

**Confirmed Minutes of the Scottish Antimicrobial Prescribing Group Meeting
Held on Tuesday 23rd October 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
Dr Brian Cook, Medical Director, Acute Services, Royal Infirmary of Edinburgh (via VC)

SAPG Support Services

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

National Services Scotland

Prof Marion Bennie, Chief Pharmaceutical Advisor, National Medicines Utilisation Unit,
Information Services Division
Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland
Ms Linsey Baxter, 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)
Dr Becky Wilson, Consultant Microbiologist, NHS Grampian
Professor Brian Jones, Consultant Medical Microbiologist, NHS Greater Glasgow & Clyde
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire
Dr Morgan Evans, Consultant in Infectious Diseases, NHS Lothian
Dr David Griffith, Consultant Microbiologist, NHS Fife
Dr Robbie Weir, Consultant Microbiologist, NHS Forth Valley

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 Charis Marwick, Clinical Senior Lecturer, University of Dundee
Dr Diane Stark, Senior Infection Control Nurse, NHS Highland (via VC)
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 Conor Doherty, Consultant in Paediatric Infectious Diseases, NHS Greater Glasgow and
Clyde
Dr Deirdre O'Driscoll, General Practitioner, Glasgow

Public partners

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

Guests:

Susan Coyle, Antimicrobial Pharmacist, Dumfries and Galloway, attending for Bryan Marshall
 Dr Jack Fairweather, Scottish Clinical Leadership Fellow, Royal College of Physicians and Surgeons of Glasgow and STR Renal and General Internal Medicine, NHS Greater Glasgow and Clyde

Apologies:

Mrs Alison Wilson, Director of Pharmacy, NHS Borders
 Dr Busi Mooka, Consultant Physician, NHS Tayside
 Dr Eleanor Anderson, Consultant in Public Health Medicine, Health Protection Scotland (CARS programme)
 Dr Adam Brown, Consultant Microbiologist, NHS Highland
 Professor Andrew Smith, Professor and Consultant Microbiologist, NHS Greater Glasgow and Clyde (Dental)
 Dr Beck Edwards, Consultant Microbiologist, NHS Orkney
 Ms Catriona Innes, Lead Clinical Pharmacist, NHS Orkney
 Mrs Ruth Robertson, Health Protection Education Programme Manager, Health Protection Scotland/NHS Education for Scotland
 Ms Julie Wilson, AMR Manager, Health Protection Scotland
 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
 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
 Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde (Professional Secretary for ScotMARAP)

	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 Linsey Baxter, new Analyst working with William Malcolm, National Services Scotland, taking over work related to surveillance of antibiotic use. Eleanor Anderson has left HPS to take up a post in Information Services Division (ISD). William Malcolm will be interim lead for the antimicrobial use and resistance in HPS. The Chair formally thanked Eleanor thanked Eleanor for her contribution to SAPG during the past 3 years	
4.	Minutes of previous meeting (Paper 1) The minutes of the meeting on 21 st August 2018 were accepted.	

