

Antimicrobial Stewardship

Quality Improvement Plan 2026/27

BeCCoR MO1 — Sample Practice QI Plan

Practice: Pennygate Medical Centre (P92016)
PCN: Wigan
AMS Champion: Victoria Holme (VJH)
QI Lead: [Name]

Period: April 2026 – March 2027

Submission: This is a sample/template document. Baseline data must be populated from GM Tableau Q1 by 30 June 2026 via Arelogic forms

1. Relevance & Rationale

Problem Statement

Antimicrobial resistance (AMR) is a global public health crisis. The 2024-25 ESPAUR Report shows a 9.3% increase in AMR burden from 2023 to 2024, with the North West consistently among the highest-burden regions nationally. Inappropriate antibiotic prescribing drives resistance, threatens patient safety, and increases healthcare costs.

Baseline Data Review

(To be completed with data from GM Tableau dashboard — placeholder values shown)

Indicator	Pennygate Baseline (Mar 2026)	BeCCoR Target	Gap
Total antibiotic items per STAR-PU	[e.g. 0.92]	"d0.871	[0.049 above]
Broad-spectrum % of total antibiotics	[e.g. 12%]	"d10%	[2% above]
Broad-spectrum with coded indication	[e.g. 55%]	"e70%	[15% below]
Children 0-9 prescribed "e1 antibiotic (12m)	[e.g. 28%]	"d25%	[3% above]

Rationale

Pennygate's baseline data identifies three of four AMS indicators outside target. The practice has historically prescribed above the STAR-PU target and has significant gaps in coded indications for broad-spectrum antibiotics. A focused QI approach targeting prescriber behaviour, coding practices, and patient expectations can close these gaps and reduce inappropriate prescribing.

2. Alignment

National & Regional Alignment

- UK 5-Year AMR Action Plan (2024-2029) — containing and reducing AMR
- NICE NG15: Antimicrobial Stewardship — changing risk-related behaviours
- GMMMG antimicrobial guidance and resources
- BeCCoR MO1 specification requirements (Domains 1-4)
- NHS England Low Priority Prescribing agenda

Practice Alignment

- Supports Pennygate's Quality Development Plan (10.6.2026) — medicines optimisation priorities
- Links to existing prescribing audit cycles
- Supports practice CQC infection prevention and control standards

3. Avoidance of Exclusion Criteria

This QI plan does NOT:

- Focus on SMR activity counts (MO5 scope)
- Generate SNOMED codes for coding sake alone
- Rely on case-finding without intervention
- Duplicate existing QOF activity

4. SMART Aims

- **Aim 1 (Primary):** By 31 March 2027, reduce total antibiotic items per STAR-PU from [baseline] to "d0.871, achieving "e10% reduction from March 2026 baseline.
- **Aim 2:** By 31 March 2027, reduce broad-spectrum antibiotic prescribing (co-amoxiclav, cephalosporins, quinolones) to "d10% of total antibiotic items, from [baseline]%.
- **Aim 3:** By 31 March 2027, increase coded clinical indication for all broad-spectrum antibiotic prescriptions to "e70%, from [baseline]%.
- **Aim 4:** By 31 March 2027, reduce the percentage of children aged 0-9 prescribed "e1 antibiotic in 12 months to "d25%, from [baseline]%.
- **Aim 5 (Outcome):** Reduce inappropriate prescribing of antimicrobials contributing to reducing total volume, in line with national targets detailed in the BeCCoR service specification.

5. Intervention Quality

Behavioural approach: This plan uses the PDSA cycle underpinned by the Behaviour Change Wheel (COM-B framework) and Appreciative Inquiry.

Intervention 1: Prescriber Education & Peer Benchmarking

Target behaviour: Clinicians prescribing antibiotics appropriately per GMMMG guidance

- **Capability** Lunchtime teaching session on AMS principles, GMMM guidance, and local antibiogram. Include case-based discussion (UTI, RTI, skin infections).
- **Opportunity** Display prescribing benchmarking posters in clinical rooms showing individual prescriber data vs practice average and national targets. Monthly prescribing dashboard review at clinical meetings.
- **Motivation** Named prescriber feedback with peer comparison. Share success stories — "you reduced broad-spectrum use by X% this month."

PDSA Cycle 1 (Jul-Sep 2026): Run education session, display benchmarks, review at monthly meetings

Intervention 2: Coded Indication Prompt System

Target behaviour: Clinicians entering coded indication when prescribing broad-spectrum antibiotics

- **Capability:** Brief training on importance of coded indications and which SNOMED codes to use. Quick-reference card for clinical rooms.
- **Opportunity:** Configure EMIS/SystemOne prescribing template to prompt for indication code when co-amoxiclav, cephalosporins, or quinolones selected. Auto-populate common indications as dropdown.
- **Motivation:** Weekly audit with automated feedback to prescribers who missed coding. Celebrate compliance improvements in team meetings.

PDSA Cycle 2 (Jul-Aug 2026): Implement template prompt, audit weekly, refine

Intervention 3: Delayed Prescribing & Patient Communication

Target behaviour: Clinicians offering delayed/back-up prescriptions where appropriate

- **Capability:** Training on delayed prescribing criteria (RTIs, UTIs in low-risk women). Provide patient information leaflets in waiting room and on practice website.
- **Opportunity:** Create EMIS template for delayed prescribing with safety-netting advice. Display waiting room posters on self-care for common infections.
- **Motivation:** Share data showing reduced re-consultation rates with delayed prescribing. Patient satisfaction survey to demonstrate acceptance.

