

**Confirmed Minutes of the Scottish Antimicrobial Prescribing Group Meeting
Held on Tuesday 24th October 2017
Healthcare Improvement Scotland, Delta House, Glasgow**

Present:

SAPG Project Board

Dr Andrew Seaton (Chair), Consultant Physician, NHS Greater Glasgow and Clyde
Dr Gail Haddock, (Vice Chair) General Practitioner, NHS Highland
Dr Jacqueline Sneddon, Project Lead Scottish Antimicrobial Prescribing Group
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

SAPG Support Services

Ms Andrea Patton, Information Analyst, Scottish Antimicrobial Prescribing Group
Ms Susan Paton, Project Officer, Scottish Antimicrobial Prescribing Group

National Services Scotland

Dr Michael Lockhart, Medical Microbiologist, Health Protection Scotland
Ms Rita Nogueira, Senior Information Analyst, National Services Scotland
Mr Alastair Beith, Information Analyst, National Services Scotland
Ms Julie Wilson, AMR Manager, Health Protection Scotland

Antimicrobial Management Teams

Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran
Dr Bryan Marshall, Consultant Microbiologist, NHS Dumfries and Galloway
Dr David Wilks, Consultant Physician, NHS Lothian
Dr Busi Mooka, Consultant Physician, NHS Tayside
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire
Dr David Griffith, Consultant Microbiologist, NHS Fife
Dr Ian Gould, Consultant Microbiologist, NHS Grampian

Representing professional groups and specialties

Mrs Alison Cockburn, Antimicrobial Pharmacist, NHS Lothian (Association of Scottish
Antimicrobial Pharmacists)
Dr Conor Doherty, Consultant in Paediatric Infectious Diseases, NHS Greater Glasgow and
Clyde
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde
(Professional Secretary for ScotMARAP)
Dr John Harden, Consultant in Emergency Medicine, NHS Lanarkshire, and National Clinical
Lead for Quality & Safety Scottish Government
Dr Mairi Macleod, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Scottish
Microbiology and Virology Network)
Mrs Jo McEwen, Antimicrobial Nurse Specialist, NHS Tayside (Nursing)
Dr Ruth Robertson, Health Protection Education Programme Manager Health Protection
Scotland/NHS Education for Scotland.
Mrs Lesley Shepherd, Nurse Consultant, Infection Control, Health Protection Scotland
Ms Anne Thomson, Lead Clinical Pharmacist Prescribing, NHS Greater Glasgow and Clyde
(Scottish Prescribing Advisers Association)

Public partners

Mr Howard McNulty, Public Partner

Guests:

Ms Jean Sneddon, Project Manager, NSS

Mrs Sara Twaddle, Director of Evidence, Healthcare Improvement Scotland and Chair of SAPG Project Board

Apologies:

Dr Eleanor Anderson, Consultant in Public Health Medicine, Health Protection Scotland (CARS programme)

Dr Adam Brown, Consultant Microbiologist and Infection Control Doctor, NHS Highland
Mrs Suzanne Clark, Public Partner

Ms Rachael Dunk, Team Leader, Safe Team, Chief Nursing Officer Directorate

Dr Simon Hurding, Medicines Management Adviser and General Practitioner, NHS Lothian

Professor Brian Jones, Consultant Medical Microbiologist, NHS Greater Glasgow & Clyde

Professor Alistair Leanord, Senior Medical Adviser HAI, Scottish Government

Dr Alexander Mackenzie, Consultant in Infectious Diseases, NHS Grampian

Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland

Dr Charis Marwick, Clinical Senior Lecturer, University of Dundee

Mrs Abigail Mullings, HAI Professional Adviser, Scottish Government

Professor Alexander Crichton, University of Glasgow Dental School

Professor Andrew Smith, Professor and Consultant Microbiologist, NHS Greater Glasgow and Clyde (Dental)

