



**Confirmed Minutes of Scottish Antimicrobial Prescribing Group Meeting
Held on Wednesday 18 December 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

Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland

Dr Keith Morris, AMR/HCAI Medical Adviser for Scottish Government (via TC)

Mrs Ruth Robertson, Health Protection and HAI Education Programme Manager, NHS Education for Scotland (via TC)

SAPG Support Services

Dr 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

Ms Julie Wilson, AMR Manager, Health Protection Scotland

Dr Janine Thoullass, Consultant Public Health Medicine, Health Protection Scotland (via T/C)

Antimicrobial Management Teams

Dr Vhairi Bateman, Consultant in Infectious Diseases, NHS Grampian (via V/C)

Susan Coyle, Antimicrobial Pharmacist, NHS Dumfries and Galloway AMT (deputising for Bryan Marshall)

Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire

Dr Busi Mooka, Consultant Physician, NHS Tayside

Dr David Griffith, Consultant Microbiologist, NHS Fife (via T/C)

Representing professional groups and specialties

Mrs Alison Cockburn, Antimicrobial Pharmacist, NHS Lothian (Association of Scottish Antimicrobial Pharmacists)

Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow & Clyde (Professional Secretary for ScotMARAP and representing Association of Scottish Antimicrobial Pharmacists)

Nykoma Hamilton, Infection Control Nurse, NHS Fife (deputising for Diane Stark via T/C)

Hayley Kane, Infection Control Practitioner, ICM Scottish Blood Transfusion Service (deputising for Bob Wilson)

Mrs Jo McEwen, Antimicrobial Nurse Specialist, NHS Tayside (Nursing)

Dr Deirdre O'Driscoll, General Practitioner, Glasgow

Dr Ben Parcell, Consultant Microbiologist, NHS Tayside (Infection Control Doctors group)

Ms Anne Thomson, Lead Clinical Pharmacist Prescribing, NHS Greater Glasgow and Clyde (Scottish Prescribing Advisers Association)

Public partners:

Jim Findlay

Michael MacMillan

Guests:

Sharon Pflieger, Consultant in Pharmaceutical Public Health, from One Health Breakthrough Partnership

Dr Scott Crae, MRCVS, Chief Medical Officer, Talking Medicines, Glasgow

Sam Falconer, Community Pharmacist, Townhead Pharmacy, Kilwinning

Apologies:

Mrs Christine Gilmour, Chief Pharmacist, NHS Lanarkshire

Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran

Professor Hazel Borland, Nurse Director, NHS Ayrshire and Arran
 Dr Brian Cook, Medical Director, Acute Services, Royal Infirmary of Edinburgh, NHS Lothian
 Ms Sue Downie, Public Partner, HIS
 Dr Adam Brown, Consultant Microbiologist, NHS Highland
 Dr Conor Doherty, Consultant in Paediatric Infectious Diseases, NHS Greater Glasgow and Clyde
 Dr Morgan Evans, Consultant in Infectious Diseases, NHS Lothian
 Dr John Harden, Consultant in Emergency Medicine, NHS Lanarkshire, and National Clinical Lead for Quality & Safety Scottish Government
 Mrs Rebecca Houston, Lead Antimicrobial Pharmacist, Golden Jubilee National Hospital
 Ms Josephine Ives, Policy Lead HAI/AMR Policy Unit, Scottish Government
 Alistair Macfie, Medical Director, Golden Jubilee National Hospital
 Dr Bryan Marshall, Consultant Microbiologist, NHS Dumfries and Galloway
 Alison MacDonald, Area Antimicrobial Pharmacist, NHS Highland
 Dr Mairi Macleod, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Scottish Microbiology and Virology Network)
 Professor Andrew Smith, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Dental)
 Ms Diane Stark, Senior Infection Control Nurse, NHS Highland
 Sarah Thirlwell, Information Analyst, National Services Scotland
 Dr Robbie Weir, Consultant Microbiologist, NHS Forth Valley
 Mrs Alison Wilson, Director of Pharmacy, NHS Borders
 Dr Becky Wilson, Consultant Microbiologist, NHS Grampian & NHS Orkney
 Mr Bob Wilson, Infection Control Manager, NHS Ayrshire & Arran

