

Health & Justice and AMS

What did we find?

- The majority of prescribing is in male prisoners, reflecting the male/female population split.
- The most frequently prescribed antibiotics are those used for: skin and soft tissue (including acne), respiratory tract, dental and urinary tract infections.
- Focus areas for quality improvement include:
 - **Broad spectrum antibiotics:** Target <10% total antibiotic prescribing in primary care, in HJS, currently 11%.
 - **Acne** represents a significant proportion of antibiotic prescribing in HJS. Lymecycline 12% vs <3% in primary care.
 - **Duration of antibiotic courses:** Primary care ambition: 75% amoxicillin 500mg as 5 day duration, in HJS only 27% is for 5 days. NICE guidance recommends a 5 day course of 100mg doxycycline for respiratory infections, in HJS only 3% is 5 days. For UTI in female prisons, nitrofurantoin 100mg MR is most commonly prescribed, NICE guidance recommends 3 days duration; 47% is 3 days, but 35% for 7 days.

Top 10 Drugs	
Drug	No of Prescriptions
Flucloxacillin	31659
Amoxicillin	28328
Doxycycline	19162
Lymecycline	18558
Co-amoxiclav	14262
Metronidazole	10713
Clarithromycin	8181
Phenoxyethylpenicillin	7928
Nitrofurantoin	5828
Fusidic acid	5140

Comms



NHS

What you can do to keep well and stay protected from Antimicrobial Resistance

Antimicrobial Resistance (AMR) occurs when bacteria, viruses, fungi and parasites (bugs) no longer respond to antimicrobial medicines, such as antibiotics. As a result of this resistance, antibiotics and other antimicrobial medicines become ineffective and infections become difficult or impossible to treat, increasing the risk of disease spread, severe illness, disability and death.

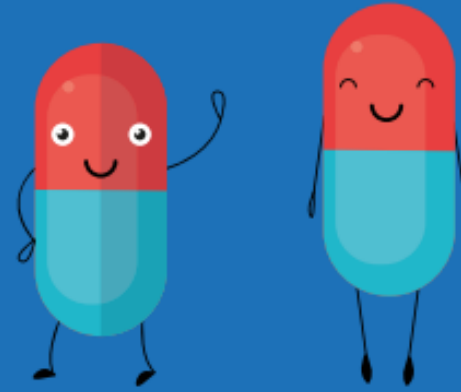
What can I do to stay protected from Antimicrobial Resistance?

- Keep up to date with any vaccines you are eligible for.
- Regularly clean your hands.
- Understand that not all infections need antibiotics and so you may not always be prescribed them.
- If you are prescribed antibiotics, take them exactly as directed.
- If you are on long term antibiotics, such as for acne, ask your healthcare team to review this medication

You can find out more about this and other important health topics on the return of the regular 'Wellness Wednesday' health show on **National Prison Radio** in January 2025.

- Antibiotic formulary pack- Nov24
- Newsletters to different healthcar-Nov24 professional groups
- Pharmacy AMS intervention flowchart-Nov24
- Inside-time magazine 'advert' published twice
- Prison radio
- Three meetings with LET via revolving doors
- Posters presented at RPS conference and UKHSA conference
- Antibiotic Guardian award highly commended in the health inequalities category





Keep antibiotics working for you

Antibiotics are medicines used to prevent and treat infectious diseases.

Antibiotics can cause side effects like vomiting and diarrhoea; for some infections, including sore throat, cough, ear infections or sinusitis, the side effects are as common as the benefits. Most people will get better without antibiotics for these illnesses, so it's important to try and make sure that the benefits of taking an antibiotic outweigh the side effects. Your healthcare team can advise you on if an antibiotic is really needed.

Antibiotics do not work at all for illnesses caused by viruses such as colds, flu or COVID-19.

Only take antibiotics for infections that need them; this includes urinary tract infections, pneumonia, sexually transmitted infections and other serious infections.

Resistance to antibiotics (antimicrobial resistance or AMR) occurs when bacteria no longer respond to antibiotics that used to work. Every time you take an antibiotic, that antibiotic will be less effective next time you need it because of antibiotic resistance.

Why this is important

As a result of antibiotic resistance, antibiotics become ineffective and infections become difficult or impossible to treat.

What we can do about it

One of the ways to stop overuse is to prevent infections in the first place. The most important way to prevent infections is by good hand hygiene.

