

**Confirmed Minutes of the Scottish Antimicrobial Prescribing Group Meeting**  
**Held on Tuesday 18<sup>th</sup> April 2017**  
**Healthcare Improvement Scotland, Delta House, Glasgow**

**Present:**

Dr Andrew Seaton (Chair), Consultant Physician, NHS Greater Glasgow and Clyde  
Dr Gail Haddock, General Practitioner, NHS Highland  
Dr Brian Cook, Medical Director, Acute Services, Royal Infirmary of Edinburgh  
Mrs Christine Gilmour, Chief Pharmacist, NHS Lanarkshire  
Mrs Alison Wilson, Director of Pharmacy, NHS Borders  
Professor Marion Bennie, Chief Pharmaceutical Advisor, National Medicines Utilisation Unit, Information Services Division  
Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland  
Ms Julie Wilson, AMR Manager, Health Protection Scotland  
Ms Rita Nogueira, Senior Information Analyst, National Services Scotland  
Dr Michael Lockhart, Medical Microbiologist, Health Protection  
Mrs Lesley Shepherd, Nurse Consultant, Infection Control, Health Protection Scotland/Healthcare Improvement Scotland  
Mrs Fiona McMillan, NES Pharmacy  
Mr Samuel Whiting, Infection Control Manager, NHS Borders  
Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran  
Dr Linsey Batchelor, Consultant Microbiologist, NHS Dumfries and Galloway  
Dr David Griffith, Consultant Microbiologist, NHS Fife  
Dr Robbie Weir, Consultant Microbiologist, NHS Forth Valley  
Professor Alexander Crighton, University of Glasgow Dental School  
Mr Abdul Mohana, PhD pharmacist, University of Strathclyde (Carbapenems study)  
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde  
Ms Anne Thomson, Lead Clinical Pharmacist Prescribing, NHS Greater Glasgow and Clyde  
Mr Howard McNulty, Public Partner  
Mrs Alison Cockburn, Antimicrobial Pharmacist, NHS Lothian  
Mrs Jo McEwen, Antimicrobial Nurse, NHS Tayside  
Professor Ian Gould, Consultant Microbiologist, NHS Grampian and Scottish Microbiology and Virology Network

**In attendance:**

Dr Jacqueline Sneddon, Project Lead Scottish Antimicrobial Prescribing Group  
Dr Siân Robson, Information Analyst, Scottish Antimicrobial Prescribing Group  
Ms Andrea Patton, Information Analyst, Scottish Antimicrobial Prescribing Group

**Guests:**

Ms Isabella Piassi Godol, Pharmacy PhD student from Brazil working at University of Strathclyde  
Ms Jean Sneddon, Project Manager IIP, National Services Scotland  
Dr Carlos Varon Lopez. Consultant Microbiologist, NHS Lanarkshire

**Apologies:**

Dr Adam Brown, Consultant Microbiologist and Infection Control Doctor, NHS Highland  
Dr Martin Connor, Consultant Microbiologist, NHS Dumfries and Galloway and Infection Control Doctors Group

Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire  
 Dr Charis Marwick, Clinical Senior Lecturer, University of Dundee  
 Dr Busi Mooka, Infection Diseases Consultant, NHS Tayside  
 Ms Susan Paton, Project Officer, Scottish Antimicrobial Prescribing Group  
 Professor Andrew Smith, Professor and Consultant Microbiologist, NHS Greater Glasgow and Clyde  
 Professor Alistair Leanord, Senior Medical Adviser HAI, Scottish Government  
 Ms Eleanor Anderson, Lead Consultant for CARS, Health Protection Scotland  
 Mrs Suzanne Clark, Public Partner  
 Dr Conor Doherty, Consultant in Paediatric Infectious Diseases, NHS Greater Glasgow and Clyde  
 Ms Rachael Dunk, Team Leader, Safe Team, Chief Nursing Officer Directorate  
 Ms Deirdre Harris, Nurse Consultant Infection Control, NHS Fife and Infection Prevention Society  
 Dr Simon Hurding, Medicines Management Adviser, NHS Lothian  
 Dr Alexander Mackenzie, Consultant in Infectious Diseases, NHS Grampian  
 Mrs Jacqueline MacRae, Head of Quality of Care, Healthcare Improvement Scotland (HIS)  
 Dr Gill Walker, Programme Director for HAI, NHS Education for Scotland  
 Dr David Wilks, Consultant Physician, NHS Lothian