1.	Welcome and apologies for absence The Chair welcomed all present on video and teleconference and advised of apologies.	
2.	Declaration of Interests (DOI) The Chair requested that any member declarations of interest should be highlighted in advance of relevant items. A reminder for everyone to return DOI forms to MP. Action: Complete and return Declaration of Interests forms	All
3.	Membership changes <ul style="list-style-type: none"> • No changes to note 	
4.	Minutes and actions from previous meeting The minutes of the meeting held on 22 October 2019 were agreed. Under AOCB, item 23 'Temocillin breakpoint change' should be 8 to 16 not 8 to 6.	
5.	Matters arising: SBAR on utilising HEPMA to support antimicrobial stewardship JS reported that HEPMA (Hospital Electronic Medicines Prescribing and Administration) systems are being rolled out across hospitals in all Boards in Scotland. This provides an important opportunity to support antimicrobial stewardship (AMS). JS has drawn up a paper which SAPG propose to submit to the national HEPMA Implementation Group chaired by Gail Caldwell, Director of Pharmacy NHS GGC. The aim is to seek support from HEMPA Implementation Group to ensure that HEPMA systems have the following: <ul style="list-style-type: none"> • Requirement to document the duration for oral antibiotics, including a flag or calculation, to ensure total days of therapy reflects both intravenous (IV) and oral prescriptions. • Requirement for an initial duration for IV antibiotics of no longer than 72 hours to promote and encourage clinical review and documentation of an antibiotic management plan. • Requirement to prompt daily IV antibiotic review to optimise IV to oral switch. There are four boards where HEPMA systems are currently in place and who provided SAPG with information about the systems and their functionality to assist with future developments. AM (NHS Highland) contacted JS to remind her of Richard Cotterell's (NHS Ayrshire & Arran) presentation at the November 2018 AMT event that included HEPMA	

	<p>“antimicrobial ward landing pages” for FY1 doctors which allowed generation of additional reports. JS plans to contact Richard for an update. SC noted that D&G have a small HEPMA team and this limits local developments such as this. JT noted the paper aligns well with priorities in the Scottish AMR National Action Plan which emphasises the need for robust e-prescribing systems to support stewardship. MB questioned if there was opportunity to build in diagnosis within HEPMA to support compliance with guidelines. JS advised there is potential to have order sets for indications linking to the local guideline. YG reminded everyone that indication may change during admission. MB emphasised the importance of not restricting the potential of HEPMA and for driving improvement. AS suggested a daily prompt for IV review would be useful but SD cautioned about creating alert fatigue with users. DO advised that in primary care important messages e.g. methotrexate dosage has a big red alert that appears every time the chart is open. SD recommended a prompt rather than an alert. SC that despite putting alerts on HEMPA, these rely on clinicians opening the system and seniors within teams who make decisions may not do this. BM queried what happens after 72 hours and are there further prompts. Chair suggested daily yellow flag, then red flag after 72 hours. NH asked if HEMPA would be accessible to all staff. Confirmed that nurses and pharmacists should have access. SD confirmed microbiology have read-only access.</p> <p><u>Action: Suggested additional points to be incorporated then submit paper to HEPMA Implementation Group</u></p> <p>SBAR on discharge antibiotics and TTO (to take out) packs Paper was discussed at last meeting. Comments have been included and submitted to Directors of Pharmacy (DOP) who will be consider at their next meeting in January 2020.</p>	JS
	<p>Items for discussion and agreement</p>	
6	<p>Scottish One Health Antimicrobial Use and Antimicrobial Resistance Report 2019 (Presentation)</p> <p>WM reported that Health Protection Scotland (HPS) worked closely with various key stakeholders including SAPG to prepare the report. Focus of the presentation is on human aspects. WM and JW presented antimicrobial use data and antimicrobial resistance data for 2018. WM also noted that the recent report from the European Centre for Disease Prevention and Control (ECDC) on consumption of antibacterials for systemic use in EU/EEA countries indicated that UK primary care prescribing is slightly lower than the European average, although in the Netherlands use is about half that in the UK. The UK is highest in Europe for secondary care, although there are caveats to facilities included across different countries. For animal health WM highlighted that data suggests one in five veterinary consultations for companion animals result in antibiotics and one in ten antibiotics prescribed were broad spectrum – these figures are similar to those for humans. Data shows marked reduction in antibiotic use in food producing. JW highlighted high levels of resistance in <i>E. faecium</i> and discussions with colleagues in Ireland where they have successfully reduced resistance rates. A literature review has not highlighted key areas for improvement. JW also advised that HPS had increased communication via Twitter to highlight the SONAAR report over World Antibiotic Awareness Week and plan is to continue to highlight publications throughout the year. Members raised several questions: MiMac queried prescriptions of antibiotics for animals and whether the figures quoted are from vets as antibiotics can be ordered online by farmers and crofters. WM acknowledged this is happening primarily in the agricultural setting. BM asked about the new indicator for primary care and monitoring items rather than DDDs. WM stated that both DDDs and items will be monitored from a surveillance perspective as both important and give different information. KM queried if anything can be learned from countries who are low users of antibiotics. WM commented there are cultural differences including public expectations and The</p>	