5.	<p>Matters arising:</p> <p>High Dose Colistimethate Sodium (Colistin) in Adults (Paper 2) JS advised the guidance had been cross checked with latest guidance from Imperial NHS Trust and information clarified as agreed at the last meeting. Noted that recent advice from Bristol on timing of samples for therapeutic drug monitoring will be incorporated. Subject to minor amendment the guidance was approved and will be published on the SAPG website.</p> <p>Recommendations for re-dosing surgical prophylaxis (Paper 3) JS advised the guidance has been reformatted and expanded by the Antimicrobial pharmacists group to address comments about separating out re-dosing for long procedures from re-dosing following blood loss. BC highlighted that some procedures may lead to in excess of 15L blood loss and suggested additional information is required to advise against multiple repeat dosing. Agreed this was a sensible approach and BC agreed to provide suitable wording. Subject to this addition the guidance was approved and will be published on the SAPG website.</p> <p>Hospital empirical guidance for infections in adults – summary of current practice (Paper 4) The Chair advised the paper is for information and not a national guideline. JMCE and UA advised their board choices have changed and will e-mail these to JS. The document will be shared via the secure area of the SAPG website and AMTs will be contacted annually to advise on any changes to keep the document up to date. Noted that it should be dated October 2018 to confirm when information was collated.</p>	
	<p><u>Items for Discussion/agreement</u></p>	
6.	<p>Proposal for SAPG sub groups for guidance review and education development.</p> <p>Review of guidance JS advised the process of updating SAPG guidance at review date is presently not as robust as it should be. Presently JS and AS discuss guidance then bring to SAPG members for discussion. The lack of robust process has been highlighted lately with in-depth discussion and the need to bring guidance back to SAPG meetings several times. JS today agreed with the SAPG project board to set up a core group to discuss SAPG guidance when review date approaches with specialist input being sought when necessary. The Chair called-out for volunteers from SAPG membership and multi-professional groups to be part of the guidance review group.</p> <p>Action: Members to consider being part of the guidance review group. Action: E-mail to will be sent out to encourage responses.</p> <p>Education sub group JS talked to the paper prepared with RR which proposes re-establishing a SAPG education sub group to provide strategic oversight of workforce requirements and development of resources. This was discussed and agreed at the SAPG project board. JS advised that SAPG members are not being asked to volunteer yet but group members will be sought following further discussions within NES. Further updates on the SAPG education sub group at the December meeting of SAPG.</p>	<p style="text-align: center;">All SP/JS</p>
7.	<p>Good practice recommendations for hospital antimicrobial stewardship (Paper 5) The Chair advised this document is due for 2 year review and has been reformatted and updated to reflect current practice. The Chair advised that any fundamental issues within the document be discussed today, otherwise suggested minor changes should be sent by e-mail as soon as possible. AT commented that avoiding unnecessary prescribing should be in the narrative and throughout the document and this suggestion was accepted. The current 2 year timescale was discussed with JS highlighting that some Boards have moved to a 3 year review period. SAPG members agreed a review date is required and should be changed to a minimum of 3 years.</p> <p>Action: Final comments on guidance to be sent to JS</p>	<p style="text-align: center;">All</p>

8.	<p>Update on primary care quality indicator –January-March 2018 (Paper 6)</p> <p>WM gave thanks to Linsey Baxter who had completed most of the work to this update paper. The document summarises progress with the national quality indicators to reduce unnecessary use of antibiotics. WM highlighted that even although there was flu last year there has still been a reduction so continued slow progress. SDo asked about variation between boards in terms of deprivation and older people and noted the population demographic of older people in NHS D&G. WM acknowledged there may be difference such as these but methodology does not adjust for this. GH suggested that there was a need to focus on low performers who weren't reducing overall use. The public message was discussed and it was agreed there is a wide variety of different information out there for communication with patients and public. SH noted that compared to 5years ago when this indicator started and the baseline was prescribing in 50-60% of self-limiting respiratory tract infections with half of these inappropriate that overall the indicator has worked. WM noted that data from 2017 showed nurses are now second largest group of prescribers by volume and GH suggested there may be merit in analysing prescribing by professional group. WM agreed to explore stratifying data by prescriber type and report back. Feedback of prescribing data at local level was discussed. AT suggested that quality indicator dashboards could be displayed in GP Practices and that data could also be shared by GP Cluster Leads. The importance of clusters was agreed but DO advised that individual clusters may have different priorities. Different approaches are used by boards. WM also highlighted the quarterly GP feedback reports received by all GP Practices. It was confirmed baseline from 2016 still in place as was set for a 3 year period and will revisit next year.</p>	
	<p>Items for Update</p>	
9.	<p>Update on UK (Antimicrobial Resistance) AMR Strategy and SARHAI</p> <p>JS advised the national action plan for 2019-24 and the 20 year strategy will be published in early next year.</p> <p>JS updated that at the meeting of SARHAI on 22nd October main focus was discussion of standards and indicators for HAI and AMR.</p>	
10.	<p>Update on CARS</p> <p>No update available, next meeting is 30th October and there will be an update at December meeting of SAPG.</p>	
11.	<p>HAI and AMR Standards and Indicators</p> <p>WM updated on work to agree new quality indicators for antimicrobial use as part of a suite of standards and indicators for HAI and AMR. Draft national standards and indicators were developed earlier in 2018 to align as closely as possible with the approach developed in England and other parts of the UK. However SAPG were recently asked to revisit the previously agreed measures simplify them and ensure they were aligned with the priorities for antimicrobial stewardship across NHS Scotland rather than alignment with UK measures. To this end the following are proposed as standards and indicators for use at NHS board and national level:</p> <ol style="list-style-type: none"> 1. A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2021, using 2015/16 data as a baseline (items/1000/day). 2. Use of WHO Access antibiotics (NHSE list) ≥60% of total antibiotic use in Acute hospitals by 2021. 3. Use of intravenous antibiotics in secondary care defined as DDD/1000population/day will be no higher in 2021 than it was in 2018. <p>Indicators 1 and 2 are unchanged from the previous version but indicator 3 is new and is intended to support work on improving review of IV antibiotics. All measures will be utilise national data so there is no requirement for AMTs to collect data.</p> <p>Following formal sign off by Scottish Government details of the indicators will be communicated to boards.</p>	