We can prevent infections by:

- Washing hands after the toilet;
- Washing hands before eating or touching food;
- Washing hands after touching food;
- Using the correct technique when washing hands.

Skin infections can be prevented by:

- Avoiding skin damage;
- Not sharing personal care items;
- Ensuring skin is moisturised - you can buy moisturisers from the prison retail catalogue;
- Ensuring athletes foot is treated.

Urinary tract infections (UTIs)

can be avoided by drinking plenty of fluids to avoid getting dehydrated. Dehydration in warmer weather can increase UTIs. Dry skin, dark urine, headaches, confusion and drowsiness can be signs of dehydration.

Dental infections can be prevented by good dental hygiene, including brushing teeth twice a day.

Keeping your environment clean is another way to prevent infection spread.

Don't share antibiotics with other people.

Ask for any long-term antibiotic treatment, for example antibiotics for acne, to be reviewed and alternatives given where possible.

You can always discuss whether antibiotics are needed with your healthcare professional, or whether other treatment such as pain relief, nasal sprays or non-antibiotic eardrops will help.

If antibiotics are prescribed, take them as directed.

How to wash your hands



1

WET HANDS



2

APPLY SOAP



3

RUB PALM TO PALM



4

LATHER THE BACKS OF YOUR HANDS



5

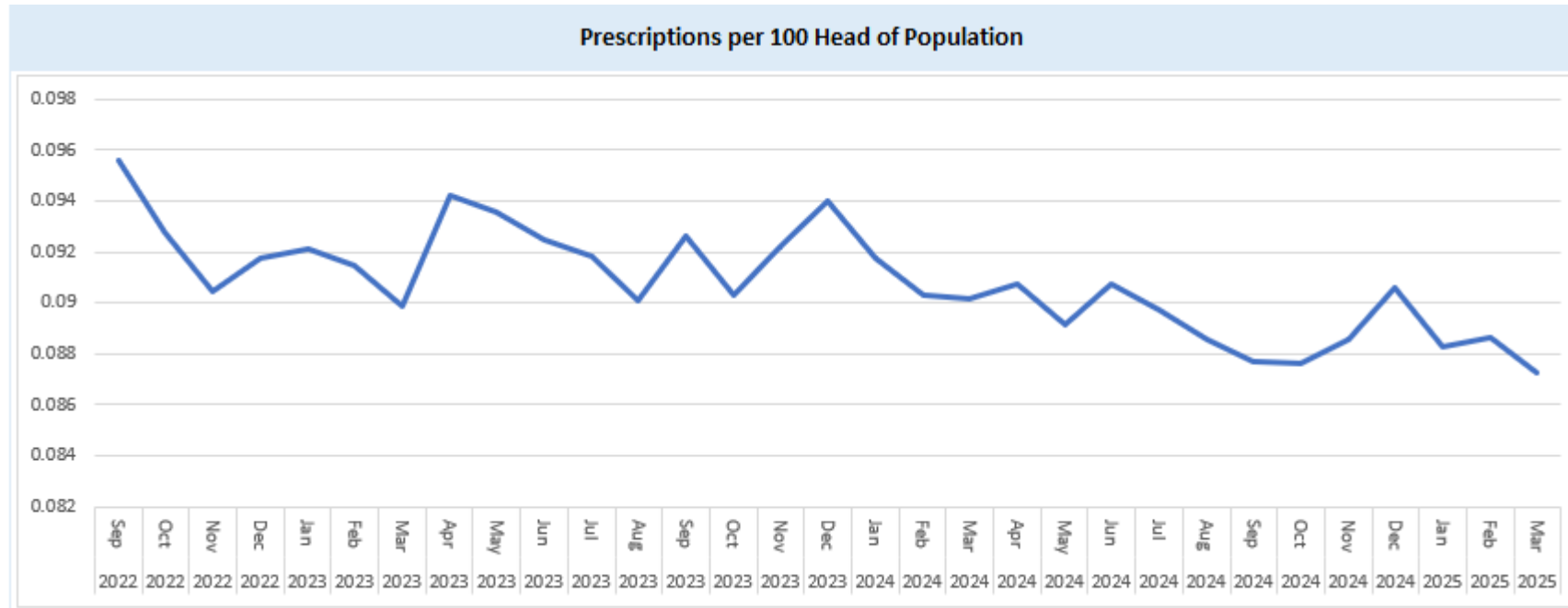
RINSE YOUR HANDS



6

DRY HANDS WITH TOWEL

Overall prescribing per 100 prisoners is falling



Top 10 antibiotics and sites by volume (Apr 24 to Mar 25)

