

Welcome!

It has been an eventful few months in the TARGET calendar particularly following the publication of the UK [5 year](#) national action plan and [20 year](#) vision for AMR. The eagled eyed amongst you will have noted that TARGET resources have been highlighted as a case study and we will endeavor to continue to keep you up to date with relevant resources to help facilitate your antibiotic prescribing. With that in mind, whilst most people enjoy the summer there is also an increase in concern regarding UTIs in warmer weather. Visit the UTI resource suite of the toolkit to find a range of tools to help aid your consultation—from diagnostic flowcharts to patient information leaflets.

Resource Updates and Developments

Updates to the PHE/NICE guidelines

- ◆ [UTI diagnostic flowchart](#)
- ◆ [Acute Cough Audit](#)
- ◆ [Updates to PHE/NICE management of common infection summary table.](#)

New TARGET resources

- ◆ [The new 'older adults and urinary tract infections' workshop](#)
- ◆ [UTI audit over 65 years \(non-catheterised\)](#)
- ◆ [The urinary tract infection self assessment checklist](#)

Research Findings

TARGET Process Evaluation

Each year we review the TARGET website weblogs to see what has been accessed, this gives us an indication of what you, the user, needs. Our findings are published and can be found [here](#).

Current TARGET Research—would you like to be involved?

TARGET focus group

We are currently recruiting clinicians to take part in two primary care based focus groups to discuss:

- ◆ Chlamydia infection quick reference diagnostic tools
- ◆ Public facing leaflets for Carbapenemase-Producing Enterobacteriaceae (CPE)

Please [email](#) the TARGET team for more information.

Input into the design of CPE resources

Public Health England is reviewing their Toolkit for Managing Carbapenemase-producing Enterobacteriaceae (CPE) in Non-acute and Community Settings. This includes 3 brief information leaflets for members of the public. Can you spare 10-15 min to give us your thoughts on their content and lay out? Upon completion you can enter into a draw for £40 worth of high street vouchers. Click on this [link](#) to provide feedback by 22nd July.

GP survey - Antibiotic surveillance report

We would like GP feedback on how practice level antibiotic surveillance reports can be improved. If you would like to take part in this survey, please [email](#) us.

To remove your name from our mailing list, please [click here](#).

Come meet the team

We will be attending the following meetings/conferences. Come and say hi, we'd love to hear from you

- ◆ [PHE Annual Conference](#)
10th Sept, Poster
- ◆ [IPS Conference](#)
22nd-24th Sept, Stand
- ◆ [GRIN Conference](#)
27th-28th Sept, Presentation

Campaign Support

TARGET supports the following [antibiotic awareness and public health campaigns](#)

- ◆ Antibiotic Guardian
- ◆ Keep Antibiotics Working
- ◆ European Antibiotic Awareness Day
- ◆ World Antibiotic Awareness Week
- ◆ [National Self Care Week](#)

Your TARGET Showcase

Approved TARGET Trainer: Kath Hartigan

Kath [talks to us](#) about her experience of attending the TARGET Train the Trainer Course and also gives us an insight in how attending the course has been beneficial.

Antibiotic Guardian Awards

The fourth inaugural Antibiotic Guardian awards took place on 27th June 2019 to celebrate the work of healthcare professionals across UK and abroad in tackling antimicrobial resistance.

Read more about the awards and see the winners [here](#).



Follow us

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Resource Updates

The UTI diagnostic flowchart

The UTI diagnostic flowchart for adults over the age of 65 years is currently under NICE endorsement review to ensure alignment with the [NICE/PHE guidance](#) on catheter associated urinary tract infections. The proposed wording changes are being discussed with the NICE review team and will be finalised when discussions are completed (expected to be summer 2019).

Documents with changes highlighted are available if you [email the TARGET team](#). Changes include alignment with wording around catheter change/removal in relationship to antibiotic use, including when to change the catheter in relationship to starting antibiotics; hyperlinking the CAUTI guidance in the text; and to obtain the urine sample before providing antibiotics. Re-consulting if no improvement after 48 hours of starting antibiotics was also added to safety netting advice in all adult flowcharts (though currently covered in leaflets).

Flowchart for adults over 65 years with suspected UTI: **ENDORSEMENT REVIEW**

The flowchart and table summary for adults over 65 years is currently under review to ensure alignment with national guidance on catheter associated urinary tract infections. Please email TARGETAntibiotics@rcgp.org.uk for a version with highlighted changes.

