

**Minutes of the Scottish Antimicrobial Prescribing Group Meeting  
Held on Friday 14<sup>th</sup> June 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  
Dr Jacqueline Sneddon, Project Lead Scottish Antimicrobial Prescribing Group  
Professor Marion Bennie, Chief Pharmaceutical Advisor, National Medicines Utilisation Unit,  
Information Services Division  
Mrs Christine Gilmour, Chief Pharmacist, NHS Lanarkshire

**SAPG Support Services**

Mrs Lesley Cooper, Health Services Researcher, Scottish Antimicrobial Prescribing Group  
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, Information Analyst, National Services Scotland  
Dr Janine Thoulass, Consultant Public Health Medicine, Health Protection Scotland

**Antimicrobial Management Teams**

Dr David Griffith, Consultant Microbiologist, NHS Fife  
Dr Robbie Weir, Consultant Microbiologist, NHS Forth Valley  
Mrs Susan Coyle, Antimicrobial Pharmacist, Dumfries and Galloway (deputy for Bryan Marshall)  
Dr Becky Wilson, Consultant Microbiologist, NHS Grampian & NHS Orkney  
Dr Morgan Evans, Consultant in Infectious Diseases, NHS Lothian  
Dr Busi Mooka, Consultant Physician, NHS Tayside  
Ms Kayleigh Hamilton, Antimicrobial Pharmacist, NHS Ayrshire & Arran (deputy for Ursula Altmeyer)

**Representing professional groups and specialties**

Mrs Jo McEwen, Antimicrobial Nurse Specialist, NHS Tayside (Nursing)  
Dr Mairi Macleod, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Scottish Microbiology  
and Virology Network)  
Diane Stark, Senior Infection Control Nurse, NHS Highland (via V/C)  
Fiona McDonald, Specialist Antibiotic Pharmacist, NHS Grampian (deputy for Vhairi Bateman, via  
V/C)  
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  
Professor Andrew Smith, Professor and Consultant Microbiologist, NHS Greater Glasgow and Clyde  
(Dental)  
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow & Clyde (Professional  
Secretary for ScotMARAP and representing Association of Scottish Antimicrobial Pharmacists)  
Ms Alison MacDonald, Area Antimicrobial Pharmacist, NHS Highland (deputy for Dr Adam Brown)  
Mrs Rebecca Houston, Lead Antimicrobial Pharmacist, Golden Jubilee National Hospital

**Apologies:**

Mrs Alison Wilson, Director of Pharmacy, NHS Borders  
Professor Brian Jones, Consultant Medical Microbiologist, NHS Greater Glasgow & Clyde  
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire

Dr Charis Marwick, Clinical Senior Lecturer, University of Dundee  
 Dr Deirdre O’Driscoll, General Practitioner, Glasgow  
 Ms Sue Downie, Public Partner  
 Mrs Ruth Robertson, Health Protection Education Programme Manager, Health Protection Scotland/NHS Education for Scotland  
 Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran  
 Dr Bryan Marshall, Consultant Microbiologist, NHS Dumfries and Galloway  
 Mrs Alison Cockburn, Antimicrobial Pharmacist, NHS Lothian (Association of Scottish Antimicrobial Pharmacists)  
 Dr John Harden, Consultant in Emergency Medicine, NHS Lanarkshire, and National Clinical Lead for Quality & Safety Scottish Government  
 Dr Michael Lockhart, Medical Microbiologist, Health Protection Scotland  
 Dr Jack Cunningham, Specialty Registrar, NHS Orkney (deputy for Dr Becky Wilson)  
 Professor Hazel Borland, Nurse Director, NHS Ayrshire and Arran  
 Mrs Lesley Shepherd, Professional Adviser, HAI/AMR Policy Unit, Scottish Government  
 Dr Ben Parcell, Consultant Microbiologist, NHS Tayside (Infection Control Doctors group)  
 Mr Samuel Whiting, Infection Control Manager, NHS Borders and Infection Control Managers Group  
 Dr Brian Cook, Medical Director, Acute Services, Royal Infirmary of Edinburgh, NHS Lothian  
 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  
 Ms Josephine Ives, Policy Lead HAI/AMR Policy Unit, Scottish Government

