



**Confirmed Minutes of the Scottish Antimicrobial Prescribing Group Meeting
Held on Wednesday 24th April 2019
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
Mrs Alison Wilson, Director of Pharmacy, NHS Borders
Dr Jacqueline Sneddon, Project Lead Scottish Antimicrobial Prescribing Group
Professor Marion Bennie, Chief Pharmaceutical Advisor, National Medicines Utilisation Unit, Information Services Division

SAPG Support Services

Ms Deborah Creedy, Temporary Project Officer, Scottish Antimicrobial Prescribing Group

National Services Scotland

Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland
Ms Julie Wilson, AMR Manager, Health Protection Scotland
Ms Linsey Baxter, Analyst, National Services Scotland
Dr Janine Thoullass, Consultant Public Health Medicine HPS

Antimicrobial Management Teams

Professor Brian Jones, Consultant Medical Microbiologist, NHS Greater Glasgow & Clyde
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire
Dr David Griffith, Consultant Microbiologist, NHS Fife
Dr Robbie Weir, Consultant Microbiologist, NHS Forth Valley
Mrs Susan Coyle, Antimicrobial Pharmacist, Dumfries and Galloway
Dr Becky Wilson, Consultant Microbiologist, NHS Grampian & NHS Orkney (via T/C)
Prof Ian Gould, Consultant Microbiologist, NHS Grampian (via T/C)
Dr Morgan Evans, Consultant in Infectious Diseases, NHS Lothian

Representing professional groups and specialties

Mrs Alison Cockburn, Antimicrobial Pharmacist, NHS Lothian (Association of Scottish Antimicrobial Pharmacists)
Mrs Jo McEwen, Antimicrobial Nurse Specialist, NHS Tayside (Nursing)
Dr Mairi Macleod, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Scottish Microbiology and Virology Network)
Dr Charis Marwick, Clinical Senior Lecturer, University of Dundee
Dr Deirdre O'Driscoll, General Practitioner, Glasgow
Diane Stark, Senior Infection Control Nurse, NHS Highland (via T/C)
Mrs Fiona Baker, Primary Care Pharmacist, NHS Fife

Public partners

Ms Sue Downie, Public Partner

Guests:

Megan McNicol, Health Protection Scotland (presenting)
Haya Yassin, PhD Student, Strathclyde University
Eddie McArdle, Data Manager, Health Protection Scotland

Apologies:

Mrs Christine Gilmour, Chief Pharmacist, NHS Lanarkshire
Mrs Ruth Robertson, Health Protection Education Programme Manager, Health Protection Scotland/NHS Education for Scotland

Dr Busi Mooka, Consultant Physician, NHS Tayside
 Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran
 Dr Bryan Marshall, Consultant Microbiologist, NHS Dumfries and Galloway
 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 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
 Dr Michael Lockhart, Medical Microbiologist, Health Protection Scotland
 Dr Jack Cunningham, Specialty Registrar, NHS Orkney
 Professor Hazel Borland, Nurse Director, NHS Ayrshire and Arran
 Mrs Lesley Shepherd, Nurse Consultant, National Services Scotland
 Dr Ben Parcell, Consultant Microbiologist, NHS Tayside (Infection Control Doctors group)
 Mr Samuel Whiting, Infection Control Manager, NHS Borders and Infection Control Managers Group
 Rebecca Houston, Lead Antimicrobial Pharmacist, Golden Jubilee National Hospital
 Melanie Goodfellow, Policy Manager, Healthcare Associated Infections, Scot Gov
 Dr Brian Cook, Medical Director, Acute Services, Royal Infirmary of Edinburgh, NHS Lothian
 Professor Andrew Smith, Professor and Consultant Microbiologist, NHS Greater Glasgow and Clyde (Dental)
 Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow & Clyde Antimicrobial Management Team (Professional Secretary for ScotMARAP)
 Dr Adam Brown, Consultant Microbiologist, NHS Highland
 Professor Alexander Crichton, University of Glasgow Dental School
 Dr Conor Doherty, Consultant in Paediatric Infectious Diseases, NHS Greater Glasgow and Clyde
 Dr Vhairi Bateman, Consultant in Infectious Diseases, NHS Grampian

