

Confirmed Minutes of the Scottish Antimicrobial Prescribing Group Meeting
Held on Tuesday 20th June 2017
Healthcare Improvement Scotland, Delta House, Glasgow

Present:

Dr Andrew Seaton (Chair), Consultant Physician, NHS Greater Glasgow and Clyde
Dr Gill Walker, Programme Director for HAI, NHS Education for Scotland
Mrs Christine Gilmour, Chief Pharmacist, NHS Lanarkshire Professor Marion Bennie, Chief Pharmaceutical Advisor, National Medicines Utilisation Unit, Information Services Division
Dr Charis Marwick, Clinical Senior Lecturer, University of Dundee
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
Dr Busi Mooka, Infection Diseases Consultant, NHS Tayside
Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran
Professor Brian Jones, Consultant Medical Microbiologist, NHS Greater Glasgow & Clyde,
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire
Dr David Griffith, Consultant Microbiologist, NHS Fife
Dr David Wilks, Consultant Physician, NHS Lothian
Mr Howard McNulty, Public Partner
Mrs Suzanne Clark, Public Partner
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde
Dr Conor Doherty, Consultant in Paediatric Infectious Diseases, NHS Greater Glasgow and Clyde
Bryan Marshall, Consultant Microbiologist, NHS Dumfries and Galloway
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
Dr Martin Connor, Consultant Microbiologist, NHS Dumfries and Galloway and Infection Control Doctors Group
Dr Eleanor Anderson, Lead Consultant for CARS, Health Protection Scotland
Professor Andrew Smith, Professor and Consultant Microbiologist, NHS Greater Glasgow and Clyde
Dr Robbie Weir, Consultant Microbiologist, NHS Forth Valley
Ms Deirdre Harris, Nurse Consultant Infection Control, NHS Fife and Infection Prevention Society
Mrs Jill Nowell, Lead Prescribing Adviser, NHS Tayside
Mrs Alison Macdonald, Lead Antimicrobial Pharmacist, NHS Highland (videoconference)
Dr Adam Brown, Consultant Microbiologist and Infection Control Doctor, NHS Highland (videoconference)

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
Professor Alistair Leanord, Senior Medical Adviser HAI, Scottish Government

Guests:

Shona Cairns, Principal Healthcare Scientist, Health Protection Scotland (PPS presentation)
Abdul Mohana, PhD pharmacist, University of Strathclyde (Paper 10)

Prof Alex Mullen, Institute of Pharmacy and Biomedical Sciences, University of Strathclyde
 Donna Leith, Operations Manager for SMC
 Siobhan Ramage, Commodity Manager (Antimicrobials), National Procurement
 Paul Ryan, Advanced Specialist Pharmacist Primary Care & Emergency Planning, National Procurement
 Jenny Armstrong, Information Analyst, NSS
 Alistair Beith, Information Analyst, NSS
 Renata C. R. Macedo do Nascimento, Pharmacy PhD Student, University of Strathclyde

Apologies:

Dr Gail Haddock, General Practitioner, NHS Highland
 Ms Susan Paton, Project Officer, Scottish Antimicrobial Prescribing Group
 Dr Brian Cook, Medical Director, Acute Services, Royal Infirmary of Edinburgh
 Ms Anne Thomson, Lead Clinical Pharmacist Prescribing, NHS Greater Glasgow and Clyde
 Mrs Alison Wilson, Director of Pharmacy, NHS Borders
 Dr Simon Hurding, Medicines Management Adviser, NHS Lothian
 Dr Alexander Mackenzie, Consultant in Infectious Diseases, NHS Grampian
 Mr Samuel Whiting, Infection Control Manager, NHS Borders
 Mrs Jacqueline MacRae, Head of Quality of Care, Healthcare Improvement Scotland (HIS)
 Professor Alexander Crighton, University of Glasgow Dental School
 Ms Rachael Dunk, Team Leader, Safe Team, Chief Nursing Officer Directorate
 Mrs Abigail Mullings, HAI Professional Adviser, Scottish Government
 Mrs Fiona McMillan, NES Pharmacy