Ms Deirdre Harris, Nurse Consultant Infection Control, NHS Fife (Infection Prevention Society)

Mr Samuel Whiting, Infection Control Manager, NHS Borders and Infection Control Managers Group

| | Item | Action |
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| 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"> • Dr Gill Walker has now left NHS Education for Scotland (NES) and Mrs Fiona McMillan, Pharmacist Lead for Vocational Training & Leadership Development, at NES, is stepping down as member of SAPG due to other commitments. • Mrs Ruth Robertson, Health Protection Education Programme Manager, Health Protection Scotland/NHS Education for Scotland will act as a temporarily represent NES. • Dr Martin Connor representing the Infection Control Doctors Group has stood down. The Infection Control Doctors Group are currently discussing a replacement. | |
| 4. | Minutes of previous meeting (Paper 1) The minutes of the meeting held on 22 nd August were agreed without amendment. | |
| | Items for Discussion/agreement | |
| 6. | Hospital quality indicator <ul style="list-style-type: none"> • Initial report on data collected via app (Paper 2) AP spoke to the progress report and clarified the paper does not include results as Boards have only recently started collecting data via the app. Currently 88 wards across 28 hospitals are set up in the app and approximately 70% have entered data. Currently four Boards have not submitted data. NHS Forth Valley have advised their data will be available this month. The remaining Boards will be contacted. Initial results will be available for the next meeting of SAPG. Action: Contact Boards not yet submitting data for clarification and timescales. • Suggested changes to data collection via app JS advised there have been a few issues with collecting data via the App. The next | AP |

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| | <p>meeting of the Scottish Association of Antimicrobial Pharmacists (ASAP) will take place on 6th November 2017 and AP will attend to answer technical questions. JS advised discussions had previously taken place with the antimicrobial pharmacists group about reviews with no clinical details and the consensus was to carry on with current methodology until the end of 2017-18. It was confirmed that detailed data can be analysed at local level to inform quality improvement. AP clarified that data should be fed back to wards and that national reports for SAPG will be prepared quarterly to share data and discuss practice. SD advised that the day 3 steering group review will also inform this work by defining what a review should entail.</p> <p><u>Action: Item to be brought back to a future SAPG.</u></p> <ul style="list-style-type: none"> • Antibiotic use data – use of denominator (Paper 3) <p>JS advised that paper 3 has been prepared by WM and RN and presents an issue with use of the proposed denominator for the national quality indicator. This is due to reclassification of how an admission is recorded in some Boards with patients in acute admission units being classified as “attending” rather than “admissions”. Therefore the denominator will be changed to Occupied bed days (OBD). There was discussion of alternative denominators given that OBD does not address the issue of patient turnover or antibiotic use in those not admitted. It was agreed there was not a perfect denominator and RN confirmed that all possible ISD data options (e.g. number of attendees as the denominator) had been fully explored. To allow reports to be generated within the Hospital Medicines Utilisation Database (HMUD) OBD is the best option. JS advised that the quality indicator guidance with the new denominator will be re-issued along with a link to reports in HMUD within the next couple of weeks. JS advised that WM had also shared that high level data up to June 2017 is encouraging for carbapenems and piperacillin-tazabactam reductions but only a few hospitals have made reductions in total antibiotic use.</p> <p><u>Action: Reissue guidance and link to HMUD reports to AMTs</u></p> | <p>JS</p> <p>SP</p> |
| <p>7.</p> | <p>Re-introduction of piperacillin/tazobactam (piptazo) – SAPG position statement</p> <p>AS presented paper 4 and suggested that the move away from using piptazo during the shortage situation provided an opportunity to continue to protect its use once supplies return to normal. Following broad discussion it was agreed that continued protection/restriction was a good idea but inevitably there would be some local variation for some specific indications. The SAPG SBAR will be revised to provide good practice recommendations and the title will also be revised as currently appears to suggest that piptazo will be re-introduced whereas the aim is to limit/preserve its use.</p> <p><u>Action: Revise SBAR to reflect discussions and bring back to next SAPG for sign off</u></p> <p>Gentamicin supply issues (additional item not on agenda)</p> <p>JS advised that there had been an issue with gentamicin supply initially thought to be a shortage situation but clarified as an issue with product quality due to detection of histamine in gentamicin injection which theoretically may be associated with adverse reactions. National Procurement (NP) have been in regular contact with the Department of Health to manage the situation and have communicated all updates to boards and to SAPG.</p> <p>Tobramycin has been used as a gentamicin replacement in some boards however stock has also been problematic due to the unexpected demand.</p> <p>Other updates from NP include that a shortage of amoxicillin 1 gram injection has now resolved. Piperacillin/tazobactam whilst available now is subject to a temporary increase in stock price but it is anticipated this will be resolved from January. ML suggested these issues should be on a national risk register and the Chair suggested that contingency planning on a national level may be helpful.</p> | <p>AS/JS</p> |