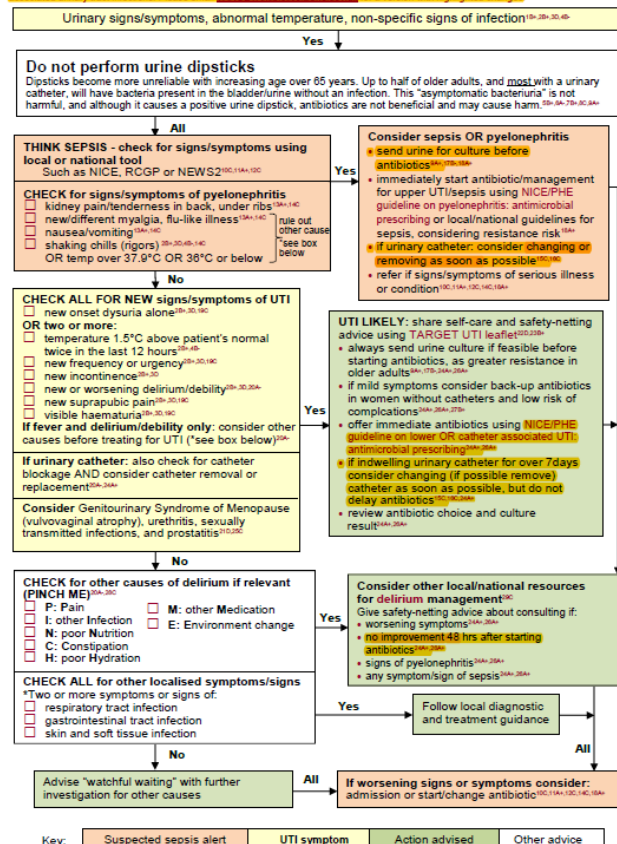


Table summary of flowchart for adults over 65 years with suspected UTI

<p>Men and women over 65 years may present with:</p> <ul style="list-style-type: none"> localised signs or symptoms of a UTI including new onset dysuria; incontinence; urgency¹⁰ temperature: 38°C or above; 36°C or below; 1.5°C above normal twice in the last 12 hours^{10,30,40} non-specific signs of infection: for example delirium; loss of diabetic control^{10,30,40,50,60,70} <p>Do not perform urine dipstick as they become more unreliable with increasing age over 65 years</p> <ul style="list-style-type: none"> up to half of older adults in long term care facilities, and most of those who have had a urinary catheter for over 30 days, will have bacteria present in the bladder/urine without an infection⁴⁰ this so called asymptomatic bacteriuria is not harmful, and although it causes a positive urine dipstick, antibiotics are not beneficial^{10,30,40,50,60,70} <p>Use symptoms and signs to determine the most appropriate management</p> <p>First think sepsis: check for signs using local or national tool such as NICE, RCGP or NEWS2^{10,110,120}</p> <p>Exclude pyelonephritis checking for any 1 sign:</p> <ul style="list-style-type: none"> kidney pain/tenderness in back, under ribs^{10,140} new/different myalgia, or flu-like symptoms^{10,140} nausea/vomiting^{10,140} shaking chills (rigors) or temp over 37.9°C or 36°C or below^{10,30,40,140} <p>If signs of sepsis or pyelonephritis (if no kidney pain rule out other localised infection *see symptoms of other infection box below):</p> <ul style="list-style-type: none"> send urine for culture^{10,170,180} assess antibiotic resistance risk and immediately start antibiotic for upper UTI/sepsis using NICE/PHE guideline on pyelonephritis: antimicrobial prescribing or local/national guidelines for sepsis^{10,140} if urinary catheter: consider changing or removing as soon as possible^{10,140} refer if signs/symptoms of serious illness or condition^{10,110,120,140,150,160} <p>Then check all for NEW URINARY symptoms/signs</p> <ul style="list-style-type: none"> NEW onset dysuria alone^{10,30,190} OR 2 or more new: temperature: 1.5°C above normal twice in the last 12 hours^{10,40} new frequency or urgency^{10,30,190} new incontinence^{10,30} new or worsening delirium/debility^{10,30,200} new suprapubic pain^{10,30,190} visible haematuria^{10,30,190} <p>If urinary symptoms suggest UTI:</p> <ul style="list-style-type: none"> always send urine culture if feasible, as greater resistance in older adults^{10,170,200} if mild symptoms consider back-up antibiotics in women without catheters and low risk of complications^{10,140,200,210} consider immediate antibiotics for lower UTI^{10,140,200} consider antibiotic resistance risk using patient history^{10,140} for antibiotic choice use NICE/PHE guideline on lower UTI: antimicrobial prescribing OR NICE/PHE guideline on catheter associated UTI: antimicrobial prescribing if indwelling URINARY CATHETER for over 7 days: <ul style="list-style-type: none"> check for catheter blockage AND consider catheter removal¹⁰ consider changing (if possible remove) catheter as soon as possible but do not delay antibiotics^{10,100,200} <p>Consider: Genitourinary Syndrome of Menopause (vulvovaginal atrophy) as can present with dysuria.²¹⁰ Also consider risk of urethritis, prostatitis or STI^{10,140}</p> <p>Check all for 2 or more signs or symptoms suggesting other infection¹⁰</p> <ul style="list-style-type: none"> respiratory tract infection: shortness of breath; cough or sputum production; new pleuritic chest pain¹⁰ gastrointestinal tract infection: nausea/vomiting; new abdominal pain; new onset diarrhoea^{10,220} skin and soft tissue infection: new redness; warmth¹⁰ <p>Follow diagnostic and treatment guidance if infection suspected</p> <p>Check all for other causes of DELIRIUM (PINCH ME) and manage as needed^{10,230}</p> <ul style="list-style-type: none"> P: Pain I: other Infection N: poor Nutrition C: Constipation H: poor Hydration M: other Medication E: Environment change <p>using PINCH ME can help identify other potential underlying causes of delirium superimposed on dementia. It can be used in different clinical settings¹⁰</p> <ul style="list-style-type: none"> consider other local/national resources for delirium management¹⁰ Advise watchful waiting, with further investigation if needed <p>Share self-care and safety-netting advice using TARGET UTI leaflet for older adults</p> <p>Safety-netting to seek advice if:</p> <ul style="list-style-type: none"> worsening symptoms^{10,140,250} signs of pyelonephritis^{10,140,250} signs/symptoms of sepsis^{10,140,250} no improvement after 48 hours^{10,140,250} <p>Self-care advice</p> <ul style="list-style-type: none"> drink enough fluids to avoid feeling thirsty and to keep urine pale^{10,30,260,280} taking paracetamol regularly up to 4 times daily for relief of pain or fever^{10,220,230} ways of preventing further episodes of UTI <p>Please refer to the information and reference tables in joint NICE/PHE guidance: NICE guidelines on UTI (lower): antimicrobial prescribing or NICE guidelines on pyelonephritis (acute): antimicrobial prescribing or NICE/PHE guideline on catheter associated UTI: antimicrobial prescribing</p>