	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 Dr Jack Cunningham, Specialty Registrar, NHS Orkney will deputise for Dr Becky Wilson at future SAPG meetings. Simon Hurding, Medical Adviser Scottish Government has stepped down from SAPG as he is moving to a new position within a GP Practice. Suzanne Clark, Public Partner has left Healthcare Improvement Scotland and a new Public Partner will be recruited. The Chair formally thanked Simon and Suzanne for their valuable contributions to the group.	
4.	Minutes and actions from previous meeting (Paper 1) The minutes of the meeting held on 19 th February 2019 were agreed with one amendment. Minutes to note that Diane Stark is not a Doctor. Action: JS to amend minutes	JS

5.	<p>Matters arising: Explore how SAPG can influence HEPMA specifications via Directors of Pharmacy AW advised that the next meeting of Directors of Pharmacy will be held on Friday 26th April. The issue will be raised and AW will report back to the next SAPG meeting. AW will also ask regarding plans for bolt on decision support systems and the tools being used in current systems. Action: AW to feedback at next meeting</p>	AW
Items for Discussion/agreement		
6.	<p>Presentation - Tackling antimicrobial resistance – the UK AMR National Action Plan 2019-2024 JW presented the new UK strategy published in January 2019. 20 year vision for commitment to sustained global effort. WM stressed that work undertaken by SAPG is integral and a good platform for moving forward key themes over the next 5 years, ideally working with other groups to bring strategy together. WM advised that he is not aware if there will be a ScotMARAP 3. There was discussion regarding the benefit of specific targets at board level but as a policy response is awaited from Scottish Government it was agreed not appropriate at the current time. WM noted that the antibiotic reduction target will be challenging and innovative solutions will be required.</p>	
7.	<p>Presentation - Shorter antibiotic courses in community infections – what does the guidance and national data tell us (Paper 2) WM outlined that following achievements in the first two phases of improvement work, starting with ‘What to prescribe?’ moving to ‘Whether to prescribe?’ and now the focus for the 3rd area of stewardship should be treatment duration or ‘How much to prescribe?’ After work by MMc and LB on board level data from GP Practices, it is evident that there is significant variability both across and within boards for antibiotic course length in primary care. National guidance recommends 5 day courses for common respiratory infections but data shows many patients receive 7 days. The data suggests that NHS GGC has highest use of 5-day packs and members from GGC confirmed this is due to the set up within their GP computer system. SDo suggested there should be increased understanding on why variability exists, for example in rural areas is the issue technical or due to health behaviour? There was discussion about the challenges involved, on greater use of the ScriptSwitch electronic tool within GP systems and practice in Out of Hours (OOH) prescribing (7 day packs supplied). It was agreed that boards should locally investigate barriers to shorter course therapy in primary care and investigate local use of electronic prompts in prescribing management systems and durations within guidance. SAPG will explore wider availability of 5 day packs including consideration of the Scottish Drug Tariff, community pharmacy wholesalers and Tayside Pharmaceuticals supplies for OOH services. JS advised she has contacted Tayside pharmaceuticals re prepacks. WM advised that prescribing duration can be added to Discovery to enable boards to review variation. It was agreed that the first step will be to provide bespoke data reports to individual boards in pdf format to compare against their own primary care guidelines. Action: Data in pdf form to be supplied to AMT members Action: Revisit work on shorter courses as agenda item at future meeting</p>	WM/LB/MMc JS/DC
8.	<p>Changes to Feedback of Antimicrobial Prescribing in Primary Care (FAPPC) programme (Paper 3) WM advised that reports are currently sent to GP practices on a quarterly basis. DO’D reported that the reports have been relevant and useful. To reduce workload for the NSS team and free up time for other analyses it was agreed to reduce the number of issues from four to three times per year. Two of the report topics will be retained: antibiotic use by age and UTI and the 3rd one will focus on duration of antibiotics for respiratory infections as discussed under the previous agenda item. Impact of the</p>	

