

**Confirmed Minutes of Scottish Antimicrobial Prescribing Group Meeting  
held on Tuesday 15 December 2020 at 1-3pm**

**Present:**

**SAPG Project Board**

Dr Andrew Seaton (Chair), Consultant Physician, NHS Greater Glasgow and Clyde  
Dr Jacqueline Sneddon, Project Lead Scottish Antimicrobial Prescribing Group  
Mr William Malcolm, Clinical Lead for SONAAR programme, ARHAI Scotland  
Dr Gail Haddock (Vice Chair), General Practitioner, NHS Highland  
Dr Keith Morris, AMR/HCAI Medical Adviser for Scottish Government  
Mrs Alison Wilson, Director of Pharmacy, NHS Borders  
Professor Marion Bennie, Chief Pharmacist, Public Health Scotland  
Dr Kate Anderson, AMR Policy and Strategy Team (*deputising for Elizabeth Burgess*)  
Ms Sabine Nolte, Principal Educator, NHS Education for Scotland (*deputising for Ruth Robertson*)

**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 Julie Wilson, AMR Manager, ARHAI Scotland  
Polly Alice Russell, Information Analyst, ARHAI Scotland

**Antimicrobial Management Teams**

Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran  
Dr Morgan Evans, Consultant in Infectious Diseases, NHS Lothian  
Dr David Griffith, Consultant Microbiologist, NHS Fife  
Dr Adam Brown, Consultant Microbiologist, NHS Highland  
Mrs Alison MacDonald, Area Antimicrobial Pharmacist, NHS Highland  
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire  
Dr Busi Mooka, Consultant Physician, NHS Tayside  
Dr Sharon Irvine, ID Consultant, NHS Dumfries and Galloway  
Dr Robbie Weir, Consultant Microbiologist, NHS Forth Valley  
Mr Russell Mackay, Specialist Clinical Pharmacist, NHS Orkney (*deputising for Dr Becky Wilson*)  
Mrs Fiona McDonald, Specialist Antibiotic Pharmacist, NHS Grampian (*deputising for Dr Vhairi Bateman*)

**Representing professional groups and specialties**

Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow & Clyde (Association of Scottish Antimicrobial Pharmacists)  
Mrs Jo McEwen, Antimicrobial Nurse Specialist, NHS Tayside (Nursing)  
Dr Deirdre O'Driscoll, General Practitioner, Glasgow  
Professor Andrew Smith, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Dental)  
Dr Mairi Macleod, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Scottish Microbiology and Virology Network)  
Mrs Alison Cockburn, Antimicrobial Pharmacist, NHS Lothian (Association of Scottish Antimicrobial Pharmacists)  
Dr Ben Parcell, Consultant Microbiologist, NHS Tayside (Infection Control Doctors group)  
Mrs Diane Stark, Infection Prevention and Control Nurse, NHS Highland (Infection Control Nurses)  
Ms Laura Pelan, Prescribing Support Pharmacist, NHS GG&C (Scottish Prescribing Advisers Association)  
Dr Charis Marwick, Clinical Senior Lecturer, University of Dundee (Research representative)

**Public partners:**

Mr Jim Findlay, Public Partner, HIS

**Guests:**

Ms Ayodeji Matuluko, PhD Student, Glasgow Caledonian University  
 Mr Paul Rafferty, Lead Pharmacist Antimicrobial Stewardship & OPAT, Belfast Health and Social Care Trust  
 Ms Alison Crooks, Scottish Pharmacy Clinical Leadership Fellow, NHS Dumfries & Galloway/NES  
 Ms Susan Kafka, Senior Clinical Pharmacist for Paediatric Oncology/Haematology, NHS GG&C

**Apologies:**

Professor Hazel Borland, Nurse Director, NHS Ayrshire and Arran  
 Ms Elizabeth Burgess, AMR/HCAI Policy Unit, Scottish Government  
 Dr Conor Doherty, Consultant in Paediatric Infectious Diseases, NHS Greater Glasgow and Clyde  
 Dr John Harden, Consultant in Emergency Medicine, NHS Lanarkshire, and National Clinical Lead for Quality & Safety Scottish Government  
 Mrs Ruth Robertson, Health Protection and HAI Education Programme Manager, NHS Education for Scotland  
 Dr Becky Wilson, Consultant Microbiologist, NHS Grampian & NHS Orkney  
 Dr David Fallaha, Consultant Anaesthetist, Golden Jubilee  
 Dr Sarah Whitehead, Consultant Microbiologist, Golden Jubilee and the Scottish Ambulance Service  
 Mr Samuel Whiting, Infection Control Manager, NHS Borders  
 Mr Bob Wilson, Infection Control Manager, NHS Ayrshire & Arran  
 Mrs Rebecca Houston, Lead Antimicrobial Pharmacist, Golden Jubilee National Hospital  
 Mrs Christine Gilmour, Chief Pharmacist, NHS Lanarkshire

