NHS
North East and North Cumbria

Our Reference North East and North Cumbria ICB\ FOI ICB 25–260

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By Email

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Dear Applicant

Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)

Thank you for your request received on 3 October 2025 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000. The ICB covers the areas of County Durham, Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley.

Please find the information you requested on behalf of the ICB as follows.

Your Request

I would like to make a formal request under the Freedom of Information Act 2000.

I wish to understand any initiatives, programmes or schemes that have been, or in the previous 3 years, undertaken in your ICB area related to Antimicrobial Stewardship (AMS). Specifically, I am interested in initiatives, programmes or schemes that;

- Aim to reduce antibiotic prescribing (measured through Antibiotics per STAR PU or volume of antibiotic prescribing, e.g. https://openprescribing.net/measure/all_antibiotics/)
- Aim to reduce the use of broad spectrum antibiotics (co-amoxiclav, cephalosporins and quinolones, e.g. https://openprescribing.net/measure/broad_spectrum/)
- Aim to reduce the course length of amoxicillin 500mg (e.g. https://openprescribing.net/measure/amox_500_15_caps/)
- Aim to reduce the course length of doxycycline 100mg (e.g. https://openprescribing.net/measure/doxy_100_6_qty/)

Please can you provide the answers to the following questions;

1. Has your ICB undertaken any initiatives, programmes or schemes related to Antimicrobial Stewardship, specifically the areas highlighted above, now or in the previous 3 years?

2. If so, please could you provide details of how the initiatives, programmes or schemes were undertaken. For example;
   a. Were the initiatives, programmes or schemes undertaken at a GP practice, Primary Care Network (PCN) or ICB level?
   b. Were the initiatives, programmes or schemes incentivised? If so, could you please provide the details of the incentivisation, e.g. finances allocated, targets assigned or work undertaken by GP practices, PCN or the ICB?
   c. Was any training or support provided as part of the initiatives, programmes or schemes?

If you require any further information, please feel free to get in touch.

Our Response

We can confirm, as per Section 1(1) of the Freedom of Information Act 2000, the ICB does hold the information requested. Please note that the response is for whole NENC ICB unless otherwise stated.

1. Yes, NENC ICB has undertaken initiatives, programmes or schemes related to Antimicrobial Stewardship in the previous 3 years.
2. A number of initiatives have been carried out in the previous 3 years to support Antimicrobial Stewardship across NENC ICB. These have included:

   a. Inclusion of Antimicrobial Stewardship as a priority in NENC ICB Medicines Strategy Medicines strategy 2024-2030 | North East North Cumbria NHS
   b. World Antimicrobial Stewardship Week each year: 2024 – A call to action in the fight against antibiotic resistance; 2023 – Health leaders urge people to think about antibiotic use. During this time a comms campaign for the public promoted messages supporting AMS. Messages and resources were also made available to community and acute care providers such as GP practices, Community pharmacies and NHS Foundation Trusts.
   c. Management of simple UTIs in community pharmacies UTI community pharmacy scheme offered relief to women. This scheme promotes AMS as treatment is strictly controlled in line with NICE antimicrobial prescribing guidelines via Patient Group Direction.
   d. Inclusion in the medicines optimisation team QIPP workplan each year.
   e. ICB Campaigns Resources Hub Campaigns - North East and North Cumbria ICB The hub includes a number of campaign materials that support AMS including Think Pharmacy First; Urinary Tract Infections; Self Care and specifically Seriously. The Seriously campaign aimed to decrease the rate of antibiotic prescriptions for self-limiting illness by increasing public awareness of the alternative treatments available.
   f. Promotion of TARGET antibiotics toolkit www.rcgp.org.uk/TARGETantibiotics

   In addition, workstreams to reduce prescription of antibiotics and improve compliance with NICE antimicrobial prescribing guidelines have been included in various local incentive schemes. Details are provided below.

   a. **County Durham**

      Local Incentive Scheme 22/23
      Indicator: Total Antibiotic prescribing (items per STAR-PU) to reduce by up to 14% or be below the national average for Oct-Dec 21 (tiered system)
      - 2.5 - 4.99% reduction – 2p per patient if achieved
      - 5 - 9.99% reduction – 5p per patient if achieved

- 10 - 13.99% reduction – 10p per patient if achieved
- > 14% reduction OR below national average – 14p per patient if achieved.