	<b>Item</b>	<b>Action</b>
<b>1.</b>	<b>Welcome and apologies for absence</b> The Chair welcomed all present and on video conference and advised of apologies.	
<b>2.</b>	<b>Declaration of Interests</b> The Chair requested that any member declarations of interest should be highlighted in advance of relevant items.	
<b>3.</b>	<b>Membership changes</b> JS advised that Susan Paton (Project Officer for SAPG since 2009) is retiring due to ill health. If they wish, members can send retirement gift contributions to JS who will be organising farewell drinks for Susan. JS will notify members of arrangements in due course. The Chair also introduced the new Health Services Researcher (HSR) for SAPG, Lesley Cooper to the meeting. Lesley will be leading on further development of the App and supporting various SAPG projects. Josephine Ives replaces Melanie Goodfellow who has moved to a different policy area within Scottish Government.	
<b>4.</b>	<b>Minutes and actions from previous meeting (Paper 1)</b> The minutes of the meeting held on 24 <sup>th</sup> April 2019 were agreed with one amendment. Page 4, Section 9 - WM advised that he would present the detailed analysis of trends in antibiotic use by nurse prescribers at the October SAPG meeting. <b>Action: JS to amend minutes</b>	<b>JS</b>
<b>5.</b>	<b>Matters arising</b> <ul style="list-style-type: none"> <li>• <b>Explore how SAPG can influence HEPMA specifications via Directors of Pharmacy</b> CG provided an update in AW’s absence. CG reported that this is not a formal HEPMA group but people are starting to work together on specifications for data reporting. It was agreed that CG and JS would collaborate to get appropriate people involved. ME stressed that behaviour change is challenging without prescribing systems supporting good practice and AS suggested that those making decisions about HEPMA need to be aware of this. AMac stated that early adopters have found that HEPMA does not deliver</li> </ul>	