	Item	Action
1.	Welcome and apologies for absence The Chair welcomed all present and advised of apologies and guests as noted above.	
2.	Declaration of interests The Chair requested that any member declarations of interest should be highlighted in advance of relevant items.	
3.	Membership changes <ul style="list-style-type: none"> • Eleanor Anderson, Lead Consultant for CARS, Health Protection Scotland has joined the group representing the CARS programme. • Brian Jones, Consultant Medical Microbiologist NHS Greater Glasgow & Clyde, Medical Director SPDRL and Honourary Professor University of Glasgow has joined the group representing GGC AMT and leading the antifungal stewardship project. • Bryan Marshall, Consultant Microbiologist in NHS Dumfries and Galloway is replacing Linsey Batchelor. • Mairi Macleod, Consultant Microbiologist will be deputy SMVN representative and will join the August meeting. • Siân Robson, SAPG Information Analyst is leaving to take up post as a Research Fellow with University of Edinburgh based at the Western General Hospital. The Chair thanked Siân for her work on prescribing indicators, IIP, the carbapenems project, ScRAP2 and the app audit tool. • Jenny Armstrong, Information Analyst, NSS is being promoted so will not attend again. The Chair thanked her for her work on reports on national antimicrobial use and on the IIP. 	
4.	Minutes of the previous meeting (Paper 1) The minutes of the meeting held on 18 th April 2017 were agreed without amendment.	

5.	<p>Matters arising:</p> <ul style="list-style-type: none"> • Consensus guidance on piperacillin/tazobactam <p>JS reported that guidance on management of the shortage of piperacillin/tazobactam has been produced and circulated. No feedback was received so acceptance of the guidance is assumed.</p> <p>SRa confirmed that the shortage will likely continue until around September this year, and that procurement are also looking into the pressure on the ceftazidime supply. Co-trimoxazole is back in stock, aztreonam is still in short supply. Confirmed that National Procurement have a shortage risk register but responsibility for any clinical risk due to shortages should be registered by boards.</p>	
	<p>Items for discussion/agreement</p>	
6.	<p>National Point Prevalence survey report (Presentation)</p> <p>SC presented the results of the national PPS conducted in Autumn 2016. She reported that since the previous PPS in 2011, the population sampled was older and more unwell. More than a third of patients sampled were on antimicrobials; the most common organisms causing HAIs were gram negative bacteria; broad spectrum antibiotics were prescribed in 10% of patients, which is higher than 2011. She gave several suggestions of areas for quality improvement and invited SAPG members to make suggestions for any additional analysis from this rich dataset.</p> <p>HM asked how the priority areas suggested will be acted upon. AL clarified that SARHAI will ask SAPG to develop methods to tackle these. ML queried the proportion of paediatric patients on piptazo, CD explained this is because children on antimicrobials are generally being treated for severe conditions like sepsis.</p>	
7.	<p>Overview of the CARS programme (Presentation)</p> <p>EA gave an overview of the activities of the CARS programme, which is the Scottish response to the UK AMR strategy. The programme has a strategic planning role and is delivered by a multidisciplinary group in HPS in partnership with other groups like SAPG and NES. The approach taken is that of 'One health' – taking into consideration human, animal and environmental factors that all contribute to AMR. CARS collates animal and environmental surveillance data and this will feature in the annual report on antimicrobial use and resistance for 2016. The programme also encourages development of new treatments, enables partnerships between researchers and supports work on educational strategies and behaviour change interventions.</p> <p>A new website has been created to bring together information about biosecurity and prescribing guidance www.scotlandshelthyanimals.scot/</p> <p>The Chair thanked EA for a comprehensive summary of the CARS work programme.</p>	

8.	<p>Implementation of Feedback of Antimicrobial Prescribing in Primary Care (FAPPC) (Paper 2 and appendix)</p> <p>WM described the initial results from this project, where quarterly reports were emailed to 50% of GP practices in 4 health boards to give them information about their prescribing practice benchmarked with the 25th percentile in their board and at national level. The reports each focused on a specific area of prescribing e.g. respiratory infections, urinary tract infections, and provided links to resources to support improvement. Initial results after the first year of this project show overall antimicrobial prescribing is 4.1% lower in the pilot practices compared with control practices. WM advised that the programme could be rolled out to all practices in October 2017 and there is very little additional cost or manpower to do so. Further evaluation of the results would also be conducted.</p> <p>For the pilot reports were accompanied by a covering letter signed by the CMO and Dilip Nathwani, as Chair of SAPG, but WM suggested that for roll out it would be preferable if reports letters were signed by a local champion. The group agreed that local clinical leads should sign the covering letter and that this programme should be rolled out nationally from October. It was agreed that Prescribing Advisers and GP quality clusters should be involved to promote this project locally. Longer term analyses could include investigating qualitative data from practices who have shown a change in prescribing to find out how they did so; look at whether it is a cost-saving measure; whether there are any adverse effects; and whether the impact is sustainable.</p> <p><u>Action: Identify local clinical leads and Prescribing Advisers in each health board</u></p>	AMTs
9.	<p>Role of nurse specialist in antimicrobial stewardship (Paper 3)</p> <p>The Chair congratulated JM on receiving a Staff Engagement award at the Antibiotic Guardian Awards recently held in London for work in Tayside with nursing staff for European Antibiotic Awareness Day 2016.</p> <p>JM outlined the plan to establish a Nursing Antimicrobial Stewardship (AMS) group to translate SAPG work into operational and strategic nursing workplans and support the evolving nursing role in stewardship. There was an identified need for peer support, a coordinated approach to address learning needs and realise research opportunities. There was full support from the group for this proposal. It was discussed that the group should cover primary and secondary care; that it will be important to obtain backing from nurse directors, management and the Infection control community; and that it would be beneficial for the group to collaborate with other professional groups and with NES. It was agreed that initially the group will be established for nurses but in future could include other non-medical prescribers.</p> <p><u>Action: Proceed with establishing a Nursing AMS group</u></p>	JM

