Unconfirmed Minutes of Scottish Antimicrobial Prescribing Group Meeting
Held on Friday 16th August 2019 at 12.30 pm
Delta House, 50 West Nile Street, 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
Dr Brian Cook, Medical Director, Acute Services, Royal Infirmary of Edinburgh, NHS Lothian (via TC)
Ms Josephine Ives, Policy Lead HAI/AMR Policy Unit, Scottish Government
Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland
Mrs Ruth Robertson, Health Protection Education Programme Manager, Health Protection (via TC)

SAPG Support Services
Mrs Lesley Cooper, Health Services Researcher, Scottish Antimicrobial Prescribing Group
Ms Marion Pirie, Project Officer, Scottish Antimicrobial Prescribing Group

National Services Scotland
Ms Linsey Baxter, Information Analyst, National Services Scotland

Antimicrobial Management Teams
Dr Vhairi Bateman, Consultant in Infectious Diseases, NHS Grampian (via V/C)
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire
Dr Robbie Weir, Consultant Microbiologist, NHS Forth Valley
Mrs Susan Coyle, Antimicrobial Pharmacist, Dumfries and Galloway (deputy for Bryan Marshall)
Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran

Representing professional groups and specialties
Professor Hazel Borland, Nurse Director, NHS Ayrshire and Arran (TC)
Mrs Jo McEwen, Antimicrobial Nurse Specialist, NHS Tayside (Nursing)
Mrs Alison Cockburn, Antimicrobial Pharmacist, NHS Lothian (Association of Scottish Antimicrobial Pharmacists)
Ms Anne Thomson, Lead Clinical Pharmacist Prescribing, NHS Greater Glasgow and Clyde (Scottish Prescribing Advisers Association)
Dr Deirdre O’Driscoll, General Practitioner, Glasgow
Professor Alexander Crighton, University of Glasgow Dental School

Public partner:
Ms Sue Downie, Public Partner

Observers:
Ms Lynsey Milroy, Practice Educator, NES (via TC)
Ms Eiman Shamseldin Al Gailani Ali, Pharmacy PhD student, Dubai & University of Strathclyde

Apologies:
Mrs Alison Wilson, Director of Pharmacy, NHS Borders
Professor Brian Jones, Consultant Medical Microbiologist, NHS Greater Glasgow & Clyde
Scotland/NHS Education for Scotland
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
Dr Michael Lockhart, Medical Microbiologist, Health Protection Scotland
Mrs Lesley Shepherd, Professional Adviser, HAI/AMR Policy Unit, Scottish Government
1. **Welcome and apologies for absence**  
The Chair welcomed all present and on video and teleconference and advised of apologies.

2. **Declaration of Interests**  
The Chair requested that any member declarations of interest should be highlighted in advance of relevant items.

3. **Membership changes**  
The Chair welcomed Jo Ives from Scottish Government and Marion Pirie who has been appointed Project Officer for SAPG. Also advised that Charis Marwick on maternity leave.

4. **Minutes and actions from previous meeting**  
The minutes of the meeting held on 14 June 2019 were agreed.

5. **Matters arising:**  
**Revised SAPG Staph aureus bacteraemia guidance (Paper 2)**  
JS advised that there had been multiple changes to the algorithm to simplify it and subject to committee approval it will now go to graphics for formatting. Members formally approved the guidance.

6. **Items for discussion and agreement**  
**Shorter antibiotic courses**  
- Primary care - current board systems and antibiotic courses (Paper 3)  
AT reported that she had contacted Boards to gather information on what systems they use, how systems influenced duration e.g. software tools and antibiotic durations in local guidelines. Responses received from 6 health boards to date and there was a clear difference between EMIS and Vision practices. EMIS practices have higher compliance with 5-day courses due to the ability to set defaults centrally. Currently only half practices in Scotland use EMIS. Vision is unable to be populated centrally and defaults/prompts must be carried out at individual practice level. Vision also defaults to a pack size and the user will receive a warning, almost discouraging the user from amending it.  
There are currently 3 preferred suppliers for the new GP systems, which are undergoing a testing process and a decision will be reached in February 2020. It was agreed that any new system must have functionality for synonyms, influencing duration and auto-populating agreed fields within a health board. Going forward variance across the boards will not be such an issue as any of the new systems should be able to be populated for
national use. Roll out of new GP systems starts in summer 2020 and will take 2 years. Sean MacBride-Stewart has agreed to share SAPG paper with the Prescription Data Information Intelligence Systems subgroup of SPAA. AT offered to share GGC work on EMIS with any boards who are interested, although formulary and synonym files and not restricted to just antibiotics.

