



# London Antimicrobial Data Pack

London Antimicrobial Resistance and  
Stewardship Subgroup

London Medicines Information Service, May 2020

**Data from Q3 2019 and February 2020**

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for professional  
medicines advice**

## Introduction

This data pack has been compiled by the London Medicines Information Service to inform the RMOc (London) Antimicrobial Resistance and Stewardship Subgroup on the current status of antimicrobial usage. The data pack has been developed around three key targets identified in HM Government's document [Tackling antimicrobial resistance 2019-2024: The UK's five-year national action plan](#):

- Reduce healthcare associated Gram-negative blood stream infections by 50% by 2024
- Reduce the number of specific drug-resistant infections by 10% by 2025
- Reduce antimicrobial use in humans by 15% by 2024

This document is intended to be used by STP antimicrobial stewardship leads to review 14 indicators that were considered by the RMOc (London) Antimicrobial Resistance and Stewardship Subgroup as important to focus attention on. It can be used to identify outlying prescribing that can be accounted for or that is worthwhile addressing.

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Data in this pack have been obtained from [Public Health England's Fingertips dashboard](#) and from [Openprescribing.net](#). Trusts and CCGs are encouraged to look more closely at their own data by visiting the PHE Fingertips AMR or Openprescribing.net websites.

## Glossary

ADQ	An <b>Average Daily Quantity</b> is a UK determined value that reflects the average daily dose typically given to a patient.
DDD	A <b>Defined Daily Dose</b> is the assumed average daily maintenance dose for a drug used in its main indication in adults. This is determined internationally.
STAR-PU	Weighted "prescribing unit" used as a denominator when comparing volumes of antibiotic prescribing in primary care. This prescribing unit is weighted to acknowledge that patients with different characteristics have different antibiotic requirements, and thus allows comparisons of antibiotic prescribing volumes that take account many differences between populations.

## Healthcare Associated Gram-negative blood stream infections

Figure 1 *E. coli* bacteraemia counts and 12-month rolling rates of community-onset, by CCG; February 2020

Area ▲▼	Count ▲▼	Value ▲▼
England	35,967	64.7
London NHS region	4,601	52.1
NHS Ealing CCG	250	72.9
NHS Hillingdon CCG	197	65.2
NHS Bexley CCG	158	64.2
NHS Havering CCG	162	63.3
NHS Sutton CCG	125	61.5
NHS Harrow CCG	151	60.7
NHS Brent CCG	190	57.7
NHS Hounslow CCG	152	56.5
NHS Haringey CCG	152	56.0
NHS Redbridge CCG	169	56.0
NHS Islington CCG	128	54.5
NHS Waltham Forest CCG	147	53.4
NHS West London (K&C & QPP) CCG	119	53.3
NHS Croydon CCG	205	53.3
NHS Hammersmith And Fulham CCG	97	53.0
NHS Camden CCG	134	52.9
NHS Barnet CCG	204	52.6
NHS Merton CCG	107	51.9
NHS Enfield CCG	172	51.7
NHS Newham CCG	172	49.4
NHS Lambeth CCG	157	48.4
NHS Central London (Westminster) CCG	82	46.2
NHS Southwark CCG	145	46.1
NHS Lewisham CCG	136	45.1
NHS Kingston CCG	78	44.7
NHS Bromley CCG	146	44.3
NHS Barking And Dagenham CCG	93	44.1
NHS Tower Hamlets CCG	134	43.5
NHS Richmond CCG	84	42.9
NHS Greenwich CCG	120	42.4
NHS City And Hackney CCG	115	40.6
NHS Wandsworth CCG	120	37.1