	<p>everything they would like. CG felt that it would be worth considering having a regional approach to support clinical alignment. MB advised that if deficits are identified there is a new UK strategy that demands better intelligence so could feed into this. It was agreed to produce a survey to be circulated to AMTs with key questions on the system, barriers and a wish list to gather intelligence to support conversations at strategic level. AS suggested that the first set of questions could be on safety of gentamicin and vancomycin.</p> <p><b>Action: Survey to be developed and circulated to AMTs</b></p> <p><b>Updated papers from April:</b></p> <ul style="list-style-type: none"> <li>• <b>Quinolone safety advice (paper 2a)</b></li> </ul> <p>The safety advice will be circulated to AMTs for information and action.</p> <p><b>Action: JS to circulate to AMT Leads</b></p> <ul style="list-style-type: none"> <li>• <b>SAPG Neutropenic sepsis guidance (Paper 2b)</b></li> </ul> <p>JS reported that comments had been received from Grampian around choice of antibiotics and including ceftazidime as an option. There was also a query regarding the threshold for gentamicin when NEWS &gt;6. It was confirmed that this score is correct but noted that when NEWS 2 is introduced this will alter thresholds. It was agreed to remove the SIRS section. Subject to final agreed changes the guidance was approved.</p> <p><b>Action: JS to make necessary changes and publish guidance on SAPG website</b></p> <ul style="list-style-type: none"> <li>• <b>SAPG Staph aureus bacteraemia guidance (paper 2c)</b></li> </ul> <p>AS reported that he had checked the guidance and shared with BM and other clinical colleagues at GGC after which some updates were made including addressing recognition of other groups including drug users. Members agreed on clarity around several points and JS advised that the design team will assist with presentation of the guidance. The final version will be circulated for any final comments prior to publication.</p> <p><b>Action: JS to make changes and circulate final version</b></p>	<p>JS</p> <p>JS</p> <p>JS</p> <p>JS</p>
	<b>Items for Discussion/agreement</b>	
6.	<p><b>PHE/NICE differences in treatment guidelines (Paper 3)</b></p> <p>AS pointed out that the discussion section in Paper 3 should state ‘adapt it for Boards’ and not ‘adopt it for Boards’. It was agreed that Public Health England (PHE)/NICE advice does not require to be accepted and can be adapted as required. JS advised that PHE and NICE are merging guidelines and only NICE will be available in the next two years. There are differences between England and Scotland; an example being UTI – England are not using trimethoprim and recommend nitrofurantoin. WM suggested if areas of variation are identified they could be circulated by SAPG as an addendum to support boards in reviewing local guidance. AT suggested a spreadsheet of variation could be created and advised that she has done this recently for GGC and could share. It was agreed going forward SAPG should be proactive when PHE/NICE update guidance and consider what is consistent with Scottish practice.</p> <p><b>Action: Share GGC assessment of PHE/NICE recommendations</b></p> <p><b>Action: Survey AMTs on divergence from PHE/NICE guidance</b></p>	<p>AT</p> <p>JS</p>
7.	<p><b>Shorter antibiotic courses in community infections</b></p> <p>WM stated that it will be important to keep this item on the agenda to maintain momentum for opportunities to reduce unnecessary use in primary care. Individual reports have been circulated to boards and information will be available on the Discovery platform in October 2019. In respect of costs, WM reported that pharmacies will be reimbursed for quantity supplied although the current drug tariff has 7 day packs as the standard one. A request for information about antibiotic durations has been circulated to primary care prescribing teams by AT and will be collated by DC. GH noted that this exercise should also consider the Adastra system used by Out-of-hours services and AT agreed to explore this. Noted that within the Vision system quantity is not autopopulated so individual practices enter this information.</p>	

	<p>WM advised that contracting for GP systems will begin soon and suggested that it would be helpful to lobby for making shorter courses the default.</p> <p><b>Action: Report on current board systems and antibiotic courses at future meeting</b></p> <p><b>Action: Contact Iain Bishop in ISD about new GP system contracts</b></p>	<p>AT/JS</p> <p>JS</p>
8.	<p><b>Supply of antibiotics on discharge (Paper 4)</b></p> <p>YG reported that an audit in GGC showed that 27% of patients were supplied oral antibiotics on discharge at Gartnavel Hospital with a mean duration of 6.7 days. If a pharmacist is available on the ward, required doses to complete the course are noted. There are challenges particularly if the discharge is delayed. YG advised ASAP have agreed to investigate further by undertaking small audits in all boards to gather baseline data on excess days of therapy to make the case for change. The merit of spending time collecting baseline data was debated. GH noted that GPs often do not receive full discharge information about antibiotics received in hospital which can be problematic when managing future infections. It was agreed that publicity is necessary regarding shorter durations in secondary care as behaviour change is required and to keep this issue on the agenda. The European Antibiotics Awareness Day (EAAD) in November was proposed as one option to highlight the issue. If boards have already undertaken work in this area they should provide this information to JS. It was agreed that SAPG would produce information for both primary and secondary care and work together with ASAP on improvement ideas. GH noted that an article and podcast in the BMJ on 2<sup>nd</sup> March may be helpful.</p> <p><b>Action: Boards to provide information to JS if work already undertaken</b></p> <p><b>Action: JS to explore EAAD resources on shorter courses for primary and secondary care</b></p>	<p>All</p> <p>JS</p>
9.	<p><b>Review of collection of the antimicrobial prescribing indicators by the Scottish Association of Antimicrobial Pharmacists (Paper 5)</b></p> <p>YG advised that quality indicator work in areas with high IV use and poorly documented oral duration has been established and improvements realized in specific wards. It is proposed that boards provide a 6-monthly report highlighting QI work in at least one ward focused on oral duration and/or IV review using a SAPG template (still to be devised). This would keep AMTs engaged with quality improvement to support overall reduction in hospital antibiotic use and give boards flexibility to choose which area they wish to focus on. These reports would be complemented by reports on national antibiotic use data at national and board level produced by WM and the NSS analyst team. Noted that the Day 3 Review resource will support boards with improvement work. This resource and a report template will be available by early autumn. MB pointed out that there should be a consideration of scalability across hospitals and the core learning around this. AT noted that In primary care GP clusters have quality indicators and clusters choose what they want to do. It was suggested that feedback from boards on this primary care activity should be included in the report template.</p> <p><b>Action: Develop report template including hospital and primary care activities</b></p>	<p>JS</p>
10.	<p><b>Gentamicin/Vancomycin Guidance (Paper 6)</b></p> <p>JS reported that this is a programmed review of the two sets of national guidance and prescribing charts for gentamicin. Three boards utilise Hartford and all others use GGC for gentamicin. All boards are using the same vancomycin dosing guidance. There have been minor changes to the document wording. It had been hoped to produce a national vancomycin chart but agreement was not reached and local charts will continue to be used. Members reviewed the documents and minor changes were suggested. Any further required changes should be sent to JS as soon as possible.</p> <p>Subject to final changes the guidance documents were approved and will shortly be published on the SAPG website. JS advised that changes to guidance would be passed on to NES to update associated learnPro modules.</p> <p><b>Action: Any final suggestions to be sent to JS</b></p> <p><b>Action: Final changes and publish on SAPG website</b></p>	<p>All</p> <p>JS</p>

