Antimicrobial stewardship

NICE quality standard

Draft for consultation

November 2015

Introduction

This quality standard covers the effective use of antimicrobials (antibacterial, antiviral, antifungal and antiparasitic medicines) in all publicly funded health and social care settings to reduce the emergence of antimicrobial resistance (loss of effectiveness of antimicrobials). It covers all formulations of antimicrobials (oral, parenteral and topical agents) and is for health and social care practitioners, organisations that commission, provide or support the provision of care, as well as people using antimicrobials and their carers. For more information see the antimicrobial stewardship topic overview.

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as legislative changes and antimicrobial licensing are therefore not covered by this quality standard.

Why this quality standard is needed

Antimicrobial stewardship is a system‑wide approach to promoting and monitoring the judicious use of antimicrobials with the aim of preserving their future effectiveness.

Since 1998, when the World Health Assembly agreed the first resolution on antimicrobial resistance, there has been increasing national and international awareness of the need to use antimicrobials appropriately. In May 2015, the World Health Organization published a global action plan on antimicrobial resistance. It is difficult to achieve a balance between using antimicrobials when they are really needed and reducing use when they are not indicated. There are concerns about possible harm to people if antimicrobials are not given, but there is agreement about the need to raise awareness that an increase in antimicrobial resistance is

associated with antimicrobial prescribing. Antimicrobial stewardship requires a system-wide approach with individuals and organisations working together to preserve the effectiveness of antimicrobials.

In 2014, the English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) published a report reviewing prescribing patterns for antimicrobials in different care settings between 2010 and 2013. This showed that:

- combined community and hospital prescriptions increased by 6%
- general practice consumption increased by 4.1%
- prescribing to hospital inpatients increased year-on-year by an average of 3.5%, with a total increase of 11.9%
- prescribing to hospital outpatients remained stable
- 'other community prescribing' increased by 32%.

Primary care antibiotic prescribing has been shown to directly affect antimicrobial resistance[1].

Between 2010 and 2013 most antimicrobial prescribing occurred in general practice. In 2013, 78.5% of prescribing was in general practice, with 9.1% and 6.2% for hospital inpatients and outpatients respectively, and 6.2% related to other community prescribers (predominantly dentists).

The quality standard is expected to contribute to improvements in the following outcomes:

- antimicrobial prescribing rates
- antimicrobial resistance.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They

[1] C. Costelloe et al.(2010) Effect of antibiotic prescribing in primary care on antimicrobial resistance in individual patients: systematic review and meta-analysis

are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- NHS Outcomes Framework 2015–16
- Public Health Outcomes Framework 2013–16.

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2015–16

Domain	Overarching indicators and improvement areas
5 Treating and caring for people in a safe environment and protecting them from avoidable harm	***Overarching indicators*** *5a Deaths attributable to problems in healthcare* *5b Severe harm attributable to problems in healthcare* ***Improvement areas*** **Reducing the incidence of avoidable harm** 5.2 Incidence of healthcare associated infection (HCAI) i MRSA ii C. difficile **Improving the culture of safety reporting** 5.6 Patient safety incidents reported

Table 2 Public health outcomes framework for England, 2013–16

Domain	Objectives and indicators
3 Health protection	***Objective*** The population's health is protected from major incidents and other threats, whilst reducing health inequalities ***Indicators*** 3.5 Treatment completion for TB 3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents and emergencies

Patient experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering antimicrobial stewardship across healthcare settings.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on patient experience in adult NHS services), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect patient experience and are specific to the topic are considered during quality statement development.

Coordinated services

A whole system, integrated approach to antimicrobial stewardship is fundamental to preserving the effectiveness of antimicrobial medicines.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services.