<p>12.</p>	<p>Update on improvement projects</p> <ul style="list-style-type: none"> • Antifungal stewardship BJ updated that the three streams of work are progressing. Currently drafting recommendations on the use of antifungals in critical care and second iteration signed off before end of year. Haemato-oncology guidance is not yet drafted but collated policies used across boards will inform recommendations. Health technology assessment of biomarker diagnostics for both these areas underway and will be published in early 2019. A survey on chronic respiratory fungal infections has been drafted and following testing will be sent out via clinical networks. GH queried if work would be developed to include primary care as currently seeing issues with resistant candida infections. BJ advised that this can be considered at a later stage. • Day 3 Review resource SD updated on Day 3 review work. RR has input on how the resource will be formatted and accessed via the NES website. It has been agreed there will be an introductory piece from CMO CNO CPO similar to what was used for the NES flu vaccine resource. Two slide-sets for facilitated learning sessions are near to completion. JS advised slide-sets will include data from SONAAR after publication in November. Following testing the resource will be packaged for upload to the NES website but timescale not agreed as yet. The Chair thanked the Day 3 review team for this excellent work to date. • Penicillin allergy de-labelling The Chair advised the group met in August and making good progress. Communication with GPs agreed and patient information leaflets being refined. The algorithm to support de-labelling and procedure for penicillin challenge is currently being developed further and will be piloted once complete. Anaesthetist is now part of group for discussions on de-labelling in pre-op assessment settings. The group are meeting again in November. It was confirmed the algorithm is for secondary care only at the moment but key output is communication with primary care once delabelled. CD advised that paediatrics has an allergy service but very specialist. Issues around governance still to be confirmed and next meeting is on 7th November. <p>Paediatric stewardship CD updated that meetings have now taken place with good multidisciplinary buy-in for paediatric stewardship. Two subjects dominate just now for consensus across Scotland on empiric guidance and management of UTI. CD highlighted that the majority of children should not get UTI prophylaxis, resistance is an increasing issue and that data on paediatric microbiology for urine specimens is scarce. If anyone has these data available could they please contact CD him to discuss.</p> <ul style="list-style-type: none"> • Nurse stewardship JMCE advised that the antimicrobial workbook is now at final stage of editing and will be finalised by the end of this year. The Chair queried input from multi-disciplinary teams and is keen to see the revised workbook. JS advised revision supported by steering group which also includes social care staff. JMCE agreed circulate next version to AMTs for comments. JMCE advised that an antimicrobial nursing group has been established and will open membership to OPAT nurses in 2019. JMCE advised she is working with BSAC to launch an on-line nursing stewardship forum in November on the BSAC website as a one stop shop for key policy documents and to support information sharing. MB suggested this could feed into the new SAPG education sub-group to support identification of core training across different disciplines. <p>Dental stewardship JS updated that ASm has been unwell so the last meeting was cancelled. Update at future meeting of SAPG.</p>	
<p>13.</p>	<p>SAPG Events The next event will take place on 2nd November. In 2019 there will be 2 events in March and November. Topics to be decided so if members have ideas for March 2019 please contact SP or JS. The March event is one week before International Forum on Quality and Safety in</p>	