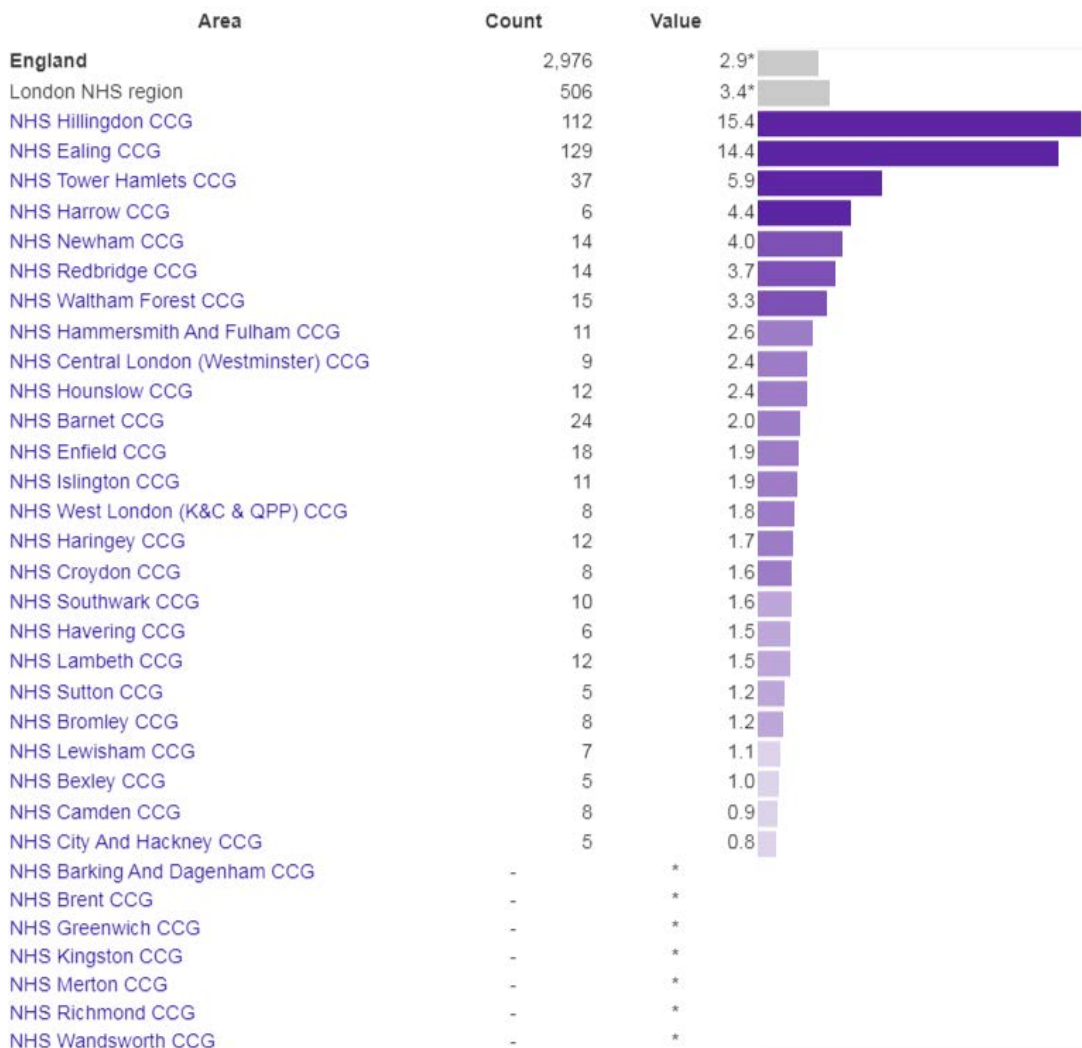
Source: HCAI Mandatory Surveillance

[Link to Fingertips.](#)

This is a count of all laboratory confirmed cases of *E. coli* bacteraemia that occurred during the current month and the previous eleven months. The rate is calculated by dividing the number of cases by the ONS mid-year population estimates for the CCG, and multiplying by 100,000.

This relates to community onset bacteraemia. For hospital onset bacteraemia, see **Figure 5**.

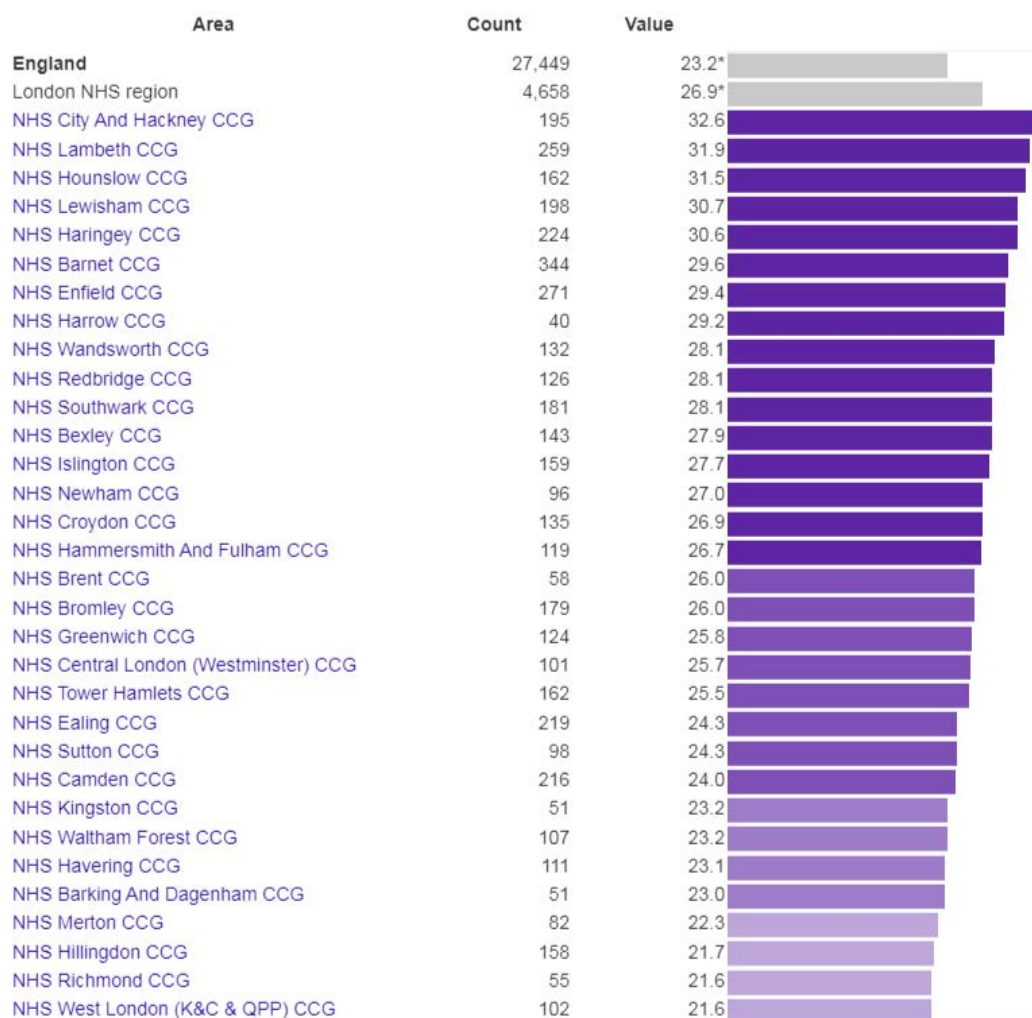
**Figure 2 Percentage of community *E. coli* (or coliform) positive urine specimens non-susceptible to nitrofurantoin; 2019 Q3**



[Link to Fingertips.](#)

This indicator shows the proportion of *E. coli* or coliform (if no further species information) urine specimens taken in a community setting that have been tested for susceptibility to nitrofurantoin and found to be resistant (or intermediate). This is based on routine voluntary laboratory surveillance reports.

