

**Confirmed Minutes of the Scottish Antimicrobial Prescribing Group Meeting  
Held on Tuesday 21<sup>st</sup> August 2018  
Healthcare Improvement Scotland, Delta House, Glasgow**

**Present:**

**SAPG Project Board**

Dr Andrew Seaton (Chair), Consultant Physician, NHS Greater Glasgow and Clyde  
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

**SAPG Support Services**

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

**National Services Scotland**

Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland  
Ms Julie Wilson, AMR Manager, Health Protection Scotland  
Mr Alastair Beith, Information Analyst, National Services Scotland

**Antimicrobial Management Teams**

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

Dr Vhairi Bateman, Consultant in infectious diseases, NHS Grampian (via VC)  
Professor Brian Jones, Consultant Medical Microbiologist, NHS Greater Glasgow & Clyde  
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 Robbie Weir, Consultant Microbiologist, NHS Forth Valley  
Ms Catriona Innes, Lead Clinical Pharmacist, NHS Orkney (via VC)

**Representing professional groups and specialties**

Mrs Lesley Shepherd, Nurse Consultant, National Services Scotland  
Dr Ben Parcell, Consultant Microbiologist, NHS Tayside (Infection Control Doctors group)  
Mrs Alison Cockburn, Antimicrobial Pharmacist, NHS Lothian (Association of Scottish  
Antimicrobial Pharmacists)  
Dr Diane Stark, Senior Infection Control Nurse, NHS Highland (via VC)  
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde  
(Professional Secretary for ScotMARAP)  
Mrs Jo McEwen, Antimicrobial Nurse Specialist, NHS Tayside (Nursing)  
Dr John Harden, Consultant in Emergency Medicine, NHS Lanarkshire, and National Clinical  
Lead for Quality & Safety Scottish Government  
Ms Anne Thomson, Lead Clinical Pharmacist Prescribing, NHS Greater Glasgow and Clyde  
(Scottish Prescribing Advisers Association)  
Dr Simon Hurding, Medicines Management Adviser and General Practitioner, NHS Lothian  
Dr Mairi Macleod, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Scottish  
Microbiology and Virology Network)  
Dr Charis Marwick, Clinical Senior Lecturer, University of Dundee  
Professor Andrew Smith, Professor and Consultant Microbiologist, NHS Greater Glasgow and  
Clyde (Dental)

**Public partners**

Mrs Suzanne Clark, Public Partner  
Ms Sue Downie, Public Partner

**Guests:**

Paul Chapple, programme manager, Health Protection Scotland

Andrew Rideout, Trainee consultant in public health

Fiona Baker, Primary Care Pharmacist, NHS Fife

Rachel McKinney, Antimicrobial Nurse, NHS Lothian

**Apologies:**

Dr Gail Haddock, (Vice Chair) General Practitioner, NHS Highland

Prof Marion Bennie, Chief Pharmaceutical Advisor, National Medicines Utilisation Unit, Information Services Division