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| 8. | <p>Royal College of Obstetricians and Gynaecologists Group B strep Guidance (Paper circulated)</p> <p>The Chair advised that this guidance has been circulated to SAPG members to make members aware of its existence. The guidance contains very specific recommendations on changes in antibiotic prescribing practice in premature labour which has significant implications for clinical practice. Unusually for a Royal College Guideline this had been circulated by the Scottish Government to Board Medical Directors for consideration and implementation and SAPG was not involved in the consultation process. The Chair asked SAPG members for their views on the recommendations around antibiotic prophylaxis. National data suggests that implementation will result in an additional 4,000 patients having pre-term deliveries receiving antibiotics. Disappointment in lack of consultation was expressed by SAPG members. It was agreed that in the first instance ML will investigate via the Scottish Public Health Network and feed back to SAPG. CD suggested that the current West of Scotland regional network oversees obstetric and neonatal guidelines and took a pragmatic risk-based approach. GH advised that there are also primary care implications of women asking to be screened and information not being available to guide GPs. It was agreed that AMTs should discuss with local obstetric teams and that SAPG will raise at the next CARS meeting.</p> <p>Action: Discuss guidance with SHPN</p> <p>Action: Raise guidance and its implementation at CARS meeting</p> | ML AS |
| 9. | <p>Early management of sepsis in primary care</p> <p>JS advised Dr Graham Gauld, a GP in Grampian and Clinical Lead for the SPSP primary care programme, has been in touch regarding pilot work on GPs administering antibiotics to patients with suspected sepsis when a long transfer to hospital is involved. They are keen to have SAPG advice on choice of antibiotic for this type of scenario and a paper will come to SAPG once further information is available. JH suggested that this work may fit in with SAPG work on the national formulary guidelines. SAPG members were supportive of this development and the opportunity to collaborate.</p> | |
| | <p>Items for Update</p> | |
| 10. | <p>Update on UK AMR Strategy</p> <p>The Chair advised that AL has confirmed that the review of national targets by Sir Harry Burns is due for publication soon. There are no specific HAI and AMR measures but both are mentioned. NHS England are considering a revised approach to targets and further information will be shared once available.</p> | |
| 11. | <p>Update on Controlling Antimicrobial Resistance in Scotland (CARS) programme</p> <p>EA was unable to attend today. The next meeting of CARs is scheduled to take place at the end of November and there will be an update at the next meeting of SAPG.</p> | |
| 12. | <p>Update on new work in 2017-18</p> <ul style="list-style-type: none"> • Antifungal stewardship <p>The Chair advised that the first meeting of the Antifungal stewardship steering group being led by BJ has taken place. The group includes clinicians from several different disciplines and many boards are represented. The work will focus on 3 areas of antifungal use – haematology/oncology, critical care/surgery and respiratory infections (excluding Cystic fibrosis). A literature review has been commissioned to inform national good practice recommendations. The next meeting will take place in December.</p> <ul style="list-style-type: none"> • Education resource to support 3-day review <p>The Chair advised that SD is leading the education resource group to support the 3-day review. SD advised that the output will be similar to ScRAP 2 and will facilitate review of intravenous antibiotics and documentation of oral antibiotic duration. The start-up meeting was held in September with the next meeting taking place in November. The group discussions involved what a review should look like, facilitators, barriers,</p> | |