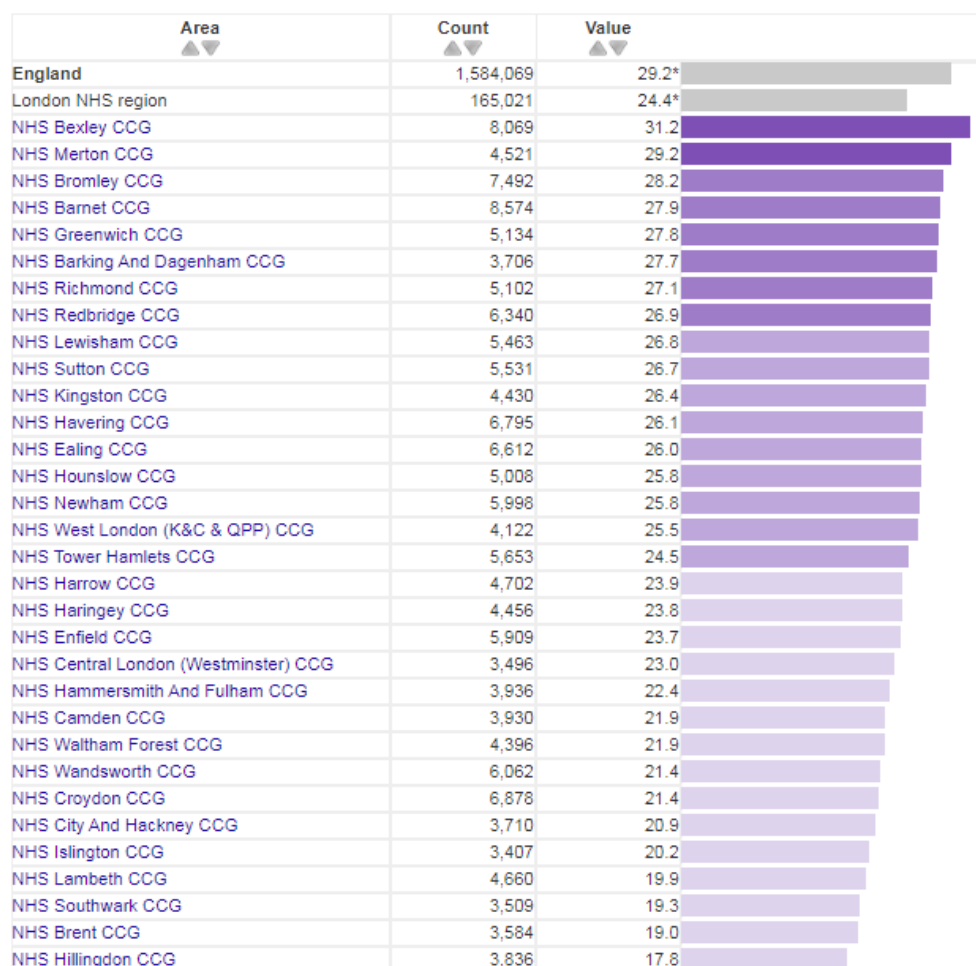
**Figure 3 Percentage of community *E. coli* (or coliform) urine specimens non-susceptible to trimethoprim; 2019 Q3**



[Link to Fingertips.](#)

This indicator shows the proportion of *E. coli* or coliform (if no further species information) urine specimens taken in the community setting that have been tested for susceptibility to trimethoprim and found to be resistant. This is based on routine voluntary laboratory surveillance reports.

**Figure 4 Twelve-month rolling proportion of trimethoprim class prescribed antibiotic items as a ratio of trimethoprim to nitrofurantoin; September 2019**



Source: [NHS Digital](#) publish monthly prescribing data under the OGL

[Link to Fingertips.](#)

The number of items of trimethoprim prescribed in general practice during the current month and the preceding eleven months are the numerator. The sum of items of trimethoprim and nitrofurantoin prescribed in the current month and during the preceding eleven months is the denominator. A lower number indicates a lower proportion of trimethoprim prescriptions.

Figure 5 *E. coli* bacteraemia hospital-onset cases counts and 12-month rolling rates, by reporting acute trust and month; February 2020

Area	Count	Value
England	7,881	22.8
London NHS region	1,300	24.1
The Royal Marsden	33	56.1
University College London Hospitals	102	39.8
Barking, Havering and Redbridge	107	34.6
Homerton University Hospital	30	34.2
Barts Health NHS Trust	178	28.8
Guys and St Thomas	92	27.7
Whittington Health Trust	27	26.4
The Lewisham Hospital	84	25.3
St Georges Healthcare	76	25.2
Kings College Hospital	119	24.1
Royal Free London	81	23.9
London North West Healthcare	93	22.4
North Middlesex University Hospital	35	20.4
Croydon Health Services	35	20.3
Imperial College Healthcare	73	20.1
The Hillingdon Hospital	26	17.9
Kingston Hospital	23	16.4
Chelsea and Westminster Hospital	43	15.6*
Royal National Orthopaedic Hospital	5	13.0
Great Ormond Street Hospital For Children	9	11.0
Epsom and St Helier University Hospitals	23	9.3
Royal Brompton and Harefield	6	5.2
Moorfields Eye Hospital	0	0.0

Source: HCAI Mandatory Surveillance Data

[Link to Fingertips.](#)

This is based on a count of laboratory confirmed cases of *E. coli* bacteraemia that occurred during the current month and the previous eleven months. The denominator is the sum of bed days for the current month and the previous eleven months. The Value is calculated by multiplying this ratio by 100,000. This relates to hospital onset bacteraemia. For community onset bacteraemia, see **Figure 1**.

Figure 6 P. aeruginosa bacteraemia hospital-onset 12-month rolling rates; February 2020

Area ▲▼	Count ▲▼	Value ▲▼
England	1,588	4.6
London NHS region	399	7.4
The Royal Marsden	12	20.4
University College London Hospitals	46	17.9
Great Ormond Street Hospital For Children	13	15.9
Guys and St Thomas	47	14.2
Kings College Hospital	69	14.0
Imperial College Healthcare	38	10.5
Royal Brompton and Harefield	8	6.9
Homerton University Hospital	6	6.8
Barts Health NHS Trust	42	6.8
Barking, Havering and Redbridge	19	6.1
St Georges Healthcare	18	6.0
Whittington Health Trust	5	4.9
Croydon Health Services	8	4.6
Chelsea and Westminster Hospital	12	4.4*
London North West Healthcare	18	4.3
Royal Free London	14	4.1
North Middlesex University Hospital	7	4.1
The Lewisham Hospital	10	3.0
The Hillingdon Hospital	3	2.1
Epsom and St Helier University Hospitals	4	1.6
Royal National Orthopaedic Hospital	0	0.0
Moorfields Eye Hospital	0	0.0
Kingston Hospital	0	0.0