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| 1. | <p><b>Welcome, apologies for absence and declarations of interests</b><br/>         The Chair welcomed members and guests: Ayodeji Matuluko, PhD Student, Glasgow Caledonian University; Paul Rafferty, Lead Pharmacist Antimicrobial Stewardship &amp; OPAT, Belfast Health and Social Care Trust; Alison Crooks, Scottish Pharmacy Clinical Leadership Fellow, NHS Dumfries &amp; Galloway/NES.<br/>         Declarations of Interest paperwork has been issued, please return to MP.<br/> <b>Action: DOIs to be completed and returned to MP</b></p>  | All |
| 2. | <p><b>Minutes and actions from previous meeting</b><br/>         Minutes of the meeting on 20.10.20 were approved.<br/>         Chair reported that at the last SAPG Project Board, it was agreed the SAPG Minutes should revert to being a brief summary of discussions and key actions (as per pre-covid) and following acceptance as an accurate record will be published on the SAPG website.<br/>         Meetings will continue to be recorded to help with preparing Minutes.</p>   |     |
| 3. | <p><b>Scottish One Health Antimicrobial Use and Antimicrobial Resistance Report 2019</b><br/>         WM and JW presented the key findings in the recently published SONAAR report.<br/>         WM reported reduction in overall antibiotic use and in primary care. In secondary care rate of increase slowing, % Access antibiotics increased and reduction in IV antibiotic use. Aim is to continue to maintain this momentum. Chair expressed thanks to the antimicrobial management teams (AMTs) as data suggests their hard work is driving improvement.<br/>         JW reported antimicrobial resistance is mainly stable overall. Noted that increased resistance to co-amoxiclav likely to be largely attributable to changes in testing methodology. There is an increase in carbapenemase producing organisms (CPO) and the Scottish Government (SG) plan to make these organisms notifiable in 2021. KM confirmed amendment laid before parliament and if no objections CPOs will become statute on 28.01.21. JW noted high levels of vancomycin resistant enterococcus and high-level gentamicin resistance. Focus in 2021 will be exploring the reasons for these.<br/>         MB queried comparison with other countries as UK in middle of range for overall antibiotic use so is there any learning from comparing practice? WM indicated UK has highest use of antibiotics in hospitals but may be due to classification of 'hospital'. Also UK submit data from hospital pharmacy systems while in the other countries use is based on sales data.</p> |     |