In addition, GP practices to complete the CCG Medicines Optimisation workstream focussing on Antibiotics. Completion of this component: 18p per patient.

Local Incentive Scheme 23/24

Indicator: Antibiotics
Total Antibiotic Volume excluding methenamine (as ADQ per STARPU) to reduce by up to 14% or be below the national average for Oct-Dec 22 (tiered system)

- 2.5 - 4.99% reduction – 2p per patient if achieved
- 5 - 9.99% reduction – 5p per patient if achieved
- 10 - 13.99% reduction – 7p per patient if achieved
- > 14% reduction OR below national average – 10p per patient if achieved

Local Incentive Scheme 24/25

Indicator: Antibiotics
Proportion of items for amoxicillin 500mg capsules to be greater than or equal to 75% as 5-day quantity AND total prescribing (ADQ per STAR-PU *excluding methenamine) to reduce compared to baseline or be below national average for baseline period.
15p per patient.

b. **South Tyneside Better Outcomes Schemes 23/24 & 24/25.**

Indicator: Reduce volume of antibacterial items prescribed measured as ADQ/STAR-PU **and** increase proportion of items for Amoxicillin 500mg capsules prescribed as 5-day quantity.

Target: Reduce ADQ/STAR-PU to below national average at baseline (Oct – Dec 2023) and increase proportion of items for Amoxicillin 500mg capsules as 5 day quantity to 75% or more. Practices at or below national Q3 23/24 average will receive full award with the expectation that they will share their learning with other GP practices within their PCN

Funding: The Better Outcomes Schemes included 3 domains each with separate funding. The Prescribing domain was allocated £3000 flat rate per practice and included four separate workstreams, one of which was antimicrobial prescribing as detailed above.

c. **Sunderland General Practice Quality Premium scheme 2024/25.**

Indicator: Reducing Course Length of Antimicrobial Prescribing. Practices are required to ensure:

- 75% of Amoxicillin prescribing should be for 5-day quantities.
- Total prescribing of antibiotics (ADQ/STAR-PU *excluding methenamine) is to reduce (Oct-Dec 24) compared to baseline (Oct-Dec 23) or be below the national average (Oct-Dec 23)

It is not possible to state the specific funding for the prescribing element of the scheme and specifically the antimicrobial workstream as it was part of a much larger quality scheme for GP practices.

d. **Newcastle Gateshead Prescribing Engagement Schemes 2022/23 and 2023/24**

Antibacterial prescribing	**EITHER:** Achievement of national target for antibiotic prescribing volume of: • ≤0.871 items/STAR-PU (3 points)	**OR:** Reduction in prescribing compared to baseline (practice score for 2021/22 financial year) by: • >0% to <2.5% (1 points) • ≥2.5% to <5% (2 points) • ≥5% (3 points)
Antibacterial prescribing	Achievement of national target for cephalosporin, quinolones and co-amoxiclav prescribing: • % of cephalosporins, quinolones and co-amoxiclav items should be ≤10% of total antibiotic items (3 points)	

Prescribing Engagement Scheme 2024/25

Antibacterials – a maximum of 6 points

Target: EITHER: Achievement of national target for antibiotic prescribing volume of:
- ≤0.871 items/STAR-PU (6 points) OR: Reduction in items/STAR-PU compared to practice baseline (2023/24) by:
- ≥1.5% reduction (2 point)
- ≥3.0% reduction (4 points)
- ≥4.5% reduction (6 points)

Measurement: The number of prescription items for antibacterial drugs (BNF 5.1) per oral antibacterials item-based STAR-PU. Data measured on 12 month rolling basis between April 24 – March 25, inclusively.

