



Llywodraeth Cymru
Welsh Government

PUBLICATION, DOCUMENT

Healthcare associated infections and antimicrobial resistance goals 2024 to 2025 (WHC/2024/038)

Our expectations for health boards and trusts to reduce care related illness and resistance to antibiotics.

First published: 23 September 2024

Last updated: 23 September 2024

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Details

Status:

Action/information.

Category:

Public health quality and care.

Title:

AMR (Antimicrobial Resistance Goals) and HCAI (Healthcare Associated Infections) improvement goals for 2024 to 2025.

Date of expiry / review:

This Welsh health circular will remain applicable until replaced by the next iteration in 2025.

Required by:

Immediate.

For action by:

- Chief executives, health boards / trusts.

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- Directors of public health, health boards / trusts.
- Medical directors, health boards / trusts.
- Directors of primary care, health boards / trusts.
- Nurse executive directors, health boards / trusts.
- Directors of therapies and health sciences, health boards / trusts.
- Chief pharmacists, health boards / trusts.
- Executive Director of Public Health, Public Health Wales.
- General practitioners, dental practices and community pharmacies.
- Public Health Wales HARP (The Healthcare Associated Infection, Antimicrobial Resistance and Prescribing Programme) Team, Public Health Wales

For information:

- Director General/Chief Executive, Health, Social Services and Early Years Group (HSCEY).
- NHS Wales Deputy Chief Executive (HSCEY).
- Welsh NHS Partnership Forum.
- General Practitioner Council, Wales.
- Royal College of GPs.
- Royal College of Nursing.
- Royal College of Midwives.
- Royal College of Paediatrics and Child Health.
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Enclosures:

AMR and HCAI Improvement Goals for 2024 to 2025 (Annex 1).

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AMR and HCAI improvement goals for 2024 to 2025

Dear colleagues

As part of the UK 20-year vision to confront and address antimicrobial resistance (AMR), Wales alongside the other three UK nations, is committed to developing a series of five-year national action plans to prioritise actions and direct resources in areas of highest risk. The UK's second five-year national action plan setting out ambitions and actions for the next five years (2024 to 2029) was published on 8 May 2024.

This Welsh Health Circular sets out the improvement goals for 2024 to 2025 reflecting on the data from the previous year and the new targets set out in the new AMR national action plan.

Healthcare associated infections (HCAIs) remain a key patient safety issue that result in a significant burden of disease and financial cost to the NHS in Wales and across the care sector.

Whilst some progress was made in 2023 to 2024 in reducing the incidence of a number of HCAIs in some areas, we remain a significant way off achieving the majority of the improvement goals and achieving the UK AMR vision.

Working with colleagues in the NHS Executive, Welsh Government will monitor and support progress through the new AMR and HCAI governance structures.

We are grateful for your support in achieving these goals to reduce the impact of AMR and improve patient safety across Wales.

Yours sincerely,

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Andrew Dickenson, Chief Dental Officer

Annex 1

AMR and HCAI improvement goals for 2024 to 2025

The UK 20-year vision to confront and address antimicrobial resistance (AMR) sets the ambitious goal of ensuring AMR will be controlled and contained by 2040. Wales alongside the other three UK nations, is committed to developing a series of five-year national action plans to prioritise actions and direct resources in areas of highest risk and provide sustained and ongoing progress towards achieving the vision's ambitions for change.

The UK's second five-year national action plan, 'Confronting antimicrobial resistance 2024 to 2029', builds on the achievements and lessons of the first. It contains outcomes and commitments that will make progress towards the 20-year vision for AMR to be contained, controlled and mitigated. The action plan has 9 strategic outcomes organised under 4 themes. Action will be taken across all sectors (human health, animal health, agriculture and the environment).

Setting the improvement goals for the NHS for 2024 to 2025 takes into consideration the position against previous improvement goals set out in the 2023 to 2024 Welsh health circular. They also consider the human health targets included in the new national action plan informed by reviewing the evidence-base and learning from the measurable ambitions that were set out in the first national action plan.

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The improvement goals set out for the NHS for 2024 to 2025 has been set out under the relevant theme, outcomes and human health targets set out in the five-year national action plan for 2024 to 2029.

Theme 1: reducing the need for, and unintended exposure to, antimicrobials

Outcome: infection prevention and control and infection management

Tackling AMR requires a focus on preventing and reducing the burden of infection in the human population by optimising Infection Prevention and Control (IPC) measures. This also improves patient safety. This outcome under the UK AMR action plan sets out 2 human health targets:

- target 1a: by 2029, we aim to prevent any increase in a specified set of drug-resistant infections in humans from the 2019 to 2020 financial year baseline
- target 1b: by 2029, we aim to prevent any increase in gram-negative bloodstream infections in humans from the 2019 to 2020 financial year baseline

To deliver on this outcome and make progress in delivering these targets in 2024 to 2025 the improvement goals for community and hospital onset cases are set under each bacteraemia/infection.

The surveillance data for Wales shows annual increases of Gram-negative bacteraemia in Wales since pandemic related decreases observed in 2019 to 2020. The position for 2023 to 2024 showed 4% fewer infections than in 2019 to 2020 although two of the three Gram-negative organisms included in the target showed increases. Data is now collected from hospital onset cases vs community onset cases and the improvement goals separate overall and hospital onset cases.

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E. coli bacteraemia:

- Improvement goal 1: health boards to have fewer overall cases of E-coli bacteraemia compared to 2023 to 2024.
- Improvement goal 2: health boards to have 10% fewer hospital onset cases of E-coli bacteraemia compared to 2023 to 2024.