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

Dr Adam Brown, Consultant Microbiologist, NHS Highland

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

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

Dr David Griffith, Consultant Microbiologist, NHS Fife

Ms Jennifer MacDonald, Quality Assurance, Healthcare Improvement Scotland

Professor Alistair Leanord, Senior Medical Adviser HAI, Scottish Government

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

Ms Rita Nogueira, Senior Information Analyst, National Services Scotland

Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran

Professor Hazel Borland, Nurse Director, NHS Ayrshire and Arran

Dr Bryan Marshall, Consultant Microbiologist, NHS Dumfries and Galloway

Dr Michael Lockhart, Medical Microbiologist, Health Protection Scotland

Professor Alexander Crichton, University of Glasgow Dental School

	Item	Action
1.	<b>Welcome and apologies for absence</b> The Chair welcomed all present and advised of apologies and guests as noted above.	
2.	<b>Declaration of Interests</b> The Chair requested that any member declarations of interest should be highlighted in advance of relevant items.	
3.	<b>Membership changes</b> <ul style="list-style-type: none"> <li>Alistair Beith, Information Analyst, NSS is leaving. The Chair thanked Alistair for all his input to SAPG.</li> <li>There will be further changes in the ISD team supporting SAPG with Rita Nogueira moving to another programme. The Chair thanked Rita for all her SAPG input. WM will update on Rita's replacement in advance of the next meeting.</li> </ul>	
4.	<b>Minutes of previous meeting (Paper 1)</b> The minutes of the meeting on 19 <sup>th</sup> June 2018 were accepted.	
5.	<b>Matters Arising</b> <ul style="list-style-type: none"> <li><b>Gentamicin dosing recommended by EUCAST</b> MM advised updated on discussions with BSAC in June. EUCAST breakpoint based on 7mg/kg but confirmed that a majority of units in the UK use 5mg/kg dosing. Also noted that information on EUCAST website is out of date. BSAC plan to raise concerns at the EUCAST steering group next month and MM will bring back updates to SAPG when available.</li> <li><b>Revised SBAR on pre-hospital management of sepsis and proposed SAPG position statement (Papers 2 and 2a)</b> The Chair advised that the amended SBAR has been sent to Graham Gauld, Clinical Lead for the Scottish Patient Safety Programme (SPSP) Primary Care group. The proposed position statement has been prepared to highlight SAPG views on key issues and is based on discussions at the June meeting. YG noted that the BNF suggests a</li> </ul>	

	<p>cefotaxime dose of 1g for meningitis in adults but the Meningitis Trust advocates 2g. Members agreed that 2g was an appropriate dose for sepsis in adults. Availability of supply data for cefotaxime was discussed. CM and WM advised some data exists but is not currently in usable format. Resource for the collation of data was raised as a concern as although the Scottish Ambulance Service has an electronic system which captures all data GPs may not have systems to do this. Also helpful to be able to separate out data on antibiotic administration for meningitis from that for sepsis. JH advised that the SPSP team are looking at how information is transferred at handover to the hospital team and advised that provision of data is the responsibility of SPSP.</p> <p>Subject to some minor changes the position statement was agreed.</p> <p><b><u>Action: Finalise position statement and send to GG</u></b></p>	JS
	<b><u>Items for Discussion/agreement</u></b>	
6.	<p><b>Review of SAPG guidance</b></p> <p><b>High Dose Colistimethate Sodium (Colistin) in Adults – Clarification of dosage recommendations (Paper 3)</b>          JS advised that the guidance has been updated to reflect comments received. YG noted some additional minor comments and will share with JS.  <b><u>Action: Finalise guidance document and publish on website</u></b></p> <p><b>Good practice recommendations for surgical and procedural prophylaxis (Paper 4)</b>          Compliance with the good practice recommendations and person(s) responsible were discussed by SAPG members. Within the summary section it was agreed that AMTs should be considering the recommendations and applying to their local situation and priorities. The Chair commented that a specific point regarding penicillin allergy be included in recommendations and remove second dose of gentamicin. The Chair advised that the final version will be circulated again in advance of the next meeting for sign-off.  <b><u>Action: Finalise and circulate to SAPG members in advance of the next meeting.</u></b></p> <p><b>Recommendations for re-dosing surgical prophylaxis (Paper 5)</b>          JS Advised guidance now suggests using full doses of antibiotics when re-dosing. YG and AM suggested reformatting to improve clarity and advised they have existing documents in their Boards. Agreed this would be helpful and could be circulated for comments in advance for the next meeting of SAPG for final sign-off at the next meeting.  <b><u>Action: Revise format of guidance.</u></b>  <b><u>Action: Seek comments and bring final version to next meeting of SAPG.</u></b></p>	<p>JS</p> <p>JS/SP</p> <p>YG/AM SP/JS</p>
7.	<p><b>National consensus on teicoplanin dosing for surgical prophylaxis (Paper 6)</b>          The Chair advised that BMA had asked that teicoplanin dosing for surgical prophylaxis in Boards be brought to SAPG for discussion on national consensus. JS has drafted Paper 6 which shows two approaches currently being used. The Chair asked SAPG members if local practice is the best way forward or to move to national guidance. It was agreed a national approach would have more simplicity in dosing and could be beneficial however the financial implication of increased dosing (from current local practice) was raised as a potential issue for some boards and the current BNF recommended dose of 800mg was reported to be acceptable with no issues for a number of boards. Following discussion it was accepted that there was reasonable variation in practice between boards and development of a national consensus was not supported.</p>	
8.	<p><b>Hospital empirical guidance for infections in adults (Paper 7)</b>          The Chair advised that following previous discussions and agreement at SAPG Paper 7 is the first draft of a national approach to prescribing for infections in hospital. The Chair noted that there were many similarities within board guidelines and asked members if further evidence is required to support a national guideline or if anything is missing from the first</p>	

