

WHC (2024) 038

# CYLCHLYTHYR IECHYD CYMRU



Llywodraeth Cymru  
Welsh Government

**Statws:** Gweithredu/ gwybodaeth

**Categori:** Ansawdd a gofal iechyd y cyhoedd

**Teitl:** Nodau gwelliant AMR a HCAI ar Gyfer 2024-2025

**Dyddiad Dod i ben / Dyddiad Dod i ben:** Bydd y WHC hwn yn berthnasol hyd nes y caiff ei ddisodli gan y dyfrgwn nesaf yn 2025.

**I'w weithredu gan:**

**Angen gweithredu erbyn: Ar unwaith**

Chief Executives, Health Boards/Trusts  
Directors of Public Health, Health Boards/Trusts  
Medical Directors, Health Boards/Trusts  
Directors of Primary Care, Health Boards/Trusts  
Nurse Executive Directors, Health Boards/Trusts  
Directors of Therapies and Health Sciences, Health Boards/Trusts  
Chief Pharmacists, Health Boards/Trusts  
Executive Director of Public Health, Public Health Wales  
General Practitioners, dental practices and community pharmacies  
PHW HARP team, Public Health Wales

**Er gwygodaeth:**

DG/Chief Executive, Health, Social Services and Early Years Group (HSCEY)  
NHS Wales Deputy Chief Executive (HSCEY)  
Welsh NHS Partnership Forum  
General Practitioner Council, Wales  
Royal College of GPs  
Royal College of Nursing  
Royal College of Midwives  
Royal College of Paediatrics and Child Health  
British Dental Association  
Royal Pharmaceutical Society  
Community Pharmacy Wales  
Care Inspectorate Wales  
Healthcare Inspectorate Wales

**Anfonwr:** Pushpinder Mangat, Y Dirprwy Brif Swyddog Meddygol Gwasanaethau Iechyd  
Sue Tranka, Cyfarwyddwr Nyrsio GIG Cymru  
Andrew Evans, Y Prif Swyddog Fferyllol  
Prof Andrew Dickenson, Y Prif Swyddog Deintyddol.

**Enw(au) Cyswllt GIGC Llywodraeth Cymru:**

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**Dogfennau amgaaedig:** Nodau gwelliant AMR a HCAI ar Gyfer 2024-2025 (Atodiad 1)

Pushpinder Mangat  
Dirprwy Brif Swyddog Meddygol  
Deputy Chief Medical Officer – Health Services

Sue Tranka  
Prif Swyddog Nyrsio  
Chief Nursing Officer  
Cyfarwyddwr Nyrsio GIG Cymru  
Nurse Director NHS Wales

Annwyl Gydweithwyr

## **Nodau Gwella Ymwrthedd Gwrthficrobaidd (AMR) a Heintiau sy'n Gysylltiedig â Gofal Iechyd (HCAI) 2024/25**

Yn rhan o weledigaeth 20 mlynedd y DU i wynebu a mynd i'r afael ag ymwrthedd gwrthficrobaidd (AMR), mae Cymru, ynghyd â thair gwlad arall y DU wedi ymrwymo i ddatblygu cyfres o gynlluniau gweithredu cenedlaethol pum mlynedd o hyd er mwyn blaenoriaethu camau gweithredu a neilltuo adnoddau i'r meysydd sy'n wynebu'r risg uchaf. Ar 8 Mai 2024, cyhoeddwyd ail gynllun gweithredu cenedlaethol pum mlynedd o hyd y DU sy'n amlinellu uchelgeisiau a champau gweithredu ar gyfer y pum mlynedd nesaf (2024-2029).

Mae'r Cylchlythyr Iechyd hwn yn amlinellu'r nodau gwella ar gyfer 2024/25 gan adlewyrchu ar y data o'r flwyddyn flaenorol a'r targedau newydd a amlinellir yn y cynllun gweithredu cenedlaethol newydd ar gyfer AMR.

Mae heintiau sy'n gysylltiedig â gofal iechyd (HCAIau) yn parhau i fod yn fater allweddol o ran diogelwch cleifion sy'n arwain at faich clefydau a chostau ariannol sylweddol i'r GIG yng Nghymru ac ar draws y sector gofal.

Er y gwelwyd rhywfaint o gynnydd yn ystod 2023-24 o ran lleihau nifer yr achosion o HCAIau mewn rhai meysydd, rydym yn parhau i fod yn bell iawn o gyflawni'r mwyafrif o'r nodau gwella a chyflawni gweledigaeth AMR y DU.