Source: HCAI Mandatory Surveillance Data

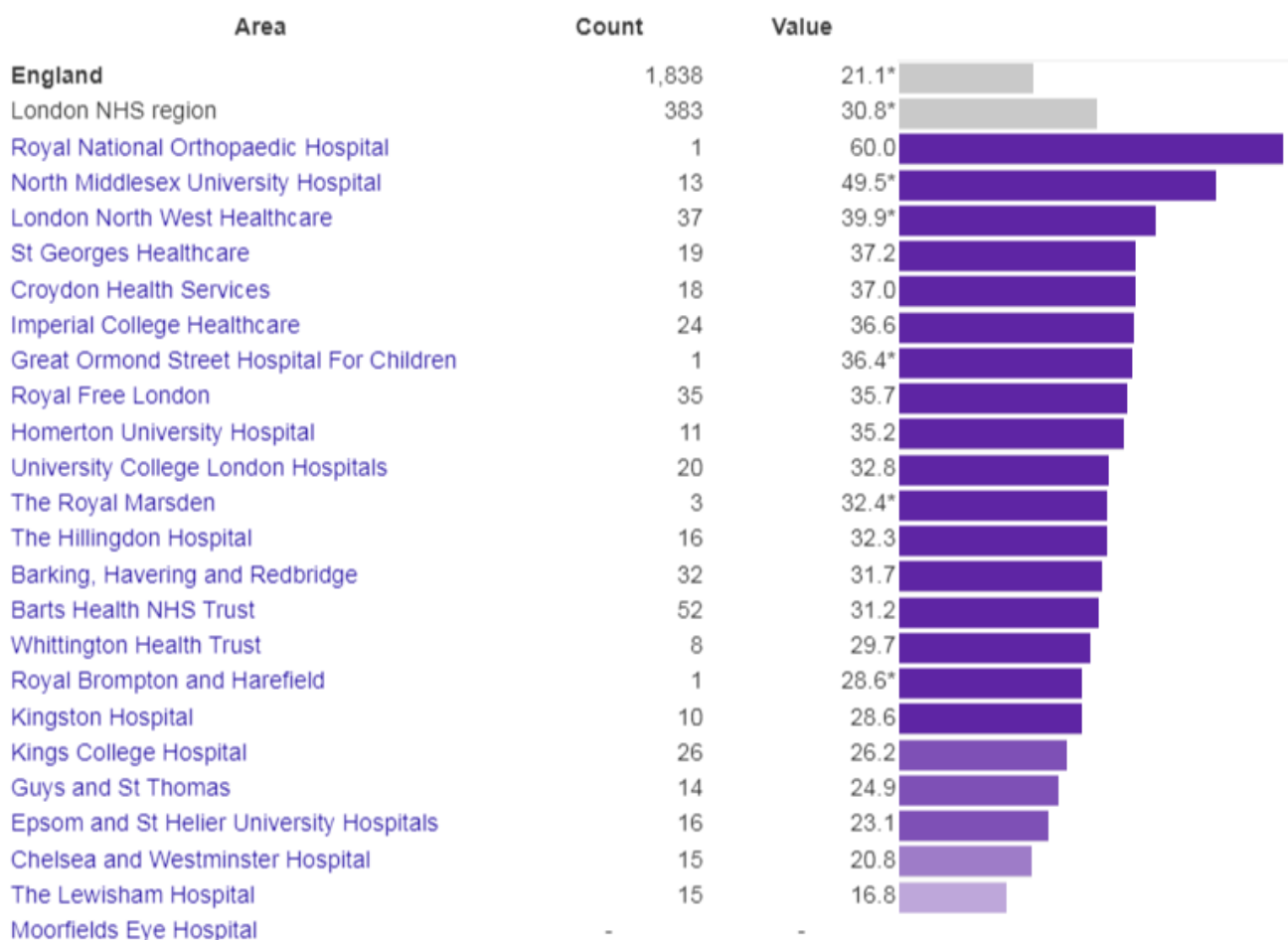
[Link to Fingertips.](#)

All laboratory confirmed cases of *P. aeruginosa* bacteraemia for the current month and preceding eleven months are the numerator. The denominator is calculated from a sum of bed-days over the same period. The Value is calculated by multiplying this ratio by 100,000.



## Specific drug-resistant infections

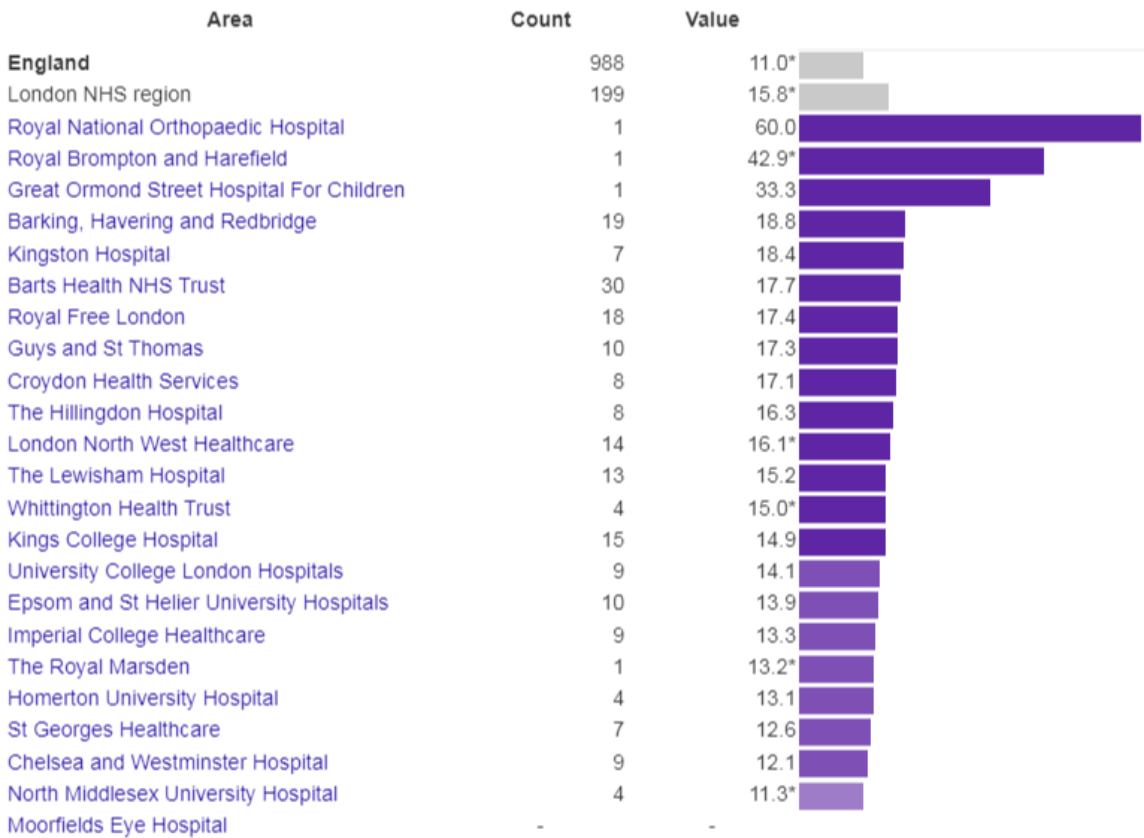
Figure 7 Rolling quarterly average proportion of ciprofloxacin non-susceptible *E. coli* blood specimens; 2019 Q3