	<p>Netherlands advocates using CRP testing in primary care. DO noted that in Ireland the public have to pay to see their GP and for prescriptions unless they are medical card holders so this may influence antibiotic use.</p> <p>JF asked re primary care if there is variation in prescribing by postcode. WM acknowledged there was clear association with deprivation and many other classes of medicines. At national level reports data are not adjusted for this but Health Boards can look at this. HPS share data with GP practices three times a year benchmarked with local and national data. Older people and those with long term conditions also use more antibiotics.</p> <p>The Chair noted the increase in nurse prescribing and queried any plans to explore this. WM advised that JMc previously brought a paper to this meeting and further analyses are planned.</p>	
7	<p>One Health Breakthrough Partnership (Presentation)</p> <p>Sharon Pflieger, Consultant on Pharmaceutical Public Health, NHS Highland and her colleague Dr Scott Crae, Chief Medical Officer, Talking Medicines, presented on this partnership which began in 2017 and is supported by SEPA and NHS Highland. Issues with pharmaceuticals, including antimicrobials, in the environment were discussed. Talking Medicines is a venture that captures the digital voice of patients and includes the MedSmart app which provides information for patients. The topic of antimicrobial resistance was presented recently in a short video released for European Antibiotic Awareness Day (EAAD). Talking Medicines also ran a social listening exercise on the on EAAD and found no discussion amongst the public about antibiotics or AMR. Social media as a tool for public messaging and the importance of ‘influencers’ was discussed. The Chair thanked Sharon and Scott for an interesting presentation and advised the Talking Medicines video and accompanying papers will be circulated to SAPG members.</p> <p>Action: Circulate slides, video link and papers to SAPG members.</p>	MP
8	<p>SBAR on IVOST - SAPG response to national Standards and Indicators for Antimicrobial Prescribing (Paper 3)</p> <p>JS noted this document has been sent to AMT leads already and only one response. Intended for communication to Medical Directors to support AMTs work in this area. Agreed it should also be sent to Directors of Nursing, Directors of Pharmacy and Infection Control Managers. Suggested useful to also highlight that UK hospital antibiotic use is highest in Europe as a driver for change.</p> <p>Action: Add point about high UK hospital antibiotic use to IVOST SBAR</p>	JS
9	<p>National Patient Group Directions for Pharmacy First service (Papers 4 and 5)</p> <p>JS reported she has been working closely for 6 months with colleagues from ADTC Collaborative and Community Pharmacy Scotland to produce a standard PGD utilising the national template currently used for vaccines. Technical / infection aspects have been brought to SAPG for approval and ADTC will deal with implementation by Health Boards. Other PGDs for common infections will be developed in 2020.</p> <p>WM stressed the importance of the process for approval and in particular personal experience with vaccines PGDs of having a robust process for peer review. He recommended having a small multi-disciplinary group who will review the PGD prior to having it signed off by SAPG. It was agreed the recently re-established virtual SAPG Primary Care sub-group would be suitable as a peer review group for community PGDs. Pharmacy First PGDs have been prioritised but hospital PGDs will follow and a different peer review group will be required.</p> <p>PGD for Trimethoprim for lower UTI in women 16-65 years</p> <p>BM suggested under exclusion criteria it should read “serious” adverse effect rather than ‘previous’ adverse effect as a minor reaction like nausea should not prevent use. An audit trail and communication of supply to GP Practices was discussed and JS confirmed these</p>	