	<b>Items for Update</b>	
<b>11.</b>	<p><b>Update on national Patient Group Directions (PGD) template</b></p> <p>JS reported that comments have been received from antimicrobial pharmacists and from primary care colleagues on two draft national PGD templates; benzylpenicillin for prevention of Group B Strep and trimethoprim for lower UTI in women via the Pharmacy First service. The proposed templates will go to Area Drug and Therapeutics Committee Collaborative (ADTCC) and Community Pharmacy Scotland for discussion of how to operationalize them. Investment will be required if a national approach is agreed for all PGDs as this will involve a large amount of work.</p>	
<b>12.</b>	<p><b>Update from SMVN Antibiotic Sensitivity Testing (AST) sub-group on EUCAST breakpoints</b></p> <p>MMc presented an update on changes to EUCAST break points. EUCAST is a European body and its methods are used across all laboratories in Scotland with a website providing necessary documents. The Sensitive/Intermediate/Resistant system has been kept but with new definitions. There is an accompanying dosage table and there are issues with suggested doses of some antibiotics. The AST sub-group are considering how to communicate the update to users. Moving over to the new breakpoint regime will be undertaken over the next 24 months. AMTs should be aware of the breakpoint changes and areas of concern. AS noted that he has contacted Dr Robin Howie from Public Health Wales who is the BSAC representative on the EUCAST group to share the concerns raised by MMc and Robin agrees with these concerns. MMc advised that more information will follow.</p>	
<b>13.</b>	<p><b>Update on improvement projects</b></p> <ul style="list-style-type: none"> <li>• <b>Antifungal Stewardship</b></li> </ul> <p>JS advised that BJ and colleagues are drafting brief practice recommendations for Haemato-oncology. There is a requirement for guidance following the results of the chronic respiratory fungal survey. Tayside are assembling a group of respiratory clinicians who will propose guidance for further discussion at the next antifungal steering group meeting. The respiratory survey results also evidenced that clinicians would prefer a Scottish resource for advice on complex fungal infections as they are currently using experts in Manchester for advice.</p> <ul style="list-style-type: none"> <li>• <b>Day 3 Review Resource</b></li> </ul> <p>JS advised that there has been further revision of the Day 3 Review materials and a meeting has been scheduled for the 27<sup>th</sup> June to finalise the content and plan implementation. Filming of staff in Lanarkshire which will form part of the resource still has to be undertaken. JS advised that a PhD pharmacist at Glasgow Caledonian University is assisting with the implementation plan to incorporate behaviour change.</p> <ul style="list-style-type: none"> <li>• <b>Penicillin Allergy De-labelling</b></li> </ul> <p>AS reported that the group met on the 13<sup>th</sup> June. A number of boards have reported challenges in respect of clinical governance procedures but some boards have started the pilot and data made available. AS advised that the GGC pilot is being undertaken in a controlled environment through the OPAT service as patient de-labelling was found to be too challenging to undertake on wards. To date approximately 30 patients have had penicillin allergy label removed using the algorithm. The feedback on pilot materials has been positive and it has been agreed to continue the pilot, feedback data and meet again in September 2019.</p> <ul style="list-style-type: none"> <li>• <b>Paediatric Stewardship</b></li> </ul> <p>JS reported that the main area of work has been the development of the ScRAP module on managing UTI in children which will be added to the existing three modules on UTI. Content has been developed and will be piloted with two GP practices in the next few weeks. It is expected to be available via the NES website in the autumn. Ongoing work is examining hospital empirical guidelines to form the basis of a national guideline.</p>	