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|    | <p>WM noted that UK is very low in the use of cephalosporins and quinolones and higher in the use of narrow spectrum penicillins, compared to many other European countries. MB queried the plans on amoxicillin duration. WM confirmed reporting on proportion of 5-day amoxicillin prescriptions shared directly to GP Practices and noted significant differences between NHS Boards largely dependent on links and decision support within local formularies.</p> <p>Chair thanks WM, JW and supporting teams for sharing highlights of the SONAAR Report.</p>   |  |
| 4. | <p><b>COVID-19 Updates</b></p> <p><b>Clinical trials</b></p> <p>Chair highlighted MHRA alert and COVID-19 Therapeutic Alert CMO letter regarding the RECOVERY trial results for azithromycin. These show azithromycin not associated with any clinical benefits in patients hospitalised with COVID-19 and should not be used for this indication.</p> <p>Chair also reported that in the PRINCIPLE study, a randomised primary care study looking at various treatments including antibiotics in COVID like illness, has stopped recruiting to the azithromycin arm and awaiting publication of results.</p> <p><b>Update on antibiotic use during COVID-19</b></p> <p>WM presented on the trends in respiratory antibiotic use in primary care during the COVID-19 pandemic to date. There is an overall reduction especially pronounced in children. In terms of total antibiotic use since March 2020, 250,000 less antibiotics items prescribed showing that the pandemic has had a profound effect on antibiotic use in primary care. There has been an increase in dental prescribing due to dentists being unable to see and treat patients. Overall reduction in total hospital antibiotic prescribing between March and August 2020. WM thanked Polly Russell for pulling this data together. Chair commented on encouraging data re use of antibiotics during the pandemic although no data available yet for second wave.</p> <p>WM noted that the SAPG paper on "Impact of the COVID-19 pandemic on community antibiotic prescribing in Scotland" has been published.</p> <p>Chair queried if data from COVID assessment centres was available yet and WM advised only recently obtained so will report on this at the February meeting.</p> <p>DO'D queried if the trends in the Scottish data are similar to the rest of UK and WM confirmed they were.</p> <p>BM asked if the trends in antifungal use during COVID-19 had been reviewed and WM advised not. Chair reported that data from NHS GGC indicated increase in systemic antifungals likely related to suspected invasive candidiasis in critical care but these data have not been confirmed nationally. The provisional data from International Severe Acute Respiratory and Emerging Infection (ISARIC) suggests no evidence for increased rates of invasive aspergillus infection during the first wave of the pandemic.</p> <p>AMcD asked if planning to measure unintended consequences of lower antibiotic use in primary care and WM confirmed yes. Chair noted significant reductions in invasive (respiratory) bacterial infections during the pandemic reported by ASm at last meeting. WM advised team have been working on board level reports on tracking the quality measures for antibiotic use and these will be available soon.</p> |  |
| 5. | <p><b>Antimicrobial stewardship in Northern Ireland</b></p> <p>Chair welcomed Paul Rafferty whose role includes antimicrobial stewardship and OPAT in Belfast. PR presented an overview of stewardship in his Trust and noted that COVID-19 has brought a new dynamic and provided opportunity to showcase OPAT. Although OPAT relatively new, discussed the challenges such as staffing, funding and use of infuser devices. Reported that they were recently 'Commended' at the Antibiotic Guardian Awards 2020 for their HAPPI (Hospital Antibiotic Prudent Prescribing Indicators) Tool. Chair congratulated PR on the Award and commented that Scotland had similar issues with infusers and staffing in OPAT. Chair noted that Scottish Health Technology Group (SHTG)</p>   |  |

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|    | <p>will publish an economic analysis of OPAT in January 2021 and recommendations apply in Northern Ireland.</p> <p>IG &amp; AC offered to share antimicrobial pharmacist experiences in Scotland with PR.</p> <p>Chair thanked PR for his presentation and suggested ongoing collaboration.</p>  |     |
|    | <b>Items for discussion and agreement:</b>   |     |
| 6. | <p><b>Implementation of Hospital Antibiotic Review Programme</b></p> <p>JS reported that Boards had been asked for update on progress on implementing with HARP. Most boards have some plans in place, although some due to COVID-19 are unable to plan. Ayo Matuluko is continuing with plans to work with boards on implementation case studies and is awaiting university ethics approval.</p> <p>JS asked AMTs to get in touch if there is anything SAPG can do to assist with the implementation process.</p>   |     |
| 7. | <p><b>Progress with HEPMA and stewardship measures</b></p> <p>Chair asked ME in NHS Lothian who is leading on HEPMA to provide feedback. ME reported that system is complicated and goal is to keep processes simple. Can build in prompts but important for staff to have a stewardship culture that can then be applied within HEPMA. ME has had discussions with SD from NHS Lanarkshire to learn from their experience.</p> <p>MB commented there must be learning from established boards rather than new boards having to re-learn what is feasible and suggested setting up a SAPG subgroup. Chair advised SAPG had produced a paper for the SG HEPMA Implementation Group. JS confirmed this paper was finalised at start of 2020 and will require a refresh. JS noted a new HEPMA learning system within Healthcare Improvement Scotland (HIS). Alison Crooks HEPMA lead and clinical fellow from NHS Dumfries and Galloway is involved in this and will present at the next SAPG meeting. Following broad discussion around HEPMA systems, the Chair concluded that a focused meeting is required. Agreed to circulate paper from early 2020 to AMTs and ASAP to gather up-to-date feedback on local situation with HEPMA then convene a meeting in conjunction with Alison Crooks and colleagues within HIS.</p> <p><b>Action: JS to circulate paper to AMTs and pharmacy group</b></p> | JS  |
| 8. | <p><b>Patient Group Directions and Assessment forms for Pharmacy First service: Flucloxacillin &amp; Aciclovir</b></p> <p>JS reported SAPG previously reviewed national PGDs for trimethoprim and fusidic acid and these were launched in July 2020. Going forward the Pharmacy First service will add national PGDs for medicines used for common conditions and those involving antimicrobials will come to SAPG for a technical check and sign off. Once agreed, PGDs go back to Scottish Government and are then disseminated to boards for implementation. Next additions will be flucloxacillin for skin and soft tissue infections and aciclovir for shingles. Key query for flucloxacillin PGD is around duration of 5 or 7 days and use of 500mg or 1gm dose. Members agreed 5-day duration and boards to choose dose based on local guideline as this varies. Aciclovir is already available via Pharmacy First in some boards and looking for guidance on the age group to include – over 18 years or over 50 years. Consensus was that 18 years would be most helpful. Members to email any further comments to JS.</p> <p><b>Action: Email comments to JS on PGDs before Christmas</b></p>  | All |
|    | <b>Items for update:</b>   |     |
| 9. | <ul style="list-style-type: none"> <li>• <b>SMVN subgroup</b></li> </ul> <p>MMcL reported should be going live with the EUCAST 2020/21 breakpoint set early next year. Still to schedule a further meeting with SMVN group and SAPG to standardise the comments and have a central document, otherwise all progressing well. The new breakpoints should not have much of an impact on practice although EUCAST have suggested using an infusion of piperacillin-tazobactam. Chair suggested this could be considered within national work on OPAT and CIVAS (centralised IV additive service).</p>   |     |

