

**Approved Minutes of Scottish Antimicrobial Prescribing Group Meeting  
held on Tuesday 16 February 2021 at 1-3pm via MS Teams**

**Present:**

**SAPG Project Board**

Dr Andrew Seaton (Chair), Consultant Physician, NHS Greater Glasgow and Clyde  
Dr Jacqueline Sneddon, Project Lead Scottish Antimicrobial Prescribing Group  
Dr Gail Haddock (Vice Chair), General Practitioner, NHS Highland  
Mr William Malcolm, Clinical Lead for SONAAR programme, ARHAI Scotland  
Mrs Alison Wilson, Director of Pharmacy, NHS Borders  
Ms Sabine Nolte, Principal Educator, NHS Education for Scotland (*deputy for Ruth Robertson*)  
Mrs Christine Gilmour, Director of Pharmacy, NHS Lanarkshire  
Dr Scott Davidson, Deputy Medical Director of Acute Services in GGC  
Dr Chris Deighan, Deputy Medical Director of Corporate Services in GGC  
Ms Elizabeth Burgess, AMR/HCAI Policy Unit, Scottish Government

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

**Antimicrobial Management Teams**

Dr Adam Brown, Consultant Microbiologist, NHS Highland  
Dr Wendy Beadles, Clinical Lead Infectious Diseases, NHS Highland  
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire  
Dr Morgan Evans, Consultant in Infectious Diseases, NHS Lothian  
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow & Clyde  
Dr David Griffith, Consultant Microbiologist, NHS Fife  
Dr David Fallaha, Consultant Anaesthetist, Golden Jubilee  
Dr Sharon Irvine, ID Consultant, NHS Dumfries and Galloway  
Dr Busi Mooka, Consultant Physician, NHS Tayside  
Dr Robbie Weir, Consultant Microbiologist, NHS Forth Valley  
Dr Sarah Whitehead, Consultant Microbiologist, Golden Jubilee and the Scottish Ambulance Service  
Ms Kayleigh Hamilton, Antimicrobial Pharmacist, NHS Ayrshire and Arran (*deputy for Dr Ursula Altmeyer*)

**Representing professional groups and specialties**

Dr Linda Bagraade, Consultant Microbiologist, NHS Tayside (Infection Control Doctors group - *deputy for Dr Ben Parcell*)  
Professor Hazel Borland, Nurse Director, NHS Ayrshire and Arran  
Mrs Alison Cockburn, Antimicrobial Pharmacist, NHS Lothian (Association of Scottish Antimicrobial Pharmacists)  
Mrs Rebecca Houston, Lead Antimicrobial Pharmacist, Golden Jubilee National Hospital,  
Ms Susan Kafka, Senior Clinical Pharmacist for Paediatric Oncology/Haematology, NHS GG&C  
Dr Mairi Macleod, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Scottish Microbiology and Virology Network)  
Dr Charis Marwick, Clinical Senior Lecturer, University of Dundee (Research representative)  
Mrs Jo McEwen, Antimicrobial Nurse Specialist, NHS Tayside (Scottish Antimicrobial Nursing Group)  
Dr Deirdre O'Driscoll, General Practitioner, Glasgow  
Ms Laura Pelan, Prescribing Support Pharmacist, NHS GG&C (Scottish Prescribing Advisers Association)  
Professor Andrew Smith, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Dental)

Mrs Diane Stark, Infection Prevention and Control Nurse, NHS Highland (Infection Control Nurses)

**Guests:**

Rickie O’Connell, Senior Clinical Pharmacist with the Off-label Cancer Medicines Programme and Area Drug and Therapeutics Committee Collaborative

**Apologies:**

Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran

Dr Vhairi Bateman, Consultant in Infectious Diseases and Microbiology, NHS Grampian

Professor Marion Bennie, Chief Pharmacist, Public Health Scotland

Dr Conor Doherty, Consultant in Paediatric Infectious Diseases, NHS Greater Glasgow and Clyde

Mr Jim Findlay, Public Partner, HIS

Dr John Harden, Consultant in Emergency Medicine, NHS Lanarkshire, and National Clinical Lead for Quality & Safety Scottish Government

Mrs Alison MacDonald, Area Antimicrobial Pharmacist, NHS Highland

Mr Russell Mackay, Specialist Clinical Pharmacist, NHS Orkney

Dr Keith Morris, AMR/HCAI Medical Adviser for Scottish Government

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

Mrs Ruth Robertson, Health Protection & HAI Education Programme Manager, NHS Education for Scotland

