

**Approved Minutes of Scottish Antimicrobial Prescribing Group Meeting
held on Tuesday 20 April 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
Professor Marion Bennie, Chief Pharmacist, Public Health 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
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

Antimicrobial Management Teams

Dr Ursula Altmeyer, Consultant Microbiologist, NHS Ayrshire and Arran
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
Mrs Rebecca Houston, Lead Antimicrobial Pharmacist, Golden Jubilee National Hospital
Mrs Alison MacDonald, Area Antimicrobial Pharmacist, NHS Highland
Dr Sharon Irvine, ID Consultant, NHS Dumfries and Galloway
Dr Busi Mooka, Consultant Physician, NHS Tayside
Dr Robbie Weir, Consultant Microbiologist, NHS Forth Valley

Representing professional groups and specialties

Mrs Alison Cockburn, Antimicrobial Pharmacist, NHS Lothian (Association of Scottish Antimicrobial Pharmacists)
Ms Susan Kafka, Senior Clinical Pharmacist for Paediatric Oncology/Haematology, NHS GG&C (Paediatrics)
Dr Mairi Macleod, Consultant Microbiologist, NHS Greater Glasgow and Clyde (Scottish Microbiology and Virology Network)
Dr Ben Parcell, Consultant Microbiologist, NHS Tayside (Infection Control Doctors group)
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)
Mr Samuel Whiting, Infection Control Manager, NHS Borders
Mr Bob Wilson, Infection Control Manager, NHS Ayrshire & Arran
Ms Nykoma Hamilton, Infection Control Nurse, NHS Fife (*deputy for Diane Stark*)

Public partner:

Mr Jim Findlay, Public Partner, HIS

Guests:

Claire MacDonald, Antimicrobial Pharmacist, NHS Lanarkshire
 Sofie French, Principal Educator (ARHAI), NHS Education for Scotland
 Kirsteen Hill, Advanced Antimicrobial Pharmacist, NHS Tayside (for agenda item 9)

Apologies:

Dr Vhairi Bateman, Consultant in Infectious Diseases and Microbiology, NHS Grampian
 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
 Mr Russell Mackay, Specialist Clinical Pharmacist, NHS Orkney
 Dr Keith Morris, AMR/HCAI Medical Adviser for Scottish Government
 Mrs Ruth Robertson, Health Protection & HAI Education Programme Manager, NHS Education for Scotland
 Dr Becky Wilson, Consultant Microbiologist, NHS Grampian & NHS Orkney
 Dr Scott Davidson, Deputy Medical Director of Acute Services in GGC
 Dr Chris Deighan, Deputy Medical Director of Corporate Services in GGC
 Ms Julie Wilson, AMR Manager, ARHAI Scotland
 Professor Hazel Borland, Nurse Director, NHS Ayrshire and Arran
 Dr Sarah Whitehead, Consultant Microbiologist, Golden Jubilee and the Scottish Ambulance Service
 Mrs Diane Stark, Infection Prevention and Control Nurse, NHS Highland (Infection Control Nurses)
 Dr Adam Brown, Consultant Microbiologist, NHS Highland
 Dr Wendy Beadles, Clinical Lead Infectious Diseases, NHS Highland

