, to inform the development of service delivery models and their educational requirements. This will be completed in 2002.

Public Health Laboratory Service

We welcome the news that the PHLS's core funding from the Department of Health is now on a firm footing, with guaranteed inflation increases, plus growth funding for agreed developments (para 31).

34. The Department of Health continues to review PHLS's funding year by year and to set it at a level which takes account of the priorities for PHLS, for public health policy and for the NHS more generally.

Research

We welcome the Minister's assurance that, though Departmental research funds are not available for routine surveillance, they are available for research which includes an element of surveillance, and we encourage researchers in this field to take full advantage of it (para 32).

35. The Government is pleased that the Committee recognises the importance of research in the field of antimicrobial resistance and confirms that elements of surveillance are among the areas highlighted in the recent call for research in a variety of media at the end of June. This research programme was developed by the Interdepartmental Steering Group on Antimicrobial Resistance and has been endorsed by the Chairman of the Specialist Advisory Committee on Antimicrobial Resistance.

Compatibility of IT

We are disappointed that the Department was unable to give us even a target date for full compatibility of NHS and PHLS data-collection systems (para 33).

36. The Department and the PHLS are working together in a number of areas to ensure that data collection systems are compatible. It is intended that alignment of respective strategies will be in place by March 2002.

37. The Department's Information Policy Unit (IPU) is contributing to the development of the PHLS' Information Management and Technology Strategy and will be invited to contribute to the assessment of the full business case for this strategy when it is completed.

38. The PHLS is contributing to NHS information policy in a number of key developments, including information networks, population registers and clinical messaging. The key contacts in both organisations are consulting directly with each other in these, and other areas. Proactive interaction will ensure that we have ongoing functional compatibility, so that data can continue to flow smoothly between the NHS and the PHLS.

Expert Advisory Group

We are astonished that it has taken so long to set up a single multi-disciplinary expert advisory committee with a remit to advise Government on all aspects of the use of antibiotics, but we are glad that it is happening at last (para 34). We welcome the assurance that the advisory committee will be resourced at a level appropriate to what it sets out to do; we look forward to its implementation (para 35).

39. Membership of the Specialist Advisory Committee on Antimicrobial Resistance is now finalised, and details are given in Annex A. The Committee meets for the first time on 26 July 2001 and will agree a forward workplan, for which appropriate resources will be made available.

Conclusion

40. The Committee's Report has once again raised important issues concerning antimicrobial resistance. The Government is fully committed to taking these forward in the context of the UK Strategy as it develops. The establishment of the new Specialist Advisory Committee will ensure that these issues remain high on the Government's agenda.

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