[Link to Fingertips.](#)

This measure reports the proportion of *E. coli* blood specimens tested for susceptibility to ciprofloxacin and found to be non-susceptible. The numerator is calculated from the quarterly average number (across the last four quarters) of laboratory reports of *E. coli* linked to blood samples, which have been tested for and are non-susceptible to ciprofloxacin. The denominator is calculated from the rolling four quarter number of *E. coli* blood sample laboratory reports.

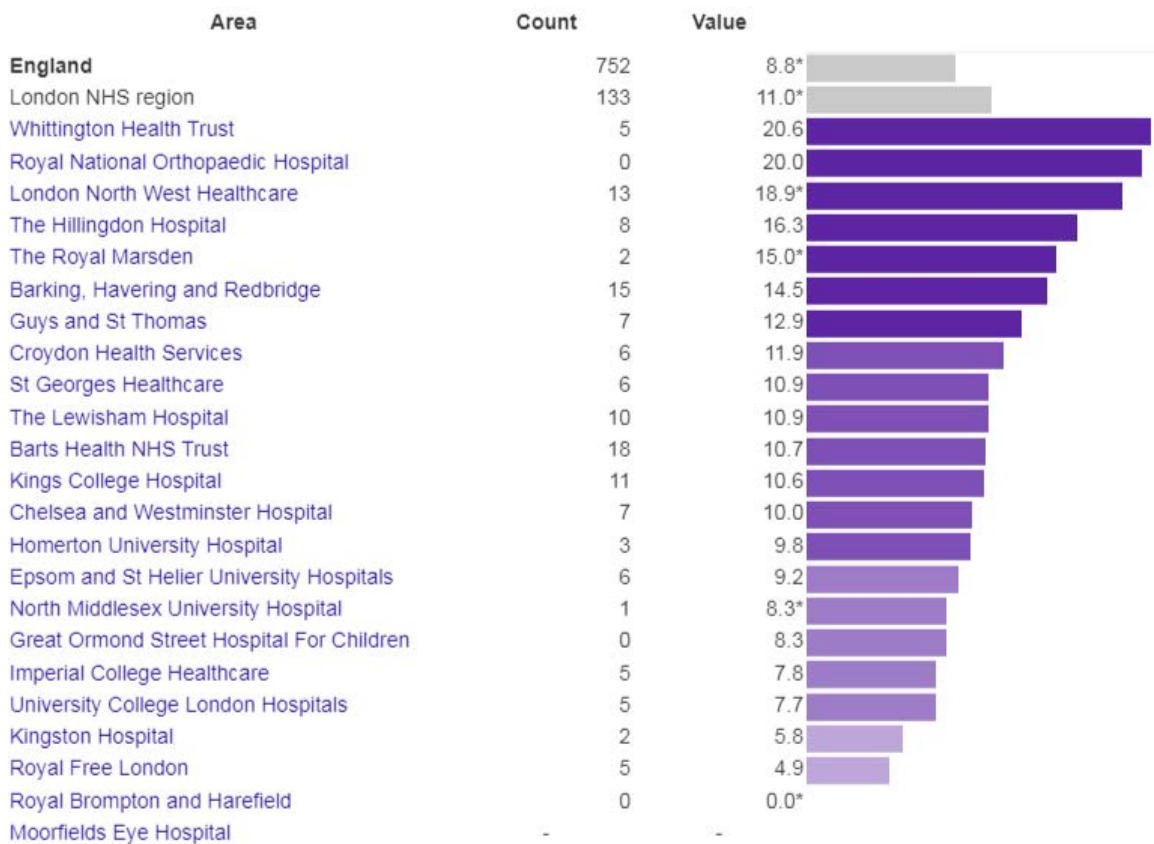
**Figure 8 Rolling quarterly average proportion of gentamicin non-susceptible *E. coli* blood specimens; 2019 Q3**



[Link to Fingertips.](#)

This measure reports the proportion of *E. coli* blood specimens tested for susceptibility to gentamicin and found to be non-susceptible. The numerator is calculated from the quarterly average number (across the last four quarters) of laboratory reports of *E. coli*, which have been tested for and are non-susceptible to gentamicin. The denominator is calculated from the rolling four quarter number of *E. coli* blood sample laboratory reports.