Mr Samuel Whiting, Infection Control Manager, NHS Borders

Dr Becky Wilson, Consultant Microbiologist, NHS Grampian & NHS Orkney

Mr Bob Wilson, Infection Control Manager, NHS Ayrshire & Arran

	<b>Agenda item</b>	<b>Action by:</b>
<b>1</b>	<p><b>Welcome, apologies for absence and declaration of interests.</b></p> <p>Chair welcomed two new members who will jointly represent the Scottish Association of Medical Directors (SAMD) at SAPG &amp; Project Board: Dr Scott Davidson, Deputy Medical Director of Acute Services in GGC and Dr Chris Deighan, Deputy Medical Director of Corporate Services in GGC</p> <p>Also introduced guest speaker, Rickie O’Connell, a Senior Clinical Pharmacist, Off-label Cancer Medicines Programme and Area Drug and Therapeutics Committee Collaborative.</p> <p>Chair noted that meeting being recorded and asked for members to declare any Declarations of Interest prior to relevant agenda item.</p>	
<b>2</b>	<p><b>Minutes and actions from previous meeting</b></p> <p>Chair asked to confirm figures reported in item 4, page 3 that 250,000 less antibiotics items prescribed in primary care during the first wave of the pandemic. WM confirmed correct. Minutes of the meeting on 15.12.20 were approved.</p>	
<b>3</b>	<p><b>Update on antibiotic use during COVID-19</b></p> <p>WM presented on the impact of the COVID pandemic on human antibiotic use trends in Scotland across all settings. Data extracted from PIS and HMUD, available 3 months in arrears, comparing the monthly DDDs in 2020-v-2019. Noted that between Feb-Sept 2020 there has been 10.8% less antibiotic use.</p> <p>COVID Assessment Centres (CACs) set up in March 2020. Data extracted from PIS and HMUD to determine proportion of antibiotic prescriptions in primary care issued via CACs. Demonstrates that in 2020, CACs contributed very little to overall use of antibiotics in primary care (highest proportion was 1.09% in April 2020).</p> <p>Review of weekly e-message data continues for five commonly used respiratory antibiotics. End of 2020 no evidence of usual seasonal increase in antibiotics and during wave two of the pandemic, no increase in the use of antibiotics.</p> <p>Dental prescribing data from PIS on paid prescription GP14, runs 3 months in arrears. From August 2020 antibiotic use has remained stable and above usual levels. Dental colleagues confirmed that although dental practices have remobilised since September there were only functioning at 20-25% activity with activity levels from January 2021 at 70-75%.</p>	