Top 10 Drugs	
Drug	No of Prescriptions
Flucloxacillin	18823
Amoxicillin	16607
Doxycycline	11388
Co-amoxiclav	9217
Lymecycline	8692
Metronidazole	6185
Phenoxymethylpenicillin	4681
Clarithromycin	4533
Nitrofurantoin	3265
Fusidic acid	2829

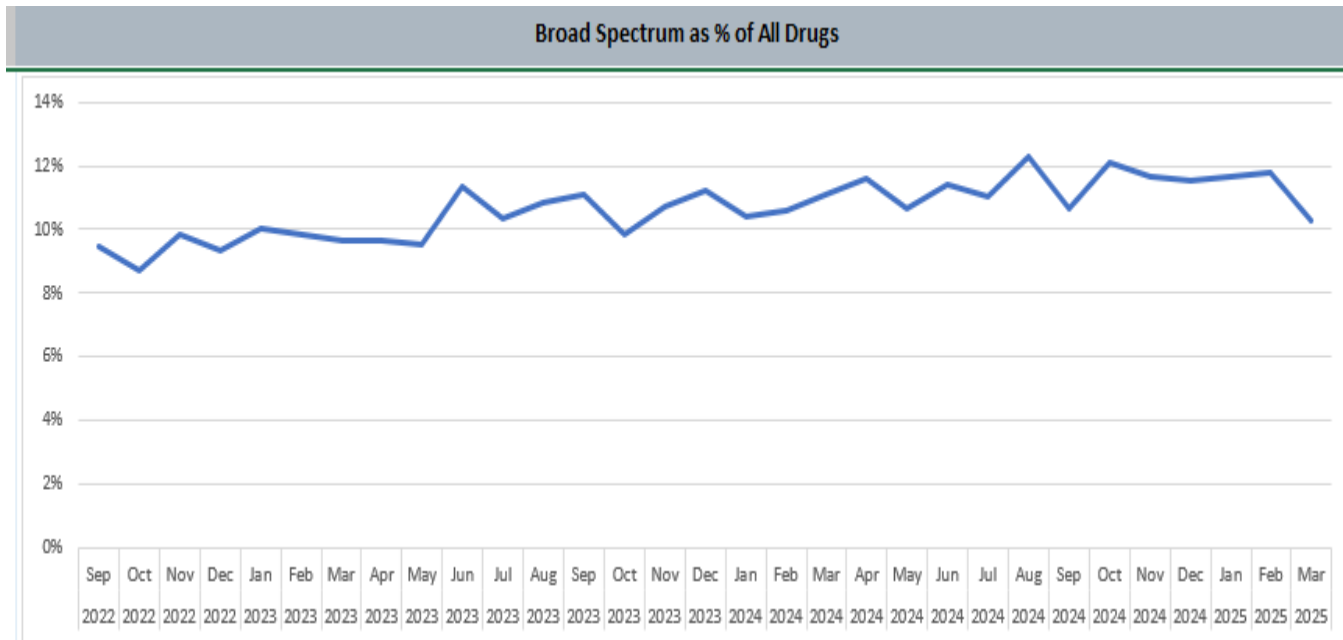
Bottom 10 Drugs	
Drug	No of Prescriptions
Tretinoin + Erythromycin	6
Vancomycin	14
Fosfomycin	34
Linezolid	38
Erythromycin + Zinc acetate	41
Moxifloxacin	45
Minocycline	63
Levofloxacin	80
Pivmecillinam	94
Tetracycline	130

Top 10 Sites by Volume	
Site	No of Prescriptions
HMP PETERBOROUGH	2185
HMP WANDSWORTH	2049
HMP/ YOJ FOREST BANK	2004
HMP ALT COURSE	1949
HMP/ YOJ DONCASTER	1937
HMP LEEDS	1921
HMP HEWELL	1900
HMP WORMWOOD SCRUBS	1833
HMP BIRMINGHAM	1830
HMP HOLME HOUSE	1814