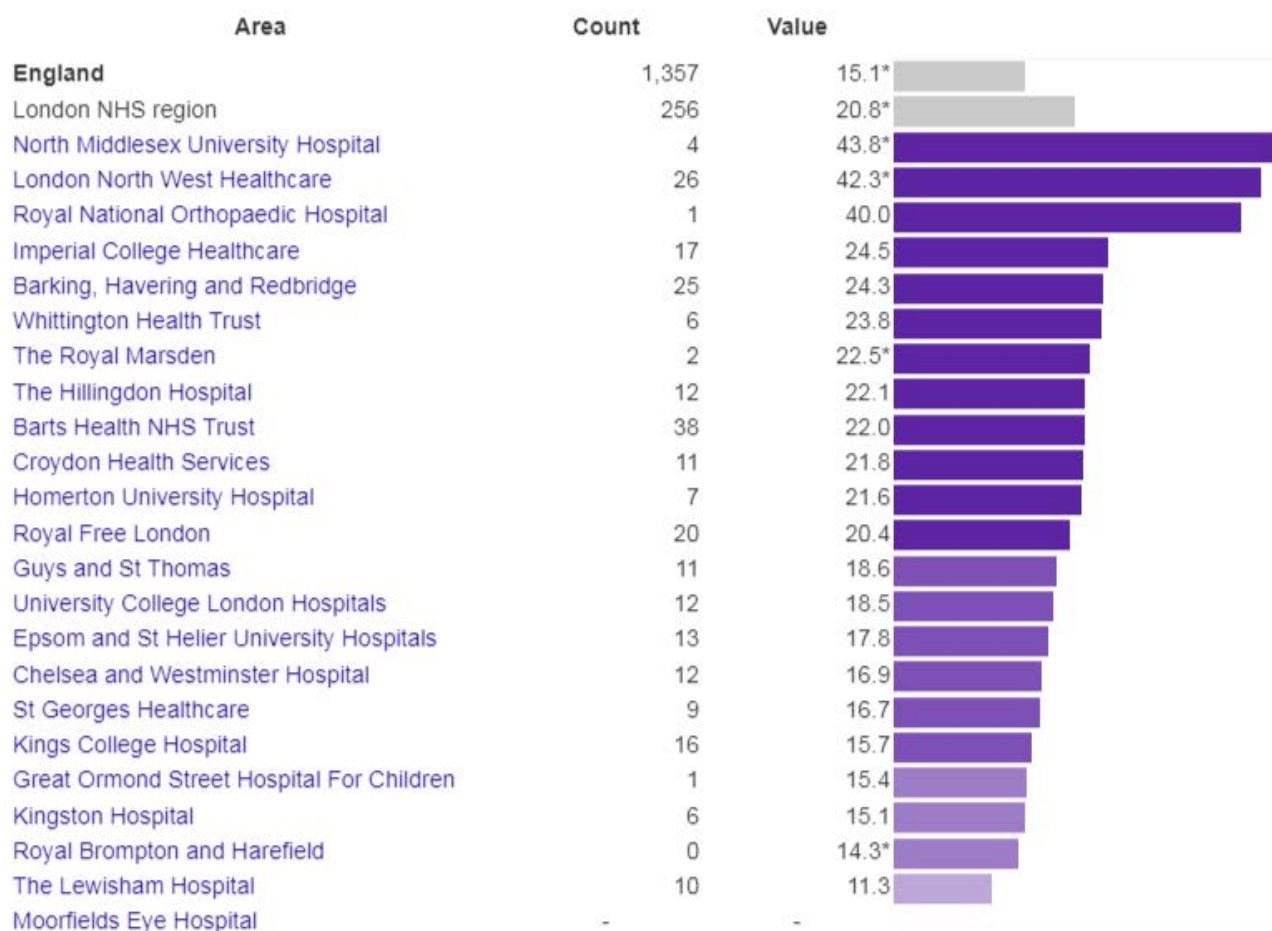
Figure 9 Rolling quarterly average proportion of piperacillin/tazobactam resistant *E. coli* blood specimens; 2019 Q3



[Link to Fingertips.](#)

This measure reports the proportion of *E. coli* blood samples tested for susceptibility to piperacillin/tazobactam and found to be non-susceptible. The numerator is calculated from the quarterly average number (across the last four quarters) of laboratory reports of *E. coli*, which have been tested for and are non-susceptible to piperacillin/tazobactam. The denominator is calculated from the rolling four quarter number of *E. coli* blood sample laboratory reports.

**Figure 10 Rolling quarterly average proportion of 3rd gen cephalosporin non-susceptible *E. coli* blood specimens; 2019 Q3**

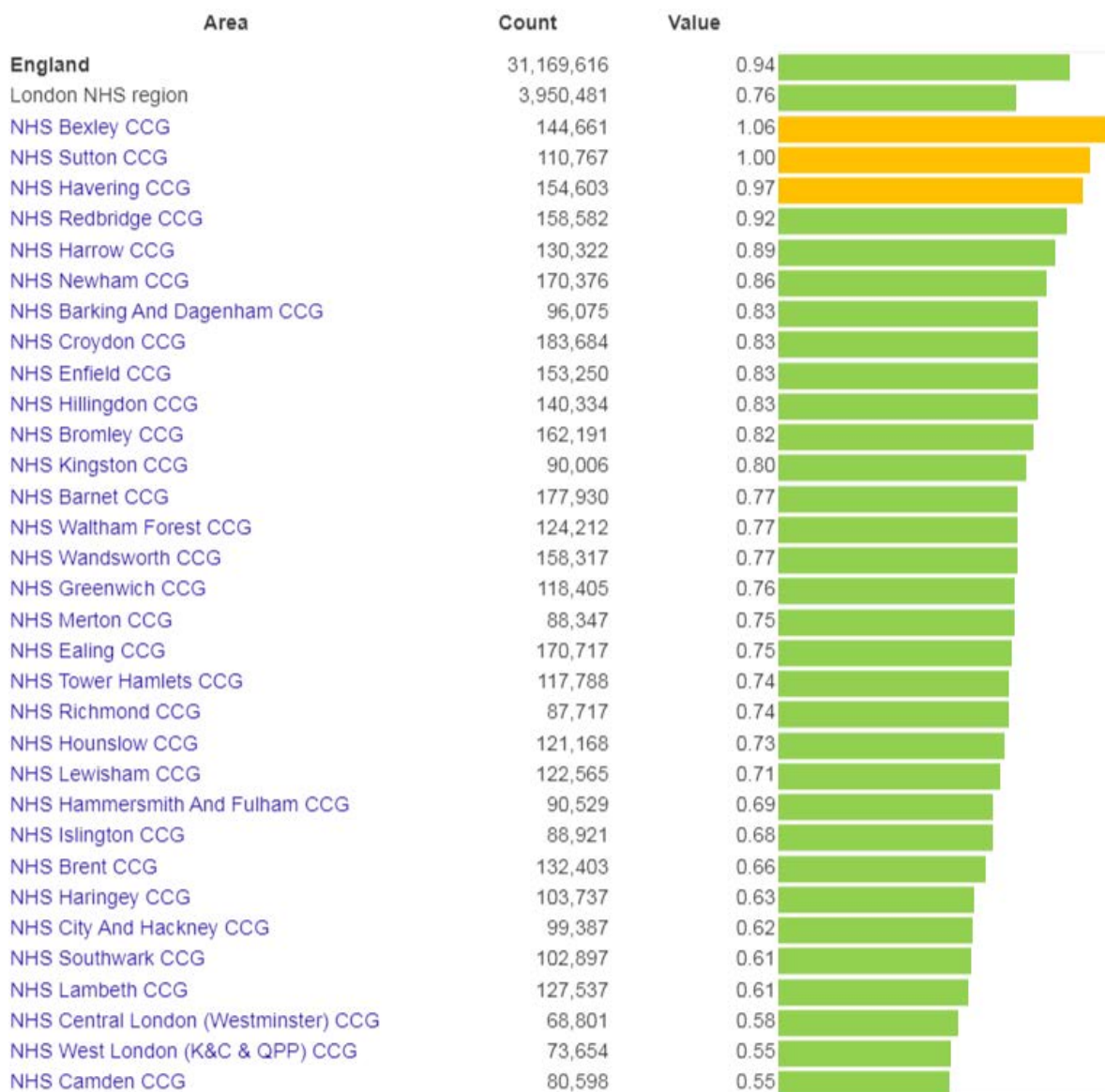


[Link to Fingertips.](#)

