

**Confirmed Minutes of the Scottish Antimicrobial Prescribing Group Meeting
Held on Tuesday 20th February 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
Mrs Alison Wilson, Director of Pharmacy, NHS Borders
Prof Marion Bennie, Chief Pharmaceutical Advisor, National Medicines Utilisation Unit,
Information Services Division
Prof Alistair Leanord, Medical Adviser, HAI Policy Unit, Scottish Government

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
Dr Eleanor Anderson, Consultant in Public Health Medicine, Health Protection Scotland
(CARS programme)
Mr Alastair Beith, Information Analyst, National Services Scotland
Ms Julie Wilson, AMR Manager, Health Protection 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 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 David Griffith, Consultant Microbiologist, NHS Fife
Dr Morgan Evans, Consultant in Infectious Diseases, NHS Lothian
Dr Bryan Marshall, Consultant Microbiologist, NHS Dumfries and Galloway
Dr Ian Gould, Consultant Microbiologist, NHS Grampian

Representing professional groups and specialties

Mrs Fiona McDonald, Specialist Antibiotic Pharmacist, Aberdeen Royal Infirmary (Association
of Scottish Antimicrobial Pharmacists)
Dr Conor Doherty, Consultant in Paediatric Infectious Diseases, NHS Greater Glasgow and
Clyde
Professor Andrew Smith, Professor and Consultant Microbiologist, NHS Greater Glasgow and
Clyde (Dental)
Professor Brian Jones, Consultant Medical Microbiologist, NHS Greater Glasgow & Clyde
Dr Mairi Macleod, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Scottish
Microbiology and Virology Network)
Mrs Jo McEwen, Antimicrobial Nurse Specialist, NHS Tayside (Nursing)

Public partners

Mr Howard McNulty, Public Partner
Mrs Suzanne Clark, Public Partner

Guests:

Prof Kay Currie, Department of Nursing & Community Health, Glasgow Caledonian University

Ms Val Ness, Researcher on the BEAMS project

Dr Kyfonidis Charalampos, Researcher from University of Strathclyde

Ms Ansu Arumanatharayil, Researcher from University of Strathclyde

Dr Deirdre O'Driscoll, General Practitioner, NHS Greater Glasgow and Clyde.

Dr Janet Scott, Infectious Diseases trainee, NHS Lanarkshire

Ms Jennifer MacDonald, Inspector, Healthcare Improvement Scotland

Apologies:

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

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)

Dr Alexander Mackenzie, Consultant in Infectious Diseases, NHS Grampian

Dr Charis Marwick, Clinical Senior Lecturer, University of Dundee

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

Professor Alistair Leanord, Senior Medical Adviser HAI, Scottish Government

Mrs Ruth Robertson, Health Protection Education Programme Manager, Health Protection Scotland/NHS Education for Scotland

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 Adam Brown, Consultant Microbiologist, NHS Highland

Mrs Lesley Shepherd, Nurse Consultant, Infection Control, Health Protection Scotland

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

Mrs Abigail Mullings, HAI Professional Adviser, Scottish Government

Professor Alexander Crichton, University of Glasgow Dental School

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

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"> • New representative for Scottish Executive Nurse Directors, Professor Hazel Borland, Nurse Director, NHS Ayrshire and Arran. • Mr Ian Smith, Head of Quality Care, Quality Insurance, Healthcare Improvement Scotland will represent Healthcare Improvement Scotland and Ms Jennifer MacDonald, Inspector, Healthcare Improvement Scotland, will deputise for Ian. 	
4.	Minutes of previous meeting (Paper 1) The minutes of the meeting on 19 th December 2017 were agreed subject to one minor amendment.	

