Antimicrobial resistance CQUIN 2019/20, parts CCG1a and CCG1b

Frequently asked questions

February 2019

We answer common questions about the new antimicrobial resistance Commissioning for Quality and Innovation (CQUIN) parts CCG1a (Lower urinary tract infection (UTI) prescribing in older people) and CCG1b (Antibiotic prophylaxis for elective colorectal surgery) for 2019/20.

If you have any questions that are not answered below, please contact either:

• CQUIN@phe.gov.uk – for any queries relating to submission, analysis or publication of CQUIN CCG1a and CCG1b data
• e.cquin@nhs.net – for all other queries.

How should the required CQUIN data be collected?

You must use the data collection tools provided on NHS Improvement’s website. NHS England has provided guidance on auditing your collection. We recommend that junior doctors or ward pharmacists collect the data to free up antimicrobial teams to focus on implementing and leading improvement schemes.

Why is the Public Health England (PHE) Diagnosis of urinary tract infections guidance being used in the CQUIN when it is aimed at primary care?

The CQUIN focuses on improving the diagnosis and management of lower UTIs in older people. The PHE document is a comprehensive guide to the appropriate diagnosis of lower
UTIs in older people in both primary and secondary care, and it is the most up-to-date resource. The NICE guidelines do not cover diagnosis.

**Why are the NICE guidelines for lower UTI being used to guide treatment instead of local hospital guidelines?**

These provide the most up-to-date, evidence-based guidance for the treatment of lower UTIs. Trimethoprim resistance in urine specimens processed by microbiology laboratories has reached 34% (in all ages).¹ PHE reports higher rates of *E. coli* resistance to trimethoprim in people aged 65 years and over. Trusts will need to review local guidelines for the management of UTIs, including lower UTI in older people and the audit process associated with this CQUIN should inform local guideline implementation.

**Part CCG1a: What details need to be audited?**

**PHE’s diagnosing UTIs guidance** must be followed to assess whether the correct clinical signs or symptoms were considered when diagnosing a lower UTI. These guidelines advise that people aged 65+ years do not have a urine dip stick test: asymptomatic bacteriuria are frequently present in this older population, resulting in a positive nitrite result in the absence of clinical infection. This can lead to both inappropriate antibiotic prescribing and missed diagnosis.

The flow chart and text from the PHE guidance is embedded in the data collection tool to help the auditor with this assessment. If no signs or symptoms are documented in the medical notes or those documented are not suggestive of a lower UTI according to the PHE guidance, the auditor needs to record the diagnosis as a fail (‘No’ will be chosen in column F of the data collection tool). If diagnosis is based solely on new confusion or delirium, the PHE flow diagram should be followed (i.e. PINCHME used to rule out other causes) for the auditor to state ‘Yes’ in column F of the data collection tool.

Where the antibiotic choice follows local guidance and is inconsistent with NICE guidance, the auditor will need to decide whether it is appropriate. If deemed inappropriate, the auditor must state ‘No treatment doesn't follow NICE guidance or local guidance’ in column H of the data collection tool.

¹ The English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) 2017 report
Why have the diagnostic or procedure codes been provided?

Diagnostic and procedure codes for the lower UTI and surgical prophylaxis indicators respectively facilitate the identification of patients for inclusion in the CQUIN audit when using NHS England’s auditing guidance.

Part CCG1a ICD-10 codes: N39.0 and N30.0. ED code 27. SNOMED code 68226007.
Part CCG1b Procedural codes: H02.1, H02.3, H04.1, H04.2, H04.3, H04.8, H04.9, H05.1, H05.2, H05.3, H05.8, H05.9, H06.1 to H06.5, H06.8, H06.9, H07.1 to H07.5, H07.8, H07.9, H08.1 to H08.6, H08.8, H08.9, H09.1 to H09.6, H09.8, H09.9, H09.1 to H10.6, H10.8, H10.9, H11.1 to H11.6, H11.8, H11.9, H13.1 to H13.5, H13.8, H13.9, H15.1 to H15.9, H18.1, H18.8, H18.9, H29.1, H29.2, H29.3, H29.4, H29.8, H29.9, H31.1, H31.3, H32.1, H32.8, H32.9, H33.1 to H33.9, H34.1 to H34.5, H34.8, H34.9, H40.4, H41.1, H41.4, H41.5, H41.8, H41.9, H50.4, H57.1, H57.4, H57.5, H66.1, H66.2, H66.8 and H66.9.

Part CCG1a: What if the patient is being treated for more than one infection?

If a patient was treated for a UTI as well as another infection (such as community acquired pneumonia), the prescription can be included in the audit as long as the auditor can identify which antibiotic was for the lower UTI as this is the only one that needs to be reported.

Part CCG1b: What if the patient is being treated with more than one antibiotic?

If a patient is administered more than one antibiotic for surgical prophylaxis, each data field in the data collection tool will apply to all the antibiotics. For example, if the hospital guidance states gentamicin and metronidazole should be used, and one dose of gentamicin is given with two doses of metronidazole without documenting the rationale for this, the option chosen in column B of the data collection tool will be ‘One dose preoperatively and further doses given either perioperatively or postoperatively with no documented reason’ and the option chosen in column C will be ‘Yes’. This will be counted as one patient in the data collection tool.

Why is there a requirement to submit the data collection forms to Public Health England (PHE)?

For data validation purposes, PHE may analyse a random sample of 10% of trusts’ data. Data should be collected using the data collection tool and submitted to PHE using the part
CCG1a and part CCG1b data submission portals, which include an upload option for ease of submission of the data collection tool.

Why is the minimum payment level set at 60% compliance for both indicators?

In the 2016 national Point Prevalence Survey, 62.5% of antibiotic prescriptions for lower UTIs were deemed inappropriate, as were 68.6% of surgical prophylaxis prescriptions for digestive tract surgery in terms of treatment duration. This payment level has been set to drive appropriate prescribing.

When should we submit data?

Data should be submitted as soon as possible after the end of each quarter and no later than the end of the month following the end of the quarter:

- Q1 2019/20 – 31 July 2019
- Q2 2019/20 – 31 October 2019
- Q3 2019/20 – 31 January 2020

How should data be submitted?

Data for part CCG1a can be submitted online via this portal link:

Data for part CCG1b can be submitted online via this portal link:

How can we monitor progress of parts CCG1a and CCG1b of this CQUIN?

All data submitted to PHE will be available on the PHE Fingertips data portal. Antimicrobial consumption indicators of relevance to the Standard Contract will be found in the ‘supporting NHS England initiatives’ and antibiotic prescribing domains under the acute trusts area type from early October 2019.

Data will be released as follows:

- Q1 2019/20 – early October 2019
Where can I find quality improvement (QI) expertise and support?

Your trust is likely to have a QI lead who can signpost you to local trust resources. The Health Foundation Q community is a great resource and members are listed at https://q.health.org.uk/community/directory/

NHS Improvement has a QI hub with resources and shared learning. Academic Health Science Networks provides QI expertise and training.