Resource Updates

Acute Cough Audit

The TARGET acute cough audit tool has been updated to align with the new PHE/NICE treatment guidelines for acute cough ([NICE Guidelines \[NG120\]](#)). This included changing the first line antibiotics to doxycycline and including two other treatment options (clarithromycin and erythromycin). A version with highlighted changes is below.

The guideline rationale for this change states that when discussing the options for antibiotic treatment, that there was no robust evidence directly comparing different antibiotics. Doxycycline was preferred over amoxicillin as first choice because there was limited evidence from subgroup analyses that showed benefits on some outcomes where amoxicillin did not. Also, because amoxicillin drives resistance not just in pneumococci but also in gram-negative organisms, the steering group agreed that if possible amoxicillin should be reserved for use in more serious infections where bacterial infection is more common. Alternative first-choice antibiotics for adults unable to take doxycycline, which have good activity against common causal bacteria, are: amoxicillin (a penicillin), clarithromycin (or erythromycin in pregnancy), which are macrolides. The recommendations noted that doxycycline is contraindicated in pregnancy, and alternatives should be considered when choosing antibiotics for women of child bearing age.



Antibiotic Prescribing in Primary Care ACUTE COUGH AUDIT

Step 2: Complete the data collection table below for each selected patient.

Data Collection Sheet: ACUTE COUGH Audit																																																
Compliance with PHE/NICE Guidance for Management of acute cough	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	% of Total with acute cough	Your target % for good practice						
A. CRP test used if excluding pneumonia																																																
B. If CRP done, management followed NICE CG191 CRP <20mg/l = no antibiotics; 20 - 100mg/l = delayed; 100mg/l = immediate antibiotics																																																
C. No antibiotic given																																																
D. Back-up/delayed antibiotic given with advice about how to access																																																
E. Immediate antibiotic given with advice on compliance																																																
F. Management appropriate for clinical presentation?																																																
G. Advice given on natural history and average length of illness 21 days																																																
H. Advice given about managing symptoms including fever Self-care advice																																																
I. Information about when to re-consult, safety netting advice																																																
J. Information shared on antibiotic use and resistance																																																
K. Shared the TARGET Treating Your Infection RTI leaflet																																																
If antibiotics prescribed (N=)																																																
L. Antibiotic choice correct • 1st choice: doxycycline • 2nd choice: amoxicillin, OR clarithromycin OR erythromycin (preferred in pregnancy)																																																
M. Dose/frequency correct • doxycycline 200mg stat then 100mg OD • amoxicillin 500mg TDS • clarithromycin 250 to 500 mg BD • erythromycin 250mg to 500mg QDS OR 500mg to 1000mg BD																																																
N. Course length correct • All options are 5 days																																																

Resource Updates

Updates to PHE/NICE management of common infection summary table

In July 2019, the antibiotic summary table will include a new summary of bronchiectasis. This has been developed by NICE based on [guidelines](#) published December 2018.

In addition to this update, the wording within the Chlamydia summary has been changed to clarify some of the different advice given when treating for Chlamydia, urethritis, or *M. Genitalium*. The wording in the conjunctivitis section has also been changed to clarify when eye ointment should be used.

In April 2019, NICE added a statement to the guideline website and the summary table regarding the new Medicines and Healthcare Products Regulatory Agency recommendations around the use of fluoroquinolone antibiotics. **Fluoroquinolone antibiotics:** *In March 2019, the Medicines and Healthcare products Regulatory Agency issued restrictions and precautions for the use of fluoroquinolone antibiotics because of rare reports of disabling and potentially long-lasting or irreversible side effects (see [Drug Safety Update](#) for details). NICE is reviewing recommendations relating to fluoroquinolone antibiotics.*

