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The 18th – 24th November 2025 marks **World Antimicrobial Resistance Awareness Week (WAAW)**, a global campaign led by the World Health Organization to raise awareness of antimicrobial resistance and promote best practices to prevent the spread of drug-resistant infections.

Why It Matters-Antimicrobial resistance is one of the most urgent global health threats. Misuse and overuse of antibiotics in humans and animals are accelerating the development of resistant bacteria, making infections harder to treat, and increasing the risk of disease spread, severe illness, and death.

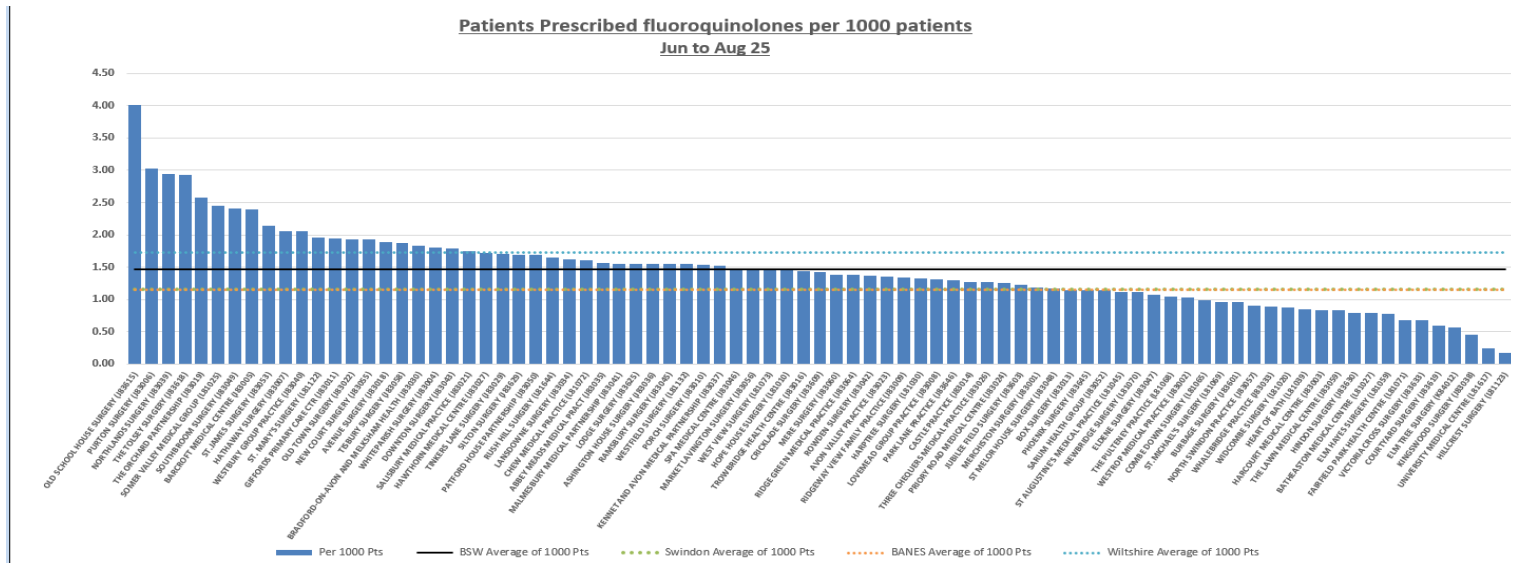
[Combatting antimicrobial resistance](#) – the second UK 5-year national action plan promotes optimal use of antimicrobials in humans by strengthening antimicrobial stewardship which includes a review of appropriate use of antibiotics, with the ambition to reduce antibiotic use in humans by 5% by 2029.

Some priorities to help achieve our UK AMR ambitions are outlined here-

Reduce Inappropriate Fluoroquinolone Prescribing

Fluoroquinolones must ONLY be prescribed when other antibiotics cannot be used. In May 2024, the MHRA issued a Drug Safety alert enforcing strict prescribing rules for fluoroquinolone antibiotics, following concerns over **serious and potentially irreversible side effects**. Fluoroquinolones, which include ciprofloxacin, ofloxacin, levofloxacin, and moxifloxacin, are linked to long-lasting side effects affecting tendons, muscles, joints, nerves, and mental health.

When a fluoroquinolone is prescribed patients must be informed about potential side effects and to discontinue treatment at the first signs of serious adverse reactions. They must seek immediate medical attention if symptoms such as tendon pain, muscle weakness, anxiety, depression, confusion or disorientation occur during treatment and should be supplied with the MHRA [Patient Information Sheet](#) which explains these serious risks. For more details, visit the [MHRA Drug Safety Update](#).