5.	<p>Matters arising</p> <p>Royal College of Obstetricians and Gynaecologists Group B strep Guidance update.</p> <p>The Chair advised no feedback has been received regarding concerns about the route of communication of this guidance. EA suggested AL could find out CMO view and whether there has been progress. The Chair suggested an offline group be formed to discuss choice of antibiotics in penicillin allergic patients. Suggested group members to be SD, FMcD, DG, BJ.</p> <p>Action: <u>Offline discussion and update at next meeting of SAPG</u></p> <p>Proposal for new SIGN Guidance on Urinary Tract Infection.</p> <p>JS advised that the SIGN Guideline Development Group are supportive of the proposal for updated guidance on Urinary Tract Infection. The proposed guidance will now go to the SIGN Council for final sign-off. As advised at the last meeting of SAPG a steering group is currently being formed and JS thanked SAPG members who have volunteered so far. JS asked that other members interested in being part of the group contact her directly. The guidance will focus on diagnosis and management of UTI in women under 65 and all people over 65.</p>	AS
<u>Items for Discussion/agreement</u>		
6.	<p>The BEAMS Project - Exploring Barriers and Enablers to Antimicrobial Stewardship in NHS Scotland acute hospitals</p> <p>Kay Currie, Professor of Nursing & Applied Healthcare Research in the Department of Nursing & Community Health presented on the BEAMS Project which aims to address a gap in the evidence. It is part of the 'Safeguarding Health through Infection Prevention' (SHIP) programme in the Institute for Applied Health Research at Glasgow Caledonian University and is being funded by CARS. AS, JS and WM have been involved in some initial discussions about the project and KC has now come to SAPG to seek members' views and support. The project will seek views from clinicians in NHS boards including AMT members, medical staff, nurses and clinical pharmacists. This will be done through telephone interviews with AMT implementation leads and focus groups for clinicians in between 4 and 6 boards, selected on basis of HMUD prescribing patterns. Information gathered will be analysed using a theoretical domains framework and thematic analysis using NVivo software. KC advised that access permission is currently being sought from boards then invitations will be sent to staff. AMTs will be asked for help with dissemination of flyers and to champion the project.</p> <p>The Chair asked for members' views on study practicalities and any concerns about AMT involvement. IG advised that a paper on a similar study exists from late 1980s and agreed to send this paper to KC. KC advised that the content of the telephone interviews with AMT leads will be broad to seek perspectives about antimicrobial stewardship in each board and described some of the questions which will be asked. It was agreed the project outputs will provide useful information to support the current SAPG work on Day 3 Review. SAPG members agreed to provide local support for the project.</p> <p>Action: <u>Forward paper to KC.</u></p>	IG
7.	<p>Development of a clinical decision support tool to prevent <i>C. difficile</i> infection (CDI) in primary care</p> <p>Dr Kyfonidis Charalampos (Babis), presented a paper on work within the SHAIPI programme to develop a clinical decision support tool for CDI in primary care. Anne Thomson has identified three GP Champions from Glasgow to help with development of the tool. Babis advised he is seeking additional views from SAPG on the project and for advice on any other GPs who may be interested in supporting this work. The GP champions have been interviewed to gain an understanding of their perceptions, needs and prescribing practices. After the interview information has been analysed, a co-design workshop with the GP champions and the researchers will be conducted to discuss user requirements and potential barriers to such a tool. A prototype tool will then be</p>	