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| | <p>evidence of harm and behaviour change. JS advised that SAPG had submitted a bid for funding to support this work and funding has now been approved. The funding will support an antimicrobial pharmacist for a day a week for a total of 20 days and the advertisement will be circulated at the end of the week to Directors of Pharmacy and antimicrobial pharmacists. The timescale is from now until the end of March 2018 and base can be own board or at home.</p> <ul style="list-style-type: none"> • Penicillin allergy de-labelling The Chair advised that this group met on 20th September and representatives from key hospital clinical areas were present. Primary care and public partner involvement are not yet in place but would be involved once initial hospital-based work was underway. The work output is to ensure labelling is better clarified during an inpatient episode. The role of GPs in communication and recording of allergy following hospital de-labelling was agreed to be crucial. A draft algorithm has been constructed and agreed this would be tested via a point prevalence survey (PPS) to be conducted by group members in local acute admissions wards (medical and surgical). • National hospital antimicrobial guidance The Chair advised that at the last meeting of SAPG it was agreed to look at national hospital antimicrobial guidance and agreement of first line options in common infections. The work will be taken forward virtually and will begin in early 2018. The Chair asked for volunteers representing AMTs to be involved in the first instance - please contact the Chair or SAPG secretariat if interested. • Paediatric stewardship The Chair advised that paediatric stewardship is an important part of SAPG work and CD has agreed to Chair the group. There has been a delay to start-up mainly due to CD time but work will start in early 2018. CD advised that the steering group would be virtual but the first meeting would be face-to-face. SAPG members and other clinicians with an interest in this work should contact CD, JS or SAPG secretariat. Noted that GH and Heather Kennedy from Tayside have already volunteered. • Nurse stewardship JM advised currently waiting for final sign-off for this work from the Scottish Executive Nurse Directors (SENDs). A nursing group will be convened to support nurses and midwives in all settings and work has started on a new section of the nurse workbook aimed at community staff including care homes. JM highlighted that there are developments within nursing practice. Advanced nurse practitioners and soon also newly qualified nurses will be trained in prescribing. The Chair advised that newly qualified faculty podiatrists will also be prescribing and JH advised there is a push to have Physician Assistants prescribing. | |
| 13. | <p>C-reactive protein testing in primary care – Health Technology Assessment JS advised that a health technology assessment on C-reactive testing in primary care has been progressed by the Scottish Health Technologies Group (SHTG). ML and JS presented the proposal for a cost-effectiveness evaluation and further scoping will now take place. ML advised that the national Diagnostics Advisory Group is supportive and the next step is for the national Diagnostics Steering Group to review and sign off to allow the SHTG evaluation to progress.</p> | |
| 14. | <p>European Antibiotic Awareness Day (EAAD) 2017 JS advised that posters and leaflets are now in all the Community Pharmacies in Scotland. Printed materials, pens and stickers supplied by SAPG have now been sent to boards and a letter from Scottish Government to Boards seeking support for local EAAD activities will be circulated this week. A few media pieces are planned including a blog by Hazel Steele (NHS Tayside) and AT aimed at care providers and parents about eye infections in young children. Some antimicrobial pharmacists are visiting schools and youth groups to promote e-bug. Work is ongoing to involve Public Partners in local activities and HM and SC are supporting activities in Glasgow again. PHE materials went live on 23rd October with a video to be shown on TV over the next</p> | |

