NHS
North East and North Cumbria

North East and North Cumbria ICB response to the National Action Plan

Confronting Antimicrobial Resistance 2024 - 2029

Outcome 1: Infection Prevention Control and Infection Management

- ICB understanding what estates they have
- Embed IPC at the start, before the design stage.
- Robust processes in place.
- Aspire to have all architects/builders prove they have IPC in built environment
- Training and competency i.e IPC approved certificate

Commitments

- IPC interventions:
  - Hydration
  - Catheter care
  - Dental/mouth care

Outcome 2: Public Engagement and Education

- Engage with Public Health/UKHSA
- Key messages within schools
- Easy read information in multiple languages

Commitments

- Working with UKHSA around:
  - Vaccinations
  - ABX
  - Hydration
  - Catheter Care
  - Dentistry
- Mandate IPC mouthcare within schools

Outcome 3: Strengthened Surveillance

- Need access to relevant robust easily accessible local data
- Intuitive user interface for the data to easily extract the bug drug combinations
- Easy access to the national data for benchmarking
- Data needs to be hosted on a single server and accessible to those that need it
- National workstream teams guidelines i.e GNBSI

Commitments

- Working with UKHSA NHS England to produce a single robust dataset which can be manipulated to extract bug drug combinations
- ICB funded data audits to report regional data

Outcome 4: AntimicrobiaL Stewardship and Disposal Diplomacy

- Regional guidelines
- Disposal
- Behavioural interventions
- Health inequalities

Commitments

- Educate disadvantaged communities
- Convert guidelines/support into all languages (AMS all patient information leaflet)
- Share access category via poster detailing information for GP practices
- Ensure data shared is in simple format for primary care
- Agreement across the North East for all pharmacists to take ball all medicines no matter where dispensed

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Outcome 5: AMR Workforce

- Representation of social care in wider group/networks
  - Dentistry/Veterans – Director of Public Health
- Governance reporting alignment and cohesion
- Organisations to have AMR/AMS lead
  - ? responsibilities
  - ? findings linked to strategy
  - ? included in all discipline training e.g nurses role

Commitments

- Environmental impact
  - Cleaning toiletries etc
- ? Council powers around restrictions of products ie antimicrobials promote products (public protection)

Outcome 6: Innovation and Influence

- Health innovation NENC
- Vaccination focus
  - Involve regional lead/representative on to group discussions
- Underpinning
  - Information in various languages
  - Community network/input
- Diagnostics tool development

Commitments

Outcome 7: Using Information for Action

- Cost of AMR at local level and human costs
- Improve public messaging using real life examples
- Actively funding research or encouraging participation in local research
- AMS training
  - Nurses
  - Medics
  - Non-medical prescribing

Commitments

- Provide ICB level training packages for nurses, medics and non-medical prescribing
- Clear decision making tools or diagnostic tests associated with Abx prescriptions
- Interconnecting data sets across the ICB
- ICB commitment from all stakeholders to prioritise AMS

Outcome 8: Health Disparities and Health Inequalities

- Using data to inform targeted education
- Collect data as an ICB to inform clinicians
- Link data to prescribing practices
- Improving education in high risk groups
- Investigate behaviours for prescribing and Abx seeking
- Back to basics
  - Hygiene
  - Nutrition
  - Hydration
- Management of long term health conditions

Commitments

- Improve BI support to collect data
- Utilise social media to deliver campaigns
- Comms campaigns – timely, effective
- Deliver education packages to targeted groups

Outcome 9: AMR Diplomacy

- Improving stewardship invigorating the antibiotic guardian role
- IV to PO switch reducing carbon footprint
- Localising national guidelines

Commitments

- Provide a good education package for stewards with engagement sessions
- Continued monitoring of IV to PO switch