This quality standard is very closely related to other quality standards and should be read alongside QS49 on surgical site infection, QS61 on infection prevention and control, QS75 on antibiotics for neonatal infection and currently developed quality standard on healthcare-associated infections. Other quality standards that should also be considered when promoting and monitoring the judicious use of antimicrobials are listed in related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All prescribers of antimicrobials should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However,

recommendations in the development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting people using antimicrobials. If appropriate, healthcare professionals and social care practitioners should ensure that family members and carers are given advice on the judicious use of antimicrobials and the adverse consequences of overusing them.

List of quality statements

Statement 1. People presenting to primary care prescribers with self-limiting conditions receive advice about self-management and why antimicrobials are not recommended for the treatment of their condition.

Statement 2. People presenting in primary care are informed about the option of back-up (delayed) prescribing if there is uncertainty about whether their condition is self-limiting.

Statement 3 People prescribed an antimicrobial have the clinical indication, dose and duration of treatment documented in their clinical record.

Statement 4 People in hospital prescribed an antimicrobial have a microbiological sample taken and their treatment reviewed when the results are available.

Statement 5 Antimicrobial stewardship teams or individuals responsible for antimicrobial stewardship collect data and provide feedback on prescribing practice at individual, team and organisational level.

Statement 6 (developmental statement): Prescribers in secondary care and dental practices use electronic prescribing systems.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 Do you have an example from practice of implementing the NICE guidelines that underpin this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.

Questions about the individual quality statements

Question 4 For draft developmental statement 6: Does this reflect an emergent area of service delivery or technology? If so, does this indicate outstanding performance only carried out by a minority of providers that will need specific, significant changes to be put in place, such as redesign of services or new equipment? Can you provide any examples of current practice in this area?

Quality statement 1: Advice for self-limiting conditions

Quality statement

People presenting to primary care prescribers with self-limiting conditions receive advice about self-management and why antimicrobials are not recommended for the treatment of their condition.

Rationale

Some people with a self-limiting condition, such as cold, flu, cough, ear or toothache, may expect to be prescribed an antimicrobial and may not know that their condition is likely to get better without treatment. Primary care prescribers should manage these expectations by describing the adverse consequences of using antimicrobials when they are not needed, both for the person and the population as a whole. Prescribers should also give advice on what the person can do to help their condition improve (self-care).

Quality measures

Structure

Evidence of local arrangements to ensure that people with self-limiting conditions receive advice about how to manage their condition and the adverse consequences of overusing antimicrobials.

Data source: Local data collection.

Process

a) Proportion of people with a self-limiting condition who receive advice about how to manage their condition.

Numerator – the number in the denominator who receive advice about how to manage their condition.

Denominator – the number of people with a self-limiting condition presenting in primary care.

Data source: Local data collection

b) Proportion of people with a self-limiting condition who receive advice about the adverse consequences of overusing antimicrobials.

Numerator – the number in the denominator who receive advice about the adverse consequences of overusing antimicrobials.

Denominator – the number of people with a self-limiting condition presenting in primary care.

Data source: Local data collection

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (GP practices, health centres, dental practices, pharmacies, podiatry services,) ensure that systems are in place for people presenting with self-limiting conditions to receive advice about how to manage their condition and the adverse consequences of overusing antimicrobials.

Prescribers in primary care (GPs, nurses, dentists, pharmacists, podiatrists) ensure that they provide people with self-limiting conditions with advice on how to manage their condition and the adverse consequences of overusing antimicrobials.

Commissioners (clinical commissioning groups, NHS England) ensure that they commission services that provide people with self-limiting conditions with advice on how to manage their condition and the adverse consequences of overusing antimicrobials.

What the quality statement means for patients, service users and carers

People who go to ae healthcare professionals with a condition that is likely to get better on its own (such as cold, flu, cough, tooth or earache) are given advice on what they can do to help their condition improve and why it's important only to use antimicrobials when they are really needed.