Gan weithio gyda chydweithwyr yng Ngweithrediaeth y GIG, bydd Llywodraeth Cymru yn monitro ac yn annog cynnydd drwy'r strwythurau llywodraethiant newydd ar gyfer AMR a HCAI.

Rydym yn ddiolchgar ichi am eich cymorth i gyflawni'r nodau hyn er mwyn lleihau effeithiau AMR a gwella diogelwch cleifion ledled Cymru.

Yn gywir

**Pushpinder Mangat**  
**Y Dirprwy Brif Swyddog Meddygol**  
**- Gwasanaethau Iechyd**



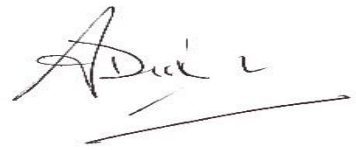
**Sue Tranka**  
**Y Prif Swyddog Nyrsio**



**Andrew Evans**  
Y Prif Swyddog Fferyllol



**Andrew Dickenson**  
Y Prif Swyddog Deintyddol



## **Annex 1**

### **AMR and HCAI Improvement Goals for 2024-25**

The UK 20-year vision to confront and address antimicrobial resistance (AMR) sets the ambitious goal of ensuring AMR will be controlled and contained by 2040. Wales alongside the other three UK nations, is committed to developing a series of five-year national action plans to prioritise actions and direct resources in areas of highest risk and provide sustained and ongoing progress towards achieving the vision's ambitions for change.

The UK's second five-year national action plan, 'Confronting antimicrobial resistance 2024 to 2029', builds on the achievements and lessons of the first. It contains outcomes and commitments that will make progress towards the 20-year vision for AMR to be contained, controlled and mitigated. The action plan has 9 strategic outcomes organised under 4 themes. Action will be taken across all sectors (human health, animal health, agriculture and the environment).

Setting the improvement goals for the NHS for 2024/25 takes into consideration the position against previous improvement goals set out in the 2023/2024 Welsh Health Circular. They also consider the human health targets included in the new national action plan informed by reviewing the evidence-base and learning from the measurable ambitions that were set out in the first national action plan.

The improvement goals set out for the NHS for 2024/25 has been set out under the relevant theme, outcomes and human health targets set out in the five-year national action plan for 2024-2029.

#### **Theme 1 – Reducing the need for, and unintended exposure to, antimicrobials**

##### **Outcome - Infection prevention and control and infection management**

Tackling AMR requires a focus on preventing and reducing the burden of infection in the human population by optimising IPC measures. This also improves patient safety. This outcome under the UK AMR action plan sets out 2 human health targets:

- target 1a: by 2029, we aim to prevent any increase in a specified set of drug-resistant infections in humans from the 2019 to 2020 financial year baseline
- target 1b: by 2029, we aim to prevent any increase in Gram-negative bloodstream infections in humans from the 2019 to 2020 financial year baseline

To deliver on this outcome and make progress in delivering these targets in 2024/25 the improvement goals for community and hospital onset cases are set under each bacteraemia/infection.

The surveillance data for Wales shows annual increases of Gram-negative bacteraemia in Wales since pandemic related decreases observed in 2019/20. The position for 2023/24 showed 4% fewer infections than in 2019/20 although two of the three Gram-negative organisms included in the target showed increases. Data is now collected from hospital onset cases vs community onset cases and the improvement goals separate overall and hospital onset cases.

*E. coli* bacteraemia:

**Improvement Goal 1 – health boards to have fewer overall cases of *E-coli* Bacteraemia compared to 2023/24**

**Improvement Goal 2 – health boards to have 10% fewer hospital onset cases of *E-coli* bacteraemia compared to 2023/24**

*P. aeruginosa* bacteraemia:

**Improvement Goal 3 – health boards to have fewer overall cases of *P. aeruginosa* bacteraemia compared to 2023/24**

**Improvement Goal 4 - health boards to have 10% fewer hospital onset cases of *P. aeruginosa* bacteraemia compared to 2023/24**

Klebsiella spp. bacteraemia:

There has been a substantial increase in *Klebsiella spp.* compared to 2019/20 figures, and there is concern about rising resistance rates in this particular Gram-negative organism.