Resource Developments

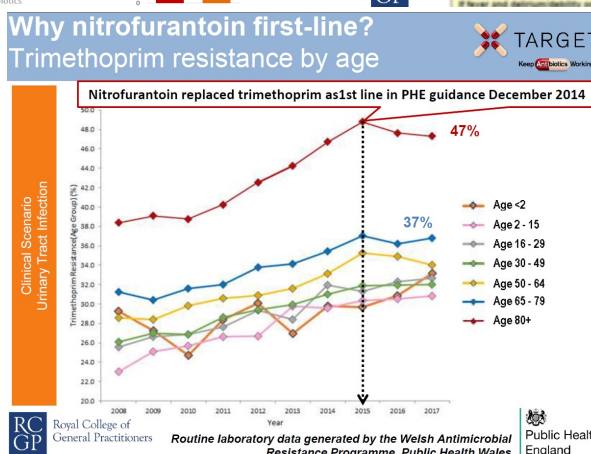
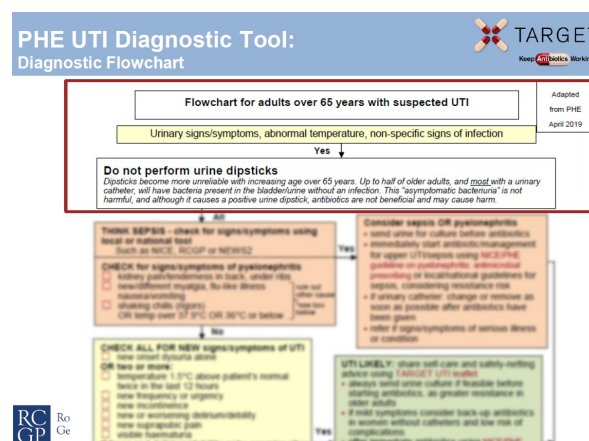
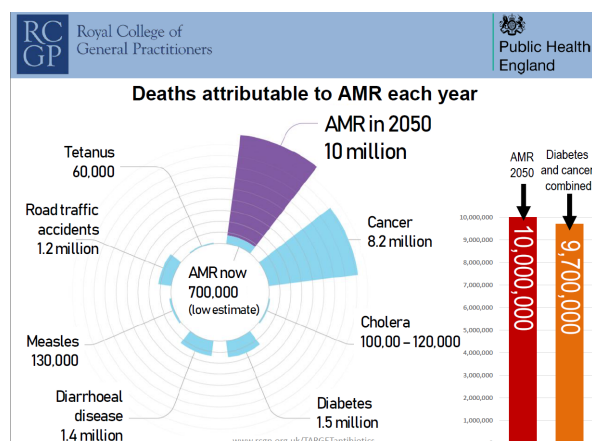
The new 'older adults and urinary tract infections' workshop

We have been working closely with Dr Philippa Moore, a consultant medical microbiologist, to develop a new TARGET workshop on the topic of UTIs in older adults.

The workshop is being piloted to protected learning time groups across Gloucestershire and is being modified iteratively based on feedback received from the evaluation forms.

Workshop content

- ◆ Self-assessment: The workshop starts with a self-assessment of best practice in UTI management for older adults, to allow individuals to reflect on their practice
- ◆ Practice level data: We provide practice level data on prescribing rates and sensitivity rates
- ◆ Clinical scenarios: To encourage debate, discussion and interaction with colleagues
- ◆ TARGET resources: We introduce the audience to the PHE diagnostic tools for UTI in over 65s, the TARGET older adult UTI leaflet, the TARGET older adult UTI audit, TARGET UTI eModule and the ToDipOrNotToDip video
- ◆ Evidence: We present findings from recent studies
- ◆ Action planning: We encourage the audience to create a plan for their personal practice and for their team as a whole



The workshop is due to be finalised in the autumn; once completed we will share it online.



TARGET antibiotics Newsletter

Treat Antibiotics Responsibly: Guidance, Education, Tools.

www.rcgp.org.uk/TARGETantibiotics/

Resource Developments

UTI audit over 65 years (non-catheterised)

The TARGET team have been working closely with a local GP to develop three new UTI audits:

- ◆ UTI Audit for older adults (live on TARGET website)
- ◆ Uncomplicated UTI audit (being updated in line with guidance documents)
- ◆ UTI audit for catheterised patients (under review)

The content of each audit has been developed in line with the new PHE diagnostic tools and the PHE/NICE antibiotic management guidance; covering diagnostic criteria, management decisions, advice giving and treatment. At the end of each audit we encourage clinicians to reflect on their practise.



Antibiotic Prescribing in Primary Care UTI Audit for NON-CATHETERISED patients OVER 65

Step 3: Complete the data collection table below for each selected patient.

Main results table (NOTE: complete the table using the numbers 1 and 0 where yes=1, no=0)

Patients in audit consulting with suspected UTI, DO NOT HAVE URINARY CATHETER and are OVER 65 years																																									No. of patients (N)	% of Total with UTI	Your target % for good practice		
Compliance with PHE Guidance for Management of UTI in >65s	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40					
Patient ID																																											T__S__V__		
A Telephone/surgery/visit (T/S/V)																																											F__M__		
B Female/Male (F/M)																																											N__G__		
C Nurse/GP (N/GP)																																													
D Sepsis and pyelonephritis excluded: •kidney pain •new/different myalgia •nausea/vomiting •rigors OR temp over 37.9°C or 36°C or below																																													
Diagnostic criteria																																													
E New onset dysuria alone																																													
F OR TWO OR MORE: •temperature 1.5°C above patient's normal twice in the last 12 hours •new frequency or urgency •new incontinence •new or worsening delirium/debility •new suprapubic pain •visible haematuria																																													
G Fever and/or delirium only																																													
H Were the symptoms mild = 1, moderate = 2 or severe = 3																																											1__2__ 3__		
I Was a dipstick used to inform your treatment decision?																																													
J Do notes mention exclusion of vulvovaginal atrophy, STI, prostatitis?																																													
Management decision / treatment																																													
K No antibiotic given																																													
L Back-up/delayed antibiotic given with advice on how to access																																													
M Immediate antibiotic given with advice on																																													

Resource Developments

The TARGET urinary tract infection self assessment checklist

As part of developing the new TARGET UTI workshop we have developed a self assessment checklist on the topic of UTIs to allow clinicians to reflect on their current practice. The checklist covers topics such as:

- ◆ Use of the PHE diagnostic tools
- ◆ Antibiotic treatment decisions
- ◆ Auditing of personal practice
- ◆ Use of patient information leaflets
- ◆ Surgery action plans
- ◆ Urine dipstick strategies
- ◆ Back up antibiotics
- ◆ Online UTI eLearning modules
- ◆ Practice champions
- ◆ Read coding



**Self Assessment
Checklist GP Practice
Questions**

SELF ASSESSMENT CHECKLIST

What is essential good practice?