	<p>WM thanked Polly Russell for pulling the data presentation together.</p> <p>DO'D commented that the CACs are not open 24 hours therefore some patients require to go to out-of-hours or GP. Also noted reduced opening hours during summer months.</p> <p>GH queried use of non-respiratory antibiotics. WM advised they previously reviewed four non-respiratory antibiotics and weekly numbers in 2020 similar to 2019. However will review again.</p> <p>AW queried if there was data on prescribing by non-medical prescribers. WM advised not looked at this specifically. HB commented NMP are usually very good at adhering to formularies as bound by scope of practice. WM agreed.</p> <p>Chair highlighted the RECOVERY trial results, which show azithromycin not associated with clinical benefits in patients hospitalised with COVID-19. Results from the PRINCIPLE study in primary care, issued a few weeks ago showed neither azithromycin nor doxycycline were beneficial for patients presenting with a COVID-like illness.</p>	
	<p><b>Items for discussion and agreement:</b></p>	
<p><b>4</b></p>	<p><b>National and board level performance against standards and indicators</b></p> <p>WM confirmed that AMT Leads and Lead pharmacists recently received Board specific reports. Background to this work is that three antibiotic use standards and indicators were launched and communicated to boards in October 2019 via a letter from the Chief Nursing Officer, Scottish Government. They were developed in collaboration with SAPG along with updated HAI indicators to align with the 5 year UK AMR Action Plan. Plan to make the indicators available in NSS Discovery to allow AMTs to follow progress but this has been delayed. In the meantime, SONAAR team will produce quarterly reports for Boards.</p> <p><u>Indicator 1:</u> 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015 as the baseline. Data for Scotland demonstrates there is a clear downward trend. Current level for each Health Board, based on most recent four quarters, up to Q3 2020 (July to September). 13 of the 14 NHS Boards have exceeded the target of a 10% reduction.</p> <p><u>Indicator 2:</u> Use of intravenous antibiotics in secondary care will be no higher in 2022 than it was in 2018. Quarters during the pandemic show decreased use linked to reduced hospital activity. Noted that data from 2019 included in the recent SONAAR report demonstrated decreased use of IV antibiotics from 2018. 13 of the 14 NHS boards have seen a reduction in IV use.</p> <p><u>Indicator 3:</u> Use of WHO Access (recommended first line) antibiotics greater than or equal to 60% of total antibiotic use in Acute hospitals by 2022. Only a target not a baseline. In Scotland, over the last 7 or 8 quarters the 60% ambition has been realised and maintained through COVID. Significant variability between Health Boards due to differences in local guidelines, mainly around use of amoxicillin vs. co-amoxiclav and doxycycline vs. clarithromycin. Chair thanked WM for sharing this data. SDav agreed beneficial to share the Board level reports with Medical Directors and SAMD and happy to facilitate. JS suggested also sharing with Directors of Pharmacy. BM suggested there should be a narrative introduction to the reports if sharing beyond AMTs. WM and JS will progress this.</p> <p><b><u>Action: Share Board level reports on quality indicators with Medical Directors and Directors of Pharmacy.</u></b></p> <p>Chair advised he has previewed provisional International Severe Acute Respiratory and Emerging Infection (ISARIC) data across the UK nations for patients hospitalised with COVID and there are regional differences suggesting more narrow spectrum antibiotics used in Scottish hospitals and lower volumes of antibiotics used in the context of COVID. ISARIC data published soon.</p> <p>EB queried timing of changes in antibiotic use across the UK. WM confirmed that the UK followed a similar trend, peak of antibiotic use in March, decreasing in April and remaining suppressed. In the peak period of March/April, the others nations observed a move away from Access antibiotics to broad-spectrum antibiotics.</p>	<p>WM/JS</p>
<p><b>5</b></p>	<p><b>Hospital Electronic Prescribing and Medicines Administration (HEPMA) learning system within Healthcare Improvement Scotland (HIS)</b></p>	

	<p>Rickie O’Connell reported on the HEPMA learning system, which brings people with similar issues from Health Boards across Scotland together to share and build knowledge to accelerate improvement. Provides a systematic approach to gathering intelligence and supports a dynamic and responsive system including practical tools. Varying experiences of HEPMA within Boards which ranges from 20 years to a couple of months. There have been two network meetings with representation from most Health Boards. Also engaging with network members between meetings to capture challenges and learning. NHS Ayrshire &amp; Arran shared learning where HEPMA was used to capture information on the proportion of Parkinson’s medicines administered on time. Identified the need for improvement and interventions tested to achieve a sustained improvement in timely administration of Parkinson’s medicines. HIS co-producing a working checklist with network members to assist other Health Boards in this topic area.</p> <p>In terms of Governance of the HEPMA learning system reports externally to the HEPMA Oversight Board who report to the Scottish Government eHealth Strategy Board. JS asked how SAPG can engage with the HEPMA to champion antimicrobial stewardship. RO’C advised engaging with local HEPMA teams to bring examples of good practice or challenges to the learning system. Chair thanked RO’C and reported that SAPG had produced a HEPMA document in early 2020 providing some fundamental key principles about antimicrobial stewardship but issue was trying to coordinate this nationally.</p> <p>JS mentioned that one of the members of the learning system is Alison Crooks, HEPMA lead and clinical fellow from NHS Dumfries and Galloway who is undertaking a project on stewardship within HEPMA which she will present at the next SAPG meeting. ME suggested it would be beneficial to have feedback from NHS D&amp;G and suggested SAPG should promote HARP (Hospital Antibiotic Review Programme) tools trying to focus in on the areas of prescribing culture and practice. SDav commented it would be helpful to have a national approach during roll out. SD suggested thinking about and sharing ideas for change and how these changes are measured. JS suggested a HEPMA discussion session at the AMT Event in May could focus on HEPMA ideas. Chair recommended recirculating the SAPG HEPMA document and requesting an update from AMTs to inform the session.</p> <p><b>Action: Share SAPG HEPMA paper with AMTs for update</b></p> <p><b>Action: HEPMA ideas session at May AMT event</b></p>	<p>JS/MP JS</p>
<p>6</p>	<p><b>Genetic Testing for Aminoglycoside Induced Deafness</b></p> <p>YG presented Paper 2 on the MHRA recommendations in January 2021 on genetic testing for potential aminoglycoside toxicity for patients on recurrent or long-term aminoglycoside therapy. MHRA note that some evidence suggests an association between mitochondrial mutations (particularly the m.1555A&gt;G mutation) with an increased risk of ototoxicity. These mitochondrial mutations are rare, and the penetrance of the observed increased ototoxic effect is unknown. BM noted MHRA are suggesting a discussion with the person about the risk rather than it being about an absolute contraindication and the clinician considering other options. Chair clarified that the MHRA are not recommending that patients on routine gentamicin should be tested, only those who require repeated courses. In Scotland, genetic testing is carried out in Dundee and takes between 14-28 days to receive results. SK advised that neonatologists in the Royal Hospital for Children (RHC), Glasgow, are developing a position statement with testing aimed at those with cystic fibrosis and immunological conditions who are likely to need repeated courses. Some confusion around topical aminoglycosides and in discussion with ENT colleagues about this. SK also noted a point of care test is being trialled in Manchester. Several members highlighted checking maternal deafness associated with aminoglycosides.</p> <p>YG asked for views around the need for a national approach to provision of advice. Agreed a SAPG statement would be helpful. YG will draft guidance to encompass adult and paediatric practice and share with BM and SK for comments before bringing back to a future meeting.</p> <p><b>Action: Prepare SAPG advice on genetic testing for aminoglycoside therapy.</b></p>	<p>YG/BM/ SK</p>
<p>7</p>	<p><b>Review of SAPG guidance on UTI to align with SIGN 160</b></p>	