	reports on prescribing was queried. WM advised that an analysis is currently being undertaken comparing 4 pilot boards with the rest of Scotland and preliminary information suggests that reports are having an impact. Agreed it would be useful to undertake an ongoing analysis of prescribing rates across all boards focused on the topic areas.	
9.	<p>Improved information on antibiotic use by nurse prescribers (Paper 4)</p> <p>This is an important growth area and WM outlined a proposal to help SAPG and AMTs better understand nurse prescribing. Nurses are now a significant prescribing group who are being deployed in different ways and new nursing graduates will be 'prescribing ready' to take on this role. WM proposed to undertake a detailed analysis of trends in antibiotic use by nurse prescribers and to report this at a future SAPG meeting. There was also a proposal to utilise the GP audit tool to gain greater understanding of nurse prescriber consultations for acute infections. JMcE advised the Nurse Stewardship group is keen to pursue both aspects of the proposal. SAPG members supported the proposals.</p> <p>Action: Undertake data analysis and report at the October SAPG meeting</p> <p>Action: Explore how GP audit tool could be utilised with adaptation if necessary</p>	WM JMcE/JS
10.	<p>Review of collection of the antimicrobial prescribing indicators by the Scottish Antimicrobial Pharmacists' (ASAP) Group (Paper 5)</p> <p>Following discussions at the December meeting on reporting of the hospital quality indicators and the merits of comparisons between boards AC reported that at the last ASAP meeting members discussed if time spent gathering indicator data is optimum use of resources. Comments from ASAP members have been collated to inform how data should be collected and used in future.</p> <p>JS advised that going forward there will be standards and indicators; for antimicrobial use these have been agreed with SAPG and will utilise national data. These await sign off and communication by Scottish Government. WM advised these data would be entered into Discovery by the summer. JS advised that the current quality indicators will continue but should be utilised to support local improvement work thus impacting on the national data.</p> <p>ASPA also proposed improvements to the quality indicator audit tool of the Antimicrobial Companion App. JS advised that the suggested changes could be considered in due course as a 'version 2' of the app will be required to address legislation and device compatibility issues.</p> <p>The utility of data collection was discussed and members agreed that while the objective of the quality indicators was to support local improvement this was not translating into improvements in practice due to mandating of where and how to collect data. Consideration as to how boards should use the audit tool to optimise impact and make best use of resources was discussed. Noted that the 3 Day Review resource would support targeted improvement work.</p> <p>AC agreed to discuss further with ASAP to produce a proposal for next SAPG meeting considering available resource in large and small boards.</p> <p>Action: Proposal for using quality indicators at next meeting</p>	AC
11.	<p>SAPG Neutropenic sepsis guidance – revised version (Paper 6)</p> <p>JS outlined that the key changes to the guidance are in choice of treatments. The document incorporates what boards currently use and reflects the evolution of practice. It was agreed not to include a quinolone warning. Agreed to include amikacin as an alternative to gentamicin (High Risk section). Lab reporting of ESBL was highlighted as not being used universally but agreed to leave in ESBL options as individual boards can adapt the guidance. Final changes will be made and the revised document will be circulated to SAPG members for any final comments before publishing on the SAPG website.</p> <p>Action: Finalise guidance document and distribute to SAPG for comments</p>	JS/DC