	<p>draft. Following broad discussion it was agreed that there was much commonality between boards' guidelines however there was limited benefit in formalising a national guideline. It was agreed a formal guideline development process would be required and this was beyond the scope of SAPG The Chair concluded that the document will be finalised and circulated as a position paper. AMTs were requested to check their own board information and the circulated paper for accuracy and contact SAPG if inaccuracies or changes are required. Members agreed that collating board choices had been a useful exercise and would support and inform AMTs with future guideline review. It was agreed this process has supported future work on the proposed future single national formulary.</p> <p>On one specific issue (metronidazole use in undifferentiated sepsis) WM suggested that this could be considered as a separate issue and investigated through a literature review in the first instance. It was also agreed that there was an opportunity to review Enterococcal cover in urosepsis as NHS GGC has recently dropped amoxicillin from empirical guidance for this indication. Agreed that MM and AS could provide an update on GGC data at a future meeting.</p> <p><b><u>Action: Document will be revised and circulated as a position statement.</u></b></p> <p><b><u>Action: Check Board information.</u></b></p> <p><b><u>Action: Metronidazole in sepsis literature review.</u></b></p> <p><b><u>Action: Report on GGC Enterococcus Data</u></b></p>	<p>AS/JS All JS MM/AS</p>
9.	<p><b>Revised framework for local surveillance of antimicrobial use (Paper 8)</b></p> <p>WM advised that Paper 8 is the review of the previous document which was last updated in 2015 and has already been reviewed by the Antimicrobial Pharmacists group. Much of the surveillance information is now available on the Discovery platform. The key difference is that the revised version allows greater flexibility in monitoring of hospital use and surveillance of antifungals in critical care and haematology units has been added. The merits of using point prevalence survey (PPS) as detailed in the framework was discussed. Agreed PPS was a helpful tool as it generates qualitative data to inform on areas for improvement. The revised framework was accepted by SAPG members.</p> <p><b><u>Action: Upload new version to SAPG website</u></b></p> <p>Which wards and departments are included in Discovery data was discussed as a side issue. WM explained that the data comes from ISD for all medicines and is accessed via the Hospital Medicines Utilisation Database (HMUD). It is recognised that acute hospital data will include use in non in-patient areas such as out-of-hours and Genito-urinary medicine clinics with high use of antibiotics. It is feasible to allocate these locations to an 'Other' category but any changes to which codes are included in the HMUD mapping extract would need a national decision for all medicines not just antimicrobials. It was agreed that it would be helpful to have national agreement of locations that should be moved to the 'Other' category and AC agreed to take forward with WM.</p> <p><b><u>Action: Develop national approach to locations for 'Other' category within HMUD</u></b></p>	<p>SP</p> <p>WM/AC</p>
	<b>Items for Update</b>	
10.	<p><b>Update on UK AMR Strategy and SARHAI</b></p> <p>Not available, update at next meeting of SAPG.</p>	
11.	<p><b>Update on CARS</b></p> <p>EA gave apologies today so will update at next meeting.</p>	
12.	<p><b>Current SAPG Projects</b></p> <ul style="list-style-type: none"> <li>• <b>Antifungal stewardship</b></li> </ul> <p>BJ updated that work is progressing well and next meeting will take place on 29<sup>th</sup> August when national hospital guidance/good practice recommendations on candidaemia will be discussed.</p> <ul style="list-style-type: none"> <li>• <b>Day 3 Review resource</b></li> </ul> <p>SD updated that discussions have taken place with Ruth Robertson from NES on the</p>	

