

**Confirmed Minutes of the Scottish Antimicrobial Prescribing Group Meeting
Held on Tuesday 17th April 2018
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
Mrs Christine Gilmour, Chief Pharmacist, NHS Lanarkshire
Prof Marion Bennie, Chief Pharmaceutical Advisor, National Medicines Utilisation Unit,
Information Services Division
Mrs Ruth Robertson, Health Protection Education Programme Manager, Health Protection
Scotland/NHS Education for Scotland

SAPG Support Services

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

National Services Scotland

Dr Michael Lockhart, Medical Microbiologist, Health Protection Scotland
Mr Alastair Beith, Information Analyst, National Services Scotland
Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland

Antimicrobial Management Teams

Mr Samuel Whiting, Infection Control Manager, NHS Borders and Infection Control
Managers Group
Dr Alexander Mackenzie, Consultant in Infectious Diseases, NHS Grampian
Dr Robbie Weir, Consultant Microbiologist, NHS Forth Valley
Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran
Dr Busi Mooka, Consultant Physician, NHS Tayside
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire
Dr Morgan Evans, Consultant in Infectious Diseases, NHS Lothian
Dr Bryan Marshall, Consultant Microbiologist, NHS Dumfries and Galloway

Representing professional groups and specialties

Dr John Harden, Consultant in Emergency Medicine, NHS Lanarkshire, and National Clinical
Lead for Quality & Safety Scottish Government
Mrs Alison Cockburn, Antimicrobial Pharmacist, NHS Lothian (Association of Scottish
Antimicrobial Pharmacists)
Ms Deirdre Harris, Nurse Consultant Infection Control, NHS Fife (Infection Prevention
Society)
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde
(Professional Secretary for ScotMARAP)
Ms Anne Thomson, Lead Clinical Pharmacist Prescribing, NHS Greater Glasgow and Clyde
(Scottish Prescribing Advisers Association)
Dr Mairi Macleod, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Scottish
Microbiology and Virology Network)
Mrs Jo McEwen, Antimicrobial Nurse Specialist, NHS Tayside (Nursing)
Ms Jennifer MacDonald, Quality Assurance, Healthcare Improvement Scotland

Public partners

Mrs Suzanne Clark, Public Partner

Guests:

Elaine Glass, Data Manager, Healthcare Associated Infection & Infection Control, HPS.
Kayla Peltier and Conner Robinson, pharmacy students from Mercer University, USA.

Hinke, pharmacist from the Netherlands and MSc student, University of Strathclyde.

Apologies:

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

Ms Julie Wilson, AMR Manager, Health Protection Scotland

Mrs Alison Wilson, Director of Pharmacy, NHS Borders

Dr Conor Doherty, Consultant in Paediatric Infectious Diseases, NHS Greater Glasgow and Clyde

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

Dr Charis Marwick, Clinical Senior Lecturer, University of Dundee

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

Mrs Lesley Shepherd, Nurse Consultant, National Services Scotland

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

Dr David Griffith, Consultant Microbiologist, NHS Fife

Dr Brian Cook, Medical Director, Acute Services, Royal Infirmary of Edinburgh

Professor Alistair Leanord, Senior Medical Adviser HAI, Scottish Government

Dr Adam Brown, Consultant Microbiologist, NHS Highland

Professor Alexander Crichton, University of Glasgow Dental School

Dr Ben Parcell, Consultant Microbiologist, NHS Tayside (Infection Control Doctors group)

Mr Ian Smith, Head of Quality Care, Quality Insurance, Healthcare Improvement Scotland

Ms Rita Nogueira, Senior Information Analyst, National Services Scotland

	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"> • Professor Howard McNulty has stood down as SAPG member representing public partners. A new public partner will be appointed in due course. • Deirdre Harris will be standing down as member representing Infection Prevention Society and a replacement will be identified. 	
4.	Minutes of previous meeting (Paper 1) The minutes of the meeting on 20 th February 2018 were accepted.	
5.	Matters arising Revised Royal College of Obstetricians and Gynaecologists Group B strep Guidance update. The Chair advised there is ongoing discussion via an offline group. Gentamicin dosing recommended by EUCAST MM advised that UK reps have challenged recommendation but no update available as yet so will report back at future meeting. SIGN Guidance Group on Urinary Tract Infection group. The proposed update of some elements of the SIGN UTI guideline has now been formally accepted. The first meeting will take place in the next couple of months and SAPG will contact volunteers. The Chair called out for any further volunteers to contact SP. Lesley Shepherd volunteered.	