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|     | <ul style="list-style-type: none"> <li>• <b>Dental stewardships</b><br/>ASm reported advice for using penicillin V first line in acute dental alveolar infections disseminated. Recently written to the Chair of BNF Dental group to request they consider rewording their advice to put penicillin V ahead of amoxicillin. David Martin from NES has been running webinars on stewardship for dental practitioners. Dental undergraduates in Glasgow having been undertaking the BSAC dental stewardship eLearning course. Douglas Robertson from University of Glasgow has been reviewing hospital admissions for severe odontogenic infection to gather data on clinical details and microbiology. Next topic for group is review of metronidazole prescribing by dentists.</li> <li>• <b>OPAT/hospital at home</b><br/>OPAT group meeting discussed how Public Health Scotland data could be utilised to create auditable standards and board level reports. An OPAT point prevalence type survey will be undertaken by group members in 2021 to look retrospectively at OPAT referrals and patient management. Impact of COVID-19 on OPAT services has varied across Scotland. Chair is linking with Scottish Government Unscheduled Care Group and anticipates more national recognition for OPAT work. The SHTG OPAT clinical effectiveness and health economic assessment is scheduled to be published in early 2021.</li> <li>• <b>Education sub-group</b><br/>JS reported group reconvened a few weeks ago and discussed current priorities, planning to host a workshop in early next year to look at the gaps in workforce education.</li> <li>• <b>Association of Scottish Antimicrobial Pharmacists</b><br/>AC reported ASAP had national meeting in November. Discussion on updates of vancomycin guidelines and boards' HARP implementation plans. Draft chloramphenicol guidelines are progressing and will bring these to SAPG for approval in New Year. Education session in September included session on behaviour change approach to support antimicrobial stewardship.</li> <li>• <b>Scottish Antimicrobial Nurses Group</b><br/>JMcE reported the group reconvened last week. Collaborated with NES to develop an electronic survey on AMS content within current undergraduate and postgraduate nursing programmes. Jodie Allan, nurse involved in Fleming Fund Project working on a reflective publication. SANG have been asked to join an international collaboration looking at the barriers and enablers of AMS behaviours in nursing practice and will assist in distributing study survey to all nurses in Scotland. SANG will be setting objectives for 2021 and welcome any suggestions. Chair commented his main concern that there is not an AMS nurse in every Health Board and this should be a priority.</li> <li>• <b>SAPG event 3<sup>rd</sup> November 202-</b><br/>JS reported it this was first event held virtually, few technical issues but good delegate feedback. Next event in May 2021 will be hosted virtually and hopefully November 2021 event can be held face-to-face.</li> <li>• <b>SMC advice on antimicrobials/post-Brexit arrangements</b><br/>JS advised SMC are undertaking significant changes in their processes due to impact of COVID-19 and Brexit. Chair and JS joined a HIS meeting on post-Brexit arrangements for medicines and non-medicine technologies. SMC are part of an MHRA group managing the transition of medicines licensing and will keep SAPG updated.<br/>NICE/ NHSE&amp;I value based pricing pilot will be going ahead early next year in NHS England. SG/SAPG and SMC will join 2 scoping workshops in January. The two antibiotics selected for the pilot will be announced soon.</li> </ul> |  |
| 10. | <b>Items for information:</b> Nil   |  |
| 11. | <b>AOCB:</b> Nil  |  |
| 12. | <b>Date of next meeting – Tuesday 16<sup>th</sup> February 2021</b><br>Following meeting – 20 <sup>th</sup> April 2021  |  |