	<p>processes were in place. JS advised that there are discussions at national level about making patients' records accessible to community pharmacist and other healthcare professionals and this will simplify these processes. BM suggested under exclusion criteria for renal impairment that "with CKD status" should be removed as not felt to be widely known/accessible and any renal impairment should be an exclusion. JS highlighted that there were several steps before the PGD is completed. The patient comes to pharmacist and asks for advice, the pharmacist completes an assessment form and if a prescription is required then they will follow the PGD. The Chair suggested that highlighting in the "indication" section that the PGD was for patients in whom non-antibiotic management of symptoms was either not possible or not appropriate. Noted that this was already included within the assessment form but agreed it would be useful for reinforce this message within the PGD. Agreed that it would be beneficial for SAPG members to consider the assessment form along with the PGD to allow review of the whole process. Subject to these changes the PGD was approved.</p> <p><u>Action: Make suggested changes to PGD and seek access to assessment form</u></p> <p>PGD for Fusidic acid cream for impetigo</p> <p>JS noted currently duration of treatment is 7 days but recent NICE guidance suggests 5-7 days so proposing to make the PGD duration 5 days. This was supported. GH noted that NICE recommend using antiseptic cream first line as an alternative to topical antibiotics. JS agreed to feed this back and noted this would be covered in the assessment form rather than the PGD as antiseptic creams do not require a prescription. Typo noted in title of page 7. Subject to minor amendments the PGD was approved and SAPG requested to also review the assessment form.</p> <p><u>Action: Make suggested changes to PGD and seek access to assessment form</u></p>	<p>JS</p> <p>JS</p>
10	<p>Community pharmacist contribution to managing common infections (Presentation), Sam Falconer, Community Pharmacist, Townhead Pharmacy, Kilwinning</p> <p>SF reported on the background to redeveloping the services provided in his community pharmacy that included installed a medicines robot and providing a consultation service as independent prescriber for respiratory conditions. This expanded to common infections following additional training and he now has full access to EMIS allowing integration with the services offered by the local GP Practice. He presented data from recent consultations showing that the prescribing rate was relatively low with many patients receiving advice and symptomatic relief rather than antibiotics. The funding model for the service was discussed and the ambitions of Community Pharmacy Scotland to move away from PGD-based services to pharmacists prescribing for common conditions. Access to GP records was a recognised barrier but noted there are national plans to facilitate this. The Chair thanked SF for an excellent presentation and commended the development of the service he provides.</p>	
	<p><u>Items for Update</u></p>	
11	<p>Updates from UK and NHS Scotland Antimicrobial Prescribing, Resistance and Healthcare Associated Infection group meetings (APRHAI, SARHAI, SOHNAP)</p> <p>WM reported that HPS were asked by Scottish Government to create this coordination group to support delivery of Scotland's One Health National Action Plan (SOHNAP). Coordination group.</p> <p>The final meetings of Scottish Antimicrobial Resistance & Healthcare Associated Infection (SARHAI) and Controlling Antimicrobial Resistance in Scotland (CARS) have taken place. A new group will take forward the work of SARHAI and CARS, details are not available yet but the first meeting will be convened in early 2020. KM advised he is going through Terms of Reference, and sourcing key individuals to represent AMR in the environment. The Chair reported on the UK-wide Antimicrobial Prescribing, Resistance and Healthcare Associated Infection (APRHAI) group led by Public Health England. Prof Alistair Leonard</p>	