	Items for Discussion/agreement	
6.	<p>Presentation – NHS Discovery platform demonstration of HAI and AMR portal</p> <p>Elaine Glass, Data Manager from HPS, demonstrated the HAI and AMR portal of the NHS Discovery platform. Elaine described this high level tool explaining that the platform provides the opportunity to look at all areas of practice across all boards. The system has been developed as a national and local data source similar to the PHE Fingertips portal and is hosted by NSS. Data is uploaded quarterly by HPS and will be approximately 4 months out-of-date. It is accessible to users in NHS boards via a password system rather than in the public domain. SAPG will coordinate access for members and AMTs once the system is live – a level 1 access request is made which requires Caldicott Guardian approval. EG demonstrated how to use the tile dashboards and advised the HAI and AMR section will be going live at the end of April 2018. Users can download CSV files of data and members agreed this would be useful to share at AMT meetings. EG advised that further data will be added once available e.g. quality indicators and antibiotic guardian rates and potential to build up incrementally. WM advised he will be link back to EG and HPS team for SAPG and ASAP suggestions which are welcomed. The Chair thanked EG for an informative demonstration.</p>	
7.	<p>Presentation – analysis of repeat courses of antibiotics for urinary tract infection</p> <p>WM presented results of analysis of national data on repeat courses of antibiotics for UTI and acknowledged credit for the work goes to Alistair Beith. Data on female patients re-presenting within 7 days for further antibiotic treatment after 3, 5 or 7 day courses of nitrofurantoin and trimethoprim were analysed. Results suggest that 3 day treatment with nitrofurantoin is associated with increase rate of repeat prescribing (compared to 5 or 7 days) but this result is not seen for trimethoprim. Indeed there is a higher rate of repeat prescribing for 7 day courses of trimethoprim compared with 3 and 5 day courses. Overall the results are reassuring as they show that only 7.2% of patients prescribed trimethoprim and 5.8% of patients prescribed nitrofurantoin seek a further course of treatment within 7 days. WM asked SAPG members consider the impact of the results on current prescribing guidance and the risk versus benefit for individual patient and population of using a longer course of nitrofurantoin. Following broad discussion members agreed that the results support continued use of trimethoprim as a first line treatment in Scotland and consideration of a longer course of nitrofurantoin in selected patients.</p> <p>Several suggestions for further analysis of the data were suggested and WM agreed to consider these and report back.</p> <p>The Chair thanked AB and WM for this interesting and useful data analysis. It was agreed that it would be helpful to share the results as a poster at the AMT event on 11th May.</p> <p>Action: Prepare poster of results for AMT event</p>	WM/AB
8.	<p>Review of SAPG guidance</p> <p>JS advised that several SAPG guidance documents were due for bi-annual review and minimal changes had been made but would welcome SAPG members views on any further changes required.</p> <ul style="list-style-type: none"> • Decision aid for urinary tract infection in older people (Paper 2) <p>Several suggestions were made to improve the decision aid and associated good practice points. It was agreed there would be a shorter review date than 2 years in view of the forthcoming update of similar PHE guidance.</p> <p>Action: Incorporate suggestions and bring back to June SAPG meeting for sign off.</p> <ul style="list-style-type: none"> • Antibiotics information leaflet for care home staff (Paper 3) • Recommendations for antibiotic use in frail elderly (Paper 4) <p>JS advised these documents are similar but aimed at care home staff and GPs respectively. It was agreed that content may overlap with other resources now available via NES and the SUTIN program and this should be assessed.</p>	JS

