Response from the Royal College of Physicians of Edinburgh to the UK Department of Health & Social Care's Consultation on the Antimicrobial resistance national action plan

The threat of AMR and our ability to respond to it is affected by several factors. These include: population size and demographics; trade patterns; and major global events, for example the coronavirus 'COVID-19' pandemic and the war in Ukraine.

The first 2 questions are about the scale and nature of the threat of AMR. The other questions are about our efforts to respond to AMR.

Question

From your experience, how has the scale of the threat of AMR changed since the national action plan was published in 2019?

a) **The Royal College of Physicians of Edinburgh (RCPE) is pleased to respond to this consultation. Our response is based on the views of Fellows who are clinicians working in relevant areas, such as infectious diseases, and including experts involved in the Scottish Antimicrobial Prescribing Group. We consider that AMR must remain a key health priority for governments in the UK and internationally. We consider the threat of AMR has increased since 2019.**

There are several drivers of AMR, which may differ between sectors. The national action plan for 2019 to 2024 states that the 3 biggest drivers of AMR for infections in humans in the UK are:

1. a rise in the incidence of infections, particularly Gram-negative bloodstream infections (including E. coli)
2. the import of resistant infections through international travel
3. antimicrobial use

Question

In your opinion, what are the top 3 drivers of AMR?

Please give 3 short answers.

The RCPE would agree with the above 3 for the UK.

In terms of antimicrobial use our Fellows continue to have concerns particularly about their inappropriate use in infections which are viral and unnecessarily prolonged and broad spectrum therapy.

Priority interventions for tackling AMR

The current national action plan focuses on 3 key ways of tackling AMR:

- reducing the need for, and unintentional exposure to, antimicrobials (including preventing and controlling the occurrence of infections, vaccination and limiting exposure to antimicrobials through food and the environment)
- optimising the use of antimicrobials (including ensuring that the right drug, time, dose, duration, patient/animal and route are taken)
- investing in innovation, supply and access (including supporting the development, supply, and access to old and new antimicrobials, vaccines and diagnostics)

We would like your view on which of these areas requires the most focus over the next 5 years. Through ongoing stakeholder engagement in 2023, we will further prioritise the specific actions that fall within each of these areas.

Question

Which of these areas would you most like to see prioritised over the next 5 years?

We consider reducing the need for, and unintentional exposure to, antimicrobials and optimising the use of antimicrobials are priorities.

Question

Are there any actions you think are required to tackle AMR that do not fall within one of these categories?

- **Yes (please specify) – Increased surveillance and a One Health approach, that is collaborative effort of multiple health science professions to attain optimal health for people, domestic animals, wildlife, plants, and our environment.**

Learning from previous action to tackle AMR

We would like to learn from current and previous government action on AMR. Since the publication of the national action plan, the UK has made significant progress in tackling AMR. For example, the UK has:

- reduced the use of antibiotics in food-producing animals
- piloted novel and innovative ways of evaluating and paying for antibiotics on the NHS
- published the national infection prevention and control manuals in England and Wales
- advocated for more action on AMR on the global stage, including through the UK's G7 presidency

Question

Within the UK, what are the key successes we should look to maintain or build on in responding to AMR?

Please include up to 3 examples in no more than 250 words.

Antimicrobial stewardship initiatives including local/regional and national AMS programmes.

We would highlight the novel health technology assessment for new antimicrobials.

Global AMR advocacy is extremely important and engagement with low and middle income countries.

Despite the substantial progress made on AMR in the past decade, we know there is much more to do. There are some areas where we have struggled to make the progress we envisaged. This includes failing to reduce the incidence of some specific drug-resistant infections in people. It also includes other areas where we think we could focus more government action, such as understanding and minimising the transmission of AMR in the environment. Given financial pressures and limited resources both within and outside of government, we are seeking views on the most important, realistic and tangible actions we can take to have the most impact on AMR.

Question

Within the UK, what are the areas that require more focus or development to address AMR?

Please include up to 3 examples using no more than 250 words in total.

Antimicrobial Stewardship initiatives in primary and secondary care including investment in existing programmes and development of multi-disciplinary roles – particularly nursing and pharmacy. We also support better sharing of good practice / communication strategies.

The national action plan includes several commitments to improve the professional capacity and capability for tackling AMR. We would like to understand whether we have the required workforce and skillsets to best tackle AMR.

Question

Within your sector, do you think the UK has sufficient capacity and capability to tackle AMR?

- **No. We believe that stewardship is still under invested given the challenges in both primary and secondary care. The Scottish Antimicrobial Prescribing Group, which the RCPE considers makes a very significant contribution in Scotland, have reviewed work force challenges across NHS Scotland https://www.sapg.scot/media/6917/20220530-sapg-workforce-report-v41.pdf These workforce challenges are**

reflected across the four nations of the UK and it is important that they are addressed.

Since 2019, several capabilities required to tackle AMR have changed. This includes our sequencing capability, surveillance capabilities, diagnostic lab capability, and antimicrobial stewardship activity.

Question

What additional capacity and capability is needed in your sector to effectively tackle AMR?