For practices that remain above 0.871 items/STAR-PU at the end of the PES, the percentage reduction will be calculated by comparing the items/STAR-PU for the defined period with items/STAR-PU observed April 2023-March 2024.

Resources and further information
1. NICE and PHE antimicrobial prescribing guidelines
2. RCGP TARGET antibiotics toolkit
3. Department of Health Antimicrobial Resistance information and resources
4. Seriously - NENC ICB Resource Hub

Funding: It is not possible to state the specific funding for the prescribing element of the scheme and specifically the antimicrobial workstream as it was part of a much larger quality scheme for GP practices.

e. North Cumbria Improvement and Integration Incentive Scheme 2022/23

Indicator:

Antibacterial Items/STAR PU	Number of prescription items for antibacterial drugs (BNF 5.1) per Oral antibacterials (BNF 5.1 sub-set) ITEM based STAR-PU

Funding:

Antibacterial Items/STAR PU	30p	0.965 5p	0.92 7p	0.89 8p	0.871 10p

Incentive Scheme 2023/24

Indicator: Completion of three Antimicrobial Stewardship Quality Improvement Projects Data from 3 x Practice submissions. Practices to choose three from the audit catalogue> Data from Practice

11p for 1 project
22p for 2 projects
33p for 3 projects

Incentive Scheme 2024/25

Completion of three Antimicrobial Stewardship Quality Improvement Projects Data from 3 x Practice submissions. Practices to choose three from the audit catalogue	15p per weighted patient for one project 30p per weighted patient or two projects 45p per weighted patient for three projects

f. **Northumberland Practice Medicines Management Scheme 2022/23**
Indicator: 4C antimicrobial (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) – ADQ/STARPU **rolling 12 months**

This is a change in the previous measure as using only % is potentially at odds to achieving a reduction in overall prescribing rates.

This sets a target to the PCN DES antimicrobial section.
Target will be achievement of the national **12 month rolling value** at Qtr. 3 21/22 by end Qtr. 4 22/23 or a reduction towards this of at least 7.5%.
AND
Antimicrobial volume ADQ/STARPU
Target will be achievement of the national Qtr. 3 20/21 **rolling 12 month** baseline figure or a reduction towards this of at least 7.5% by end Qtr. 4 21/22. This sets a target to the PCN DES antimicrobial section.

Practice Medicines Management Scheme 2023/24

Indicators: Audit: Antimicrobial prescribing: Review the prescribing of amoxicillin over a 3-month period for acute cough and otitis media to determine if 5-day courses have been prescribed in line with NICE and PHE guidance.

Where this has not been the case determine next steps to improve clinician awareness of current guidance. Achievement will be measured by a self-declaration stating that the audit was undertaken and that learning points have been shared with all prescribers in the practice.

4C antimicrobial (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) – ADQ/STARPU **rolling 12 months**

Target will be achievement of the national Qtr. 3 21/22 **rolling 12-month** baseline figure or a reduction towards this of at least 10% by end Qtr. 4 23/24.
This sets a target to the PCN DES antimicrobial section.
AND
Antimicrobial volume ADQ/STARPU
Target will be achievement of the national Qtr. 3 21/22 **rolling 12-month** baseline figure or a reduction towards this of at least 10% by end Qtr. 4 23/24.
This sets a target to the PCN DES antimicrobial section

Practice Medicines Management Scheme 2024/25

Indicators: Antimicrobial volume ADQ/STARPU

Target will be achievement of the national Qtr. 3 23/24 rolling 12-month baseline figure or a reduction towards this of at least 5% by end Qtr. 3 24/25. This sets a target to the PCN DES antimicrobial section.
AND
Amoxicillin duration
Proportion of items for amoxicillin 500mg capsules to be greater than or equal to 75% as 5-day quantity by Q3 24/25