	<p>developed and evaluated and could form the basis for other risk-based tools. This project approaches the development of the tool from two perspectives; user-centered design and the real world implementation. The Chair asked SAPG members for views on the perceived utility of such a tool. GH highlighted that GPs are currently overloaded with alerts and pop ups via electronic prescribing systems and MB advised that it is not envisaged that the tool will be used for every patient every time. FMcD asked about nurses and pharmacists being involved and Babis confirmed this has been considered. MB suggested that the team could also accommodate nurses and pharmacists in the workshop. The Chair agreed that SAPG networks could be used to canvass further volunteers. SAPG members supported the work as a proof of concept for personalised prescribing. MB advised the study team would provide an update at a future meeting of SAPG.</p>	
8.	<p>Scottish National Formulary – Infections.</p> <p>The Chair advised that SAPG is leading on development of the Infection chapter of the Scottish National Formulary. This will be one of the first chapters along with Endocrinology, Respiratory and Gastro-intestinal medicines and work on these chapters is progressing with an expected launch date of July 2018.</p> <p>A workshop will take place on Tuesday 17th April 2018 at 10:30am before the next SAPG meeting to discuss the chapter. In this first version the focus will be primary care and pre-hospital prescribing in adults plus some specialist areas that will be agreed separately e.g. TB, HIV and Hepatitis C. Given the similarities between primary care guidelines in boards it is expected that reaching consensus will not be difficult. All AMT Leads or a deputy plus any other SAPG members with an interest are invited to participate and an email invitation will be sent out shortly. Version 2 will consider hospital prescribing and paediatrics.</p> <p>Action: Email invitation to AMT Leads and SAPG members</p>	JS/SP
9.	<p>Antibiotic shortages</p> <p>The Chair advised DG has shared local guidance developed in Fife to deal with shortage of aciclovir. DG advised the guidance was published a few weeks ago after full consultation within his board. SAPG members discussed different methods of dealing with the aciclovir shortage in their boards. The Chair suggested that SAPG should not endorse local guidance such as this but useful to share to inform other boards' local responses. SAPG members agreed communication is the best approach rather than national direction and that shortages can present an opportunity to optimise clinical practice. The Chair thanked DG for sharing the Fife guidance.</p> <p>The Chair advised the predicted amoxicillin shortage has not happened. It was agreed shortages should be a standing item on the SAPG agenda and more thought will be given to national direction on contingency/alternative treatments through work on national hospital guidance.</p>	
10.	<p>Development of a SAPG dental stewardship group</p> <p>WM advised that discussion has taken place with EA and Tom Ferris, Deputy Chief Dentist, Scottish Government, on the range of dental stewardship initiatives by various groups and the benefits of a joined up approach. This proposal is for a SAPG dental stewardship group to lead and integrate existing work as well as progress with improvement work in priority areas identified in the SONAAR Report. Andrew Smith has been proposed as a Chair for the group. The Translational Research in a Dental Setting (TRIADS) group and the Scottish Dental Clinical Effectiveness Programme have been consulted and are keen. The group will require additional members as detailed in the paper. SAPG members endorsed the group and agreed the work will be supported by SAPG. ASm advised that dentists are supportive and want to drive this themselves so practising dentists are required for the group. SAPG members supported the formation of the new group. JS asked for suggestions of volunteers to go to SAPG secretariat. Private prescribing was highlighted but data is not available for this at present. Involvement of the public was raised by HM and the Chair confirmed that Public Partners</p>	

	<p>would be included in the group. It was suggested that leaflets and posters aimed at informing patients that antibiotics don't cure toothache would be helpful and JS confirmed this had been done previously for EAAD.</p> <p>There will be an update at SAPG following the first meeting of the dental stewardship group.</p>	
11.	<p>Antimicrobial Management Integrated Database for Scotland (AMIDS) SBAR</p> <p>WM advised that usage AMIDS has become very low with a reduced number of visits to the system to access reports. WM advised he has consulted the Association of Scottish Antimicrobial Pharmacists and there was agreement from members that they were not accessing AMIDS reports as other sources of information were more useful. WM sought SAPG views on the future for AMIDS and members agreed to retirement of AMIDS reports from the NSS corporate data warehouse.</p>	
	Items for Update	
12.	<p>Update on UK AMR Strategy and SARHAI</p> <p>AL apologised for the meeting but had updated the Chair in advance. The Chair advised that a SARHAI short life working group is developing new standards and associated measures for HAI and AMR for implementation in 2018-19 and it has been proposed that antibiotic indicators will be similar to those being developed in England to allow comparisons across the UK nations. The Chair advised SAPG members will be updated as more information becomes available.</p>	
13.	<p>Update on Controlling Antimicrobial Resistance in Scotland (CARS) programme</p> <p>EA advised work is ongoing to improve data quality and work is taking place with John Coia and others on the risk implications of Brexit. EA advised in Lanarkshire a One Health Antimicrobial Group is bringing together veterinary and human practitioners to emulate a model developed in Cornwall.</p> <p>JW advised work on carbapenemase producing organisms continues and animal data is being looked at as part of this.</p>	
14.	<p>Hospital Prescribing Indicators Report for July – December 2017</p> <p>AP presented the first report with data collected via the antimicrobial companion append advised the amount of data differs as some boards have submitted 6 months of data and others only 1 month. AP advised that within a few months there will be enough information for data to be presented as run charts. HM queried what the messages were for individual boards from the report. JS advised this exercise is a local quality improvement initiative and national reports would be useful to share performance across all boards and encourage good practice. The Chair thanked AP and everyone who is submitting data and suggested that the report should be shared with prescribing teams as a minimum but wider if possible to drive improvement.</p> <p>JS advised technical changes suggest by antimicrobial pharmacists have been discussed with the app developer and these will be available in April 2018 after testing of Version 2 of the audit tool. SD added that this will include guidance on what a review looks like from the Day 3 Review work to inform the audit data collection process.</p>	
15.	<p>GP Feedback reports.</p> <p>WM advised that a similar paper had been brought to SAPG last summer proposing roll out of GP feedback reports to all practices. This has been delayed to comply with the associated research protocol to have enough data after the reports were shared with practices in the pilot phase.</p> <p>WM advised the reports will be sent out on a quarterly basis with broadly the same content as the pilot reports. WM sought feedback from SAPG members on accompanying email should be from. The original reports were signed by Dilip Nathwani as Chair of SAPG and Catherine Calderwood, CMO but feedback has highlighted it may be better for local ownership if reports were coming from local Clinical Leaders. WM suggested that each board could decide on this but that the AMT Lead and a Prescribing Team Lead may be best. AT has suggested WM attend a forthcoming meeting of the Scottish Prescribing Advisers Association would be helpful to discuss how this work will</p>	