This measure reports the proportion of *E. coli* blood samples tested for susceptibility to 3<sup>rd</sup> generation cephalosporins and found to be non-susceptible. The numerator is calculated from the quarterly average number (across the last four quarters) of laboratory reports of *E. coli*, which have been tested for and are non-susceptible to cephalosporins. The denominator is calculated from the rolling four quarter number of *E. coli* blood sample laboratory reports.

## Overall Antimicrobial Use

Figure 11 Twelve month rolling total number of prescribed antibiotic items per STAR-PU Sept 2019

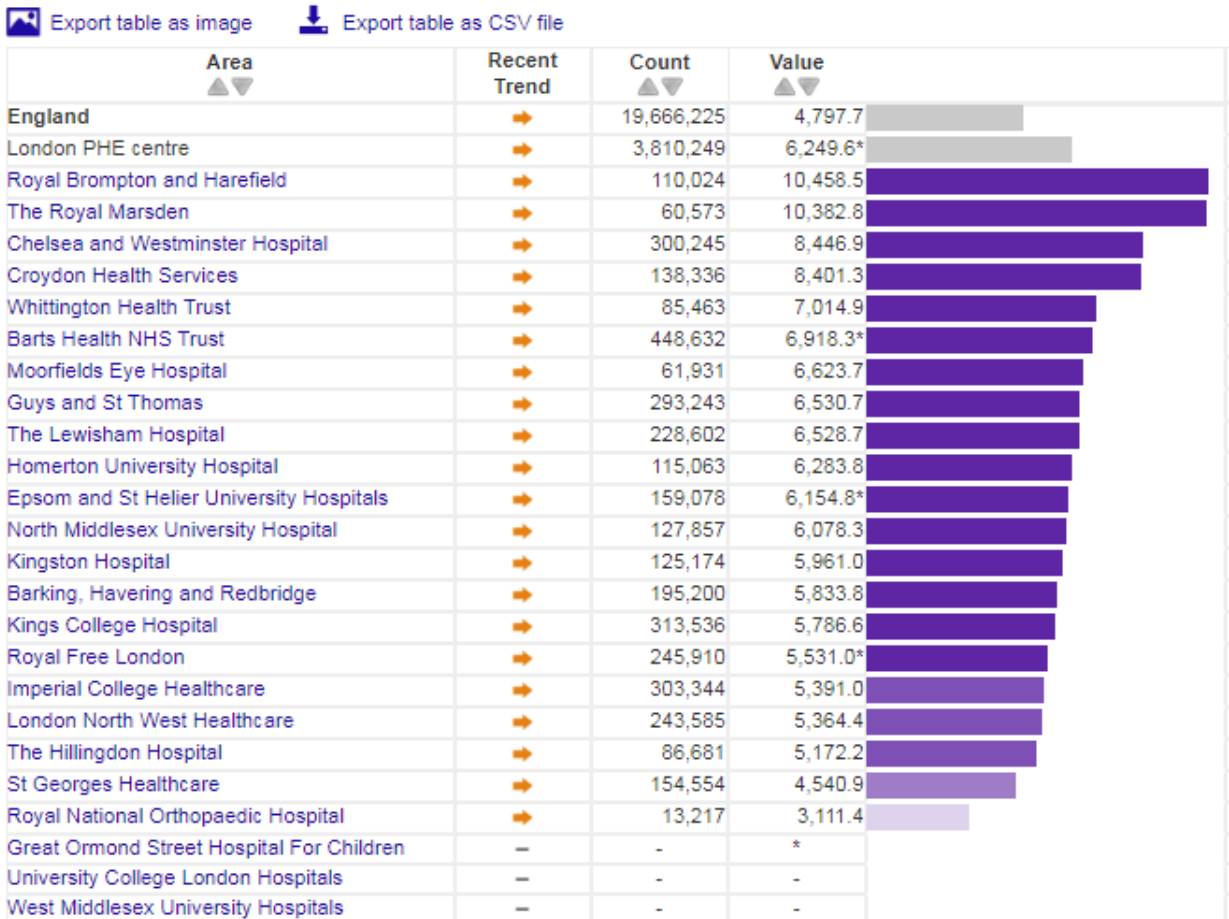


[Link to Fingertips.](#)

The total number of antibiotic items prescribed in general practice is aggregated at CCG level during the current month and for the preceding eleven months is divided by a weighted patient figure (STAR-PU) that takes into account demographic differences in need for antibiotic consumption. Each 12 month rolling period is made up of quarters based on four 3-month rolling figures, so new data are not available every month.

Figure 12 Total antibiotic prescribing for quarter, DDDs per 1000 admissions, 2019/20 Q3

**Total antibiotic prescribing DDDs per 1000 admissions; by quarter and trust** 2019/20 Q3



Source: DDDs were provided by RxInfo © 2019 to support NHS England CQUINs. Prescribing rates were calculated using HES admissions data provided by NHS Digital.