1. Does your practice have UTI diagnostic flow charts or an agreed strategy for diagnosing suspected UTI for patients over 65 years?

Yes ☐ No ☐ Don't Know ☐

These may be based on guidelines provided by [Public Health England](#) or [NICE](#)

2. Do you use national or local antibiotic UTI guidance when considering how to treat urinary tract infections?

Yes ☐ No ☐

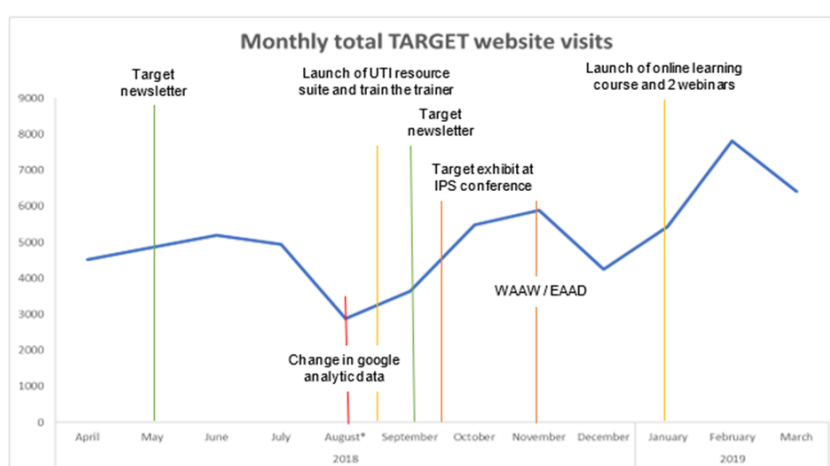
You should be using local antibiotic guidance – this is usually based on the national guidance provided by [Public Health England and NICE](#), which is modified locally by commissioners and microbiologists to localise the antibiotic guidance in accordance with local resistance and susceptibility patterns. This should be consistently used by all staff in your practice and out-of-hours services.

Research Findings

TARGET Process Evaluation

As 99% of CCGs promote TARGET to their general practices, a process evaluation of the TARGET toolkit website was undertaken to assess website use over 2018/19 and the resources accessed. Google Analytics was used to collect participant interaction with the TARGET website. TARGET remains the most accessed page on the RCGP website by primary care clinicians with over 61,000 views during 2018/19.

Monthly website views (Figure 1) show how the website is used throughout the year. Peaks in website use can be seen following promotional activities or the release of new resources.



*The figures from 2018/19 may underrepresent the actual figures as the RCGP change their way of recording website visits in August 2018

Figure 1. Monthly TARGET website views (April 2018 - March 2019) highlighting promotional activities

The average time each viewer spends on the TARGET website was 16:23 minutes. Interestingly, although website views dropped between June and August 2018 (Figure 1), user time on the site for the same period increased (Figure 2). The average time spent on the TARGET website increased by over 100% from just over 10 minutes to over 20 minutes and has remained at a similar length of time since August 2018. The most popular section on the TARGET website was the Leaflets to share with patients (Figure 3) followed by the UTI Resource Suite (released in August 2018).

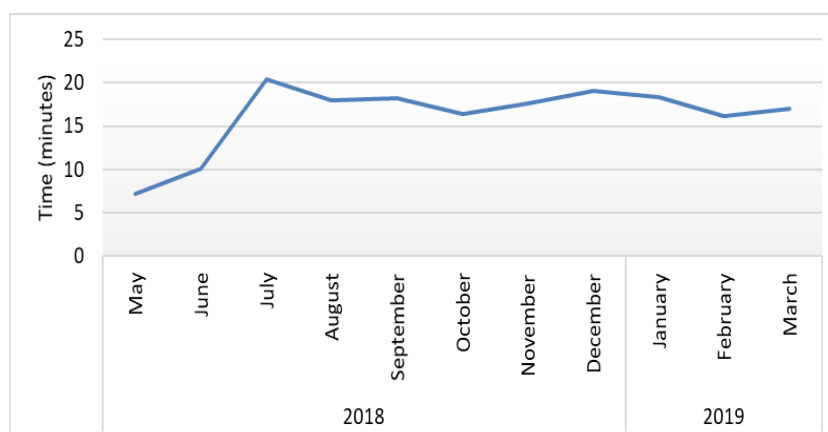


Figure 2. Average time in minutes spent on the TARGET website

The most popular section on the TARGET website was the Leaflets to share with patients (Figure 3) followed by the UTI Resource Suite (released in August 2018).