12.	<p>SAPG Staph aureus bacteraemia guidance and audit measures (Paper 7) JS advised that the guidance had been revised by JF and BM (Version 2) with further amendments made by AS (Version 3). AS talked through further suggested changes and these were agreed. Changes will be made and circulated with a deadline for final comments. The final version will then be published on the SAPG website. Action: Amend guidance and circulate for comments with deadline</p>	JS/DC
13.	<p>Quinolone safety advice (Paper 8) AS outlined that the purpose of the paper was to collate information from boards who have issued local alerts. It was agreed to draft details in SBAR format with national recommendations and circulate to AMTs. Inclusion of alternatives for infections where quinolones are used was agreed as too complex and should be agreed at local level. The MHRA states patients should receive a patient information leaflet. JS stated that as this leaflet is quite technical and could be confusing for patients without additional explanation and it may be beneficial to develop patient friendly information. AS advised that a PIL has been developed in GGC for bone and joint infections only and the MHRA document is used for all other conditions. DO'D reported that GPs are alerted via the prescribing system if a quinolone is prescribed. After discussion regarding risks and benefits, the meeting agreed to highlight key areas for AMTs in SBAR. Action: SBAR to be produced and a patient leaflet explored</p>	JS
14.	<p>Draft guidance from Scottish National Blood Transfusion Service (SNBTS) on Secondary antibody deficiency (Paper 9) JS advised that SAPG have been asked for feedback on the antibiotic aspects of this draft guidance. The following points were agreed:</p> <ul style="list-style-type: none"> • Evidence for supply of 2-week course as back up prescription – current move to shorter courses for respiratory infections. Could patients be given 5 day course and advised to seek medical review? • Consider alternatives to azithromycin such as doxycycline and amoxicillin. • Doxycycline may be suitable alternative in penicillin allergy. <p>Action: JS to report back comments to SNBTS</p>	JS
	Items for Update	
15.	<p>Feedback on 'Keep Antibiotics Working' campaign for (EAAD) 2018 (Paper 10) JS reported that the 2018 campaign was low key as it was led by Health Scotland who will be producing their own feedback. Feedback will be provided to PHE and ECDC. SDo suggested that Public Partner representation would be a useful resource for the 2019 campaign. JS reported that Public Partners had previously been involved in EAAD campaigns and this will be pursued once plans for 2019 are agreed.</p>	
16.	<p>Update on national Patient Group Directions (PGD) template JS advised that this work is being progressed with the Area Drug and Therapeutics Committee (ADTC) collaborative to ascertain if a national approach could be adopted. SAPG's role is to scope whether a national template would be feasible for infection PGDs. Board PGDs for Trimethoprim for UTI in community pharmacies and Group B Strep in Obstetric units have been collated and draft national templates prepared. The templates will be distributed to AMTs for feedback and AMTs will be asked what PGD would be the next priority. Templates would work in the same way as vaccines and boards could make their own changes if required. This is likely to be a large piece of work and funding would be required if progressed to all PGDs. Action: Update at next SAPG meeting</p>	JS
17.	<p>Update on improvement projects</p> <ul style="list-style-type: none"> • Antifungal stewardship <p>BJ reported that the group has not met since the last SAPG meeting – the next meeting is 1st May 2019. The group are focussing on three strands: 1) Candidaemia guidance - now published, 2) Haemato-oncology guidance – evidence synthesis on bio markers</p>	

<p>published by the Scottish Health Technologies Group 3) Respiratory survey – a good response has now been received. David Connell from Tayside is keen to take a lead on national consensus. BSAC shortly launching antifungal stewardship Massive Open On-line Course on Futurelearn and BJ suggested circulating the link.</p> <p><u>Action: Circulate link to Antifungal stewardship course with SAPG Minutes</u></p> <ul style="list-style-type: none"> • Day 3 Review resource <p>SD advised that the group has not met since the last SAPG meeting. The session on ‘Making the case for change’ has been agreed and final changes are being made to the ‘Quality improvement toolkit’ session. A short introductory piece featuring videos including the CNO is being filmed. Meeting to take place to discuss resource further.</p>	<p>JS/DC</p>
<ul style="list-style-type: none"> • Penicillin allergy de-labelling <p>AS reported that the project is currently mid pilot period trialling risk algorithm and patient information leaflet across six boards. There have been clinical governance hurdles which have caused delays. It has been agreed to extend the pilot until the end of May when data will be gathered and reported to SAPG. Pilot boards can continue with the project after that time if they wish.</p> <p><u>Action: Update on pilot at next meeting</u></p> <ul style="list-style-type: none"> • Paediatric stewardship <p>JS advised that the group had met on the morning of 24th April. Progress is being made with a ScRAP module being developed on paediatric UTI led by Heather Kennedy from Tayside. This will be aimed at GP and Out of Hours teams. Data is available on resistance in isolates from children and there are suggestions for incorporating this into national guidance.</p> <ul style="list-style-type: none"> • Nurse stewardship workforce education resources <p>JMcE reported that the updated nursing resource is progressing well. Three videos have been recorded on implementing stewardship in practice. A video of the CNO will also be included. The launch will take place in late summer and will be available on NES and Turas Learn websites.</p> <p>Five key messages for health and care staff resource was circulated to all groups for feedback and is now ready for distribution. SAPG will send details to members.</p> <ul style="list-style-type: none"> • Dental stewardship <p>In AS’s absence, JS advised that the next meeting of the group will be on 3rd May 2019. Literature work has been undertaken around antibiotic choice in dentistry.</p> <ul style="list-style-type: none"> • Fleming Fund <p>AS, JS and Rachel McKinney, Antimicrobial Nurse from Lothian are undertaking a scoping trip to Ghana in May when the group will meet with staff in two hospitals, assisting teams gather data for the Global Point Prevalence Survey and to inform teaching for the larger group visit in September.</p> <ul style="list-style-type: none"> • End of Life <p>AS reported that the first meeting of the group has taken place. There is good representation from experienced palliative care personnel including two GPs. JF presented a systematic review at the meeting after which a wide range of discussion took place including the tools used to guide prescribers, clear messages about terminology, person centred care and realistic medicine with actions produced. If any SAPG members wish to be involved they should advise JS. DO’D advised that time permitting she would be interested in joining the group.</p> <p>SAPG have been asked to be involved in a BSAC sponsored session at the Federation of Infection Societies Conference in Edinburgh to share work on Antibiotics towards the End of Life.</p>	<p>AS</p>
<p><u>Action: Members to feedback to JS if they wish to be involved in End of Life group</u></p>	<p>All</p>

