



Response

## **Department for Health and Social Care Antimicrobial resistance national action plan – call for evidence**

**January 2023**

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## **About the Company Chemists' Association (CCA)**

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, LloydsPharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 6,000 pharmacies, which represents nearly half the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing almost 500 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients and the public.

### **1) Within the UK, what are the areas that require more focus or development to address AMR? Please include up to 3 examples using no more than 250 words.**

UKSHA figures show that antibiotic use has decreased by 15.1% between 2017 to 2021. Critical to AMR strategies is an understanding of the supply and use of antibiotics, indicating a clear need for greater visibility of antibiotic use, in all clinical settings.

Community pharmacy already plays an important role in supporting AMR strategies. The recent Pharmacy Quality Scheme included requirements for staff training, incorporating the target antibiotic checklist into practice, and creating antimicrobial stewardship plans, alongside a review of local formularies.

Community pharmacy could offer timely access to antibiotics providing the benefit of early treatment whilst allowing direct intervention by community pharmacists. Pharmacists have the skills and knowledge to determine appropriate antibiotic supply. Many areas commission antibiotic provision through local Patient Group Directives (PGDs). Review of these services indicates pharmacists strictly apply local guidelines, whilst appropriately judging thresholds for antibiotic use. National commissioning of this will provide much greater insight into antibiotic use.

To truly benefit from the skills of community pharmacists there is a need to allow pharmacists to use Independent Prescribing (IP) skills. From 2026 all pharmacy graduates will be prescribers offering new skills to benefit patient pathways. This requires investment in training, and commissioning. This also offers a future where community pharmacists can directly intervene in inappropriate prescribing, mirroring secondary care.

Finally, the introduction of routine community pharmacy-led pharmacogenomic testing could optimise appropriate antibiotic use. In addition to minimising drug-related risk, implementing pharmacogenomic pathways into routine clinical practice can improve the quality of prescribing and supplying antibiotics.

**2) Within your sector, do you think the UK has sufficient capacity and capability to tackle AMR?**

- a. Yes
- b. Yes, in some areas (please specify)**
- c. No
- d. Don't know

**What additional capacity and capability is needed in your sector to effectively tackle AMR? Please give up to 3 examples using no more than 250 words in total.**

In the first instance, urgent care patient pathways should be expanded through community pharmacy. Currently, patients can be referred for minor ailment treatment through the Community Pharmacy Consultation Service (CPCS) in England. Effective antimicrobial stewardship in the community relies on timely patient access to appropriate antibiotic supply or non-antimicrobial interventions. Existing evidence shows pharmacists are willing and able to challenge patients to ensure good stewardship, whilst also able to recognise the need for onward referral where appropriate. The Sore Throat Trest and Treat service in Wales demonstrates community pharmacy's ability to increase access, challenge antibiotic use, and use testing resources to ensure patients meet a threshold for use, and this use is appropriate.

Pharmacists with a prescribing status will soon working across community pharmacy. From 2026 all new pharmacy registrants in the UK will have independent prescribing status (IPs). This is a key enabler to antimicrobial stewardship in frontline clinical settings and tackling inappropriate antibiotic use. There is evidence already available that pharmacists are more likely to adhere to treatment guidelines, such as NICE recommendations for antibiotic prescribing. This is likely due to a combination of training, professional attitudes, and patient cohorts. To enhance current and future IP capacity and capability, greater workforce planning is crucial to embed IP pharmacists into NHS commissioned services, identify existing skills, and bridge any gaps in training. This should be supported by access to relevant education resources and funded learning time for pharmacists.

**3) In your opinion, what are they key barriers to making progress on tackling AMR in your sector? Please give up to 3 examples using no more than 250 words in total.**

As detailed earlier, there is a need for a more enabling regulatory and commissioning environment. The introduction of PGDs nationally will be important in the transition to independent prescribing-led care in community pharmacy. By setting clear expectations for practice and antibiotic stewardship within the controlled framework of a PGD, the preparatory work is completed for a confident IP workforce.

Local services in community pharmacy already routinely collect data on consultations and any subsequent supply of antibiotics. However, existing IT systems do not allow this to be routinely incorporated into national datasets. There is a need for digital innovation to allow the seamless transfer of information across care settings, as well as populating national datasets.

A national specification and commissioned service could tackle this current data gap. National services such as the Community Pharmacist Consultation Service (CPCS) require national reporting for both clinical governance and remuneration. By introducing national PGDs as part of any enhanced CPCS offer, patient care would be standardised across the country whilst improving the visibility of antibiotics supplied.

Changes to EPS systems in England and other IT developments present an opportunity for clinicians to report not only antibiotic supply/prescribing (regardless of location of legal mechanism), but also actual patient use and understanding. There is an opportunity to build on evidence and existing PQS commissioning to commission a national antibiotic support service, ensuring patients are clear on the purpose and use of prescribed antibiotics.

### Measures of Success

- 1) Do you believe that there is sufficient public and professional awareness of AMR?
  - a. Yes
  - b. No**
  - c. Don't know
  - d. If no, what should be done to increase awareness of AMR? Please tell us in a maximum of 250 words.

Community pharmacies are a public health asset. This is essential for raising awareness and education on antibiotics. Community pharmacy colleagues have the opportunity to influence patients' use of antibiotics by advising patients on effective self-care treatments, appropriateness of antibiotics, antibiotic adherence, and the consequences of using antibiotics incorrectly.

Raising the public profile of pharmacy – in line with a current and future portfolio of clinical services – will better direct patients to access timely and appropriate care. Incidents, such as GPs reporting pressure to inappropriately prescribe antibiotics, could be mitigated through greater public awareness. This can be promoted by taking advantage of the scale and location of the community pharmacy network.

However, community pharmacy teams require the right tools and the environment to provide the highest levels of care for patients. This includes appropriately funded services and sufficient training to build the necessary confidence and competence of teams, as well as familiarity with local referral pathways. Consideration should also be given as to how wider NHS teams can be supported to triage into community pharmacy appropriately.

### Further Information

- 1) Are you content for the DHSC AMR policy team to contact you to take part in further stakeholder engagement as we develop the 2024 to 2029 national action plan?
  - a. Yes**
  - b. No