TARGET antibiotics Newsletter

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Research Findings

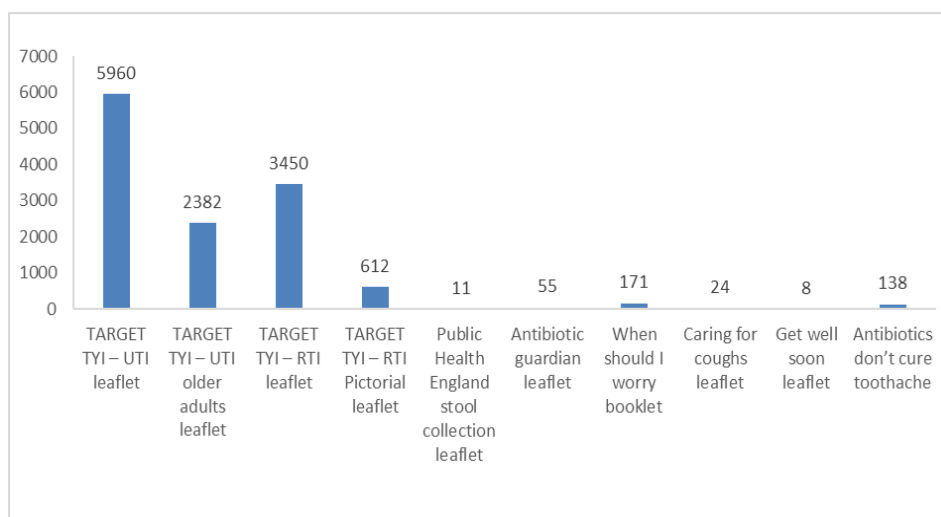


Figure 3. Total number of slider clicks on the TARGET website, May 2018 to March 2019

Of the leaflets to share with patients, the TARGET TYI-UTI leaflet is the most popular followed by the TARGET TYI-RTI leaflet (Figure 4). The TARGET specific leaflets are more popular than the non-TARGET specific leaflets.

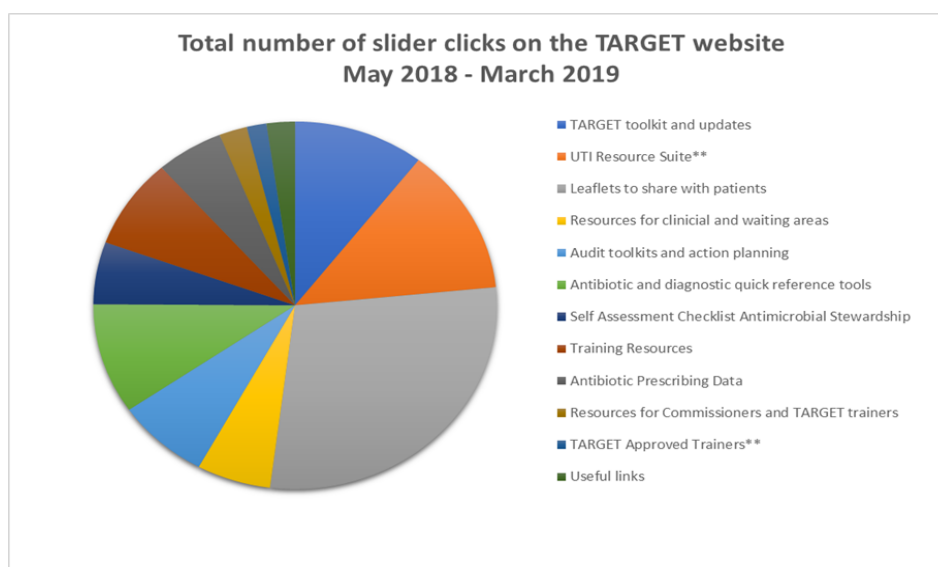


Figure 4. User clicks on each link on the leaflets to share with patients available on the TARGET website, April 2018 – March 2019

The Self-Assessment Checklist (SAC) was the third most frequently accessed resource on the website receiving almost 4000 clicks.

The TARGET resources are constantly being updated to ensure compliance with the latest research and guidance. All updates and developments are freely available on the TARGET antibiotics website

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Your TARGET Showcase: Approved TARGET Trainer, Kath Hartigan



In summer 2018 our practice received a letter from Dame Sally Davies, Chief Medical Officer, to notify us that we were within the top five percent of high antibiotic prescribers nationally, and directed us to utilise the TARGET website as a way to make improvements in our prescribing habits. Around that time, I was starting a Delivering Quality Improvement in Practice module as a part of my MSc Advanced Practice training and I felt that this would be an ideal opportunity to tackle this significant problem as my project. The TARGET website was invaluable as a source of supportive material for clinicians and patients alike as it helped me to plan and implement my project. As a nurse, leading a project which aimed to change the prescribing behaviours of GP's and Advanced Practitioners, I felt that undertaking

the TARGET Train the Trainer workshop and becoming a recognised trainer would boost my professional credibility and confidence, particularly being inexperienced in project leadership and presenting to a professional audience. I delivered my first TARGET training session in March 2019 to our GP's and AP, using the sore throat clinical scenario. The session was very well received and the scenarios really got us thinking about how we could make improvements as a team. In turn, it was a great boost to my confidence as a leader and educator and I have further sessions booked with our remaining GP's and also at our local CCG Advanced Practitioner forum later in the summer. I hope also to deliver the session at the CCG GP educational sessions at some point in the future. The impact of the project so far is very encouraging, and based on data obtained through the Fingertips AMR indicator website which I accessed through the TARGET website link, our prescribing rates have improved, with a narrowing gap between ourselves, England and our CCG average. Becoming a TARGET trainer has not only enabled me to successfully implement my university project, but it has opened professional doorways that I had not previously anticipated. I would therefore encourage any Nurse or Doctor who has an interest in antibiotic stewardship, education, and leadership to nominate themselves as their practices lead antibiotic guardian and enrol on the TARGET train the trainer workshop.