	<p>resource format and an introduction including short videos. The content and quality improvement tools are being refined and aiming for launch in November but may be later.</p> <ul style="list-style-type: none"> <li>• <b>Penicillin allergy de-labelling</b> AS updated that the next Penicillin Allergy meeting will take place on 22<sup>nd</sup> August. The meeting will include discussions on penicillin challenge testing and patient information.</li> <li>• <b>Paediatric stewardship</b> JS updated on behalf of CD. At the last meeting the first priorities were agreed as UTI treatment and prophylaxis and collating Board hospital paediatric policies for consensus from group.</li> <li>• <b>Nurse stewardship</b> JMc advised that the updated nurse stewardship resource is currently being reformatted with NES.</li> <li>• <b>Dental stewardship</b> ASm advised that the first meeting has taken place and the scope of the group has been agreed. Surveying dentists on use of metronidazole was discussed and the next meeting will take place in September.</li> </ul>	
13.	<p><b>Hospital Quality Indicators</b></p> <ul style="list-style-type: none"> <li>• <b>Report on data January to June 2018 (Paper 9)</b> AP spoke to the hospital quality indicator report and advised that the data represents a snapshot for this report only with median calculated for the 6 month period. Data collection and choice of wards was discussed and agreed that if there is sustained improvement can move to different wards. The utility of a national report was discussed and JH advised report is not for judgement but to support local QI. JS confirmed this high level report has been used for years to support improvement and data sharing but boards also have local data that will inform improvement work. There are many caveats around the data only being collected in selected wards and from a sample of patients. JS asked for consensus agreement on whether oral duration should be documented on the Kardex or whether in medical notes was acceptable. Members agreed that on the Kardex or electronic medicines chart was best practice as it would ensure that administration stopped when intended.</li> </ul> <p><b>Updated audit tool on Antimicrobial Companion app. (demonstration)</b> AP demonstrated the updates on the App showing key changes: local administrator can add and edit wards; weekly data collection and reporting; facility to view reports as pdf and send via email; revised categories for 'outcome of review'. The Chair thanked AP for this work. JS advised that new national reports have not yet been worked out and the revised audit tool will be available for use in October 2018.</p>	
14.	<p><b>Amendments to WHO defined daily doses (DDD) for antibiotics (Paper 10)</b> WM presented paper 10 which highlights changes agreed by the World Health Organisation that come into effect on 1<sup>st</sup> April 2019. WM stressed that Defined Daily Dose (DDD) is a technical measure of antibiotic use used for surveillance and has no bearing on clinical practice. Changes will impact on national and local reports on antibiotic use and plans have been agreed on how changes will be made within national systems. The forthcoming SONAAR report in November 2018 will use existing DDD values and historical data will be updated using the new DDD values from 2019. Work is ongoing to assess how the change in DDDs will impact on the proposed quality indicators for reduction of antibiotic use.</p>	
15.	<p><b>CHI capture in antimicrobial prescribing data (Paper 11)</b> CM advised the CHI paper has been brought to SAPG to advise of the limitations of the data from primary care prescriptions for specific types of analyses and to ask for support to improve data completeness and quality. The issue is that prescriptions which are handwritten may not have a CHI number and are not captured within the ISD dataset. The Health Informatics Centre (HIC) at the University of Dundee obtains an extract of data from ISD and manually add CHI numbers to increase completeness for use in research. Antibiotics are commonly prescribed on handwritten prescriptions particularly in care homes settings</p>	