	chairs the meetings and although heavily NHS England focused the devolved administrations have the opportunity to contribute.	
12	<p>European Antibiotic Awareness Day 2019 and Citizens' Panel survey</p> <p>JS reported that feedback will again be requested from AMTs on local activities for EAAD to feed into a UK-wide response and to inform next year's campaign.</p> <p>JS also updated that a Citizens' Panel Survey has been disseminated to seek information from the public about knowledge and behaviours around antibiotic use and AMR. The Citizens' Panel is a Scottish Government funded resource of a demographically representative group of over 1000 people and is hosted by Scottish Health Council based in Healthcare Improvement Scotland. Results will be shared with SAPG once available.</p>	
13	<p>Update on workforce development and education sub-group</p> <p>RR updated that the first meeting of the re-established education sub-group will take place on Friday 10 Jan 2020. A Terms of Reference has been prepared and will be discussed at the meeting along with priorities for supporting workforce development. RR will feed back to SAPG at the next meeting.</p> <p>HARP resource materials are now complete and working way through video clips with some amendments required. Slides are with graphics team and will be packaged to mirror ScRAP resource. Noted that ScRAP update is also underway and this will incorporate the new Paediatric UTI module. JS asked about the estimated launch date and RR suggested realistically will be February 2020.</p> <p>Nursing and midwifery resource was launched on 18th November and is accessed via Turas. It includes an introductory video clip from the Chief Nursing Officer.</p>	
14	<p>Update from stewardship groups</p> <ul style="list-style-type: none"> • Association of Scottish Antimicrobial Pharmacists (ASAP) <p>AC updated that the group met last month and discussed various quality improvement projects to address new antimicrobial indicators. YG highlighted that in Glasgow they have recently appointed an antimicrobial technician. A new eLearning pack for pharmacists, technicians and pharmacist assistants is available from today via Turas. Highlighted in the NES advent bulletin that has been widely shared and would be helpful if SAPG members could also promote it. The Chair suggested that we need a hard launch in all boards via the AMTs. Alison Thomson attended the last meeting and discussed Vancomycin with conclusion that there is no clear evidence to support changing current guidance.</p> <p>Action: Circulate link to pharmacy resource.</p> <ul style="list-style-type: none"> • Scottish Antimicrobial Nurses Group (SANG) <p>JMc updated that the group met earlier this month. They are working on a questionnaire to benchmark level and content of AMR within nursing and midwifery courses across Scotland and are working with NES to promote participation and analyse results. An SBAR about nursing input to penicillin allergy de-labelling has been produced for consideration by the Scottish Executive Nurse Directors (SENDs) group with input from AS and JS. An annual work plan for 202-21 will be discussed at the next meeting and focus will be on hospital indicators and also joint working with ASAP. JMc noted that CIDRAP (Center for Infectious Disease Research and Policy) in USA recently hosted a webinar on nurse stewardship and acknowledged work in Scotland. SANG are preparing a position paper for SENDs on the value of nurses in antimicrobial stewardship at operational level and noted diverse grade banding across current nursing stewardship roles. The Chair welcomed this and noted that Scottish Government colleagues are keen to see the evidence for nurse stewardship in order to support development within boards.</p>	AC/MP
15	<p>Update on improvement projects</p> <ul style="list-style-type: none"> • Antifungal stewardship <p>No update. Final meeting 07 January 2020</p> <ul style="list-style-type: none"> • Day 3 Review resource <p>SD updated on the opportunity to present and discuss the Hospital Antibiotic Review</p>	