About Me: Kath Hartigan, Nurse Practitioner/Research and Clinical Trial Manager/ Trainee Advanced Nurse Practitioner

I qualified as an adult nurse in 2002 working in Intensive Care, before moving onto clinical trials. After having three beautiful children, I moved into General Practice where I have worked for the past 10 years, initially as a Practice Nurse but now as a Nurse practitioner. Whilst undertaking my Masters degree, I ran a project which aimed to reduce our surgery's antibiotic prescribing rates for self-limiting infections. This led me to undertake the TARGET training to become an approved trainer.

**If you also would like to become a TARGET Approved Trainer,
please contact the [TARGET team](#) or have a look at the [TARGET website](#) under
'TARGET Approved Trainers'**

Antibiotic Guardian Awards

Birmingham, June 27th, 2019: The fourth inaugural Antibiotic Guardian awards took place last night to celebrate the work of healthcare professionals across UK and abroad in tackling antimicrobial resistance. These awards form part of the ongoing Antibiotic Guardian campaign which is led by Public Health England in collaboration with UK devolved administrations and professional bodies.

The Antibiotic Guardian campaign aims to increase commitment and raise awareness among the public and healthcare professionals about how we can slow the development of resistant bacteria and cut overuse and unnecessary use of antibiotics. Without effective antibiotics many routine treatments will become increasingly dangerous.

As part of the campaign, groups including students and educators, farmers, veterinary and medical, nursing and pharmacy communities and professional organisations can all sign up to become Antibiotic Guardians.

The evening, co-organised by 4 All of Us, was attended by healthcare organisations across England, Scotland, Wales, Europe & Asia, who had all submitted entries and then shortlisted for their achievements in work to help combat antibiotic resistance and protect antibiotic usage. Award categories included Animal Health, Community Engagement, Diagnostics, Innovation, Prescribing and Research. Chief Veterinary Officer for the UK, Christine Middlemiss, was honorary guest for the evening on hand to present the awards alongside Dr Diane Ashiru-Oredope (Lead for the Antibiotic Guardian campaign and Lead Pharmacist for the AMR Programme at Public Health England)

Winners on the night included Mid Essex Hospitals Services NHS Trust for their behaviour change approach to antimicrobial stewardship, NHS Wales Informatics who scooped the Innovation & Technology award for their IT platform in community pharmacies in Wales to support an NHS funded sore throat test and treat service. University of Birmingham collected the award for best research project for their BactiVac, a network to support the study, development and implementation of bacterial vaccines to address the global AMR challenge.

Alongside these other notable winners were Kite Consulting who picked up the Animal Health, Agriculture & Food Supply Award for their Antibiotic Monitoring and Reduction Programme – a cross industry project to drive down antibiotic usage in dairy cattle in the UK. International winners on the night included Sociedad Española de Microbiología who were recognised for their public engagement work on a citizen science project examining Antibiotic discovery and raising awareness. There were three winning teams from Scotland, and the healthcare student of the year award was won by Issaya Mbwilo from Tanzania.



Dr Diane Ashiru-Oredope, Lead for the Antibiotic Guardian campaign, said:

"The Antibiotic Guardian awards are an excellent opportunity for us to champion organisations and individuals who have demonstrated achievement in their work to tackle antimicrobial resistance, one of the biggest global public health threats we face. These awards have highlighted the wealth of fantastic work taking place across the country. I'd like to personally congratulate all the nominees and winners for their contributions. At Public Health England we will continue to support and work with partners across the health system to tackle antimicrobial resistance."

Antibiotic Guardian Award Winners

Animal health, Agriculture and Food Supply-

Sponsored by AB Agri

Winner- Kite Consulting

Highly Commended- ForFarmers

Commended- Pruex

Children & Family

Winner- NHS Orkney

Highly Commended- Buckinghamshire Healthcare NHS Trust

Commended- South Gloucestershire Council

Community Communications

Winner- NHS Grampian

Diagnostics- Sponsored by Abbott

Winner- Mid Yorkshire Hospitals NHS Trust

Highly Commended- Schwabe Pharma

Infection prevention and control- Sponsored by MPH

Packaging

Winner- Health Protection Scotland

Innovation- Sponsored by ABPI

Winner- NHS Wales Informatics Service

Highly Commended- Public Health Agency

Highly Commended- University Hospital Southampton NHS FT

Prescribing & stewardship

Winner- Mid Essex Hospital Services NHS Trust

Highly Commended- Wirral University Teaching Hospitals

Commended- East and North Herts CCG

Public engagement

Winner- Sociedad Española de Microbiología

Highly Commended- Gloucestershire County Council

Commended- University of Reading, Department of Typography & Graphic Communication

Commended- University of Oxford

Research- sponsored by The AMR Centre

Winner- University of Birmingham

Winner- University of Bristol

Highly Commended- London School of Hygiene and Tropical Medicine

Student of the Year

Winner- Issaya Mbwiolo - Tanzania Pharmaceutical Students' Association (TAPSA)

Highly Commended- Julie Arnott - University College Cork

Das Pillay Memorial Antimicrobial Stewardship Award

Winner- David Oliver Hamilton, Doctor, Pennine Acute Hospitals NHS Trust

Highly Commended- Nicola Walker, Pharmacy Technician, Mid-Yorkshire Hospitals NHS Trust



Photo: Dr Hamilton receiving the Das Pillay Memorial Antimicrobial Stewardship Award

You can find out more about the Antibiotic Guardian campaign at: www.antibioticguardian.com and via Twitter using [#AntibioticGuardian](https://twitter.com/AntibioticGuardian).