PDSA Cycle 3 (Sep-Nov 2026): Roll out delayed prescribing approach for RTIs, audit usage and re-consultation

Intervention 4: Paediatric Prescribing Focus

Target behaviour: Clinicians following paediatric prescribing guidance and avoiding unnecessary antibiotics in children 0-9

- **Capability:** Session on NICE guidance for common childhood infections (NICE CG191 — pneumonia in children, CG54 — UTI in children). Share local antibiogram paediatric data.
- **Opportunity:** Practice protocol for paediatric infections — when to prescribe, when to safety-net. Parent information sheets on when antibiotics are needed.
- **Motivation:** Track and share monthly data on paediatric prescribing rate. Highlight improvement in practice.

PDSA Cycle 4 (Oct-Dec 2026): Implement paediatric protocol, audit monthly

Intervention 5: WAAW (World AMR Awareness Week) — November 2026

- Practice-wide awareness campaign during WAAW (18-24 November 2026)
- Waiting room display and patient education materials
- Staff briefing on AMR and the practice QI plan
- Social media posts on practice channels
- Photo evidence of activities for Q4 submission

6. Health Inequalities Consideration

- **Deprivation:** Hindley has higher deprivation scores. Consider that patients in deprived areas may have higher infection rates and limited access to self-care resources. Ensure patient information materials are accessible (plain English, available formats).
- **Age:** Paediatric prescribing target specifically addresses children 0-9. Monitor for inequity in prescribing patterns across patient demographics.
- **Frailty/Elderly:** Ensure AMS interventions don't create barriers for older patients who genuinely need antibiotics. Include frailty assessment in prescribing review.
- **Ethnicity:** Monitor for any ethnic disparities in prescribing patterns using practice demographic data.
- **Access:** Ensure online resources don't exclude patients without digital access — provide paper alternatives in waiting room.

7. Measurement Plan

Measure	Source	Frequency	Target
Total antibiotic items per STAR-PU	GM Tableau dashboard	Monthly	"d0.871 by Mar 2027
Broad-spectrum % of antibiotics	GM Tableau dashboard	Monthly	"d10%
Broad-spectrum coded indication %	Practice audit / Tableau	Weekly !' Monthly	"e70%
Children 0-9 prescribed "e1 antibiotic	GM Tableau dashboard	Monthly	"d25%
Prescriber benchmarking data	ePACT2 / SMASH	Monthly	Individual feedback
Patient satisfaction (delayed Rx)	Practice survey	Quarterly	"e80% satisfaction
WAAW participation evidence	Practice records	Nov 2026	Documented activities

Process Measures

- Number of clinicians attending AMS education sessions
- Number of delayed prescriptions issued
- Number of broad-spectrum prescriptions with coded indication (weekly audit)
- Parent information sheets distributed

Balancing Measures

- Re-consultation rates for delayed prescribing episodes
- Patient satisfaction scores
- Admission rates for infections (monitor via Tableau)

Reporting

QI plan outcomes reported at both practice and PCN level as required.

8. Governance

Roles & Responsibilities

- **QI Lead:** [Name] — overall responsibility for plan delivery
- **AMS Champion:** Victoria Holme (VJH) — clinical leadership and staff engagement
- **Practice Manager:** Vicky Buckley — administrative support, resource allocation
- **Prescribers:** All clinical staff — implementation of prescribing changes

Meeting Structure

- Monthly clinical meeting: AMS dashboard review (10 mins standing item)
- Quarterly QI review with full team: progress against SMART aims
- Ad-hoc: PDSA cycle review sessions

Escalation

- Concerns about individual prescribing patterns !' QI Lead !' Senior Partner
- Data quality issues !' Practice Manager !' IT lead
- Scheme queries !' nhsgm.beccormedsopt@nhs.net

Risk Management

- If education sessions poorly attended !' switch to recorded sessions + individual feedback

- If template prompts not working !' review with IT lead, alternative approach
- If prescribing not improving after 2 PDSA cycles !' escalate to full partnership discussion

Timeline Summary

Period	Activity
Jun 2026	Submit Q1 QI Plan via Airelogic
Jul-Sep 2026	PDSA Cycle 1: Education + benchmarking; PDSA Cycle 2: Coding prompts
Sep-Nov 2026	PDSA Cycle 3: Delayed prescribing rollout
Nov 2026	WAAW participation (18-24 Nov) — collect evidence
Oct-Dec 2026	PDSA Cycle 4: Paediatric prescribing focus
Jan-Mar 2027	Continue cycles, consolidate gains, prepare Q4 evaluation
31 Mar 2027	Submit Q4 QI evaluation + WAAW evidence via Airelogic

Q4 Evaluation Structure (for March 2027)

- Outcomes achieved against each SMART aim (with data)
- PDSA cycle summaries — what worked, what didn't, what changed
- WAAW participation evidence (photos, materials, attendance)
- Prescriber feedback
- Patient feedback
- Next steps and sustainability plan

This is a sample/template QI plan. Baseline data values marked [baseline] must be populated from the GM Tableau dashboard before submission. Adjust interventions based on practice-specific baseline findings and team capacity.

Submission: Via online Airelogic forms | Queries: nhsqm.beccomedspt@nhs.net | Resources: GMMMG antimicrobial guidance, GM Tableau dashboard, BeCCoR landing page