	<p>Programme at AMT event in November. Outputs from the event have been discussed with a Pharmacy PhD student from Glasgow Caledonian University who will be supporting implementation and evaluation. AS noted he attended an SPSP Deteriorating Patient event to present a ‘market stall’ on hospital stewardship. Lot of interest from improvement teams across Scotland so they are primed for the HARP resources. AS advised it will be down to the Boards how they deliver it and materials will come to AMT leads. MB noted this is a great initiative and given the data on high hospital antibiotic use in the UK presented earlier this will be a key lever. BM commented that HARP will be a particularly useful tool to support delivery of the new indicators. She suggested that the SAPG response SBAR previously discussed should highlight its launch and expectation to implement along with point about European data to engage senior managers and this was agreed.</p> <ul style="list-style-type: none"> • Penicillin allergy de-labelling <p>The Chair advised that the next meeting will take place in January. The pilot of the process and communication tools is ongoing. Clarity about support for the nursing role will be sought from SENDs and JS advised she has also received advice from the General Pharmaceutical Council about involvement of pharmacist prescribers.</p> <ul style="list-style-type: none"> • Paediatric stewardship <p>The meeting scheduled for today was cancelled and rescheduled for February.</p> <ul style="list-style-type: none"> • Dental stewardship (Paper 6) <p>The Chair advised that ASm was unable to attend but has asked for comments on Paper 6 which was produced following a recent meeting of the group. The paper summarises discussions at SAPG Dental following feedback from the Scottish Dental Clinical Effectiveness Programme (SDCEP) on a proposal to reconsider use of amoxicillin first line in dental infections and switch to phenoxymethylpenicillin (Penicillin V). Whilst SDCEP acknowledged the potential benefit of using narrower spectrum agents they do not want to change their recommendation of amoxicillin over Pen V because of differences in dosing regimens. Following broad discussion within SAPG the Chair concluded that from a stewardship perspective Penicillin V is preferable to amoxicillin due to its narrower spectrum of activity, lower potential to drive resistance and lesser impact on the gut microbiome. These harmful effects of broader-spectrum agents were less recognised 15 or so years ago when amoxicillin replaced Pen V as first line. SAPG will write to SDCEP to convey this and suggest that Penicillin V should be promoted as first line therapy with amoxicillin reserved for patients where compliance is more challenging.</p> <p><u>Action: Prepare letter to respond to SDCEP</u></p> <ul style="list-style-type: none"> • End of life antibiotics <p>JS updated that a survey of prescribers’ knowledge and behaviours around using antibiotics towards the end of life has been disseminated and will run until the end of the month. Over 200 responses to date and noted there is under representation from doctors in training so AMT Leads should encourage colleagues to participate. JS confirmed that non-medical prescribers and all care settings have also been included.</p> <ul style="list-style-type: none"> • Fleming Fund Ghana <p>JS updated that works is ongoing with local quality improvement projects. Final visit in February to finish off the project. Article on the initial Point Prevalence Surveys has been accepted for publication by the JAC-AMR journal and awaiting proofs for final sign off.</p>	AS/JS/ ASm
16	<p>Review of Antimicrobial Management Team network event 8th November</p> <p>The Chair noted this had been a successful event and the workshops worked really well. JS noted that feedback from delegates had been very good and also provided a range of ideas for future events.</p>	
17	<p>Antibiotic Shortages</p> <p>YG noted that there is currently a tobramycin injection shortage but can use gentamicin injection as an alternative.</p>	

18	<p>SMC advice on antimicrobials</p> <p>No recent advice from SMC. JS noted that if AMTs require to access information about new products the All Wales Medicines Strategy Group have looked at Cefipime and NICE have published a Clinical Effectiveness review on meropenem with vaborbactam.</p>	
<p><u>Items for Information</u></p>		
19	<p>E-Prescribing research project to support stewardship</p> <p>https://www.ed.ac.uk/usher/eprescribing-antimicrobial#_blank</p> <p>JS advised she attended a recent stakeholder workshop along with an ID/Micro trainee from NHS GGC. The project is developing a very advanced HEMPA system building on experience from hospitals in England and engaging a wide range of stakeholders from academia, technology providers and clinical/stewardship communities. The project is funded by NIHR and co-lead by the University of Birmingham and University of Edinburgh.</p>	
20	<p>NICE advice on Strep A throat tests</p> <p>https://www.nice.org.uk/guidance/dg38/resources/rapid-tests-for-group-a-streptococcal-infections-in-people-with-a-sore-throat-pdf-1053757440709</p> <p>JS advised that this NICE review suggests that Strep A throat tests should not be used routinely as evidence shows no additional benefit to using clinical scoring tools (Centor or FeverPAIN). Noted that research is ongoing and work from community pharmacy settings in Wales, as yet unpublished, does show benefit and potential to further reduce antibiotic use.</p>	
21	<p>AOCB</p> <p>Remote consultations and prescribing by telephone, video-link or online: a call for evidence by GMC</p> <p>https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices?utm_source=Handling%20general&utm_medium=Email&utm_campaign=rp_callforevidence</p> <p>The Chair advised this had been shared by AM from NHS Highland. CMO is encouraging people to complete this survey from the General Medical Council to seek views on concerns about patients accessing medicines. Members agreed that there are issues with patients accessing antibiotics via online providers and supported participation. Noted that the survey is collecting evidence about personal professional experience of online medicines supply but also views of healthcare professionals so can be completed by anyone.</p> <p><u>Action: Consider responding to GMC survey</u></p>	All
22.	<p><u>Date of next meeting – Tuesday 18 February 2020</u></p> <p>Following meeting Thursday 30th April 2020</p>	