A SystmOne search to support audit of prescribing at your practice can be found here: Reporting -> Clinical Reporting -> BSW General Practice -> Medicines Optimisation Team -> j antibiotics -> AB07: Quinolone action group: issued in the last 1 month

Reduce inappropriate antibiotic prescribing in 0–9-year-old children

Current national prescribing data shows that one in three children under 10 years of age in England received an antibiotic in primary care over the past year—a 25% increase compared to pre-pandemic levels. Clinicians are encouraged to review prescribing practices and support efforts to restore antibiotic use in children to pre-pandemic levels. This includes applying antimicrobial stewardship principles, ensuring antibiotics are prescribed only when clinically indicated, and engaging in peer review and audit where appropriate.

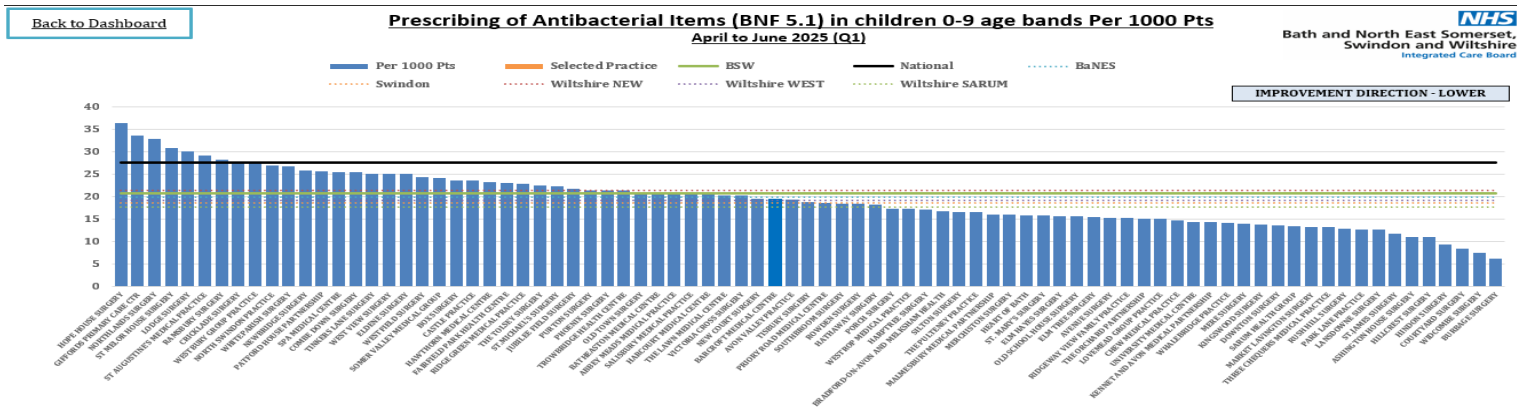
Restoring appropriate prescribing levels is essential to safeguarding children’s health and reducing the risk of antimicrobial resistance.

What are we asking practices do?

The following can be utilised by GP practices to help achieve this ambition:

- Consider a ‘no antibiotic’ strategy for upper respiratory tract infections (URTIs) where there is no symptomatic benefit, no reduction in risk of complications and avoided harm compared to backup or immediate antibiotics.
- Implement a backup prescription strategy. [Back-up antibiotic prescribing guidance for primary care](#)
- Refer to prescribing guidelines [Management of Infection Guidance for Primary Care](#) and use consultation templates (e.g. Ardens) and diagnostic tools (e.g. [Centor](#), [FeverPAIN](#) and [STARWAVE](#)) to guide decision making.
- Utilise the [TARGET self-care leaflet](#) (which can be [sent via Accurx](#))

Reduce inappropriate antibiotic prescribing in 0–9-year-old children-continued



A SystemOne search to support audit of prescribing at your practice can be found here: Reporting -> Clinical Reporting -> BSW General Practice -> Medicines Optimisation Team -> j antibiotics -> AB06: Antibiotics action group - issued in the last 1 month – aged 0-9

Reduce Amoxicillin course length to 5 days in adults

Unnecessarily prolonged courses of antimicrobial treatment are a key contributor to the growing threat of antimicrobial resistance (AMR) and increase the risk of Clostridium difficile infections. Evidence shows that **shorter courses of antibiotics are just as effective** as longer ones **for treating uncomplicated infections**.