	<b>Item</b>	<b>Action</b>
1.	<p><b>Welcome and Apologies</b></p> <p>The Chair acknowledged and thanked Dilip Nathwani for his great contribution to the work of SAPG and to antimicrobial stewardship in general. He welcomed all present and advised of apologies and guests as noted above. The chair briefly outlined some of the key challenges ahead particularly that of tackling AMR in the context of limited resources and restricted/costly alternative antimicrobials and the need to consider broader diversification of prescribing. He stressed the critical importance of engaging the wider non-specialist healthcare team in stewardship activity.</p>	
2.	<p><b>Declaration of interests</b></p> <p>The Chair requested that any member declarations of interest should be highlighted in advance of relevant items.</p>	
3.	<p><b>Membership changes and announcements</b></p> <p>There were no membership changes.          The Chair reported that the new SAPG website is under construction.</p>	
4.	<p><b>Minutes of the previous meeting held on 17<sup>th</sup> February 2017</b></p> <p>The minutes of the meeting held on 17<sup>th</sup> February 2017 were agreed subject to two minor amendments.</p>	
5.	<p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• <b>SAPG guidance on gentamicin and vancomycin</b>              JS advised that references have been added to the guidance and that this document will soon be updated on the website.</li> <li>• <b>Review of SAB quality indicators – discussion with HPS</b>              JS explained that board level SAB data could be obtained from NHS Discovery or from IC-NET alerts so these resources should be used, rather than collecting more data. It was noted that NHS Discovery was described at a previous SAPG event. LS advised that in Discovery, national data is 3 months behind but local data is updated on an ongoing basis. The Chair requested that boards share initiatives to improve SAB management:</li> </ul>	

	<p>GGC are putting SAB guidance in notes, considering stickers (at IPC team SAB review) and updating micro reporting; Grampian microbiology reports highlight SABs and advise 14 days IV treatment. WM advised that HPS are working on an Infection Portal for Discovery and this may support SAB management. It will be presented to SAPG once available.</p> <ul style="list-style-type: none"> <li>• <b>Nystatin suspension</b></li> </ul> <p>JS advised that previously different recommendations for dosing have been brought in line to consistently advise using a 1ml dose in adults.</p>	
	<p><b>Items for Discussion/agreement</b></p>	
<p>6.</p>	<p><b>Carbapenems quality improvement programme</b></p> <ul style="list-style-type: none"> <li>• <b>Conclusion of quantitative and qualitative studies (Presentation).</b></li> </ul> <p>ACo presented the findings from the survey of implementation of guidance and the results of the point prevalence survey. AM presented the findings from interviews, describing interviewees' views on initiation, continuation and potential improvements of meropenem prescribing.</p> <ul style="list-style-type: none"> <li>• <b>Project update and recommendations. (Paper 1)</b></li> </ul> <p>ACo summarised the paper and the three proposed recommendations for identifying and reviewing meropenem prescriptions.</p> <ul style="list-style-type: none"> <li>• <b>Output from discussion of carbapenem review at Antimicrobial Management Team (AMTs) national network event on 14<sup>th</sup> March 2017. (Paper 2)</b></li> </ul> <p>JS summarised the paper on the round table discussions about practicalities of reviewing meropenem prescriptions.</p> <p>There was support for the 3 recommendations. It was agreed that carbapenem review within 72 hours would be recommended to boards but not mandated by SAPG. Methods for highlighting and reviewing cases should be developed locally. It will be necessary to decide what constitutes a clinical review.</p> <p>It was suggested that SAPG develop guidance on de-escalation of meropenem in the absence of microbiological evidence. Additional points were raised to discuss at the upcoming meeting with SMVN: making recommendations on appropriate microbiology samples and on when to prescribe meropenem and when not to.</p> <p>It was agreed that implementation of the recommendations was crucial and that effective communication along with management support were required.</p> <p>MB raised that now may also be a good time to try to reach consensus on piperacillin/tazobactam (piptazo) preservation, given that there is a shortage. WM noted that the principles used in the carbapenems project could be applied to piptazo and also other IV antibiotics to improve review and ensure appropriate duration of therapy.</p> <p><b>Item 23: Piptazo shortage</b> was also discussed at this point.</p> <p>AS updated, that guidance from NHS GGC had been shared with boards to inform local plans for dealing with the piptazo shortage. Duration of the shortage is unknown but likely that stock will run out by the end of May.</p> <p>It was agreed that it would be helpful for SAPG to develop a national consensus on alternatives to piptazo for various indications to support AMTs. JS noted that this would also be helpful information for National Procurement in assuring supply of other antibiotics.</p>	