	<p>However subject to minor amendments it was agreed the updated versions should be loaded onto website until further information is available. It was also queried whether these 2 documents were widely used. JS advised this could be checked via website downloads.</p> <p>Action: Investigate whether download figures can be obtained from old website.</p> <ul style="list-style-type: none"> • High Dose Colistimethate Sodium (Colistin) in Adults (Paper 5) <p>JS Advised no changes have been made to content. It was suggested that the section on dosage if GFR >50 and dosage during renal replacement therapy were unclear so JS Agreed to check these and bring back to the June SAPG meeting.</p> <p>Action: Clarify dosage recommendations and bring back to June SAPG for sign off.</p>	<p>JS</p> <p>JS</p>
9.	<p>Revised HAI AMR standards and indicators (Paper 6)</p> <p>JS advised that the HEAT targets are being replaced with new standards and indicators outlined in the paper which have been discussed and agreed by a short life working group of national stakeholders convened by Scottish Government. These standards are similar to NHS England Quality Premium and CQUIN targets and to new measures in Wales and Northern Ireland which will allow comparison across the UK nations. For antimicrobials the new measures are similar to those already in place in primary care and acute hospitals but will be supplemented by an overall antibiotic use measure and a measure of use of recommended agents for common infections in acute hospitals based on the WHO AWaRe system. JS suggested that the overall and primary care standards were in line with progress over the past 5 years but that the acute hospital standard would be challenging due to year on year increases in antibiotic use.</p> <p>JS advised the list of WHO Access antibiotics for common infections has been amended by NHS England to remove cephalosporins and quinolones to reflect good practice in the UK. And this will be used as the standard. WM noted that many boards are already above or only slightly below the Access proportion level of 60%.</p> <p>Members were concerned about some commonly used antibiotics such as clarithromycin and clindamycin not being on the Access list. WM confirmed that WHO do recommend amendment to suit local clinical context and confirmed that the Watch group of antibiotics are accessible for patients requiring them just not first line for common infections.</p> <p>Members also raised concerns about the denominator of Occupied Bed Days for the acute hospitals measures, issues with reducing bed numbers, high proportion of use by out-patients/Emergency Departments and queried whether other measures could be used. WM advised that this has been explored in detail previously. It was acknowledged that although not perfect, OBD were the best measure available. It was recognised that hospital antibiotic use included a significant proportion of antibiotics prescribed to non-inpatients via ED, clinics and ambulatory care.</p> <p>JS advised that 2018-19 is an interim year for the standards and further information would be issued to boards once the proposed measures had been processed within Scottish Government. The current quality indicators measured via the antimicrobial companion app will continue and will underpin the new acute hospital antibiotic reduction standard.</p>	
	Items for Update	
10.	<p>Update on UK AMR Strategy and SARHAI</p> <p>JS advised that the Department of Health are leading on developing the new UK AMR strategy 2019-2024 as well as a 20 year strategy. Devolved nations have had the opportunity to input to both strategies.</p>	
11.	<p>Update on CARS</p> <p>No update available.</p>	
12.	<p>.</p> <p>The Chair advised that the Infections Chapter workshop had been held in advance of</p>	