SD asked about measuring DDDs rather than items to capture data on reduced course lengths. AT indicated there are only a few outliers in Glasgow and these can be targeted for practice level reports. WM advised data on proportion of 5-day courses for common antibiotics will be available in October within Discovery and corresponding GP Feedback reports on 5 days of amoxicillin will go to practices in late September. DO highlighted that some practices have differing populations for good reason such as students and young people versus people from deprived areas on long-term medicines. WM assured DO that prescribing data are for the practice only to promote reflection on local practice and are not shared further. From 2020 it will be possible to consider cluster level benchmarks rather than board level that will be more meaningful comparator. AT advised that the National Therapeutic Indicator (NTI) dashboard is currently available with cluster level data for a range of medicines. AS asked the committee, for the Boards who use Vision, would it be helpful to have the information from SAPG to help support this. A step-by-step guide was suggested to assist practice pharmacists. AT advised she has asked her team if they could develop one for Vision. There is potential to publicise via GP Feedback Reports.

V Brow reported that Grampian is currently reviewing their guidance so guide for Vision will dovetail well.

- **Hospital Discharge Prescriptions**
  JS reported that information gathered from several boards suggests excess antibiotic supply on discharge due to supply processes and there is room for improvement. In Fife, most discharges use pre-packs on the wards. The discharge letter will indicate the quantity required, nurses will annotate the pre-packs and inform the patient to discard the remainder. In Grampian, an audit of prescriptions from two medical admission wards showed variable results for compliance with a local standard of 95% documented durations as per guideline. In some wards patients receive pre-packs. Glasgow has already completed a similar audit and Lanarkshire are planning to complete one. Pre-packs reduce work for pharmacy dispensary and speed up discharge but make it complicated to give correct quantity. Nurses are not permitted to reduce the number of tablets/capsules in the packs as this constitutes dispensing. AS noted that a range of pack sizes are available in Emergency Departments in GGC and are tailored to the indication. JS advised that national work has tried to rationalise the number of packs available and these can be purchased by hospitals via national contracts or from Tayside Pharmaceuticals. It was agreed that JS would prepare a paper summarising the issues for consideration by the Directors of Pharmacy (DOPs) group.

**Action:** JS to prepare SBAR for Directors of Pharmacy

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<th>7</th>
<th>Primary care quality indicator – update report (Paper 4)</th>
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<td>WM</td>
<td>Reported that since 2013 there has been a significant improvement. 13 out of 14 boards and 80% of GP Practices now meeting the indicator using baseline of 2016. He stated that there has been 6 years of continued improvement so the message is getting across and translating into reductions in antibiotic use. WM recommends continuing with this indicator for another 3 years and reset baseline to January-March 2019. Agreed that the indicator is helpful for management and to identify practices requiring support. WM commented that the indicator is subtly helping all practices move in the right direction and those who have reached best 25% are not required to do anything further. The Committee agreed to continue but to re baseline it to January-March 2019 in an attempt to further drive improvement.</td>
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**Action:** Reset baseline to January-March 2019 and continue for another 3 years

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<th><strong>PHE/NICE differences in treatment guidelines (Paper 5)</strong></th>
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<td>AT noted that the UK 10% target is for all of primary care (excluding dental) not just GP Practices. WM acknowledged this and advised that GPs make up 90% percent of prescribing and surveillance is undertaken in other areas with a review Pharmacy First in the work plan.</td>
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AT advised that some of the treatment choices in the PHE/NICE guidance vary from practice in NHS GGC. The paper shows how GGC has addressed this through discussing areas of divergence with some changes agreed to align with PHE/NICE but some left unchanged. AT suggested taking a more proactive approach with SAPG looking at NICE guidelines and highlighting areas of divergence to all boards. JS recommended re-establishing a primary care group and it was agreed that the group should include microbiology.

**Action: JS to contact members re Primary Care subgroup**

WM suggested the approach used by Health Protection Scotland for review of PHE guidance could be adopted whereby variations are considered and an addendum detailing Scottish variations added.