	and this is an area of research interest. Noted that handwritten prescriptions were also common in dental and nurse prescribing settings. Solutions to increase completeness of data is encouragement of prescribers to include the patient's CHI number and work by ISD to add missing CHI numbers. SH suggested CHI capture rate has increased year on year but still room for improvement. SAPG members supported efforts by HIC to improve data completeness.	
16.	<b>Change of event date</b> JS advised the new event date is Friday 2 <sup>nd</sup> November. Content will be possibly e-bug train the trainer session from the team in Public Health England with afternoon session including updates on SAPG projects.	
17.	<b>Single National Formulary</b> The Chair advised that there has been no further progress as governance issues are still being resolved.	
18.	<b>Antibiotic Shortages</b> <ul style="list-style-type: none"> <li>• Current issues</li> </ul> <p>The Chair highlighted recent teicoplanin issue which is now resolving.</p> <ul style="list-style-type: none"> <li>• <b>Proposal for National Stockpile of Critical Antibiotics (Paper 12)</b></li> </ul> <p>JS presented this paper detailing a proposal initiated by NHS GGC and informed by colleagues in National Procurement (NP) seeking development of a national stockpile of critical antibiotics as frequent shortages represent a risk to patient safety. JS advised that medicines supply is a reserved matter managed by the Department of Health (DOH) and a UK critical medicines supply list is currently being updated to reflect current supply issues. Subsequent discussions with NP and Scottish Government colleagues have identified that there are risks associated with establishing Scottish rather than UK reserve stock. However they agreed it would be helpful for SAPG and HPS to submit letters requesting UK accessible reserve stock to support SG in discussions with the DOH group. CG noted discussions at Directors of Pharmacy last meeting around medicines supply and impact of Brexit and suggested timing was right to raise antibiotic supply with DOH group. JS agreed to draft a letter and share with SAPG Project Board for approval then share with HPS colleagues.</p> <p><b><u>Action: Letter to be drafted and shared with SAPG Project Board then HPS.</u></b></p>	JS
19.	<b>Draft NICE guidance on exacerbation of COPD and bronchiectasis</b> JS advised that comments from SAPG members on these two NICE guidelines were collated and submitted to the consultation.	
20.	<b>WAAW/EAAD 2018</b> JS advised that she has been advised that Health Scotland have applied for funding to run a campaign this year using PHE resources branded for Scotland which will include a wide range of community settings and also radio, press and other routes. Due to this SAPG will not make major plans this year but the Antibiotic Guardian leaflet, which is not being used by Health Scotland, has been updated for use in hospitals and will complement their campaign. SAPG had also drafted a poster with a one health approach and will liaise with colleagues in HPS on dissemination to vets. SP will be in touch with AMTs soon regarding leaflet and pens quantities. Further information will be communicated to SAPG members and AMTs when available.	
	<b><u>Items for information</u></b>	
21.	<b>SMC advice on new medicines</b> JS advised there is no advice on new antimicrobial medicines but highlighted a new product available in the UK – cefipime (Renapime®). This is a 4 <sup>th</sup> generation cephalosporin which is a branded generic and as such it is outwith SMC remit so decisions on use will be down to local ADTCs.	
22.	<b>Availability of malaria treatments</b> JS advised that the Association of Scottish Antimicrobial Pharmacists have undertaken work to create a list malaria products stocked in each Board which may be helpful if anyone	

	requires to source such a treatment at short notice. It will be uploaded to the secure area of the SAPG website and will be reviewed regularly.	
<b>23.</b>	<p><b>Draft BASHH Guidance on Mycoplasma genitalia</b></p> <p>BMo advised the closing date for comments on the draft BASHH guidance is 1<sup>st</sup> September. This guidance is important as pathogen resistance is an important issue due to increased use of azithromycin in genito-urinary infections. There will be a need for increased use of moxifloxacin to address these resistance issues. Currently only NHS Lothian carries out diagnostic testing for this organism but WM advised a group has been established within the Scottish Health Protection Network to look at this and JW advised that data on M. genitalia will be included in the SONAAR report for the first time.</p>	
<b>24.</b>	<p><b>AOCB</b></p> <p><b>Nitrofurantoin adverse reaction in patients with interstitial lung disease</b></p> <p>BMo advised on a case in NHS Tayside where a patient with interstitial lung disease had died following an acute pneumonitis adverse reaction to nitrofurantoin prescribed for a UTI. A yellow card had been completed by the respiratory team to report the reaction. Yellow card reports suggest the incidence is 1 in 5000 and 90% of cases are reversible. BMo agreed to raise at SAPG to alert colleagues to this case and discuss any similar experiences in other boards. WM advised that local data in Scotland on increased nitrofurantoin use would be relatively small so would be difficult to link to any increase in adverse reactions. JS advised that SAPG could seek information on increased adverse reaction from colleagues in England as they had moved to nitrofurantoin as first line for UTI a few years ago.</p>	
<b>25.</b>	<p><b>Date of next meeting – 23<sup>rd</sup> October 2018</b></p> <p>Following meeting: Tuesday 18<sup>th</sup> December 2018</p>	