[Link to Fingertips.](#)

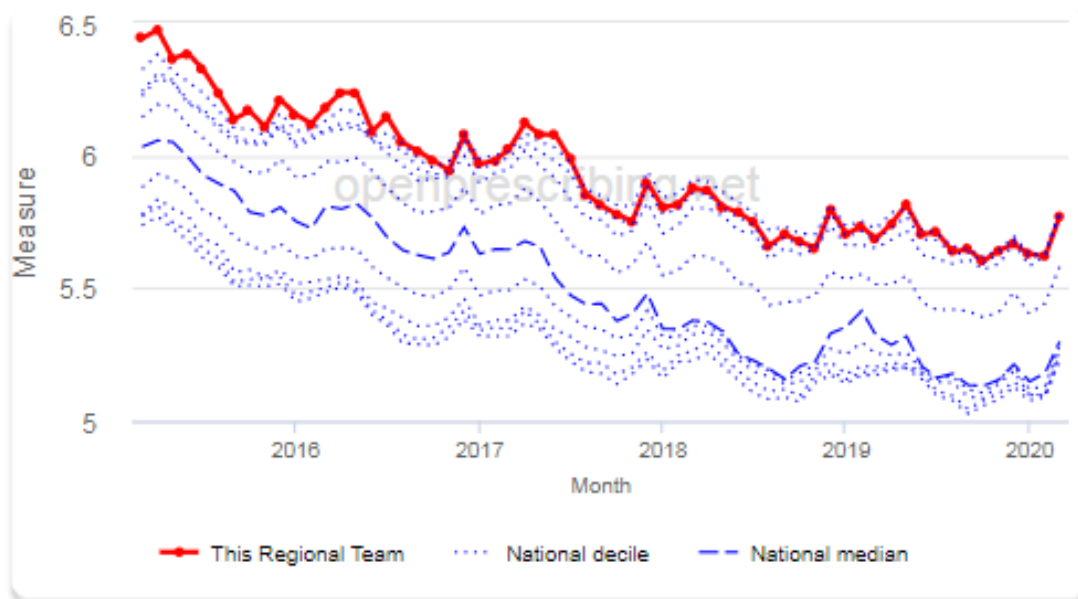
This shows the number of defined daily doses (DDDs) of antibiotic that have been prescribed in an acute Trust divided by 1000 admissions. DDDs are calculated based on antibiotic prescribing volumes provided to PHE by acute Trusts. HES admissions data are used to calculate the number of admissions.

## Primary Care UTI-specific indicators

Figure 13 Duration of UTI antibiotics courses

Antibiotic stewardship: three-day courses for uncomplicated UTIs

*Number of average daily quantities (ADQs) per item for trimethoprim 200mg tablets, nitrofurantoin 50mg tablets and capsules, nitrofurantoin 100mg m/r capsules and pivmecillinam 200mg tablets.*



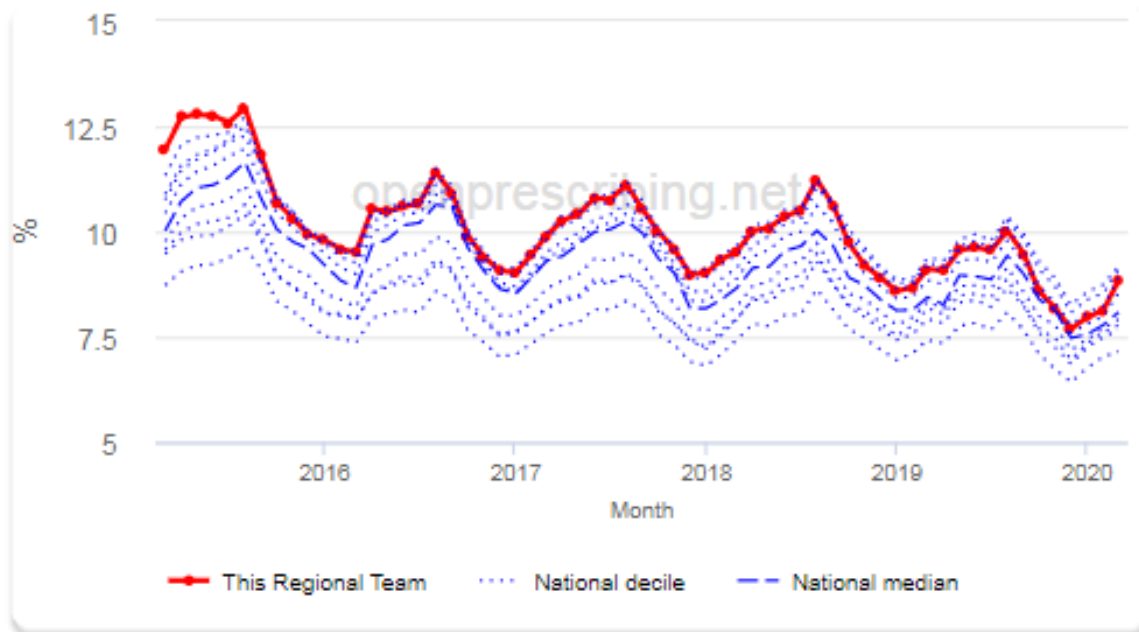
[https://openprescribing.net/regional-team/Y56/ktt9\\_uti\\_antibiotics/](https://openprescribing.net/regional-team/Y56/ktt9_uti_antibiotics/)

This chart shows the mean number of average daily quantities per primary care prescription item of trimethoprim 200 mg tablets, nitrofurantoin 50 mg tablets/capsules, nitrofurantoin m/r capsules and pivmecillinam 200 mg tablets. This provides an indication of the mean duration of these antibiotics prescribed in primary care. This chart shows longitudinal data for London (red line). The national decile lines (blue dots) present regions ranked largest ADQ per prescription (top) to lowest ADQ per prescription (bottom)

**Figure 14 Proportion of antibiotic prescriptions that are selected broad spectrums**

Antibiotic stewardship: co-amoxiclav, cephalosporins & quinolones (KTT9)

*Number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of total prescription items for cephalosporins, macrolides, metronidazole tinidazole & ornidazole, penicillins, quinolones, sulphonamides & trimethoprim, tetracyclines and drugs for urinary-tract infections.*



[https://openprescribing.net/regional-team/Y56/ktt9\\_cephalosporins/](https://openprescribing.net/regional-team/Y56/ktt9_cephalosporins/)

This chart shows the number of primary care prescription items for selected broad spectrum antibiotics (co-amoxiclav, cephalosporins and quinolones) as a proportion of the number of items for selected antibiotics (listed in chart). This chart shows longitudinal data for London (red line). The national decile lines (blue dots) present regions ranked highest volume of prescribing (top) to lowest volume of prescribing (bottom).