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<th>9</th>
<th><strong>Review of SAPG guidance</strong></th>
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<td><strong>• Long term antibiotics in acne and rosacea (Paper 6)</strong></td>
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<td>JS advised this was initially created in 2015 when SAPG agreed to review available guidance and seek specialist advice on long-term high antibiotic use. In the last 4 years very little has changed. Dermatology specialists have reviewed the guidance and suggested minor tweaks to the language. RW suggested revising the title to remove “other dermatology conditions” to keep guidance focused, as course lengths recommended by the British Association of Dermatologists for some similar conditions are different. GH suggested adding an opening statement “oral antibiotics are not first line treatment”. Subject to these suggested two amendments, the guidance was approved.</td>
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**Action: JS to update guidance**

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<th>9</th>
<th><strong>• Recurrent UTI in men and acute prostatitis (Paper 7)</strong></th>
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<td>Original view from urologists when this guidance was created in 2015 was that men should not be prescribed prophylaxis for UTIs. For this review a urologist from Lothian, directed SAPG to the European guidelines, as there are no UK guidelines. In European guidance, prophylaxis is only recommended for women. Prostatitis is broken down into acute and chronic as per the European guidelines. AS commented that advice contradicts PHE guidance, not to prescribe antibiotics for chronic prostatitis. Agreed to remove chronic prostatitis section.</td>
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**Action: JS to update guidance**

DO commented that urologists are still asking for men to be put on prophylaxis and welcomed the committee’s consensus on not using prophylaxis.

SC commented that the Antimicrobial Management Team recently had discussions with urologists and found it very worthwhile with both parties gaining better understanding. If any patients are on long term antibiotics the urologists recommended that they are reviewed.

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<th>10</th>
<th><strong>Survey on HEPMA and gentamicin (Paper 8)</strong></th>
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<td>JS advised that after the last meeting feedback was requested from boards on their current use of Hospital Electronic Prescribing and Medicines Administration (HEPMA) for gentamicin and vancomycin (GaV) prescribing and aspirations for what HEPMA should be able to provide to improve safety when using these antibiotics. Key point identified was that paper prescriptions are still required with HEPMA noting to refer to prescription form. This is also the case for warfarin and insulin. There is also no linkage to Datix system for making an entry about medication errors. There were numerous requests on</td>
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the ‘wish list’ for HEPMA. JS referred to paper 8A prepared by ME to facilitate HEPMA implementation and inclusion of stewardship in Lothian. JS advised there is a national HEPMA group chaired by Gail Caldwell, Director of Pharmacy, NHS GGC and suggestion is that SAPG prepare an SBAR detailing requirements for consideration by the DOPs and onward to this group. UA suggested enforcing stop dates in HEPMA for oral antibiotics. SD thought this was possible in Lanarkshire. AS requested that members read paper 8A and to provide feedback to inform an SBAR for DOPs which will be sent to CG and AW.  
**Action:** Read paper 8A and provide feedback to JS  
**Action:** JS to liaise with ME to produce an SBAR for DOPs

### 11 Plans for European Antibiotic Awareness Day (Paper 9)
JS reported that PHE would not be producing any new resources this year. Health Scotland will be leading on the same campaign as last year – “Keep Antibiotics Working”. SAPG will focus on new materials for use in hospitals and paper 9 presents some ideas.  
1. 5 moments for protecting antibiotics (similar approach as hand hygiene)  
2. Get a GRIP on antibiotic use to protect them for the future  
3. 5 questions for patients and their carers’ about antibiotic treatment  
4. One Health poster from PHE.  
The committee agreed “Get a GRIP” was the preferred option but points within the acronym should be shorter. Subject to some suggested changes to the patient information this should also be used.  
**Action:** Finalise and circulate ‘Get a GRIP’ and Patient questions

WM advised that a One Health approach is the ambition of HPS. There were concerns about the messages (e.g. promoting “finish the course”) and logos on the PHE poster but members did broadly support a One Health approach. VB attended the Antibiotic Guardian Awards and there was significant representation from animal health professionals. She noted there are many resources available that could be considered. JS confirmed that Scottish Government are planning to develop an AMR stakeholder group for EAAD and if anyone would like to join the group to let her know. AS confirmed SAPG would be happy to circulate this message to its members and pass on details of any volunteers.  
**Action:** Invite SAPG members to join stakeholder group

### Items for Update

#### 12 Update from Antimicrobial Prescribing, Resistance and Healthcare Associated Infection (APRHAI) group meeting  
AS reported that UK wide group has been refreshed with Alistair Leonard from NHS GGC as Chair and aim of having a four nations approach to antimicrobial strategy. AS is a member and WM has been invited to first 2 meetings to present data on antimicrobial use and resistance. Currently meeting every 6 weeks. It was proposed that there should be two short life working groups details to be confirmed. The first meeting in May discussed surveillance and acknowledged by APRHAI that there are good quality initiatives coming from Scotland. The second meeting focused on approaches to prescribing considering policies, behaviour change and public messaging.  
There was a short presentation on the de-linkage model which will pilot a new method of evaluating and payment of two new antimicrobial medicines in England rather than going through NICE. AS was invited to join a webinar that presented the model and stakeholder views are being sought via a consultation. JS confirmed that SMC are involved and Scottish Government is also cited. A new model is expected to potentially be used throughout the world if the pilot is successful.

