Written evidence from the British Medical Association

The BMA is a voluntary professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care.

We welcome this timely inquiry by the Health and Social Care Committee into antimicrobial resistance. Our members have expressed significant concern about the threat of a ‘post-antimicrobial age’, where current antimicrobials will be ineffective due to increasing levels of resistance. This submission outlines our key concerns and recommendations for tackling this global challenge.

Executive Summary
Antimicrobial resistance represents a major public health issue, which requires a comprehensive response at both a UK and international level.

Doctors have expressed significant concern about the threat of a ‘post-antimicrobial age’. This has the potential to severely limit their ability to carry out many routine and complex medical treatments, where antimicrobials are necessary to prevent infection, including surgery and chemotherapy.

The BMA supports a ‘one health’ approach, which recognises that action is required across human medicine, veterinary practice, agriculture and environmental protection to minimise resistance and ensure antimicrobials continue to be effective in treating infections.

Key recommendations
Support for improved antimicrobial prescribing in clinical practice, with the aim of preserving antimicrobial sensitivity for as long as possible.

Introduction of tighter regulation to significantly reduce the inappropriate use of antimicrobials in farming practices.

International collaboration to tackle the global threat of antimicrobial resistance.

Greater support for the development of new antimicrobials.

1. What results have been delivered by the UK AMR 2013-2018 strategy?

1.1. Over the past 75 years, antimicrobial resistance has become increasingly wide spread in incidence and geographical distribution. Worryingly, approximately 70 per cent of known bacteria across the globe have developed resistance to one or more antimicrobial[1], this was highlighted in April 2014 when the WHO (World Health Organization) released its first global report on the surveillance of antimicrobial resistance. The report warns that resistance has reached alarming levels
in many parts of the world, and that continued rise in resistance by 2050 would lead to 10 million people dying per year and a reduction of 2% to 3.5% in gross domestic product[2].

1.2. To address the concerns raised in the WHO report the BMA supports the UK strategy for antimicrobial resistance which acknowledges the importance of international collaboration, particularly at the G7, G20, and UN level. In particular, we strongly support the need for action in each of the 7 key areas set out in the UK AMR 2013-2018 strategy, which were to:

Improve infection prevention and control
Optimise prescribing practice
Improving professional education, training and public engagement
Developing new drugs, treatments and diagnostics
Better access and use of surveillance data
Better identification and prioritisation of AMR research needs
Strengthened international collaboration

1.3. Since the publication of the 2013-18 strategy there have been significant efforts to improve the surveillance of antimicrobial resistance and usage in the UK. This has included the establishment of ESPAUR (English Surveillance Programme for Antimicrobial Utilisation and Resistance)[3], as well as surveillance programmes in Scotland[4], Wales[5] and Northern Ireland[6].

1.4. The most recent ESPAUR surveillance report shows that the number of prescriptions for antimicrobials dispensed in the GP setting decreased by 13% between 2012 and 2016. There has also been a reduction in the use of broad-spectrum antibiotics (co-amoxiclav, ciprofloxacin and cephalosporins), which now account for less than 10% of all antibiotics prescribed. Over the same time there has not been a sustained reduction in total antibiotic prescribing in secondary care.

1.5. While there have been welcome reductions in rates of MRSA and C. difficle infection there has been a year-on-year increased burden of antibiotic resistant GNBSIs (Gram-negative bloodstream infections) and UTIs (urinary tract infections) across the UK over the last five years. Action must be taken to halt this worrying trend.

2. What should be the key actions and priorities for the Government’s next AMR strategy, due to be published at the end of this year.

Supporting improved prescribing

2.1. The 2013-18 strategy highlighted how prescribing can often be carried out in the absence of adequate information about the nature of the infection or before the results of diagnostic testing
are available. To support improvements in antimicrobial use there needs to be a continued focus on improving the quality of information available to prescribers, including timely diagnosis. This must be supported through adequate investment in medical microbiology services.

2.2. It is particularly important to recognise the wider pressures under which doctors and other healthcare staff are currently working, both in primary and secondary care. To reduce the inappropriate use of antimicrobials it is essential doctors have adequate time with patients for conversations and decision-making about antimicrobial prescribing to take place.

2.3. Reducing demand for antimicrobials requires adequately resourced public health services to address the root causes of conditions requiring antimicrobial treatment. Recent rises in the prevalence of extensively drug resistant gonorrhea, are set against a backdrop of funding cuts to sexual health services, which in turn reduces the capacity to control STIs.

Global action

2.4. Alongside a continued focus on enhancing the surveillance of antimicrobial resistance and usage across the UK, the next strategy should also seek to promote best practice globally. We believe this should include supporting international participation in the WHO’s Global Antimicrobial Resistance Surveillance System (GLASS) to ensure a standardised approach to the collection, analysis and sharing of data on AMR.

2.5. The UK currently participates in the European Antimicrobial Resistance Surveillance Network, coordinated by the ECDC (the European Centre for Disease Prevention and Control). There are concerns that adopting a divergent approach to the EU on health protection and health security could reduce the ability of the UK to respond communicable diseases and tackle antimicrobial resistance. It is important, as we move towards exiting the EU, that any future agreement with the EU facilitates the continued sharing of intelligence and data on antimicrobial resistance with the ECDC.

2.6. Consideration should also be given to the role of international travel and trade agreements on the development of antimicrobial resistance, including ensuring affordable access to quality medicines, as well as safeguarding against the globalization of drug-resistant pathogens in our food supply through international trade.

2.7. It is crucial that the new strategy includes specific measures to promote investment in building laboratory capacity and capability in low-middle-income countries which would enable better diagnosis, in addition to supporting improved prescribing.
A ‘one health’ approach

2.8. There continues to be concern regarding the approach to antimicrobial use in animals, particularly in the agriculture sector. The use of antimicrobials in animals makes a significant contribution to the development and spread of antimicrobial resistance. Two important aspects not covered in the 2013-2018 strategy that must be given consideration in the new strategy are: restrictions on the prophylactic (routine preventative) use of antimicrobials; and the use of critically important antimicrobials, including cephalosporins, fluorquinolones and macrolides in UK farming practices.

2.9. Another contributing factor to AMR is the release of antibiotics into the environment, through poor manufacturing practices, human and animal excretion and inadequate disposal at the end of life. We recommend that government introduce regulatory measures to control the environmental pollution that allows the spread of antibiotic resistant genes across soil, water and air.

Public awareness

2.10. One of the key objectives of the 2013-2018 strategy was to facilitate public engagement and promote awareness of AMR. While we have seen an increase in public awareness raising exercises across the globe, there is little evidence as to whether or not they are successfully achieving their aim[7]. The next strategy must, therefore, seek to further promote raising public awareness of the harmful consequences of overuse and misuse of antibiotics. This should be supported through the introduction of national public awareness targets.

June 2018

[2] ibid