	<p>Members were asked to send their board level guidance for managing the piptazo shortage to JS for collation to enable a rapid response. An initial draft of the consensus guidance will be circulated as soon as possible for review by SAPG members with a view to finalising by the end of the month.</p> <p><b><u>Action: NHS Board responses to piptazo shortage to be sent to JS</u></b></p> <p><b><u>Action: Prepare draft consensus guidance and share with SAPG members for review</u></b></p>	<p>All</p> <p>JS</p>
7.	<p><b>Report on non-in-patient hospital antibiotic use. (Paper 3)</b></p> <p>SR summarised the paper showing that at national level based on data from 7 boards around 20% of antibiotics issued from hospital pharmacies go to non-inpatient departments. It was agreed that accurate data are difficult to obtain as boards use different systems and classification procedures. However, it is worth noting this finding and individual boards should consider how best to include non-inpatient areas in antimicrobial stewardship strategies. Particular areas of interest included “take home” packs in emergency departments and wards.</p>	
8.	<p><b>Infection Intelligence Platform (IIP) Final Report. (Paper 4)</b></p> <p>MB summarised the paper on the IIP to date which has linked 8 key datasets. WM explained that in future, IIP will be embedded in the SAPG informatics workstream. MB advised that the programme has formed part of national informatics development that may ultimately become a general platform rather than separate components relating to different disease states.</p>	
9.	<p><b>Evaluation of implementation of nurse workbook. (Paper 5)</b></p> <p>JMcE summarised results of the feedback survey for the nurse workbook. Feedback was generally positive, and although uptake of the workbook was reported to be poor, this may in part be due to poor engagement with the survey.</p> <p>LS noted it is important to understand why 20% of respondents did not feel the workbook was relevant. There was discussion about understanding of the word “stewardship” and the perception that this relates to prescribing.</p> <p>It was suggested that increased uptake may be more feasible if the resource was separated into shorter modules similar to ScRAP2 that staff could complete in under 30 minutes. Separate modules for primary care, secondary care and prescribing were also proposed. Other options for increasing uptake were discussed, such as making it mandatory, including it in nurse undergraduate teaching and in the non-medical prescribing course, recommending using it for nurse revalidation, having it on NES stands at events, and keeping it available through LearnPro.</p> <p>JS advised that SAPG and NES are awaiting the outcome of an application for funding in 2017 -18 to support implementation and add content specifically for community settings including care homes.</p> <p>There was discussion on how to best advocate for the workbook (and AMS for nurses in general). JMcE stated that completion of the work book is mandatory for IPC and ID nurses in Tayside and they had been great advocates amongst the nursing body. It was agreed this was a useful approach for other boards to consider.</p>	