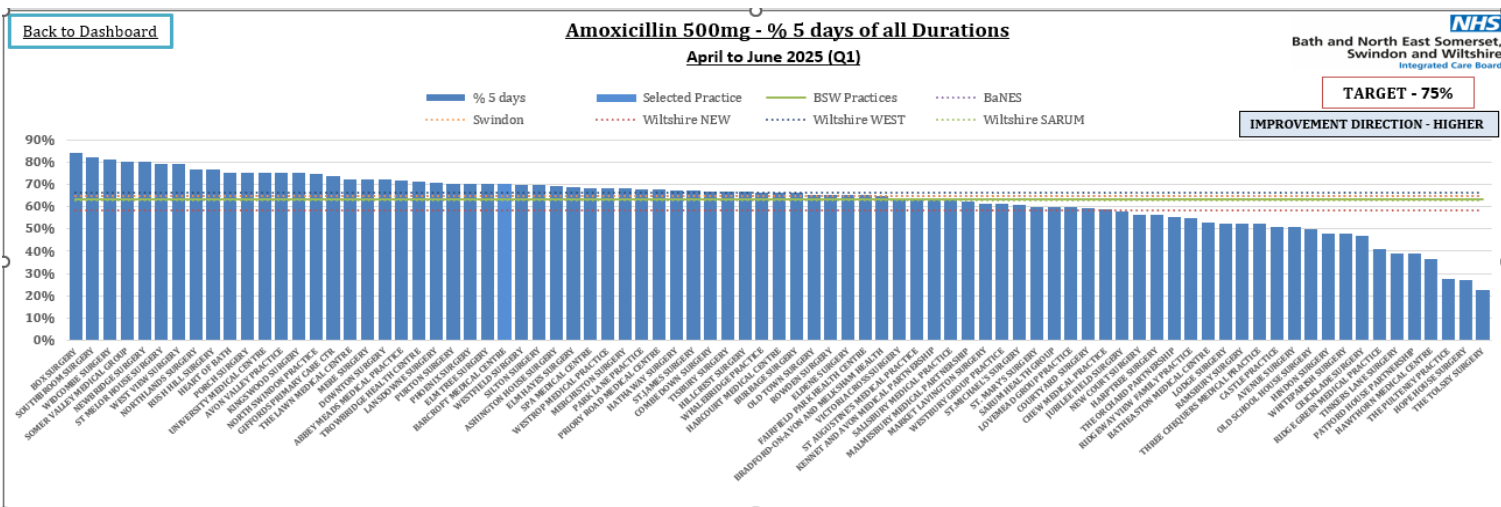
Recent studies, have reinforced this understanding, demonstrating that reducing the duration of antibiotic therapy does not compromise clinical outcomes in many common infections.

Reflecting this evidence, NICE has updated its guidance across a range of common infections. The guidance now routinely recommends prescribing the shortest effective course of antibiotics to:

- Minimise the selection pressure that drives antimicrobial resistance.
- Reduce the risk of adverse effects, including Clostridium difficile infection.
- Avoid unnecessary exposure to antibiotics, which can lead to long-term complications.

In most cases where antibiotics are indicated, **a five-day course is now the standard recommendation**. This approach supports better patient outcomes while preserving the effectiveness of antibiotics for future generations.

Using Arden's Infections Templates helps to prompt appropriate antibiotic choice and course length. Our local guidance can be found [here](#).



Although amoxicillin can be prescribed for different indications which may require different course lengths, this is a useful marker for discussion. The national aim is for 75% of all prescriptions for amoxicillin 500mg capsules to be for 5 days.

A SystemOne search to support audit of prescribing at your practice can be found here: Reporting -> Clinical Reporting -> BSW General Practice -> Medicines Optimisation Team -> j antibiotics -> AB02: Amoxicillin 500mg issues in the last 3 months. Search to support audit and course length optimisation.

Webinar Recording 'Optimising Antibiotic use in Children with Respiratory Tract Infections in Primary Care' Professor Alistair Hay is an academic GP based in the University of Bristol Centre for Academic Primary Care and practicing GP in Bristol. He presents the evidence base and how this translates to clinical practice. You can read more about his research [here](#) Watch the recording [20251002 South West Region Webinar - Optimising antibiotic use in children with respiratory trac.mp4](#)

Support WAAW and join the 'Antimicrobial Resistance (AMR) Empowering health professionals' webinar Monday 17th of November, 12.30pm to 1.30pm. The [webinar provides a focus on actions that health professionals can take to address AMR](#). *N.B: Invite previously shared to practices via email. We will share recording in MOP UP when available.*

Want to do more to reduce AMR?

PrescQIPP Bulletin 313: [Antimicrobial stewardship](#) and Open Prescribing [OpenPrescribing](#) include more data and AMS focus areas for you to review.

This newsletter represents what is known at the time of writing so information may be subsequently superseded. Please contact the Medicines Optimisation Teams with comments/feedback or information for inclusion. This newsletter is aimed at healthcare professionals working within BSW.