	Healthcare in Glasgow. JH suggested there may be potential speakers for the SAPG meeting attending and agreed to forward information.	
14.	<p>EAAD plans</p> <p>JS updated that Health Scotland are leading plans for EAAD this year as part of a broader approach to public campaigns focused on infection. The materials being used are from PHE supporting Antibiotic Guardian and have been rebranded for NHS Scotland. JS highlighted that Health Scotland can only use materials that have been evaluated and shown to have an impact. SAPG have sent out updated antibiotic guardian leaflets, pens and stickers to AMTs for use on hospital information stands.</p>	
15.	<p>Single National Formulary</p> <p>The Chair advised currently on hold pending agreement of governance arrangements. SAPG members will be kept informed on any progress.</p>	
16.	<p>Antibiotic Shortages</p> <ul style="list-style-type: none"> • Current issues <p>JS advised she is unaware of any current issues. It was agreed that Brexit will have an impact. AC asked how Boards are keeping stocks of new antibiotics not recommended by SMC and whether there was potential to add to the Rarely Used Urgent Medicines list. CG advised unlikely to be considered and that IPTR/PACS tier 2 processes in board should be used.</p> <ul style="list-style-type: none"> • Update for proposal for National Stockpile of Critical Antibiotics <p>JS updated that following agreement at the last meeting a proposal for a national stockpile of critical antibiotics has been prepared and once approved by all SAPG Project Board members will be sent to Scottish Government and National Procurement to support their discussions with the Department of Health.</p>	
	Items for information	
17.	<ul style="list-style-type: none"> • Federation of Infection Societies (FIS) <p>JS advised the FIS conference will take place in Newcastle from 13-15 November. There will be 6 posters on SAPG work and one oral presentation by WM.</p>	
18.	<ul style="list-style-type: none"> • SMC advice on new medicines <p>JS advised no new medicines to report on. No volunteer from SAPG to be SMC member so BJ will carry on meantime.</p>	
19.	<ul style="list-style-type: none"> • SAPG Dates 2019. (Paper 7) <p>JS advised paper 7 has dates for 2019 to be added to diaries along with two events in 2019.</p>	
	<u>AOCB</u>	
20.	<ul style="list-style-type: none"> • European Medicines Agency EMA advice on quinolones <p>The Chair highlighted EMA warning on use of quinolones due to neurological toxicity and tendon rupture. Agreed need to reflect on local practice and oral use in bone and joint infection a potential area for review.</p> <ul style="list-style-type: none"> • Fleming Fund initiative <p>JS advised funding is available for pharmacy and nursing teams from the UK to work with teams in 4 African countries (Ghana, Zambia, Tanzania, Uganda) on stewardship. JS advised a workshop will take place in Edinburgh on 5th November to provide more information and the CPO is supportive of a Scottish bid. If anyone is interested or has existing links with countries get in touch. JF offered to seek information on links from Glasgow College and JMCE will investigate any links with Dundee Nursing School.</p> <ul style="list-style-type: none"> • Sepsis 6 <p>The Chair raised the suggestion of Sepsis 7 by having antibiotic review as an additional measure. JH advised the Sepsis campaign will run again in 2019 and there could be an opportunity to consider Sepsis 7. Agreed that AS should contact Calum McGregor, Clinical Lead for Sepsis, and also involve Kevin Rooney, from the University of the West of Scotland.</p> <p>Action: Contact Calum McGregor to discuss potential for Sepsis 7</p>	AS
20.	<p>Date of next meeting – 18th December 2018</p> <p>Following meeting: 19th February 2019</p>	