Source guidance

- Antimicrobial stewardship (2015) NICE guideline NG15, recommendation 1.1.31

- Antimicrobial stewardship – changing risk related behaviours in the general population (expected March 2016) draft recommendations 1.7.1 and 1.7.4

Definitions of terms used in this quality statement

Self-limiting conditions

Self-limiting conditions are conditions that are likely to resolve without antimicrobial treatment. They include the common cold and acute respiratory tract infections such as otitis media, cough, bronchitis, sore throat, pharyngitis, tonsillitis, and rhinosinusitis.

[Respiratory tract infections (self-limiting): prescribing antibiotics (2008) NICE guideline CG69 (full guideline) and expert opinion]

Advice for people with self-limiting conditions

Prescribers should discuss with the person and/or their family members or carers (as appropriate):

- the likely nature of the condition
- why prescribing an antimicrobial may not be the best option
- alternative options to prescribing an antimicrobial
- their views on antimicrobials, taking into account their priorities or concerns about their current illness and whether they want or expect an antimicrobial
- the benefits and harms of immediate antimicrobial prescribing
- what they should do if their condition gets worse (safety netting advice) or if they have problems as a result of treatment
- whether they need any written information about their medicines and any possible outcomes.

[Antimicrobial stewardship (2015) NICE guideline NG15, recommendation 1.1.31]

Equality and diversity considerations

Healthcare professionals may need to consider how to advise people who have difficulties understanding the information given to them because of difficulty in understanding English or cognitive impairment.

Quality statement 2: Back-up (delayed) prescribing

Quality statement

People presenting in primary care are informed about the option of back-up (delayed) prescribing if there is uncertainty about whether their condition is self-limiting.

Rationale

When there is clinical uncertainty about whether a condition is self-limiting, back–up (delayed) prescribing gives healthcare professionals an alternative to immediate antimicrobial prescribing. It allows the person to self-manage as a first step, but also to have easy access to antimicrobials if their condition gets worse.

Quality measures

Structure

a) Evidence of local arrangements to ensure that back-up (delayed) prescribing is a decision support system that prescribers can use if there is uncertainty about the self-limiting nature of the condition.

Data source: Local data collection.

b) Evidence of local arrangements and processes to ensure that people presenting in primary care are informed about the option of a back-up (delayed) prescribing if there is uncertainty about whether their condition is self-limiting.

Data source: Local data collection.

Process

a) Proportion of people issued with a back-up (delayed) prescription for antimicrobials who had been informed when to use the prescription.

Numerator – the number in the denominator who had been informed when to use the prescription.

Denominator – the number of people issued with a back-up (delayed) prescription for antimicrobials.

Data source: Local data collection.

b) Proportion of people collecting a back-up (delayed) prescription for antimicrobials.

Numerator – the number in the denominator who collected their back-up (delayed) prescription for antimicrobials.

Denominator – the number of people issued with a back-up (delayed) prescription for antimicrobials.

Data source: Local data collection.

What the quality statement means for service providers, prescribers, and commissioners

Service providers (GP practices, health centres dental practices, pharmacies, podiatry services) ensure that systems are in place for people to be informed about the option of back-up (delayed) prescribing if there is uncertainty about whether their condition is self-limiting.

Primary care prescribers (GPs, nurses, dentists, pharmacists, podiatrists) ensure that they inform people about the option of back-up (delayed) prescribing if there is uncertainty about whether their condition is self-limiting.

Commissioners (clinical commissioning groups, NHS England) ensure that the services they commission inform people about the option of back-up (delayed) prescribing if there is uncertainty about whether their condition is self-limiting.

What the quality statement means for patients, service users and carers

People with conditions that may need antimicrobial treatment but may get better without treatment, are informed by their healthcare professional about an option of having a prescription for an antimicrobial that they use only if their condition doesn't

improve. This is known as a back-up or delayed prescription. They are given clear advice about when they should use the prescription.

