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Antimicrobial use — getting it right and keeping it safe

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Responsibility for infection control in NHS bodies lies at the door of trust chief executives, as described in the Health Act 2006 and the code of practice for the prevention and control of healthcare-associated infections. Included in these statutory requirements is a duty to adhere to policies and protocols applicable to infection prevention and control. This duty contains a section on antimicrobial prescribing which requires that:

- A policy exists that is harmonised with the British National Formulary and incorporates the measures outlined in appendix 2 of the HCAI code of practice
- The policy includes information on the drug, regimen, route and duration of treatment, including IV to oral switches
- Policy implementation and application is monitored via the organisation's clinical governance system
- There is a rolling programme of policy audit, revision and update
- There is someone undertaking the role and responsibility of antibiotic pharmacist
- Antimicrobial prescribing data is analysed by the antibiotic pharmacist and routinely fed back to clinical staff or directors of infection prevention and control

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These criteria will be rigorously assessed by the Department of Health as well as external organisations such as the Healthcare Commission and Monitor. While no chief executives or NHS organisations have yet been prosecuted under the Health Act, the instruments are in place for this to happen.

Progress

Much progress has been made in the field of infection control and antimicrobial use since the DoH provided funding for the hospital pharmacy initiative in 2003. The Healthcare Commission reviewed the initiative as part of the NHS annual health check for acute hospitals and found that most trusts have used the funding to employ additional clinical pharmacy staff.

Over 100 specialist antimicrobial pharmacists were funded in English trusts, at least partially as a result of the extra funding. In April 2005 there were 141 such specialist staff in post. Thus, 88 per cent of trusts in England had at least one member of pharmacy staff specialising in microbiology or infectious diseases following the initiative, compared with 6 per cent in 2000.[1] Antimicrobial pharmacists have produced benefits for both the NHS and patients that are directly attributable to the extra funding.

There have been a number of local networks of antimicrobial pharmacists set up to share practice, conduct benchmarking activity around antimicrobial use and organise collaborative research. The UK Clinical Pharmacy Association infection management group continues to flourish and develop strong links with other professional organisations. An interactive web-based forum allows members to alert each other and share practice.

The antimicrobial stewardship team model (multidisciplinary antimicrobial management) that includes a clinical pharmacist and microbiology or infectious diseases staff, is well accepted and forms the basis of the DoH's latest recommendations on best prescribing of antimicrobials.[2] These benefits have been described in terms of clinical, microbiological and financial outcomes, along with examples of innovative practice.[3]

> There are now no excuses for poor use of antimicrobials in hospitals

A further commendation of good practice for addressing antimicrobial prescribing was described in the latest Healthcare Commission report on healthcare-associated infection (*Hospital Pharmacist* 2007;14:245).

A number of hospitals have reported considerable reductions in their expenditure on antimicrobials. In England, expenditure on antimicrobials in acute hospitals fell for the first time in 2005, after annual 10 per cent rises over at least the previous four years.

A framework for the use of antimicrobials has been published by the DoH and should become the key instrument for hospitals to address their antimicrobial use.[4]

The DoH has also published a self-assessment tool which can be used by organisations to help them plan and implement strategies for prevention and control of HCAIs.[5]

This month, the DoH has also announced £270m of extra funding to support infection control. It has published a strategy document detailing new areas in which the NHS should invest (see p3). £45m of this funding has been identified for investing in specialist staff, including antimicrobial pharmacists. The document also states that applications for foundation trust status would not be supported unless the trust can prove that targets for infection control are consistently met.

There are now no excuses for poor use of antimicrobials in hospitals. Chief pharmacists and their clinical teams will need to ensure that maximum effort is focused on these activities.

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