Practice Medicines Management Scheme 2025/26

Antimicrobial volume DDD/1000patients

Target will be achievement of the national Qtr. 3 24/25 rolling 12-month baseline figure or a reduction towards this of at least 5% by end Qtr. 3 25/26. Payments to practices can be tiered (e.g. rewards for 2.5% reductions)

Funding: It is not possible to state the specific funding for the prescribing element of the scheme and specifically the antimicrobial workstream as it was part of a much larger quality scheme for GP practices.

g. North Tyneside Prescribing Engagement Scheme 2022/23

Antimicrobial stewardship	• The NHS England & NHS Improvement reporting NHS System Oversight Framework 2021/22 Antimicrobial Resistance has updated Metric 44a
	  ○ This metric target has been recalculated - the number of antibiotics prescribed in primary care to be equal to or below value of 0.871 items per STAR-PU, a reduction from the previous target of 0.985
	• Practices to be rewarded for achieving this metric for the 12 months period to March 20231
	• To help support target achievement clinicians to receive bi-monthly LAMP[2] (Lowering Antimicrobial Prescribing) reports
	• Practices will be informed about the project and processes involved and be requested to participate – practices will be rewarded for participation and be required to submit a summary of action and reflection points to the CCG/Place in November 2022 and March 20233
	• Penicillin allergy de-labelling of patients with Level 1 CATALYST penicillin allergy assessment criteria – see Appendix 1
	  ○ Level 1 sub-group can be safely de-labelled without Direct Oral Penicillin Challenge (DOPC)[4]

Prescribing Engagement Scheme 2023/24

Antimicrobial Stewardship (AMS)

- **DAP reports**
  Review monthly DAP report in practice meetings
- **Use of TARGET Antibiotics Toolkit**
  Develop a practice antibiotic action plan to monitor and review implementation, with evidence of use of patient facing material

Actions: Provide SMART action plan twice yearly and attend UTI and rosacea/acne GP education sessions

Prescribing Engagement Scheme 2024/25

Antimicrobial volume ADQ/STARPU	Target will be achievement of the national Q3 23/24 **rolling 12-month** baseline figure **or a reduction towards this of at least 5%** by end Q3 24/25.
Amoxicillin duration	Proportion of items for amoxicillin 500mg capsules to be **greater than or equal to 75% with a prescribed quantity for 5-day course** by Q3 24/25.

Prescribing Engagement Scheme 2025/26

Antimicrobial volume DDD/1000pts	Target will be achievement of the national Q3 24/25 **rolling 12-month** baseline figure or a **reduction towards this of at least 5%** by end Q3 25/26.	Follow national prescribing guidelines, and only prescribe an antibiotic if there is a clinical need. Prescribers to review their prescribing of long term antibiotics for appropriateness Practice prescribing audits – TARGET Toolkit resources (www.rcgp.org.uk/TARGETantibiotics)

Funding: It is not possible to state the specific funding for the prescribing element of the scheme and specifically the antimicrobial workstream as it was part of a much larger quality scheme for GP practices

Training and education: A slide set to support World Antimicrobial Stewardship Awareness in 2023 was developed by the Medicines Optimisation Antimicrobial Prescribing portfolio group. The information was shared across the system at Educational Forums for GP practices and community pharmacies. It was also shared with colleagues in secondary care. Antimicrobial prescribing data is regularly shared with GP practices, PCNs and localities to support an ongoing focus on AMS regardless of whether prescribing is included in any incentive schemes.

In accordance with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website https://northeastnorthcumbria.nhs.uk/.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to request a review of our decision, you should write to the Information Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your review, you do have the right of complaint to the Information Commissioner as established by section 50 of the Freedom of Information Act 2000. Generally, the Information Commissioner cannot make a decision unless you have exhausted the ICB's complaints procedure.

The Information Commissioner can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or www.ico.org.uk.

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 www.legislation.gov.uk. This will not affect your initial information request.

Yours faithfully

Information Governance Support Officer

Information Governance Support Officer
North East and North Cumbria Integrated Care Board