Source guidance

- Antimicrobial stewardship (2015) NICE guideline NG15, recommendation 1.1.34

Definitions of terms used in this quality statement

Back-up (delayed prescribing)

A back-up (delayed) prescription is a prescription (which can be post-dated) given to a patient or carer, with the assumption that it will not be dispensed immediately, but in a few days if symptoms worsen.

When using a back-up (delayed) antibiotic prescribing strategy, patients should be offered:

- reassurance that antibiotics are not needed immediately because they are likely to make little difference to symptoms and may have side effects, for example, diarrhoea, vomiting and rash
- advice about using the back-up (delayed) prescription if symptoms are not starting to settle as expected or if a significant worsening of symptoms occurs
- advice about re-consulting if there is a significant worsening of symptoms despite using the back-up (delayed) prescription.

A back-up (delayed) prescription with instructions about use can either be given to the patient or left at an agreed location (for example, the local pharmacy) to be collected at a later date.

[Respiratory tract infections (self-limiting): prescribing antibiotics (2008) NICE guideline CG69 recommendation 1.1.6 and expert opinion]

Equality and diversity considerations

Prescribers may need to consider how to advise people who have difficulties in understanding the information given to them because of difficulty in understanding English or cognitive impairment.

Quality statement 3: Recording information

Quality statement

People prescribed an antimicrobial have the clinical indication, dose and duration of treatment documented in their clinical record.

Rationale

Recording in patients' records the clinical indication (that is, the results of clinical assessment, symptoms and diagnosis) for an antimicrobial, and the prescribed dose and duration of treatment, allows monitoring of prescribing practice and identification of appropriate and inappropriate prescribing.

Quality measures

Structure

Evidence of local arrangements and processes to ensure that all prescribers document the clinical indication, dose and duration of treatment in patients' records when prescribing an antimicrobial.

Data source: Local data collection.

Process

Proportion of antimicrobial prescriptions with a clinical indication, dose and duration of treatment documented.

Numerator – the number in the denominator with the clinical indication, dose and duration of treatment recorded.

Denominator – the number of antimicrobial prescriptions.

Data source: Local data collection.

What the quality statement means for service providers, prescribers, and commissioners

Service providers (hospitals, walk-in centres, GP practices, health centres, dental practices, pharmacies, podiatry services) ensure that systems are in place for all

prescribers to document in patients' records the clinical indication, dose and duration of treatment when an antimicrobial is prescribed.

Prescribers document in patients' records the clinical indication, dose and duration of treatment when they prescribe an antimicrobial.

Commissioners (clinical commissioning groups, NHS England) ensure that they commission services that document in patients' records the clinical indication, dose and duration of treatment when an antimicrobial is prescribed.

What the quality statement means for patients, service users and carers

People who are prescribed an antimicrobial have their symptoms and diagnosis recorded in their medical record, as well as how long they should take the antimicrobial and the dose.

Source guidance

- Antimicrobial stewardship (2015) NICE guideline NG15, recommendations 1.1.26 and 1.1.32

Quality statement 4: Microbiological samples

Quality statement

People in hospital prescribed an antimicrobial have a microbiological sample taken and their treatment reviewed when the results are available.

Rationale

Analysing microbiological samples allows more targeted and effective prescribing of appropriate, potentially narrow-spectrum antimicrobials or stopping the antimicrobials if test results indicate they are not necessary or ineffective. In hospital, microbiological samples should be taken before antimicrobials are prescribed, but it is sometimes necessary to start antimicrobial treatment before the microbiological results are available.

Quality measures

Structure

Evidence of local arrangements and processes to ensure that people in hospital who are prescribed an antimicrobial have a microbiological sample taken and their treatment reviewed when the results are available

Data source: Local data collection.

Process

a) Proportion of hospital admissions with a record of microbiological sample being taken at the time of prescribing an antimicrobial.

Numerator – the number in the denominator with a record of microbiological sample being taken at the time of prescribing an antimicrobial.

Denominator – the number of hospital admissions with an antimicrobial prescription.

