



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

Health and Social Care Select Committee

Inquiry into Antimicrobial Resistance

Response by the Royal College of Physicians and Surgeons of Glasgow

The Royal College of Physicians and Surgeons of Glasgow was founded in 1599 to improve quality and practice of Medicine.

Based in Glasgow, we have 14,000 Fellows and Members who work as senior clinicians throughout the United Kingdom and across the world. Unlike our sister Royal Colleges, we have a multidisciplinary membership, which we believe gives us a more complete viewpoint of the health environment and the needs of patients and medical professionals.

The College agrees that antimicrobial resistance (AMR) is a significant and increasing threat to public health in the UK and globally. It has previously highlighted the issue in numerous fora, including through a recent [blog post by our President](#). We agree that antibiotics should be used for specific indications and not used indiscriminately. We are aware of the mortality caused by antibiotic resistant infections is both significant and increasing.

There is now no doubt that modern medical practice faces a grave threat. The risks which accompany antimicrobial resistance are severe and threaten to seriously limit our ability to deal with the ever-increasing range of infective organisms including bacteria, viruses, parasites, and fungi.

The United Kingdom Antimicrobial Strategy 2013-2018

The enquiry wishes to know the College's views on the results achieved by the above strategy. Our response is set out below under each of the relevant key areas identified in the original document:

Improving infection prevention and control practices

- Most hospitals in the UK now have good hand washing regimes in all areas of clinical practice. This has been key to reducing cross infection. The bare below elbows and dress policy allows exposure of forearms and hands for efficient washing. This has been an effective change.
- Most hospitals now have antibiotic reviews and protocols for managing individual infections and drug resistance. There is however a lack of specifically trained infectious disease consultants particularly in England such that hospitals are reliant on microbiologists who are not trained as physicians.
- We commend the development of vaccines to prevent infectious diseases.



Optimising prescribing practice

- Most hospitals and primary care services have developed protocols for infection however little is known about adherence particularly in primary care.
- Electronic prescribing as recommended in the strategy is not common in secondary care

Improving professional education training and public engagement

- While overall cross infection rates have reduced there is still a public perception of hospitals as being a place where patients are infected with resistant organisms. Many if not most are community acquired.
- All higher training syllabuses will have specific mention of treatment of infection.
- NICE or SIGN guidance has only considered common infections.
- Patients still demand antibiotics for minor often viral infections, and so further professional development is required to better equip medical professionals to effectively manage these situations.

Developing new drugs treatments and diagnostics

- There continues to be limited drug development in this field. Investment by Drugs companies is always in areas where profits are highest e.g. Biologic drugs for Cancer or rheumatic disease.
- We are concerned that the international research agenda and international partnerships have slowed following the UK's decision to leave the EU. We believe that the UK government should commit to ensuring that international co-operation and partnership in this area endures after the UK leaves the EU.

Strengthening international collaboration

- This is an important area to develop, but we remain concerned that anecdotal evidence has been that the withdrawal of the UK from the EU has slowed international cooperation down considerably.
- Decisive action is required from the UK government to ensure that the UK continues to play a full part in international collaboration around this issue in a post-Brexit context.



The Future United Kingdom Antimicrobial Strategy

Our College would like to make the following recommendations on the key actions and priorities for the Government's next AMR strategy.

Improving infection prevention and control practices

- The use of antibiotics which are used in both animal husbandry and human clinical practice should be continued.
- The monitoring of the incidence of MRSA and C diff needs to be continued with control of prescription of quinolone antibiotics.

Optimising prescribing practice

- This College believes that government should consider imposing additional restrictions on the sale of antibiotics, including those sold over the counter and through so-called online pharmacies.
- Improving and refining the diagnosis of specific infections will allow the correct drugs to be deployed at the right time.

Improving professional education training and public engagement

- Significant additional work is required in the area of improving professional education training and in public engagement on this issue. Government and NHS bodies should urgently seek to develop public health campaigns around this issue, with a view to educating patients and clinicians about the dangers of the overuse of antibiotic agents.
- We believe that concerted action is required across government in order to reduce the widespread use of antibiotics in agriculture.

Developing new drugs treatments and diagnostics

- With the withdrawal of the UK from the EU there will be a need to maintain international drug research and collaboration.
- We are concerned that a failure to agree continued membership of the European Medicines Agency, or the possible imposition of non-tariff trade barriers following the UK's decision to leave the EU may mean that new drugs in this area will take longer to reach the market.
- Investing in research on the use of combination therapies for specific infections and other methods for enhancing the effectiveness of currently available drugs could put a brake on what appears to be an inexorable process.
- The UK should consider economic approaches to encourage drug companies to actively develop new agents in this area.

Better identification and prioritisation of AMR research needs

- After the UK's withdrawal from the EU, the UK will require to retain access to international pharmaceutical and disease surveillance.



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Strengthening international collaboration

- International research will need to continue after the withdrawal of the UK from the EU. To protect medical research in this area, the UK government should guarantee that the current level of funding available to support work in this area will be at least maintained as the UK leaves the EU.

*Dr Richard Hull
Honorary Secretary
Royal College of Physicians and Surgeons of Glasgow
21 June 2018*