
General Debate on World Antibiotics Awareness Week

Westminster Hall debate
16 November 2017

About the BMA

The BMA (British Medical Association) 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 debate during world antibiotics awareness week. 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. In order to tackle this important issue we have made national and international recommendations:

National recommendations

- A continued focus on programmes to raise awareness about the appropriate use of antimicrobials among healthcare professionals, veterinarians and the public, supported by ambitious targets for improving public awareness of antimicrobial resistance (AMR).
- Improved antimicrobial prescribing in clinical practice, with the aim of preserving antimicrobial sensitivity for as long as possible.
- Identification of clinical infection specialists who can champion appropriate antimicrobial use in hospitals and provide greater accountability for antimicrobial stewardship.
- The introduction of tighter regulation to significantly reduce the inappropriate use of antimicrobials in farming practices.
- Publication of a renewed UK AMR strategy after the current one expires in 2018.

Global recommendations

- International collaboration aimed to tackle the global threat of antimicrobial resistance.
- Use of new technology to spread important messages on AMR across the world.
- Incentivising innovation and engaging the private sector, public institutions and academia in a programme of research for the development of new antimicrobials.
- Greater international cooperation around policies for improved antimicrobial stewardship in medicine and farming and surveillance of AMR and consumption.
- Promoting international investment in building laboratory capacity and capability in low-middle-income countries severely affected by AMR to enable better diagnosis.

Overview

Antimicrobial drugs are used to kill or inhibit the growth of microorganisms capable of causing infection in humans and animals. AMR occurs when these microorganisms develop the ability to resist the actions of these drugs. This is a natural phenomenon, accelerated by the overuse and misuse of antimicrobials in medicine, as well as in veterinary practice and modern farming, and can be exacerbated by poor infection control practices.

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 antimicrobial¹, which was highlighted in April 2014, when the World Health Organization released its first global report on the surveillance of antimicrobial resistance, warning 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. To address this, 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 2013 the *UK Five Year Antimicrobial Resistance Strategy* was published, which set out a range of recommendations for tackling the problem of AMR. It was developed in collaboration with the nations and a wide range of government departments and agencies. Doctors have highlighted the importance of maintaining a continued focus on tackling antimicrobial resistance, and we have called for the publication of a renewed strategy after the current one expires in 2018.

Greater accountability of antimicrobial stewardship in hospitals

Tackling the development of AMR as a result of the use of antimicrobials in clinical practice represents a key challenge for healthcare professionals. A number of factors may contribute to inappropriate prescribing practice, including concerns that not prescribing antimicrobial medications may result in an undetected infection going untreated and a worse outcome for the patient; lack of access to diagnostic testing and fear of complaint, litigation, or adverse feedback, including, for example, via the NHS friends and family test.

In hospitals, it is often unclear which staff have ‘ownership’ of antimicrobial prescribing and responsibility for minimising resistance. There is therefore a need to identify clinical infection specialists who can ‘champion’ appropriate antimicrobial prescribing locally. Effective local leadership is a key factor in improving the quality of antimicrobial prescribing and hospital doctors should have access to support when prescribing antimicrobials, to ensure best-practice guidance is followed.

The BMA supports the Department of Health’s Antibiotic Guardian’s programme and feel that this will both raise awareness and promote clinical leadership in addressing antimicrobial resistance.

Support for GPs

[There have been recent successful efforts to reduce antimicrobial prescribing in primary care](#), such as a recent NHS Improvement run scheme in Middlesbrough, and it is important that doctors continue to be supported in this area. Mechanisms that facilitate accurate and timely diagnosis of infection are key to improving prescribing by allowing doctors to identify the correct treatment, to which the infection is susceptible in a timely manner. We believe that to achieve this there is a need to provide adequate resources for effective microbiology services and diagnostic tests, as well as to develop better diagnostics where required. This includes the development and implementation of rapid point-of-care diagnostics and improved direct communication between microbiology services and doctors in primary care. This would enable microbiology services to provide in-consultation advice to GPs when prescribing antimicrobials.

All this activity must be underpinned by [wider efforts to reduce the pressure on general practice](#), such as investment in workforce, to allow adequate time with patients for conversations about antimicrobial prescribing to take place.

¹ Spellberg B, Gidycz R, Gilbert D et al (2008) The epidemic of antibiotic-resistant infections: a call to action for the medical community from the Infectious Diseases Society of America. *Clinical Infectious Diseases* 46(2): 15 - 164.

A 'one health' approach to tackling antimicrobial resistance

We support a 'one health' approach to tackling antimicrobial resistance, which recognises that action is required across human medicine, veterinary practice and agriculture to minimise unnecessary or inappropriate use of antimicrobials, to ensure they continue to be effective in treating infections.

We also have concerns regarding the inappropriate use, in animal medicine, of antimicrobials that are critically important in human medicine. These include the fluoroquinolones and modern cephalosporins which are vital for treating serious infections including Salmonella and E.coli. Fluoroquinolones, cephalosporins and macrolides have been classified by the WHO as the highest priority critically important antimicrobials for human use. While there are no specific data on prescribing patterns for these critically important antimicrobials, data from the UK VMD show that the total sales (in gross tonnage) of fluoroquinolones, cephalosporins and macrolides all increased between 2008 and 2012.

A global approach to tackling antimicrobial resistance

The UK is not alone in recognising the threat, [at the UN, in September 2016](#), all member states committed to act on antimicrobial resistance. To aid this we are calling for:

- **investment in the surveillance of drug resistant infections, and international cooperation for data-sharing procedures to improve global responses.** We believe that the UK government should promote investment by the international community in building laboratory capacity and capability in low-middle-income countries that have been severely affected by microbial resistance to enable better diagnosis.
- **focus on tackling antimicrobial resistance in low-middle income countries.** AMR has the potential to severely limit the effectiveness of many routine and complex medical treatments, and we must improve antimicrobial prescribing in medical practice in the UK and internationally, so to preserve antimicrobial sensitivity for as long as possible.

As part of this approach it is also important that the public, understand the long term impact of prescribing antimicrobials. Such understanding could reduce pressure on doctors and vets to prescribe, a pressure that could feel particularly worrying in litigious health systems. We therefore support the O'Neill recommendation that a global public awareness campaign should be started that makes use of technology and social media, to spread messages on AMR to audiences across the world.

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