	<p>JS reported that SIGN 160 was published in 2020 and replaced SIGN 88. One of the key differences is that SIGN 160 is specifically focused on women whereas SIGN 88 covered men and other groups. Aim to update SAPG UTI guidance to align with SIGN 160. Previously had five guidelines about UTI but Alternative management of UTI in non-pregnant woman is covered in SIGN 160 so no longer required. There remaining 4 guidelines have been updated with minor changes:</p> <ul style="list-style-type: none"> <li>• Decision aid for diagnosis and management of UTI in women over 65</li> <li>• Decision aid for management of UTI in patients with catheters</li> <li>• Management of recurrent UTI in non-pregnant women</li> <li>• Managing urinary tract infections in men</li> </ul> <p>JS asked the group for feedback. There was broad discussion and comments in the chat box around duration of prescribing and replacement of catheter. JS will address feedback and circulate virtually for sign off.</p> <p><b>Action: Finalise guidance documents and circulate for sign off</b></p>	JS
8	<p><b>Medical education</b></p> <ul style="list-style-type: none"> <li>• <u>Board strategies for stewardship education</u></li> </ul> <p>JS raised this as a discussion point after receiving a query about whether SAPG or AMTs have an education strategy for local delivery of medical education. Unsure if in place locally and if not should there be a national approach. JS confirmed this was postgraduate training for Foundation doctors and trainees. YG noted training for locums should also be considered. If any Board has an education strategy please share with JS.</p> <p><b>Action: Share local antimicrobial stewardship medical education strategies</b></p> <ul style="list-style-type: none"> <li>• <u>National stewardship competencies for medical schools</u></li> </ul> <p>JS also noted recent competencies for medical undergraduates agreed via Delphi process by participants in other UK nations and published by BSAC. Chair noted competencies that need to be demonstrated by all medical professionals in practice had been introduced although has been paused due to COVID. Agreed to take forward through Education Sub Group.</p>	AMT Leads
	<p><b>Items for update:</b></p>	
9	<ul style="list-style-type: none"> <li>• <u>SMVN subgroup</u></li> </ul> <p>MMAcL reported currently working on updating the Vitek system across Scotland. Meeting with SMVN group in 3 weeks' time and will then email members who have participated in the combined SAPG/SMVN subgroup to agree communication to users. Focusing on change in reporting from <b>S</b> and <b>R</b>, to including an <b>I</b> category which means 'susceptible increased exposure' with increased dosing required. Aim is to have no confusion around this message and give clear dosage guidance. Also linking with respiratory colleagues re pseudomonal isolates before implementing the changes March/April 2021.</p> <ul style="list-style-type: none"> <li>• <u>Dental stewardship</u></li> </ul> <p>AS commented that WM's presentation about the increase in antibiotic use for dental infections demonstrates a systems failure. Dental practices had been closed and were following national advice to prescribe antibiotics for toothache. SAPG dental group met on 10.02.21. Progressing well with communications around switch from amoxicillin to penicillin V as first line antimicrobial agent of choice for acute alveolar infections. Plan to look at reducing metronidazole prescriptions and duration of antibiotic treatment for dental infections. Educational events planned with NES colleagues and communications on dental antibiotic use data to be circulated to dental practitioners.</p> <ul style="list-style-type: none"> <li>• <u>OPAT/hospital at home</u></li> </ul> <p>Chair reported group met on 26.01.21 and work is progressing well. Planning to develop and agree Key Performance Indicators to put forward a proposal for a Scottish national rolling audit. Developing a national snapshot audit to provide a baseline for OPAT practice around Scotland. OPAT drug monographs are being developed and will be circulated to AMTs for comments. The Scottish Health Technology Group (SHTG) have published their assessment and recommendations for OPAT and this been circulated to colleagues including Scottish Government, Medical Directors and other UK nations. Key recommendation is that</p>	