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| | <p>8 weeks. PHE are also aiming for the video to be shown on screens in waiting rooms. HM advised he had suggested having messages about antibiotic awareness on screens at sporting events and JS has explored this but it will incur a cost. The Chair suggested that this can be raised at the next meeting of CARs as CMO support may help with using this approach. LS advised that she has seen a useful video and agreed to share.</p> <p>Action: Video to be forwarded to JS</p> | LS |
| 15. | <p>Antimicrobial Management Team Events</p> <p>The next SAPG event, Applying a Realistic Approach to Antimicrobial Stewardship, will take place on Tuesday 7th November to provide an update on the new SAPG projects plus items on sepsis and whole genome sequencing. The event is now at full capacity. The following event will take place in June as it has been decided not to have an event in March next year due to funding and workload.</p> | |
| | Items for Information | |
| 16. | <p>SMC</p> <p>JS advised that ceftazidime/avibactam (Zavicefta) will not be submitted to SMC so will automatically be 'Not recommended' for use in Scotland. NHS Ayrshire & Arran have queried how to make this antibiotic available as they have a few patients with resistant infection that may require it at some point. UA confirmed that they now have IPTRs and stock in place for these patients. JS has explored with colleagues in Glasgow ADTC how to facilitate supply utilising an IPTR 2 form but it was agreed some national guidance would be helpful. JS advised that she will discuss with the ADTC collaborative and provide an update when available.</p> | |
| | Items for Information | |
| 20. | <p>Federation of Infection Societies conference 2017</p> <p>The Chair advised that the next meeting of FIS will take place in Birmingham on 1st December. JS advised that she will be presenting as one of the four nations on quality indicators and outcomes. JS also advised that various pieces of SAPG work had been submitted and paper has been chosen on oral prescribing in primary care by AT. Unfortunately AT cannot attend and JS will present and share to highlight in UK and further afield as an open access resource. Poster submissions can still be submitted until the end of this week. The Chair encouraged anyone who has local quality improvement work to submit to FIS.</p> | |
| 21. | <p>Supply of antibiotics by community pharmacies</p> <p>JS advised that supply of antibiotics by community pharmacists under Patient Group Directions is being rolled out this financial year across all Boards for urinary tract infection in women under 65 years and for impetigo. A pharmacist based in NHS Forth Valley is supporting roll out and most boards are aiming to have the scheme in place by Christmas.</p> | |
| 22. | <p>AOCB</p> <ul style="list-style-type: none"> • SAPG representative for SMC <p>The Chair advised that the Chair of SMC has requested a SAPG representative to join SMC. This is an opportunity for a pharmacist or medical member of SAPG interested in new medicines assessment. If anyone is interested contact JS.</p> <ul style="list-style-type: none"> • Candid auris (Paper circulated) <p>The Chair advised that this guidance had been received from PHE. Candida auris is a resistant species being found in intensive care units in England and it is difficult to control. ML advised that the guidance has been reviewed by the SHPN group now being shared with SAPG to ensure the section on treatment is suitable for Scottish practice. The Chair agreed the recommendations regarding antimicrobial prescribing practice were appropriate and advised for any specific comments to be forwarded directly back to ML as soon as possible.</p> <p>Action: Comments directly to ML.</p> | All |

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| | <ul style="list-style-type: none"> • Endocarditis prophylaxis YG raised a recent paper in the BMJ on endocarditis prophylaxis in dental patients. Prophylaxis is not 'routinely' required but this may be difficult for dentists to interpret. This was raised previously at SAPG and agreed for local decision on which patients to target for antibiotic prophylaxis. The Chair advised that in Glasgow they had issued an SBAR which could be shared with other Boards. Contact YG if interested. • AMR report JW advised that the national antimicrobial use and resistance report will be published on 14th November with pre-release to selected individuals on 7th November. | |
| 23. | <p><u>Date of next meeting – 19th December 2017</u> Following meeting: 20th February 2018</p> | |