	<p>SAPG. The discussion had focussed on the SNF development process and governance. Data produced by the SNF on board formulary position for antimicrobials had not provided clear or complete information and JS advised that AMT leads at the meeting had agreed to SAPG collecting this information. SAPG members agreed that this approach was reasonable and would be useful to support other SAPG work. JS advised that an e-mail and template will be sent out to request this data. The next meeting will be organised for June or August and will take place before the scheduled SAPG meetings.</p> <p><u>Action: E-mail to Boards to ask for Formulary data.</u></p>	JS/SP
13.	<p>New SAPG website governance group and new secure area</p> <p>JS advised that as part of the internal process for governance of the new website seeking volunteers are required to be part of governance group. This will involve minimal time commitment and be an opportunity to suggest improvements and additions to the site.</p> <p><u>Action: Contact SP if interested in joining SAPG website governance group</u></p>	All SAPG members
14.	<p>Update on improvement projects</p> <ul style="list-style-type: none"> • Antifungal stewardship <p>The Chair updated on behalf of BJ. The next meeting of the Antifungal stewardship group is scheduled for 15th May 2018. Surveys have been completed on current practice in critical care and are near completion in haemato-oncology. There is a proposal to SHTG for cost-effectiveness analysis of diagnostics and BJ and JS are attending a meeting to present their case on 8th May.</p> <ul style="list-style-type: none"> • Penicillin allergy de-labelling <p>The Chair advised that the next meeting of the Penicillin allergy de-labelling group will take place on 2nd May 2018. AP has analysed data from the point prevalence survey. Nearly 200 patients across the Boards were included and a reporting grid with the facility for Boards to look at their own data will be made available. Discussions at the next meeting will focus on ideas for de-labelling specific groups of patients.</p> <ul style="list-style-type: none"> • Education resource to support 3-day review <p>SD advised that at the last meeting of the day-3 review the two seconded antimicrobial pharmacists fed back on outcomes from literature searches. Part of the outcome from group will be ten key messages. Boards IVOST policies have been compared with a view to national guidance on the principles for switching. Procalcitonin features in literature review and a cost-effectiveness analysis is being considered. Work will be presented at the AMT event on 11th May which will further inform direction.</p> <ul style="list-style-type: none"> • Paediatric stewardship <p>The Chair advised that the first meeting of the paediatric stewardship group will take place on 20th April 2018. Discussion will take place on terms of reference and CD has some ideas on national priorities in hospitals and primary care which will be discussed at the first meeting.</p> <ul style="list-style-type: none"> • Nurse stewardship <p>JMc advised that at the last nurse stewardship meeting the workbook had been looked at in its entirety and the resource has now been re-formatted into 6 short modules. The next meeting will take place on 20th April 2018.</p> <ul style="list-style-type: none"> • Dental stewardship <p>The Chair advised that the first dental stewardship meeting will take place on 31st May 2018 chaired by ASm.</p>	
15.	<p>Antimicrobial Management Team Event 11th May 2018 (new date replaces 5th June).</p> <p>JS advised the event still has 11 places available and advised members to register soon if they want to attend.</p>	
16.	<p>Report on Community Pharmacy Public Health campaign (Paper 7)</p> <p>JS advised presented an evaluation of the Keep Antibiotics Working awareness campaign which ran in community pharmacies across Scotland in October/November 2017. Results will feature as a presentation at the next SAPG event. Overall evaluation is</p>	

	<p>positive although numbers providing feedback disappointing. The evaluation has been shared with Community Pharmacy Scotland to support future collaborative working and will feed into UK evaluation work on EAAD. The current Community Pharmacy public health campaign is on hydration and features resources from the Scottish UTI Network. PHE are leading a task and finish group looking at what community pharmacies can do in antibiotic stewardship and JS is contributing to this work.</p>	
17.	<p>Antibiotic Shortages JS advised there are currently no highlighted shortages. The Chair noted that IV clindamycin shortage resolving and has been challenging and that shortages remain unpredictable</p>	
18.	<p>Items for Information SMC advice on new medicines Nothing to note. BSAC eBook on Antimicrobial Stewardship Antimicrobial Stewardship: From Principles to Practice The Chair advised this e-book has been a huge amount of work and is a free online resource utilising various educational media to promote stewardship. Available for download and useful resource for sharing with colleagues.</p>	
19.	<p>AOCB National guidance on managing wound infections (Appendix 2) http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability/infection_in_chronic_wounds.aspx The Chair advised the issue of sepsis in people with chronic wounds was highlighted by BM and suggested that any comments from SAPG members should be collated and shared with patient safety team. Action: Comments on Appendix 2 to be sent to SP</p> <p>Diabetic foot infection: Antibiotic therapy and good practice recommendations https://onlinelibrary.wiley.com/doi/full/10.1111/ijcp.13006 The Chair advised that he had been involved with this updated guidance which is for information.</p> <p>Safety advice on clarithromycin in patients with heart disease https://www.fda.gov/downloads/Drugs/DrugSafety/UCM597723.pdf JS advised this alert covers cardiac risks associated with clarithromycin.</p> <p>BSAC OPAT workshop in Glasgow 1st May The Chair advised there are still a few places at this workshop which includes stewardship issues. The Chair asked that OPAT Leads be made aware of the workshop.</p> <p>AMT participation in BEAMS study The Chair highlighted that AMTs should now have received invitations to take part in this study and encouraged participation in interviews.</p> <p>Hydration Campaign LS asked SAPG members to help with the Hydration campaign messages by disseminating and retweeting.</p>	<p>All SAPG members</p>
23.	<p>Date of next meeting – 19th June 2018 Following meeting: Tuesday 21st August 2018</p>	