	<p>complement existing local programmes to optimise primary care prescribing. It is also planned that there will be a local point of contact in each board for queries on the reports. A communication will be sent by the SAPG secretariat to AMT Leads and to SPAA lead pharmacists seeking advice on local signatories.</p> <p>WM also requested comments on the draft report format and email message. SAPG members suggested that the reports should be more concise and that some background to AMR text could be removed. GH agreed to provide wording which would land well with GPs to ensure reports were utilised.</p> <p>Action: Updated email message and draft report to be shared with AMT Leads and SPAA to seek advice on signatories</p>	WM/SP
16.	<p>Update on new work in 2017-18</p> <p>Antifungal stewardship</p> <p>BJ noted that no further meetings have taken place. Surveys to gain consensus on using antifungals have been prepared. The Critical Care survey has gone out to clinical teams but there has been a delay with the Haemato-oncology survey due to identifying people to test the survey questions. A topic proposal for SHTG on cost-effectiveness of diagnostic tests has been drafted and will be submitted once comments received from Brian Jones.</p> <p>Day 3 Review</p> <p>SD updated that work is progressing well with literature reviews completed and testing of ideas in NHS Fife and NHS Lanarkshire by 2 antimicrobial pharmacists seconded to support this work. Aim to have a definition of what a review should look like and tools to support the process early in 2018-19.</p> <p>Penicillin allergy de-labelling</p> <p>AS updated that a Point Prevalence Survey to inform an algorithm for de-labelling is being conducted in 9 health boards during a week in February. Data will be collated and analysed at board and national level.</p> <p>Nurse stewardship</p> <p>JM advised that work is ongoing to review and update the educational workbook and a peer group meeting is planned for nurses working in antimicrobial roles. A broader nurse stewardship group is awaiting a new UK position statement on nursing roles in stewardship.</p> <p>Paediatric stewardship</p> <p>Conor Doherty has secured time to Chair this new group and has identified members for a first meeting in April 2018. Some initial priorities have been identified.</p> <p>Hospital Antimicrobial Guidance</p> <p>AS advised this work has been paused meantime awaiting completion of the primary care element of the Scottish National Formulary Infection chapter.</p>	
17.	<p>European Antibiotic Awareness Day (EAAD) 2017- AMT Evaluation survey.</p> <p>JS presented the evaluation of board level activities for EAAD 2017 and suggested that highlights were engagement of children through activities by antimicrobial pharmacists. It is hoped that these can be further developed in 2018. Of particular note is an NHS Grampian video with children acting out a GP practice scenario. JS advised that there is uncertainty as to how funding will be provided for EAAD 2018 as Scottish Government are looking more broadly at public campaigns.</p>	
18.	<p>Antimicrobial Management Team Event 11th May 2018 (new date replaces 5th June).</p> <p>JS advised that it is hoped Paul Flowers will attend to present on public campaign work and someone from the SPSP primary care team to present work on pre hospital sepsis. Progress with new projects will be shared and there will be a workshop session focused on education. SAPG are still open to further suggestions for topics for this event. There will now be only two events per year and it has been suggested that focus should alternate between hospital and primary care.</p>	
19.	<p>New Website update.</p> <p>JS advised the new stand-alone SAPG website will be launched next month. SAPG are</p>	