18	<p>Antibiotic Shortages Oral vancomycin 125mg is not available until July 2019. This has implications for managing severe cases of Clostridioides difficile.</p>	
19.	<p>SMC advice on antimicrobials No new advice published. IG questioned advice from SMC regarding new antibiotics. JS advised that SMC are encouraging companies to submit new antibiotics for assessment but if this does not happen then they are 'Not recommended'. Boards have their own processes that can be used for specific patients requiring these medicines.</p>	
	<p>Items for Information</p>	
20.	<p>New JAC-AMR Journal – link: https://academic.oup.com/jacamr/issue/1/1 JS outlined a free online journal which was launched by BSAC in April. This is a hybrid journal incorporating online teaching materials and scientific articles. The resource is innovative and would be excellent for publishing local work as the journal is interested in stewardship papers.</p>	
21.	<p>NICE antimicrobial prescribing consultations – cellulitis and diabetic foot infections Feedback should be forwarded to DC by the 6th May 2019 and JS will submit a SAPG response to NICE. Action: Members to feedback any comments to DC by 6 May 2019</p>	All
22.	<p>AOCB</p> <ul style="list-style-type: none"> • Supply of antibiotics on discharge – potential for intervention AS noted that recent literature had highlighted antibiotics being supplied on discharge extending recommended course lengths. It was agreed that SAPG should consider how this could be evaluated and use of HEPMA data was highlighted as a useful starting point. Forth Valley and Ayrshire & Arran could potentially do this. RW agreed to pull Forth Valley data and report back to SAPG. Action: RW to feedback to next meeting • BSAC OPAT Meeting AS advised there will be an Out-patient Parenteral Antibiotic Therapy (OPAT) workshop on the 6th June 2019 in Edinburgh if members wish to attend. See BSAC website for details/registration http://www.bsac.org.uk/meetings/opat-workshops-2019/ • National Workshop on Workforce Education A SAPG/NES workshop is being held to scope current education on stewardship and identify gaps in workforce education. The programme for this event which takes place on the 12th June 2019 has been distributed by NES and invitations sent to AMT leads requesting two nominations. University leads from Medicine, Nursing and Pharmacy schools will also be asked to nominate attendees. 	RW
23.	<p>Date of next meeting – Friday 14th June 2019 It is hoped that two pharmacists from Ghana working on the Fleming Fund project will be in attendance. Following meeting: Friday 16th August 2019</p>	

Actions required:

Action	Actioned by
Minutes of 19 th February 2019 to be amended	JS
Explore how SAPG can influence HEPMA specifications via Directors of Pharmacy – feedback at next SAPG meeting	AW
Shorter antibiotic courses – Data in pdf form to be supplied to AMT members	SM/LB/WMc
Revisit work on shorter courses as agenda item at next SAPG meeting	JS/DC
Paper 4 – Undertake data analysis and report at future meeting	WM
Paper 4 – Explore how GP audit tool could be utilised with adaptation if necessary	WM/JMcE/JS
Paper 5 – Proposal for using quality indicators at next meeting	AC
Paper 6 – Finalise guidance document and distribute to SAPG	JS/DC
Paper 7 – Amend guidance and circulate for comments with deadline	JS/DC
Paper 8 – SBAR to be produced and a patient leaflet explored	JS
Paper 9 – Report back comments to SNBTS	JS
PGD Template – update at next SAPG meeting	JS
Antifungal stewardship – circulate link to Antifungal stewardship course with SAPG minutes	JS/DC
Penicillin allergy de-labelling – Update on pilot at next SAPG meeting	AS
End of Life – Members to feedback to JS if they wish to be involved in End of Life Group	All
NICE consultations – members to feedback any comments to DC by 6 May 2019	All
Supply of antibiotics on discharge – Feedback to next SAPG meeting	RW