**Improvement Goal 5 – health boards to have fewer overall cases of *Klebsiella spp.* bacteraemia compared to 2023/24**

**Improvement Goal 6 - health boards to have 20% fewer hospital onset cases compared to 2023/24.**

*Clostridioides difficile*:

Rates were higher in Wales in 2023/24 compared to 2022/23 (+4%), and there remain large differences between different health boards and a need to prioritise reduction and explore interventions to implement in the community to reduce the burden of community onset *C. difficile*.

**Improvement Goal 7 - All health boards to have fewer hospital onset *C. difficile* cases than they had in the 2023/24 FY.**

- For HBs who achieved the 23/24 Improvement Goal – fewer cases than 23/24
- For HBs who achieved a rate between 25 and 30 cases / 100,000 population in 23/24 – a 10% reduction in hospital onset cases.
- For HBs who had a rate of >30 cases / 100,000 population in 23/24 – a 20% reduction in hospital onset cases.

**Improvement Goal 8 - All health boards should have no more community onset cases than in 23/24, aiming to reduce the overall burden towards 25 cases / 100,000 population.**

*Staphylococcus aureus* bacteraemia:

MSSA bacteraemia rates have increased from 22/100,000 population in 2010/11 to 26/100,000 population in 2023/24. There was a small decrease in the *S. aureus* bacteraemia rate between 2023/24 and 2022/23 (1%), with five of the health boards having lower rates, and a substantial decrease in rates of hospital onset *S. aureus* bacteraemia (21%).

**Improvement Goal 9 - All health boards to have fewer hospital onset MRSA and MSSA bacteraemia than they had in the 2023/24 FY.**

**Improvement Goal 10 - All health boards to develop plans to target reductions in community onset *Staph. aureus* bacteraemias, aiming for an overall rate of no more than 25/100,000 population.**

## **Theme 2 – Optimising the use of antimicrobials**

This theme focuses on improving the use of antimicrobials to preserve future effectiveness and raising awareness with the workforce to optimise the use of antimicrobials.

### **Outcome – Antimicrobial stewardship and disposal**

#### UK AMR National Action Plan Targets for 2024 to 2029

The UK AMR National Action Plan sets out the two human health targets under this outcome. These are shown below.

**Target 4a:** by 2029, we aim to reduce total antibiotic use in human populations by 5% from the 2019 baseline.

**Target 4b:** by 2029, we aim to achieve 70% of total use of antibiotics from the Access category (new UK category) across the human healthcare system.

#### Situation at the end of the last National Action Plan period

At the end of the previous ten-year target to achieve a minimum 25% reduction in antimicrobial usage in the community from the 2013/14 baseline an overall 19.8% reduction was achieved in Wales. This showed good progress especially in the context of the increase in managing the Group A Streptococcus (also known as GAS, group A strep, strep A, and Streptococcus pyogenes) outbreak in 2022. The previous improvement goal to increase to or maintain the

proportion of antibiotic usage within the WHO access category to >55% of total antibiotic consumption was achieved by all health boards.

### Welsh antimicrobial usage improvement goals

The high-level antimicrobial usage improvement goals for 2024-2025 are set out below.

#### **Total Antimicrobial Usage**

Separate goals are defined for primary and secondary care with the aim of making the improvement goals for total antimicrobial usage more relevant and meaningful.

**Improvement Goal 11a:** a reduction in total antimicrobial use in primary care consistent with a trajectory required to achieve a minimum 10% reduction against the 2019/20 baseline by 2029/30. The measure is Defined Daily Doses and will be reported as DDDs/1000 STAR PU.

**Improvement Goal 11b:** a reduction in total antimicrobial use in secondary care consistent with a trajectory required to achieve a minimum 5% reduction against the 2019/20 baseline by 2029/30. Reported as DDDs/1000 occupied bed days.

#### **Proportion of total usage from with WHO 'Access' category**

**Improvement Goal 12:** a reduction in the total use of antibiotics from the Access category in both primary and secondary care consistent with a trajectory required to achieve at least 70% by 2029/30. The measure is Defined Daily Doses %.

### Analytical Support for Delivery of Improvement Goals

For 2024/25 Public Health Wales will analyse and report data, including trajectory reports, to inform and support delivery partners on the journey to achieve the improvements to meet the AMR National Action Plan targets by 2029/30.

Such analysis and support is highly dependent on the quality of the data on which it is based. It is essential health boards and primary care contractors continue to document the appropriate indication and clinical diagnosis (READ/SNOMED code) for all antimicrobial prescriptions.