<p><b>10.</b></p>	<p><b>European Antibiotic Awareness Day (EAAD) Evaluation Reports. (Paper 6)</b></p> <p>JS summarised the paper on 3 feedback surveys for EAAD.</p> <p>AMT feedback was similar to previous years and included new ideas for activities. This information feeds into a UK response to ECDC.</p> <p>Response rate from the survey to Community Pharmacists about their 4-week Public Health campaign focused on AMR was poor but feedback on the resources and usefulness for increasing awareness amongst patients was positive. A network of Community Pharmacist Champions has been identified and in future this will be utilised to improve engagement.</p> <p>HM described the public partner feedback which was also positive and suggested creating a list of ideas for future activities. HM noted that there is no follow-up of people who have registered as Antibiotic Guardians so members of the public who could help are not being utilised.</p> <p>JS advised that EAAD 2017 will focus on children and young families, but funding for SAPG resources and for the Community Pharmacy campaign has yet to be confirmed. JS is presenting on SAPG work and EAAD at the Royal Pharmaceutical Society (RPS) Scottish Board meeting next week and will discuss how RPS can support this agenda further.</p>	
<p><b>11.</b></p>	<p><b>Proposals for new work in 2017-18. (Paper 7)</b></p> <p>AS advised that several SAPG projects are near completion and described eight potential new pieces of work to address current issues.</p> <p>Support from SAPG members would be required and AS encouraged anyone interested to notify JS.</p> <p><b>1. Educational resource for day 3 hospital antibiotic review.</b> This would involve reviewing evidence and creating a resource modeled on ScRAP2. LS was keen to be involved from an improvement perspective.</p> <p><b>2. Antifungal stewardship.</b> Creating national guidance on antifungal stewardship. This work will be discussed further with SMVN. Initially it will involve reviewing national data and WM advised that data on antifungals will be included in the next AMR annual report and that early analyses could be shown at a SAPG meeting soon. ACo advised that the next ASAP education day in June will have a session on antifungals.</p> <p><b>3. Penicillin allergy.</b> Improving clarification and documentation of penicillin allergy, review of allergy history and communication of de-labelling. JMcE advised that a new Immunology Consultant in NHS Tayside has recently started a service for skin testing and agreed to share contact details.</p> <p><b>4. Redundant prescribing.</b> Reducing redundant use of antibiotics including metronidazole and amoxicillin. Generic guidance could be created from a review of boards' empiric policies. WM suggested this work fits with the 'realistic medicine' agenda.</p> <p><b>5. Antibiotic prescribing in dentistry.</b> Investigate guidance and antibiotic use. WM advised that he is already in communication with individuals interested in doing this, but that it needs to be brought together into a coherent group and objectives.</p> <p><b>6. Nursing antimicrobial stewardship.</b> As previously discussed under item 9 consider update to format of the workbook and find ways to promote it.</p> <p><b>7. UTI prophylaxis in children.</b> Review evidence on stopping UTI prophylaxis in children and develop national consensus. GH agreed that this would be a good idea and suggested that paediatric guidance more broadly would be helpful for GPs. JS proposed that CD might lead a paediatric subgroup.</p>	

	<p><b>8. Renal toxicity with gentamicin.</b> Review renal registry rates and ITU admissions. It was noted that ototoxicity also important but more difficult to capture data.</p> <p><b>Other suggestions for new work from SAPG members:</b></p> <ul style="list-style-type: none"> <li>• WM suggested reviewing how recent advances in microbiology and genomics impact antimicrobial stewardship in collaboration with SMVN. Noted that this topic was under discussion for the next learning event with SMVN</li> <li>• WM suggested looking at diversification of antibiotics: possibly reintroducing or repositioning restricted antibiotics such as cephalosporins and quinolones. Noted that there was potentially an urgent need to address this in the context of shortages of piptazo and aztreonam</li> <li>• HM suggested involving Community Pharmacists more in defined programmes of stewardship activities. JS advised she will discuss with RPS.</li> </ul> <p>It was agreed that all new projects should fit within the current SAPG workstream framework of surveillance, improvement and education and that linking to patient safety or realistic medicine was important.</p> <p><b><u>Action: Members who are interested in working on any of these projects were asked to contact JS.</u></b></p>	All
12.	<p><b>June AMT Event – Microbiology and Antimicrobial stewardship in collaboration with the Scottish Virology and Microbiology Network (SMVN)</b></p> <p>The programme for this event to be held on 6<sup>th</sup> June in Delta House is currently being put together.</p>	
13.	<p><b>Proposal for next AMT Survey.</b></p> <p>JS explained that surveys have been used to seek feedback from AMTs on implementation of SAPG advice and also seek information on local initiatives. The last survey was 2 years ago and formed part of the Carbapenems programme. A survey is planned for early summer and will contain questions on implementation and impact of the Antimicrobial Companion app. and about gentamicin and vancomycin use. It will be distributed via email with a link to an on-line survey. AMTs should discuss their responses and submit one response per AMT.</p>	
	<p><b>Items for Update</b></p>	
14.	<p><b>UK Antimicrobial Resistance Strategy</b></p> <p>JS advised that a new strategy is due next year and the Department of Health are currently writing an update report on progress during 2016.</p>	
15.	<p><b>Controlling Antimicrobial Resistance in Scotland (CARS) update</b></p> <p>The Chair reported that a meeting was held last month in which animal and environmental aspects of AMR were discussed. A paper from Glasgow Caledonian University on behavior change was presented, which might be worthwhile hearing about in a future SAPG meeting.</p>	