	looking for volunteers to provide feedback on the test site. Volunteers have been identified from ASAP and anyone else who wishes to be involved should contact SAPG secretariat. HM volunteered.	
20.	<p>Gentamicin dosing recommended by EUCAST</p> <p>MM advised that EUCAST system break points for gentamicin Resistant versus Sensitive is based on high dose gentamicin (7mg/kg). Many hospitals in Scotland and throughout the UK use a 5mg/kg regimen therefore the BSAC have written to EUCAST about this. It was suggested that a letter from SAPG about this issue may also be helpful to highlight this issue. MM suggested that for boards using lower doses it may be necessary to note this on lab reports. It was suggested it may be interesting to compare resistance rates for gentamicin in Tayside and Grampian (which use 7mg/kg) compared with other boards. MM noted that EUCAST are also preparing guidance on amoxicillin based on dosage of 750mg-1g but often a 500mg dose is used in practice. MM will provide a further update at the next SAPG meeting.</p>	
21.	<p>NHS England workshop on Point of Care Diagnostics</p> <p>ML updated that the new UK AMR Diagnostic Collaborative group replaces older groups and will encourage collaboration of all UK nations. A workshop hosted by NHS England on CRP point of care testing is planned for 28th Feb and ML and GH are attending.</p>	
	Items for Information	
22.	<p>Items for Information</p> <p>SMC advice on new medicines.</p> <p>JS updated on medicines which have been Not Recommended by SMC due to non-submission which include the following: Daptomycin for Staph aureus bacteraemia associated with skin and soft tissue infection in children; Ceftraxone for complicated skin and soft tissue infection and community acquired pneumonia in children; Ceftazidime-avibactam for various indications in adults</p> <p>Access to these medicines will require clinicians to follow local board processes. SMC is continuing to encourage companies to make submissions for new antibiotics.</p>	
23.	<p>Lancet ID paper – antibiotic cycling in ICU</p> <p>The Chair noted that EA and ML had highlighted this recent publication which concludes that antibiotic cycling in intensive care units has no beneficial effect on resistance rates.</p>	
23.	<p>AOCB</p> <ul style="list-style-type: none"> • SAPG representative for SMC <p>JS noted that an invitation to SAPG members and AMTs had failed to identify a SAPG representative for SMC so she will feed this back to the SMC secretariat.</p> <ul style="list-style-type: none"> • Procalcitonin blood levels to guide antibiotic treatment <p>YG had brought to JS attention article published in January 2018 on reduced antibiotic use through using procalcitonin blood levels to guide treatment in adults patients with respiratory infection. Members agreed that while useful the test is expensive and currently used only in some ICUs.</p> <ul style="list-style-type: none"> • SAPG Community Website <p>JS advised the Knowledge Network Team have been in touch to ask if the SAPG Community Websites can be removed as it is not being used. SAPG members agreed to the removal of the SAPG Community Website.</p> <ul style="list-style-type: none"> • MHRA approve 6g dosing of temocillin. <p>The Chair advised that a higher dose of temocillin has been approved for use but the usual dose remains at 4g daily i.e. 2g BD. Continuous Infusion of 4g or 6g with a loading dose of 2g at start of treatment has also been approved as an additional mode of administration.</p>	
23.	<p>Date of next meeting – 17th April 2018</p> <p>Following meeting: Tuesday 19th June 2018</p>	