#### 13 Update from Scottish Antimicrobial Resistance and Healthcare Associated Infection (SARHAI) meeting  
JI reported that the final Scottish Antimicrobial Resistance & Healthcare Associated Infection (SARHAI) meeting took place on 14 August and the final Controlling Antimicrobial
Resistance in Scotland (CARS) will take place in early September. Scottish Government will then create a new ‘One Health’ group, which will take forward the work of SARHAI and CARS. The HCAl/AMR policy unit will draft proposed terms of reference and membership for the new group, with the intention of holding its first meeting in late 2019/early 2020. JI reported a briefing proposing new HCAl standards and indicators on antibiotic prescribing agreed in 2018 would shortly go to the Cabinet Secretary. Pending approval, Scotland’s new standards will be issued and reflected in Scotland’s One Health National Action Plan (SOHNAP). The SOHNAP group is being established and will be co-chaired by Helen Buchanan (Nursing Director, NHS Fife) and Janine Thoulass (Consultant Public Health Medicine, Health Protection Scotland). Its aim is to translate the UK AMR action plan into the Scottish context and support a national approach. An initial inception meeting will be held in September. Discussions with Health Scotland around the evaluation of last year’s ‘Keep Antibiotics Working’ campaign, as well as plans for this year’s campaign in November 2019. An initial project team meeting will be held in the next few weeks – SAPG and HPS have agreed to be involved and SG would welcome input from any other relevant stakeholders.

### 14 Update on workforce development and education sub-group
RR reported NES and SAPG held an Education Workshop in June for stakeholders to share best practice and discuss how to prioritise workforce education. It was well attended by 11 of the boards, special health boards, 6 university representatives and professional groups. Key messages were consistency in terms of provision of quality assured education particularly for the universities, development of scenarios for multi-professional audience, a need to raise the profile of antimicrobial stewardship and its inclusion on mandatory training. Noted there is work planned in Scottish Government around mandatory training in infection control, which it is anticipated will encompass antimicrobial stewardship across professions. It was noted there are difficulties with protected time for learning amongst nurses particularly.

The consensus of all who attended was sharing best practice at the event was a great opportunity and a follow up event will take place next year. Once RR has the formal report from the day, it can be circulated. SAPG and NES will be forming an Education sub group and will consider involving students. JS and RR to discuss membership.

### 15 Update from stewardship groups
- **Association of Scottish Antimicrobial Pharmacists (ASAP)**
  AC gave an overview of recent activities. An Education Day in June was well attended and had various speakers, QI workshops, peer review sessions and case studies. ASAP involved in provision of education for undergraduate, postgraduate and pre-registration pharmacists. NES have specifically asked for a stewardship module for pharmacists and will be available on the NES website shortly. There has been a review of different vancomycin charts in use across NHS Scotland. Alison Thomson from University of Strathclyde has been asked to review the vancomycin target ranges the ASAP Research sub group is working with students from Strathclyde to review Datix reports for gentamicin and vancomycin. Noted that teams from Lanarkshire, Orkney and Grampian were nominated for Antibiotic Guardian awards for 2018-19 activities.

- **Scottish Antimicrobial Nurses Group (SANG)**
  JM reported that SANG is still in its infancy and there are only four antimicrobial stewardship nurses across NHS Scotland with the majority of health boards without a formal role. The group has extended membership to Outpatient Parenteral Antibiotic Therapy (OPAT) nurses, although not much engagement as yet. Resource for raising awareness for nurses and midwives. There have been delays in video production but these will be uploaded to the TURAS platform shortly. Two group members were involved in the antimicrobial competency framework for
undergraduate nurses, which has been published in the Journal of Hospital Infection.
https://www.journalofhospitalinfection.com/article/S0195-6701(19)30313-5/fulltext
SANG plan to use this framework as a scoping exercise in undergraduate nursing education programmes. Connections also developed to support University teaching.
A Nursing AMS book is being finalised and will go to the publishers shortly. There was input from SANG on reviewing education content.
Following on from discussions at SARHAI, AS suggested developing and presenting the evidence base to support promotion/mandating of antimicrobial nurses across NHS Scotland. JI agreed this would be useful for Scottish Executive Nurse Directors. Noted that Kay Currie from Glasgow Caledonian University has researchers working on the role. JM noted that the landscape is changing advanced nurse practitioners taking on prescribing with and prescribing ready nurses graduating from 2023.