Data source: Local data collection.

b) Proportion of hospital admissions with the antimicrobial prescription reviewed when the microbiological results become available.

Numerator – the number in the denominator with the antimicrobial prescription reviewed when the microbiological results become available.

Denominator – the number of hospital admissions with a record of microbiological sample being taken at the time of prescribing an antimicrobial.

Data source: Local data collection.

Data source: Local data collection.

What the quality statement means for service providers, prescribers, and commissioners

Service providers (hospitals) ensure that systems are in place for people in hospital to have a microbiological sample taken before they are prescribed an antimicrobial, and have the treatment reviewed when the microbiological results are available.

Prescribers in hospitals ensure that microbiological samples are taken before they prescribe antimicrobials and that they review the treatment when the microbiological results are available.

Commissioners (clinical commissioning groups, NHS England) ensure that they commission services that take microbiological samples from people in hospital before they are prescribed antimicrobials, and that review the treatment when the microbiological results are available.

What the quality statement means for patients, service users and carers

People who are in hospital have a sample taken before they are prescribed an antimicrobial. The sample is tested in the hospital laboratory to find out what is causing the infection. If an antimicrobial is prescribed before the results of the laboratory tests are known, the prescription is checked as soon as the laboratory results are available to make sure that the antimicrobial is the correct treatment and will work against the infection.

Source guidance

- Antimicrobial stewardship (2015) NICE guideline NG15, recommendation 1.1.27

Quality statement 5: Data collection and feedback

Quality statement

Antimicrobial stewardship teams or individuals responsible for antimicrobial stewardship collect data and provide feedback on prescribing practice at individual, team and organisational level.

Rationale

Robust and focused data collection and feedback on antimicrobial prescribing across health and care systems enables recognising good practice and challenging inappropriate prescribing. It also allows identifying training needs and areas for quality improvement.

Quality measures

Structure

Evidence of local arrangements and processes to ensure that antimicrobial stewardship teams or individuals responsible for antimicrobial stewardship collect data and provide feedback on prescribing practice at individual, team and organisational level.

Data source: Local data collection.

Process

a) Proportion of prescribers, teams or organisations who receive feedback on their antimicrobial prescribing practice.

Numerator – the number in the denominator who receive feedback on their antimicrobial prescribing practice.

Denominator – the number of prescribers, teams or organisations.

Data source: Local data collection.

What the quality statement means for service providers, prescribers, and commissioners

Service providers (hospitals, GP practices, walk-in centres, dental practices, pharmacies, podiatry services) ensure that systems are in place for antimicrobial stewardship teams or individuals responsible for antimicrobial stewardship within the service to collect data and provide feedback on prescribing at individual, team and organisational level.

Prescribers receive feedback on antimicrobial prescribing practice at individual, team and organisational level from an antimicrobial stewardship team or an individual responsible for antimicrobial stewardship within the organisation.

Commissioners (clinical commissioning groups, NHS England) ensure that they commission services that have an antimicrobial stewardship team or an individual responsible for antimicrobial stewardship who collects data and provides feedback on antimicrobial prescribing practice at individual, team and organisational level.

What the quality statement means for patients, service users and carers

People receive care from healthcare professionals whose prescribing of antimicrobials is monitored to make sure that it is safe and appropriate.

Source guidance

- Antimicrobial stewardship (2015) NICE guideline NG15, recommendations 1.1.1, 1.1.3 and 1.1.9

Quality statement 6 (developmental statement): electronic prescribing systems

Developmental quality statements set out an emergent area of service delivery or technology currently found in a minority of providers and indicating outstanding performance. They will need specific, significant changes to be put in place, such as redesign of services or new equipment.

Quality statement

Prescribers in secondary care and dental practices use electronic prescribing systems.

Rationale

Although most GP practices already use electronic prescribing systems, many secondary care services (inpatient and outpatient) and dental practices don't have access to this technology. Electronic prescribing supports antimicrobial stewardship by facilitating appropriate prescribing, data collection and monitoring as well as personal, team and organisational accountability.