<p>10.</p>	<p>New Projects</p> <p>Driver diagram for new work in 2017-18 (Paper 4) AS described the driver diagram for SAPG’s work. It was agreed that it is a good start to demonstrate how the various elements of work align with the Realistic Medicine agenda. Some amendments and additions were suggested.</p> <p>Antifungal stewardship</p> <ul style="list-style-type: none"> • Antifungal use data (Paper 5) WM described preliminary data on antifungal use in acute hospitals in Scotland from 2012-2016. He noted that there are some issues with these data which are being investigated. A section on antifungals will be included in the next AMR report. Data from HMUD are only available at hospital level, but SC suggested using the PPS data to look at data at specialty level. • Antifungal Stewardship - Terms of Reference (Paper 6) AS described the terms of reference for a new antifungal stewardship (AFS) group. Some additional members have been recruited but it was suggested that the group should also include someone from respiratory medicine. The group will also link in with the 3 regional cancer networks. <p>Penicillin allergy de-labelling – Terms of Reference (Paper 7) AS outlined plans for a steering group on penicillin allergy assessment. The focus will initially be on hospitals as that is where testing and de-labelling of allergy can take place. However, it was recognised that assistance in primary care would be beneficial, perhaps providing a toolkit for identifying a true allergy, to reduce mislabelling. IG nominated a trainee colleague from Grampian to join the group, and Helen Freeman, a paediatrician from Highland was also nominated. It was proposed that a GP representative should also be recruited.</p> <p>Education resource to support day 3 review – Terms of Reference (Paper 8) JS described the terms of reference for a steering group to develop an education resource for day three hospital antibiotic review which will be led by SD, working closely with NES. LS has already volunteered and ACo also requested to be involved. The format of the ScRAP2 programme will be utilised to incorporate a quality improvement approach.</p> <p>National comparison of antibiotic choices for severe infections (Paper 9) AS described plans to create national guidance for choice of antibiotic in severe infections and advised that this aligns well with plans for a Single National Formulary. The group agreed that a consensus could be reached for the conditions identified that would take into account relevant literature and data on local patterns of resistance. Noted that national guidance would reduce workload for AMTs in regularly reviewing local guidance.</p> <p>Paediatric stewardship AS proposed forming a steering group for paediatric AMS that would be led by CD. All agreed this was a good idea and CD will liaise with AS and JS about who to involve. GH has also noted interested to bring primary care perspective</p> <p>JS advised that the first meetings for the various new groups will likely be held in August or September in Delta House with teleconference facilities available if required. AS advised that opportunity for SAPG members and any colleagues with an interest in one of the areas to contribute to the new projects.</p> <p>Action: Details of any further volunteers to be sent to JS</p>	<p>All</p>
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	Items for update	
11.	<p>Scottish Healthcare Associated Infection Prevention Institute (SHAIPi) MB described this new collaboration between NSS and several universities which will be working on various aspects of HAI. One element will be developing a risk assessment tool for CDI. Clinician input is needed and members were asked to consider helping with this project.</p> <p>Action: Anyone interested in contributing should contact MB, WM or CM.</p>	All
12.	<p>Hospital Quality Indicators</p> <ul style="list-style-type: none"> • Quantitative - Percentage reduction targets JS confirmed that the quality indicators of a 1% reduction in total antibiotics, carbapenem and piptaz use proposed at the SAPG meeting in August 2016 have been accepted by Scottish Government. AMTs have been notified and a letter will also be sent to board managers within the next few weeks. • Qualitative - Audit tool on Antimicrobial Companion app (Demonstration) SR demonstrated use of the new Antimicrobial Companion audit tool for collection of quality indicator data which will be made available once testing is complete. Guidance notes are available embedded in the tool and Lead Antimicrobial Pharmacists will be provided with full details of how to use the audit tool. 	
13.	<p>Carbapenems quality improvement programme</p> <ul style="list-style-type: none"> • Further analysis of PPS data SR described a new reporting grid within the NAS-PPS website that allows investigation of the results of the 2015 PPS on carbapenems and piptaz use in more detail. It will only be available until the 31st of July. SAPG are saving out key variables for all hospitals, but boards are encouraged to save any specific measures they are interested in to their own networks. Lead Antimicrobial Pharmacists have been given information about using the tool. • Report on interviews with clinicians (Paper 10) MB asked members to note the four key outcomes of interviews on use of meropenem and alternative Gram negative agents as described in the paper. The financial cost of alternative agents was raised and it was agreed that a national agreement on how to use these agents would help to make the financial case to board ADTCs. • Journal article A paper describing the full carbapenems project is being drafted for submission to a peer-reviewed journal. 	
14.	<p>Antimicrobial Management Team survey JS advised that a survey has been developed to obtain feedback from AMTs on the Antimicrobial Companion app, gentamicin and vancomycin resources and ScRAP2. The survey will be circulated soon with a completion time of one month.</p>	
15.	<p>SAPG and SMVN event 6th June – feedback JS reported that the collaborative event was a great success and feedback from delegates was excellent. Ongoing collaboration with SMVN and further joint events are planned. Presentations and a summary of the round table discussions will be made available on the SAPG website by the end of June.</p>	
16.	<p>National Prescribing Safety Assessment (PSA) JS and AM participated in the annual author workshop at the University of Warwick and the outcome was that 35 questions on antimicrobial use and management of infection were finalised for the 2018 bank of questions. The PSA exam is mandatory for all UK final year medical students and also for many non-medical prescriber courses. JS and AM will continue to contribute as authors.</p>	