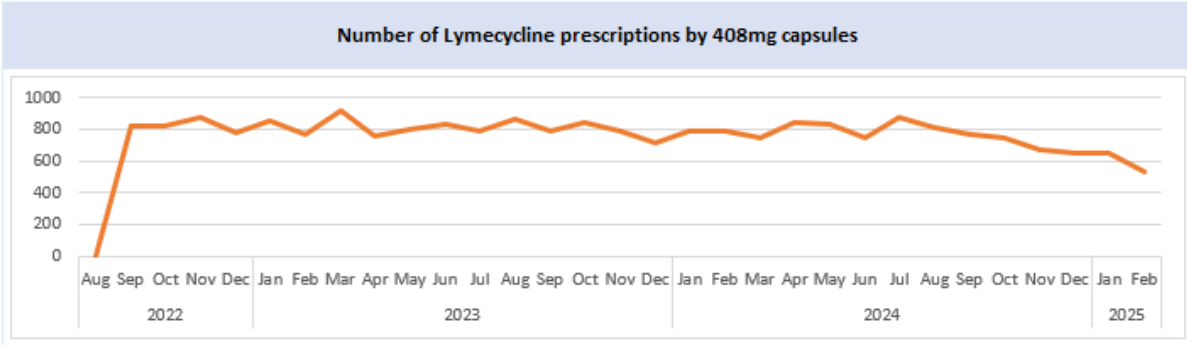
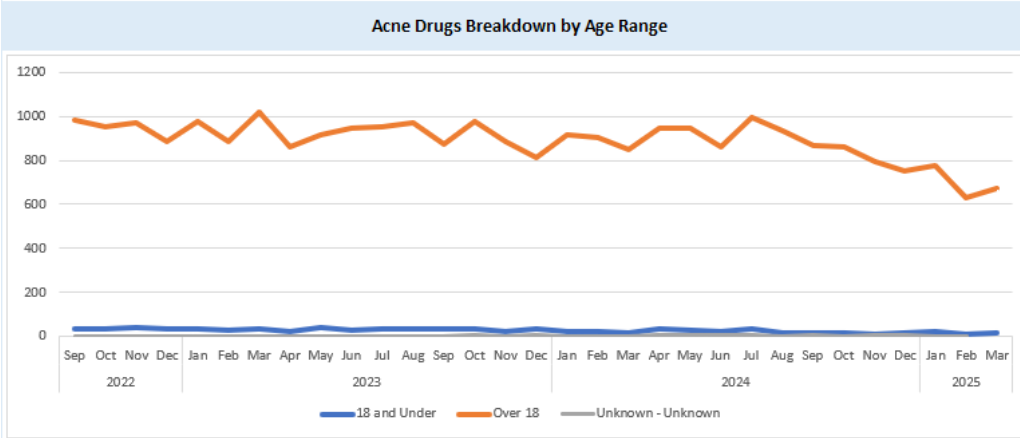
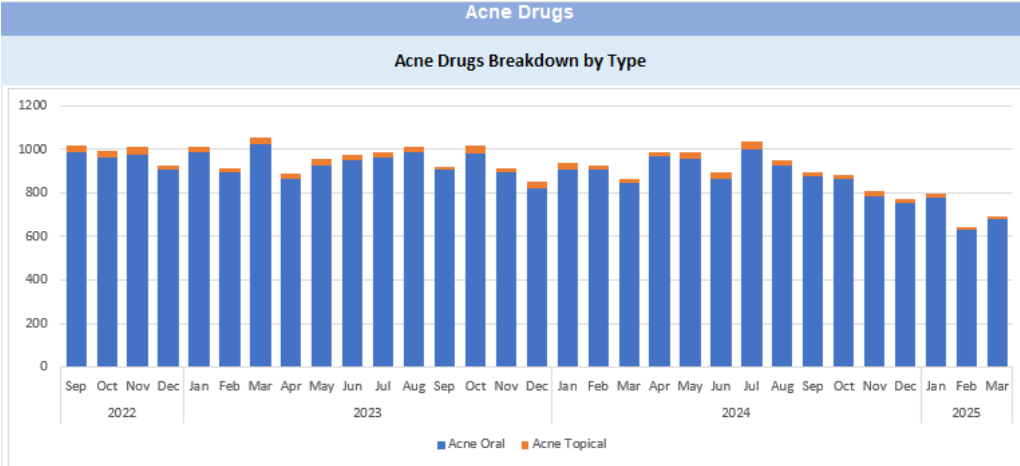
Bottom 10 Sites by Volume	
Site	No of Prescriptions
BARTON MOSS SCH	1
VINNEY GREEN SCH	2
DERWENTSIDE IRC	3
ST CATHERINES SCH	4
YARL'S WOOD REMOVAL CENTRE	16
BROOK HOUSE IMMIGRATION REMOVAL C	23
OAKHILL STC	24
SWINDERBY SHORT TERM HOLDING FACILI	36
HMP DARTMOOR	53
HMYOJ WERRINGTON	62