**Action:** Develop paper on current evidence supporting Nurse leadership role in AMS across NHS Scotland

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<th>16</th>
<th>Update on improvement projects</th>
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<td><strong>Antifungal stewardship</strong></td>
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<td>The next meeting will take place in September. Working with respiratory specialists on good practice recommendations for chronic fungal respiratory infections, which will be discussed, at the next meeting and in parallel, David Connell from Tayside is working with colleagues to set up a regional network for discussion of complex cases. AS indicated that as the work plan will conclude by the end of the year, this group will no longer be required although agreed GPRs will be reviewed over time.</td>
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<td><strong>Day 3 Review resource</strong></td>
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<td>SD reported that the Hospital Admission Risk Programme (HARP) content is agreed and will shortly be going to NES. The script for an introductory piece has been signed off and logistics are underway to video SAPG members and other staff. Resource will be ready for launch within the next few months. Work still to be carried out on implementation. There has been an opportunity to line up with Sepsis 6 national programme. Healthcare Improvement Scotland is preparing a video for World Sepsis Day on 13th September involving SD and Calum Macgregor, Clinical Lead for Sepsis work.</td>
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<td><strong>Penicillin allergy de-labelling</strong></td>
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<td>Next meeting will take place on 9th October. UK guideline on rapid de-labelling in primary and secondary care being developed led by British Society for Allergy and Clinical Immunology (BSACI) and SAPG have been invited to be involved. First meeting end of September.</td>
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<td><strong>Paediatric stewardship</strong></td>
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<td>Meeting held this morning. Finalised a new module on paediatric UTI that will be incorporated into SCRAP. Developed by Heather Kennedy from Tayside and tested in three GP practices. Available in a few months’ time. Also reviewing resistance data and hospital empirical guidance to inform a draft national guideline.</td>
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<td><strong>Dental stewardship</strong></td>
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<td>Meeting held on 3rd May and next meeting 23rd August. Ongoing work on the evidence for penicillin versus amoxicillin and place of metronidazole in dental infections.</td>
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<td><strong>Fleming Fund</strong></td>
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<td>Next trip to Ghana planned for end of September to deliver training sessions. AC and Fran Kerr from Lanarkshire are leading on training plans as part of their Global Health Fellowships. The Ghanaian pharmacists had delays in the visa process and will now come Glasgow in October and attend the SAPG meeting.</td>
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<td><strong>Antibiotics at End of life</strong></td>
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<td>Next meeting is 29th August. LC is working with JF on evidence review of antimicrobials towards the end of life and this will be presented at Federation of Infection Societies conference.</td>
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| 17 | Update on national Patient Group Directions (PGD) template |   |
Directors of Pharmacy are considering draft national template for trimethoprim in lower UTI. Once agreed likely that next one will be impetigo for agreement of standard content.

### Plan for next Antimicrobial Management Team network event – 8th November

Several ideas were suggested:
- One health approach – animal and environment perspective
- NHS Highland work on pre-op antibiotic decontamination therapy
- HARP work as will be coming to completion
- Reflections on the Fleming Fund work
- Scottish One Health National Action Plan
- Treating infection, preventing infection, empowering people with their own health – link to changing public behaviour NICE guideline.
- Maximising the benefits of vaccination

JS asked that she be emailed with suggestions plus improvement projects in hospitals.

**Action:** Email further suggestions for network event to MP by 6th September

### Antibiotic Shortages

Not aware of any. SD asked if there were any statements about Brexit. AS advised SAPG not in a position to comment but Scottish Government will issue advice.

### SMC advice on antimicrobials

Cefoxitin, oral medication, licensed for complicated UTI. Used for multi-resistant TB in other countries and the Edinburgh reference lab can provide sensitivities. SMC has not received a submission so would need to go through IPTR process if needed.

### Items for Information

1. **Federation of Infection Societies conference 2019 – Edinburgh 11th-14th November**
   

   Abstracts to be submitted by 19 August.

2. **BSAC Educational Workshop in Edinburgh, 28 October 2019**


   Infection prevention and stewardship.

3. **AOCB**

   - JM advised that BSAC is to develop an antimicrobial technician forum with official launch on 2nd September. JM will share information.
   - WM referred to previous discussion about single dose ciprofloxacin for prophylaxis of meningococcal disease. UK guidance did not recognise MHRA safety advice but has now been updated to acknowledge MHRA restrictions on quinolone use.
   - JS advised that a colleague at University of Strathclyde is seeking an ID internship for a trainee from Argentina in Jan/Feb 2020. They will come to Scotland for 2 months at their own expense. AS expressed an interest. Any others interested should contact JS

### Date of next meeting – Wednesday 18 December 2019

Following meeting Tuesday 18th February 2020