	Items for Information	
17.	Antimicrobial prophylaxis guidance for bomb blast victims AS advised that PHE have produced guidance on antimicrobial prophylaxis in bomb blast victims. GGC have made their own guidance, which is more relevant for Scotland and which is available for others to use.	
18.	Updated Health Protection Network CDI Guidance JS received several comments on this update of national guidance and has submitted the comments to the Health Protection Network.	
19.	SMC advice on new medicines JS advised that some new antimicrobials coming to market may not be submitted by the manufacturers for assessment by SMC which will result in SMC issuing 'Not recommended' advice to boards. JS has raised this issue with SMC and they have agreed to encourage companies to submit to SMC and to highlight the opportunity to utilise their process for medicines with low numbers of patients. For any new antimicrobials which are 'Not recommended' boards should continue to utilise local systems to access these medicines for any patients that require them.	
20.	Antibiotic dosage in obesity guidance JS advised that this update of guidance from UKMI by the Association of Scottish Antimicrobial Pharmacists is undergoing final sign off within Healthcare Improvement Scotland and will be made available via the SAPG website in July.	
	AOCB	
21.	Oral antibiotics in colorectal surgery YG highlighted recent change in practice to use oral antibiotics as prophylaxis in left-sided colorectal resection. Some other boards considering also. This follows guidance from WHO.	
22.	Antibiotic shortages SRa and PR advised that issues with supply of oral trimethoprim should be resolved soon. They agreed that a representative from National Procurement could attend the next SAPG meeting to present on pricing issues and processes to manage stock shortages.	
23.	Education on topical management of acne and rosacea JS passed on information from Galderma that they have non-promotional resources available to support primary care education sessions on use of topical treatments to reduce need for oral antibiotics in acne and rosacea. If anyone is interested JS can provide details.	
24.	NICE Guidance on sinusitis JS has received comments from several SAPG members on this document and has submitted these to NICE.	
	Other business <ul style="list-style-type: none"> • National consensus on antibiotic prophylaxis for endocarditis in dental practice ASm advised he has written guidance for NHS Greater Glasgow and Clyde on when to consider using antibiotics for endocarditis prophylaxis in patients undergoing dental procedures. He is happy to share this with other boards on request. • BASHH guidance BM raised that there is new guidance out for consultation on treatment of Pelvic Inflammatory Disease which advocates use of moxifloxacin for some cases. She will share these documents if requested. 	
25.	Date of next meeting – 22nd August 2017 Following meeting: 24 th October 2017	