Broad spectrum trend

- Broad spectrum as % of total antibiotic prescribing-



Acne antibiotics continue to fall



Course lengths

- Comparing combined Dec to Feb data year on year
- 5-day course lengths of amoxicillin 500mg have improved from 28% to 36%
- 5-day course lengths of doxycycline 100mg have improved from 7.3% to 11.7%
- 3-day course length prescribing for nitrofurantoin in women has improved from 44% to 58%.
- Although improvements have been seen, there is still improvement to be made

Survey



UK Health
Security
Agency

NHS
England

Exploring Healthcare workers' knowledge, attitudes and behaviors to antibiotic use, including in acne, and antibiotic resistance in English Correctional Facilities in 2024

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INTRODUCTION

Antimicrobial resistance (AMR) is a global health threat, driven largely by inappropriate antibiotic use.

Vulnerable populations, such as individuals within the criminal justice system, potentially face heightened AMR risks due to infection control challenges and health inequalities.

AIM

Explore health and justice healthcare professionals' views of AMR and antibiotic prescribing to identify challenges and opportunities for action.

METHOD

Quantitative survey among healthcare professionals in English correctional facilities

Assessed knowledge, attitudes, and behaviors towards AMR and prescribing, including acne prescribing.

The survey was structured using COM-B and included 82 Likert scale statements, and 7 key AMR knowledge questions.

RESULTS

24 respondents, 54.2% were pharmacy professionals.

Other professionals that responded included: doctors, nurses and allied health professionals.

45.8% of respondents were prescribers.

Both pharmacy and non-pharmacy professionals demonstrated strong AMR understanding, with 5/7 knowledge questions answered correctly by everyone.

The most frequently incorrect answers were to the following questions:

- “Every person treated with antibiotics is at an increased risk of antibiotic-resistant infection” (77% correct)
- “Antibiotic resistant bacteria can spread from person to person” (96% correct)

Motivation towards antimicrobial stewardship (AMS) strategies was lower, than capability or opportunity (Figure 1).

The lowest scoring motivation questions were related to acne management (mean=1.78).

Pharmacy professionals reported more opportunities to access AMS resources but faced barriers when stepping down antibiotic treatments, especially for acne.

72.7% (8/11) of prescribers prescribed antibiotics at least once in the previous week when they did not want to. 81.8% did so to maintain patient relationships.

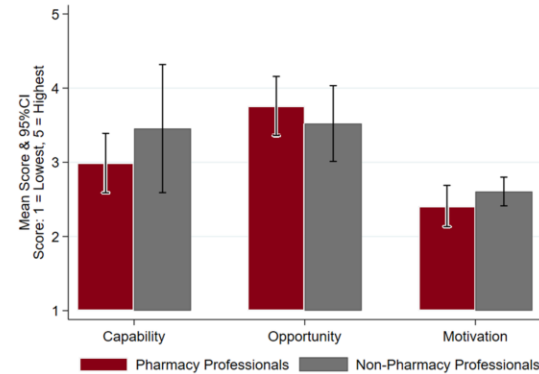


Figure 1: Mean scores and 95% confidence intervals for responses to Capability, Opportunity and Motivation questions, stratified by professional group.

Motivation towards antimicrobial stewardship (AMS) strategies was lower (mean=2.5 out of 5 [95%CI: 2.3-2.7]), than capability (mean=3.2 [2.8-3.7]) or opportunity (mean=3.6 [3.3-4.0]).

CONCLUSIONS

Health and justice healthcare professionals have a strong understanding of AMR.

However, their motivation to address AMR is lower than their capability and opportunity.

This gap in motivation, coupled with the unique prescribing challenges in secure settings, could exacerbate health inequalities for already vulnerable populations.

REFERENCES

Michie S, van Stralen MM, West R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implement Sci* 2011; 6: 42.

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DEVELOP TRAINING
PACKS AND
POSTERS/LEAFLETS
BASED ON LET FEEDBACK



SKINCARE RESEARCH
PROJECT



ACNE IMPROVEMENT
PLAN



DENTAL QI PROJECT



BROAD SPECTRUM
IMPROVEMENT PROJECT



MOTIVATION
INTERVENTION PROJECT
FOR HCPS