Quality measures

Structure

Evidence of local arrangements to ensure that prescribers of antimicrobials in secondary care and dental practices have access to electronic prescribing systems.

Data source: Local data collection.

Process

a) Proportion of secondary care services that use electronic prescribing systems.

Numerator – the number in the denominator that use electronic prescribing system.

Denominator – the number of secondary care services.

Data source: Local data collection.

b) Proportion of dental practices that use electronic prescribing systems.

Numerator – the number in the denominator that use electronic prescribing system.

Denominator – the number of dental practices.

Data source: Local data collection.

What the quality statement means for service providers, prescribers, and commissioners

Service providers (hospitals and dental practices) ensure that prescribers of antimicrobials have access to electronic prescribing systems.

Prescribers use electronic systems for prescribing.

Commissioners (clinical commissioning groups and local authorities) ensure that they commission services that have electronic prescribing systems.

What the quality statement means for patients, service users and carers

People receive care from healthcare services that have electronic prescribing systems. The online systems allow collection of accurate information about antimicrobial prescriptions and monitoring.

Source guidance

- Antimicrobial stewardship (2015) NICE guideline NG15, recommendation 1.1.32

Status of this quality standard

This is the draft quality standard released for consultation from 26 November to 24 December 2015. It is not NICE's final quality standard on antimicrobial stewardship. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 24 December 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from April 2016.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health, public health and social care practitioners and people using antimicrobials and their families or carers (if appropriate), is essential. Treatment, care and support, and the information given about antimicrobials, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People using antimicrobials and their families or carers (if appropriate) should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Antimicrobial stewardship (2015) NICE guideline NG15
- Antimicrobial stewardship – changing risk related behaviours in the general population. This guideline is currently in draft version, expected to be published in March 2016.
- Respiratory tract infections (self-limiting): prescribing antibiotics (2008) NICE guideline CG69

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Public Health England (2014) English surveillance programme antimicrobial utilisation and resistance (ESPAUR) report
- World Health Organization (2014) Antimicrobial resistance: global report on surveillance 2014
- Department of Health (2014) UK 5 year antimicrobial resistance (AMR) strategy 2013 to 2018: annual progress report and implementation plan 2014
- Department of Health (2013) UK 5 Year Antimicrobial Resistance Strategy 2013 to 2018
- Department of Health (2013) Annual report of the Chief Medical Officer 2011: volume two
- Department of Health and Public Health England (2013) Antimicrobial prescribing and stewardship competencies
- Department of Health (2013) Advisory committee on antimicrobial resistance and healthcare associated infections: annual report
- Public Health England (2011) Antimicrobial stewardship: Start smart - then focus
- Department of Health (2010) The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance

Related NICE quality standards

Published

- Urinary tract infections in adults (2015) NICE quality standard 90
- Antibiotics for neonatal infection (2014) NICE quality standard 75
- Feverish illness in children under 5 years (2014) NICE quality standard 64
- Infection prevention and control (2014) NICE quality standard 61
- Surgical site infection (2013) NICE quality standard 49
- Patient experience in adult NHS services (2012) NICE quality standard 15
- Chronic obstructive pulmonary disease in adults (2011) NICE quality standard 11

In development

- Chronic obstructive pulmonary disease update. Publication expected January 2016
- Pneumonia Publication expected January 2016
- Healthcare-associated infections. Publication expected February 2016

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Influenza
- Management of symptoms with an uncertain cause
- Medicines management in social care
- Medicines optimisation (covering medicines adherence and safe prescribing)
- Non-antibiotic clinical management of infectious diseases
- Norovirus
- Outbreak planning and control
- Sepsis
- Tuberculosis

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

This quality standard has been developed by Quality Standards Advisory Committee 3. Membership of this committee is as follows:

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific,

concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE pathway on skin cancer.

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