16.	<p><b>Proposal for new antimicrobial prescribing quality indicators – progress within Scottish Government</b></p> <p>JS reported that discussions on the hospital quality indicators to reduce total use, piptazo and carbapenems proposed by SAPG are still ongoing within Scottish Government, but that they are expected to be approved.</p>	
17.	<p><b>Antimicrobial app. update</b></p> <p>JS advised that the wording of measures in the audit tool is being updated to ensure clarity after discussions with ASAP. An Editors’ Guide is now available and guidance on using the audit tool and generating reports will soon be available.</p> <p>It is anticipated that the audit tool will be available in May but SR advised that the Extranet should still be used until updates to the audit tool in the app have been completed. Additional measures for the outcome of clinical review and whether carbapenems were prescribed are being added to the measures already collected.</p> <p>It was agreed that the definition of a “clinical review” should be a review conducted by a prescriber that is documented with a date. If antibiotics are continued, ideally there should be a reason given; however, it is not realistic to assess the appropriateness of the justification or the clinical evidence for continuing.</p> <p>Discussions concluded that there should be two options on the app relating to continuing antibiotics: continue with no justification given and continue with a justification given.</p> <p>Agreed that the audit tool will be tested by ACo in Lothian and YG in GGC before rolling out.</p>	
18.	<p><b>National Point Prevalence Survey report</b></p> <p>WM advised that this is due to be published on the 23<sup>rd</sup> of May.</p>	
19.	<p><b>ARHAI work on inappropriate prescribing in hospitals</b></p> <p>The Chair advised that he attended a workshop with the Department of Health. The formal report is not yet available, but NHS England have proposed a target for approximately 5% reduction in primary care prescribing of antibiotics (to approximate with 50% reduction in appropriate use) and have proposed indicators for appropriate prescribing in hospitals including recording of indication, appropriateness of the antibiotic and appropriateness of duration. The final report will be shared with members when available.</p>	
20.	<p><b>Feedback of antibiotic prescribing information in primary care project update</b></p> <p>WM reported that the first phase of this project that involved emailing reports to 50% of practices in four boards is complete. Preliminary data will be brought to SAPG in June. From October 2017, the programme will be rolled out nationally. AMTs will be contacted to identify who is the best local contact in each board for this project.</p>	
	<p><b>Items for information</b></p>	
21.	<p><b>SMC advice</b></p> <p>JS reported that Zavicefta (ceftazidime/avibactam) has been launched but it seems unlikely that the company will make a submission to SMC.</p> <p>JS plans to discuss with SMC the situation where new antibiotics are not submitted to SMC which normally leads to SMC ‘not recommended’ advice, which may cause problems for board requiring to use them in selected patients with resistant infections.</p>	

22.	<p><b>NICE Quality Standard for Sepsis</b>          JS sent minor comments on this quality standard to NICE about data collection and the wording of requirements for prompt antibiotic treatment.</p>	
	<p><b>AOCB</b></p>	
23.	<p><b>Shortage of piperacillin/tazobactam</b>          This was discussed earlier in the meeting. See item 6.</p>	
24.	<p><b>Chloramphenicol price increase</b>          It was noted that the prices of chloramphenicol and liquid nitrofurantoin have greatly increased. The Chair recommended that members be aware of increases in the price of antibiotics generally, and to raise any substantial increases at SAPG to ensure members know about them.</p>	
25.	<p><b><u>Date of next meeting</u></b>          Date of next meeting is Tuesday 20<sup>th</sup> June 2017 at 12:30 in Delta House, Glasgow.          The following meeting will take place on Tuesday 22<sup>nd</sup> August 2017 in Delta House, Glasgow.</p>	