Please give up to 3 examples using no more than 250 words in total.

We would refer to the Scottish Antimicrobial Prescribing Group document above which covers work force challenges and issues around time to implement initiatives.

Question

In your opinion, what are the key barriers to making progress on tackling AMR in your sector?

As indicated above, the RCPE would emphasise that we have excellent infrastructure to support AMS in Scotland including well connected antimicrobial management teams and a national stewardship programme. However, the teams remain small and under-resourced particularly given the importance of the work, and we would again see reference the SAPG document.

Please give up to 3 examples using no more than 250 words in total.

International efforts to tackle AMR

AMR is a global challenge, and no one country can tackle it alone. The UK plays a leading role advocating for and taking action to tackle AMR in several multilateral arenas. As part of our leading international role, we helped secure the Political Declaration on AMR at United Nations General Assembly in 2016. We also recently secured

G7 commitments on AMR on a number of ministerial tracks. We will continue to deliver our domestic commitments on AMR, as well as pushing forward international commitments. Through our global engagement, we recognise there is also much to learn from other countries' efforts, both successes and challenges.

Question

What, if anything, do you think we can learn from other countries' responses to AMR?

Please be specific about which countries you are referring to in your answer.

Please give up to 3 examples using a maximum of 250 words in total.

The RCPE is aware of the good practice in Scandinavian stewardship and attitudes there towards prudent prescribing of antibiotics. The Scandinavian nations generally have good communication strategies and public awareness/ tempered expectations; awareness and expectations among the public are vital factors.

Opportunities from COVID-19

We saw an unprecedented level of cross-disciplinary working during the COVID-19 pandemic with government, industry and researchers collaborating to respond to a significant public health challenge. The toolbox we used to tackle COVID-19 will be similar for AMR. As reported by the Academy of Medical Sciences, diagnostics, surveillance, therapeutics and vaccines are crucial aspects of the AMR response and can draw on the COVID-19 experience.

Question

In your opinion, which of these tools should be prioritised for adapting to use in tackling AMR?

1. diagnostics

2. surveillance
3. therapeutics
4. vaccines

We consider all these are of huge importance. Better, more rapid diagnostics are essential, as is improving communication between laboratory and clinicians.

Question

In your opinion, are there any other tools that should be adapted from use during the COVID-19 pandemic for tackling AMR?

Yes (please specify). The RCPE considers that there may be the potential for adaptation in relation to clinical trials for example in relation to short duration prescription trials in the community and in hospital infection through early IV-Oral Antibiotic Switch Therapy in hospitals.

COVID-19 has also delayed progress in tackling AMR, putting severe strain on healthcare services and diverting resources from the ‘silent pandemic’ of AMR to the urgent COVID-19 response.

We think it has also altered the risk landscape. For example, different patterns of healthcare use during COVID-19 restrictions led to increased prescribing of antimicrobials in certain settings (such as dentistry). Also, COVID-19 potentially made patients more vulnerable to hospital acquired infections.

Question

Do you believe the changes in ways of working within your organisation due to the COVID-19 pandemic have affected efforts to respond to AMR, such as delivery of the current national action plan (NAP)?

The RCPE is aware that dental AMS has been severely affected by the Covid-19 pandemic. Fellows indicate that antibiotic use in community hospitals outside of critical care were relatively well controlled in Scottish hospitals, something that allowed clinicians to reinforce the message that antibiotics do not work in viral infections.

Question

In what way have they affected the response to AMR or delivery of the NAP?

Please give up to 3 examples using no more than 250 words in total.

Fellows indicate AMR surveillance was suspended and antimicrobial pharmacy work largely side lined during C-19.

Question

Are there other ways in which the COVID-19 pandemic has altered the AMR risk landscape?

The RCPE understands that the use of virtual meetings and other remote technology enhanced ability to connect, respond and coordinate initiatives across Scotland and the UK.

Please give up to 3 examples in no more than 250 words in total.

Question

Are there other global events, such as supply chain disruption or the conflict in Ukraine, that have changed the UK's ability to respond to AMR?

The RCPE would wish to emphasise climate change is a significant threat to many aspects of AMR.

If yes, how have other global events changed the UK's ability to respond to AMR?

Please specify which global event you're referring to.

Measures of success

The national action plan includes measurable ambitions and targets including to:

- reduce the number of resistant infections
- reduce antimicrobial use in humans and animals
- ensure prescriptions state whether they were supported by a diagnostic test

Question

In your opinion, what are the best measures of success in tackling AMR?

Please give up to 3 suggestions.

We consider that reduced antimicrobial use and a reduction in resistant infections are some of the best measures.

During the COVID-19 pandemic, public awareness of infection spread increased, along with prevention and control measures and acceptability of point of care diagnostics.

Question

Do you believe that there is sufficient public and professional awareness of AMR?

- **No**

If no, what should be done to increase awareness of AMR?

The RCPE supports all efforts to increase awareness of AMR across the UK and innovative ways of communicating key messages on AMR. These efforts must be ongoing and intense and we believe respected clinicians and medical experts have an important role in communicating messages to the public.