Photos available upon request

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Antibiotic Awareness Campaigns

Antibiotic Guardian



The Antibiotic Guardian campaign asks you to become antibiotic guardians by choosing one simple pledge about how you'll make better use of antibiotics to help save these vital medicines from becoming obsolete.

Pre-worded pledges are available in the following categories

- ◆ Health or social care professional or leader
- ◆ Member of the public
- ◆ Student, educator or scientist

Or alternatively, you can make your own pledge.

Antibiotic Guardian supports the UK antimicrobial strategy, European Antibiotic Awareness Day (18th November) and World Antibiotic Awareness Week (11–17 November 2019).

Keep Antibiotics Working



Support the new campaign *Keep Antibiotics Working* launched in England on October 2018 to raise public awareness and understanding of the dangers antibiotic resistance.

The campaign delivers a simple messages that resonate with the public: **Taking antibiotics when you don't need them puts you and your family at risk.** Taking antibiotics encourages harmful bacteria that live inside you to become resistant. That means that antibiotics may not work when you really need them. This puts you and your family at risk of a more severe or longer illness

By increasing the public's awareness of the risks of taking antibiotics when they don't need them, the campaign supports the efforts of local doctors, nurses and other healthcare practitioners in reducing inappropriate prescribing due to patient pressure. The campaign encourages those who typically ask for antibiotics to take their doctor or nurse's advice.

If you don't already have campaign materials on display and wish to *Keep Antibiotics Working* you can order resources free of charge from the PHE Campaign Resource Centre



ECDC European Antibiotic Awareness Day (EAAD)

The European Antibiotic Awareness Day is an annual European public health initiative that takes place on 18 November to raise awareness about the threat to public health of antibiotic resistance and the importance of prudent antibiotic use.

On the 10th European Antibiotic Awareness Day (EAAD), the European Centre for Disease Prevention and Control (ECDC) is launching a social media campaign called #KeepAntibioticsWorking. Share a message via Twitter, Facebook or Instagram, explaining what you are doing to ensure that antibiotics remain effective. Everyone is responsible for keeping antibiotics working!

If you wish to support the campaign, share messages, pictures or videos during the week 13–19 November 2017, using the hashtag #KeepAntibioticsWorking. Tell the world what you do, in your professional or personal life, at individual or collective level, to use antibiotics responsibly and keep them working!

WHO World Antibiotics Awareness Week (WAAW)

The theme of this year's WAAW is **Seek advice from a qualified health care professional before taking antibiotics.** Various campaign materials, including posters for practice waiting rooms are available on the WHO website.



TARGET antibiotics Newsletter

Treat Antibiotics Responsibly: Guidance, Education, Tools.

www.rcgp.org.uk/TARGETantibiotics/

The TARGET Team

Professor Clodna McNulty, TARGET Programme Lead



Clodna, a clinical microbiologist, leads the Public Health England Primary Care Unit. She has led numerous large surveys on the public's use of and attitudes to antibiotics and resistance and is an expert advisor to the ECDC Advisory Committee on AMR and HCAs.

Dr Donna Lecky, TARGET Programme Manager



Donna has a background in microbiology research, programme management and resource development having previously managed the development of the e-Bug educational resources for school aged children, the PHE stool collection leaflet and the TARGET Urinary Tract Infection leaflet for patients.

Emily Cooper, TARGET Project Manager



Emily has a background in nursing and public health. She works part time supporting resource development projects within TARGET and is currently involved in management and maintenance of the toolkit, and updating/reviewing quick reference tools.

Gemma Smith, TARGET Research Project Support Officer



Gemma has a background in parasitology and public health, with a focus on migrant health. Gemma is currently working on updating the quick reference tools for primary care and will provide support for other TARGET projects.

Leah Jones, TARGET Research Project Support Officer



Leah has a background in health psychology and is currently studying for a Professional Doctorate in Health Psychology. Leah's current work includes the evaluation of a urinary tract infection patient leaflet for older adults and the PHE UTI diagnostic tools. Leah is working to develop a full suite of UTI resources including a workshop, audits and self-assessment tool.

Rosie Allison, TARGET Research Project Support Officer



Rosie is a TARGET Project Support Officer with a background in biology and public health. Rosie's current work includes developing tools to increase adherence and self-care advice given by community pharmacy staff.

Petronella Downing, TARGET Research Assistant



Petronella has a background in biochemistry and public health. Petronella is currently working on maintaining and monitoring the TARGET website and is also conducting a needs assessment looking at enhanced feedback for appropriate prescribing in suspected UTIs in older adults.

Rosie Alouat, RCGP Project Manager



Rosie is a Project Manager for the RCGP's Clinical Innovation and Research Centre, focusing on the College's quality improvement projects. Her portfolio of work includes the maintenance of the TARGET Toolkit on the RCGP website and managing QI Ready.