	<p>OPAT should be offered to appropriate patients, be flexible and meet patients' needs. OPAT is associated with 51-78% lower costs than equivalent care delivered in Hospital. YG queried funding. Chair confirmed no additional funding but SHTG has demonstrated cost and clinical effectiveness.</p> <p><a href="http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/topics_assessed/recommendation_01-21.aspx">http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/topics_assessed/recommendation_01-21.aspx</a></p> <ul style="list-style-type: none"> <li>• <b>Education sub-group</b> SN reported that RR and JS will catch up next week to progress the work. NES workforce have been understaffed and are now recruiting. Aiming to convene a workshop within the next few months where priorities will be discussed.</li> <li>• <b>Association of Scottish Antimicrobial Pharmacists</b> AC reported that ASAP will meet on 01.03.21 and no meetings since last SAPG meeting. Issue raised recently regarding availability of rarely used antibiotics across Health Boards in Scotland. Some are included on the Rarely Used Unlicensed Medicines (RUUM) list agreed between Directors of Pharmacies (DOPs) to be stored and used centrally by Boards when required. ASAP members have observed that the RUUM list is not widely known about. YG suggested ASAP should formulate a plan to support making rarely used antimicrobials available. JS advised she has made an initial approach to National Procurement who maintain the RUUM list suggesting an alternative arrangement for antimicrobials. Although beneficial to have these rarely used medicines in stock, have to take into consideration the cost and would require support and approval from DOPs. AW noted that during the pandemic more flexible approaches to national stockholding have been necessary and suggested that the DOPs would look to ASAP to come up with a proposal for them to review. <b>Action: Develop national plan for access to rarely used antimicrobials for DOPs and report back to SAPG</b></li> <li>• <u>Scottish Antimicrobial Nurses Group</u> JMce reported SANG will be meeting in early March. Professor Molly Courtney from Cardiff is running an international collaborative exploring the barriers and enablers to antimicrobial stewardship nursing and the impact COVID has had on this. SANG were nominated as the cascade point for this. Response rate has been quite low due to second wave of COVID. A gentle reminder from SAPG about taking part in this research would be helpful. <b>Action: Share information about research study via SAPG members</b></li> </ul> <p>Professor Courtney has also convened a group of higher education institutes, mainly in England, although two Scottish nursing schools are involved to explore the undergraduate educational content around antimicrobial stewardship and antimicrobial resistance and mapping this to undergraduate nursing competencies published in 2018.</p> <ul style="list-style-type: none"> <li>• <u>SMC advice/NICE value based model</u> Chair, WM, JS and KM attended NICE scoping workshop on the value-based pricing model for antimicrobials. The two antibiotics going through this model are ceftazidime-avibactam which has been assessed as Not Recommended by SMC due to non-submission and cefiderocol which was launched in 2020 and has not been assessed by SMC. If Health Boards wish to use ceftazidime-avibactam they should continue to use local processes. For cefiderocol, the company will not make a submission to SMC while the NICE model work is in progress. SMC Executive are meeting to discuss how to manage this, as Boards may require to use it. A joint statement from SMC and SAPG about the use of these two medicine during the period of the NICE project will be issued shortly.</li> </ul>	<p><u>AC/YG</u></p> <p><u>JM/JS/MP</u></p>
10	<p>Date of next meeting – <b>20 April 2021</b></p> <p>Following meeting – 15 June 2021</p>	