



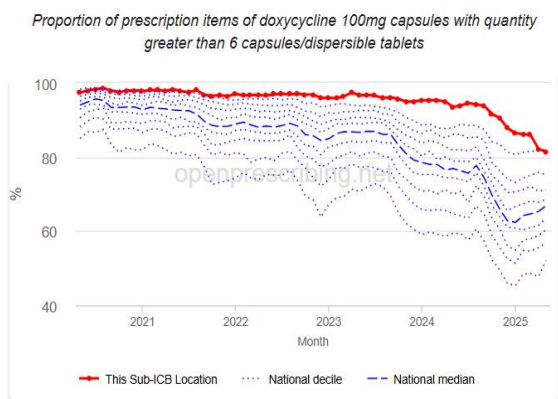
"Act Now: Protect Our Present, Secure Our Future"

[World Antimicrobial Resistance \(AMR\) Awareness Week \(WAAW\)](#) is soon approaching, and this year's theme highlights that AMR is a growing global threat that is already affecting our health. It is with us **now** and we need immediate sustained action.

This aligns with our inclusion of the antimicrobial option in this year's Prescribing Incentive Scheme. Even if your practice hasn't chosen this option, it is part of good antimicrobial stewardship to follow this guidance. All graphs below, as well as practice specific data can be found on [OpenPrescribing](#).

Practices have made **good progress** with last year's target of reducing the percentage of greater than 5-day courses of amoxicillin for simple common infections. Now, as we head into the winter months, we need to be mindful that we must continue to prescribe these short courses appropriately.

Antibiotic stewardship: courses for doxycycline 100mg greater than 6 capsules/dispersible

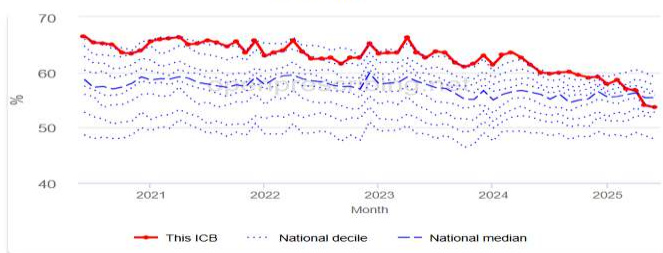


Coventry and Warwickshire (C&W) ICB currently prescribes a high percentage of greater than 5-day doxycycline courses (see red line on graph on the left) (**dosing is 200mg on day 1 and then 100mg once daily for 4 days**) for simple infections (see below); this has been included in this year's Quality Scheme:

- 1st line option for Infective Exacerbation of Chronic Obstructive Pulmonary Disease
- Penicillin allergy option for acute sinusitis *and*
- Penicillin allergy option for Community Acquired Pneumonia.

Antibiotic stewardship: three-day courses for uncomplicated UTIs

Proportion of commonly used antibiotics for urinary-tract infections prescribed for more than 3 days



The other part of this year's scheme focuses on prescribing 3-day antimicrobial courses for the treatment of simple, uncomplicated Urinary Tract Infections (UTIs). Data up until June 2025 (see red line on graph on right for C&W) shows that practices are already making some good progress in prescribing the shorter courses.

C&W ICB are demonstrating excellent progress in tackling AMR. By using antimicrobials responsibly, we can help prevent the emergence and spread of drug-resistant organisms.

Action Points: We must continue to:

- Only prescribe antimicrobials where it is clinically necessary.
- Use 5-day courses of amoxicillin and doxycycline where clinically appropriate.
- Use 3-day courses of antimicrobials for the treatment of simple, uncomplicated UTIs where clinically appropriate.
- Use broad spectrum antibiotics (e.g. co-amoxiclav, cephalosporins, quinolones) only when indicated.
- Adhere to the C&W Primary Care Adult Antibiotic Guidelines which are available [here](#).
- Utilise resources within the WAAW 2025 Campaign toolkit for healthcare providers available [here](#)

Contact The Medicines Optimisation Team:



cwicb.mot@nhs.net



www.happyhealthylives.uk/integrated-care-board

New C&W Chronic Asthma Prescribing Guidelines for Adults [CG049]

The new NICE/BTS/SIGN asthma guideline [NG245] was published on 27/11/24. [The guidance](#) aims to modernise asthma management, in particular to support more accurate diagnosis and introduce more effective treatment regimens, to improve outcomes for the 5.4 million people in the UK with asthma.

Key management changes include:

Combination therapy for new diagnoses:

- **Patients diagnosed with asthma should no longer be prescribed SABA alone.**
- Preferred inhaler management is with a combination inhaler containing both an inhaled corticosteroid (ICS) and a long-acting beta-agonist (LABA), in particular formoterol, as initial treatment for adults and adolescents with newly diagnosed asthma.
- The preferred regimen is Anti-Inflammatory Reliever (AIR) therapy for **mild asthma** and Maintenance and Reliever Therapy (MART) for **moderate asthma**.
 - AIR - Patients use the same ICS/Formoterol inhaler for reliever (PRN) doses.
 - MART - Patients use the same ICS/Formoterol inhaler for maintenance (BD) and reliever (PRN) doses.



The local APC guidance has now been updated in conjunction with the local acute trusts to reflect these updates and was approved at the July 2025 C&W Area Prescribing Committee meeting.

Preferred AIR/MART inhaler choices are stated in the [guidance](#). The guidance also includes comprehensive information to support diagnosis, inhaler choice decisions, reviews and secondary care referral criteria for patients with severe asthma.

Action Points:

- Practices should familiarise themselves with the new [C&W Adult Chronic Asthma Prescribing Guidelines](#)
- Newly diagnosed adult patients should be prescribed formulary AIR/MART inhaler regimens as per guidance
- Those patients with an existing diagnosis should be prioritised for review to AIR/MART as appropriate according to asthma control, with poorly controlled patients prioritised

Did you Know?

The following APC documents were approved at the July 2025 meeting:

- [Chronic Asthma Prescribing Guidelines for Adults](#)
- [Direct Oral Anticoagulation \(DOAC\) in Non-Valvular Atrial Fibrillation guidance](#)
- [Management of Overactive Bladder \(OAB\) in Adults](#)



A reminder that **any Controlled Drug (CD) enquiries for the NHS England Midlands CD Team now** need to be sent to England.midlandscd@nhs.net.

CD incidents or concerns should be submitted, as usual, via the **national CD Reporting Tool** – www.cdreporting.co.uk

A National Patient Safety Alert has been issued to all practices with regards to the **shortage of antimicrobial agents used in tuberculosis (TB) treatment** and can be found [here](#). These antimicrobials may be prescribed by practices as they are sometimes used for other indications. For up-to-date information on current stock availability, expected re-supply dates of impacted products, and details relating to unlicensed imports, please refer to the anti-TB medicines page on the [Medicines Supply Tool](#) (login required to access).

Contact The Medicines Optimisation Team:



cwib.mot@nhs.net



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