	<ul style="list-style-type: none"> <li>• <b>Nurse Stewardship – Workforce training resource</b> This work is in the final stages and due for release towards the end of summer once graphic work has been undertaken and will then be added to the NES website.</li> <li>• <b>Dental Stewardship</b> ASm advised that the group is working on improved collaboration with Scottish dental practices with support from NES. ASm reported that dental prescribing represents 60% of metronidazole use in primary care and it is one of the group’s objectives to understand why. Another objective is to try and encourage penicillin V as first line treatment instead of amoxicillin. ASm is attempting to obtain funds to bring the musical ‘The mould that changed the world’ to Glasgow with a venue and performers required. It was suggested this could be part of Antibiotic Awareness week. JMc advised that BSAC have announced that a schools version is available so potential for schools to be involved. JS suggested that ASm contact the new SAPG Scottish Government representative as there had previously been interest from the policy team on supporting the musical. <b>Action: ASm to contact Jo Ives, Scottish Government representative</b></li> <li>• <b>Fleming Fund</b> JS reported on the scoping visit undertaken in May. Systems and processes in both hospitals were better than anticipated. The Global Point Prevalence Survey was undertaken in both hospitals. The results will be presented by the Ghanaian representatives at the August SAPG meeting when they will also talk about their individual hospitals. The whole team will be visiting Ghana in September to undertake training and will be meeting on the 26<sup>th</sup> June to discuss the schedule. The project is being supported by The Change Exchange who spoke with hospital staff regarding prescribing behaviour. Behaviour change is being built into training. Francis Kerr and Alison Cockburn have been accepted for Global Health Fellowships to develop leadership for global health funded by the Commonwealth Pharmacy Association and Health Education England.</li> <li>• <b>End of Life</b> AS, JS and JF will be meeting on the 26<sup>th</sup> June to discuss progress with identifying priorities. The next meeting of the full group will be in August and several new members have been recruited to reflect all care settings where end-of-life care is delivered.</li> </ul>	<b>ASm</b>
<b>14.</b>	<b>Antibiotic Shortages</b> No shortages were reported.	
<b>15.</b>	<b>SMC advice on antimicrobials</b> No new advice published.	
	<b>Items for Information</b>	
<b>16.</b>	<b>AOCB</b> <ul style="list-style-type: none"> <li>• <b>European Antibiotic Awareness Day (EAAD)</b> The theme of “shorter is better” was suggested and graphic design input can be obtained for resources around this theme. JS reported that PHE are organising the campaign which will be similar to the previous two years. WM advised that the Scottish Government are keen to have the opportunity to join animal and human health to have a one health message.</li> </ul>	
<b>17.</b>	<b>Date of next meeting – Friday 16<sup>th</sup> August</b> Following meeting: Tuesday 22 <sup>nd</sup> October 2019	