P. aeruginosa (Pseudomonas aeruginosa) bacteraemia:

- Improvement goal 3: health boards to have fewer overall cases of P. aeruginosa bacteraemia compared to 2023 to 2024.
- Improvement goal 4: health boards to have 10% fewer hospital onset cases of P. aeruginosa bacteraemia compared to 2023 to 2024.

Klebsiella spp. (Klebsiella pneumoniae) bacteraemia:

- Improvement goal 5: health boards to have fewer overall cases of Klebsiella spp. bacteraemia compared to 2023 to 2024.
- Improvement goal 6: health boards to have 20% fewer hospital onset cases compared to 2023 to 2024.

There has been a substantial increase in Klebsiella spp. compared to 2019 to 2020 figures, and there is concern about rising resistance rates in this particular gram-negative organism.

Clostridioides difficile:

- Improvement goal 7: all health boards to have fewer hospital onset C. difficile cases than they had in the 2023 to 2024 fiscal year.

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- For health boards who achieved the 2023 to 2024 improvement goal – fewer cases than 2023 to 2024.
- For health boards who achieved a rate between 25 and 30 cases / 100,000 population in 2023 to 2024 – a 10% reduction in hospital onset cases.
- For health boards who had a rate of >30 cases / 100,000 population in 2023 to 2024 – a 20% reduction in hospital onset cases.
- Improvement goal 8: all health boards should have no more community onset cases than in 2023 to 2024, aiming to reduce the overall burden towards 25 cases / 100,000 population.

Rates were higher in Wales in 2023 to 2024 compared to 2022 to 2023 (+4%), and there remain large differences between different health boards and a need to prioritise reduction and explore interventions to implement in the community to reduce the burden of community onset *C. difficile*.

Staphylococcus aureus bacteraemia:

- Improvement goal 9: all health boards to have fewer hospital onset MRSA (Methicillin-Resistant *Staphylococcus Aureus*.) and MSSA (Meticillin-Sensitive *Staphylococcus. aureus*) bacteraemia than they had in the 2023 to 2024 fiscal year.
- Improvement goal 10: all health boards to develop plans to target reductions in community onset *Staph. aureus* bacteraemias, aiming for an overall rate of no more than 25/100,000 population.

MSSA bacteraemia rates have increased from 22/100,000 population in 2010 to 2011 to 26/100,000 population in 2023 to 2024. There was a small decrease in the *S. (Staphylococcus) aureus* bacteraemia rate between 2023 to 2024 and 2022 to 2023 (1%), with five of the health boards having lower rates, and a substantial decrease in rates of hospital onset *S. aureus* bacteraemia (21%).

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Theme 2: optimising the use of antimicrobials

This theme focuses on improving the use of antimicrobials to preserve future effectiveness and raising awareness with the workforce to optimise the use of antimicrobials.

Outcome: antimicrobial stewardship and disposal

UK AMR national action plan targets for 2024 to 2029

The UK AMR national action plan sets out the two human health targets under this outcome. These are shown below:

- target 4a: by 2029, we aim to reduce total antibiotic use in human populations by 5% from the 2019 baseline
- target 4b: by 2029, we aim to achieve 70% of total use of antibiotics from the access category (new UK category) across the human healthcare system

Situation at the end of the last national action plan period

At the end of the previous ten-year target to achieve a minimum 25% reduction in antimicrobial usage in the community from the 2013 to 2014 baseline an overall 19.8% reduction was achieved in Wales. This showed good progress especially in the context of the increase in managing the Group A Streptococcus (also known as GAS, group A strep, strep A, and Streptococcus pyogenes) outbreak in 2022. The previous improvement goal to increase to or maintain the proportion of antibiotic usage within the WHO access category to greater than 55% of total antibiotic consumption was achieved by all health boards.

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Welsh antimicrobial usage improvement goals

The high-level antimicrobial usage improvement goals for 2024 to 2025 are set out below.

Total antimicrobial usage:

- Improvement goal 11a: a reduction in total antimicrobial use in primary care consistent with a trajectory required to achieve a minimum 10% reduction against the 2019 to 2020 baseline by 2029 to 2030. The measure is Defined Daily Doses and will be reported as DDDs/1000 STAR PU.
- Improvement goal 11b: a reduction in total antimicrobial use in secondary care consistent with a trajectory required to achieve a minimum 5% reduction against the 2019 to 2020 baseline by 2029 to 2030. Reported as DDDs/1000 occupied bed days.

Separate goals are defined for primary and secondary care with the aim of making the improvement goals for total antimicrobial usage more relevant and meaningful.

Proportion of total usage from with WHO 'access' category:

- Improvement goal 12: attain a trajectory required to achieve a minimum of 70% of total antibiotic use from the Access category of antibiotics by 2029 to 2030 in both primary and secondary care. The measure is Defined Daily Doses and will be reported as % total antibiotic use.

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Analytical support for delivery of improvement goals

For 2024 to 2025 Public Health Wales will analyse and report data, including trajectory reports, to inform and support delivery partners on the journey to achieve the improvements to meet the AMR National Action Plan targets by 2029 to 2030.

Such analysis and support is highly dependent on the quality of the data on which it is based. It is essential health boards and primary care contractors continue to document the appropriate indication and clinical diagnosis (READ/SNOMED code) for all antimicrobial prescriptions.

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