1	<p>Welcome, apologies for absence and declaration of interests. The Chair welcomed members and guests: Claire MacDonald and Sofie French. Advised Julie Wilson unable to attend and her presentation “Surveillance data on co-infection and secondary infection in COVID-19 patients“, will be deferred to June meeting. Chair noted that meeting will be recorded and asked for members to declare any Declarations of Interest prior to relevant agenda item.</p>
2	<p>Minutes and actions from previous meeting Minutes of the meeting on 16.02.21 were approved.</p>
3	<p>Update on antibiotic use during COVID-19 WM presented the most recent data on the impact of the pandemic on antibiotic use in both primary and secondary care in Scotland, comparing 2019, 2020 and 2021. E-message GP weekly data on five commonly used respiratory antibiotics showed no winter seasonal increase in 2020 and 2021. Reduction in antibiotic use in all ages but most pronounced in school age children. Reports sent weekly to AMT leads and ASAP and would like approval from members to reduce the frequency to fortnightly. This change was supported. Primary care data from Prescribing Information System (runs 3 months in arears) Total antibiotic use for paid items in primary care (non-dental) shows 25% reduction from 2020-v-2019, 520,000 fewer antibiotics. Respiratory antibiotics show similar pattern with 400,000 fewer antibiotics. Total antibiotic use for paid items in dentistry. Data from March 2020 to end of January 2021, 80,000 antibiotics more prescribed, 28% increase compared to 2019. Dental colleagues confirmed that although dental practices have remobilised since September there were only functioning at 20-25% initially with activity from January 2021 at 70-75%. January 2021 data shows slight decrease. Dental amoxicillin and metronidazole follows similar pattern. In 2020, SAPG Dental published a recommendation that penicillin V should be the preferred antibiotic for management of acute dental infections. Data demonstrates an almost immediate response in all areas of Scotland and by January 2021, around 2000 prescriptions for penicillin V per month increased from 100 per month. Hospital data Total acute hospital antibiotic DDDs, one million fewer antibiotics prescribed 2020-v-2019, 22%.</p>

	<p>Total acute hospital antibiotic DDDs per 1,000 occupied bed days (OBDs), reduction 2020-v-2019, 5.5%. Specific recommended antibiotics DDDs per 1,000 OBDs, reduction from 2020-v-2019. Meropenem DDD per 1,000 OBDs, 1.8% increase 2020-v-2019. Piperacillin/ tazobactam DDD per 1,000 OBDs, 11.4%.</p> <p>Total antifungal use in acute hospitals. Decreased levels for most of 2020, although an increase at the end of 2020. Fluconazole, other azoles and echinocandins all followed similar trend.</p> <p>WM thanked Polly Russell for pulling data together. Chair thanked WM and PR.</p> <p>DO'D commented primary care reduction due to reduced patient contact and social distancing keeping down respiratory virus transmission, plus patients learning to self-manage. GH agreed. ASm reported national data shows reduced respiratory bacterial isolates. LP noted will be interesting to how data changes now that all children have returned to school. JMcE commented enhanced IPC measures by public also a factor.</p> <p>WM reported his team is monitoring e-message weekly data for a range of antibiotics for non-respiratory infections; no change in prescribing suggesting patients are accessing GPs.</p> <p>ASm delighted with dental figures for penicillin V and thanked the team. Hopeful that once normal dental services resume, will see a significant decrease in prescribing of antibiotics. Chair queried the percentage between penicillin V and amoxicillin and WM confirmed approximately 10%.</p> <p>DO'D queried the increased use of antifungals. Chair suggested reflects case mix in critical care with predominance of COVID-19 and associated prolonged ventilation, ventilator associated pneumonia and other nosocomial infections driving broad-spectrum antibiotics.</p> <p>AMacD queried how responsive OBDs denominator is reflective of changing hospital bed provisioned. WM and PR agreed to review this.</p> <p>YG reported data for GG&C Q1 2021 demonstrates a decrease in antifungal use in acute care.</p> <p>JMcE reported local data from repeated PPS in Tayside demonstrated the prevalence was 33% in first wave and 15% in second wave in ward level patients.</p> <p>Chair noted pip-taz increase slightly concerning with 11% increase per OBDs. WM will check raw DDD data. MMacL suggested increase of pip-taz use may be related to more awareness around the requirement of four times daily dosing for pseudomonal infection as per new EUCAST guidelines. Chair concluded that reports produced by SONAAR team are vital in underpinning SAPGs efforts and reinforce the importance of stewardship going forward towards recovery after COVID.</p> <p>WM advised at last SAPG meeting, he presented data on the three national antibiotic indicators. Each NHS board provided their own individual reports. Finalising report for Q4 2020 and plan is for MP to disseminate to board AMTs, Medical Directors and Directors of Pharmacy.</p>
4	<p>Surveillance data on co-infection and secondary infection in COVID-19 patients Deferred to June 2021</p>
	<p>Items for discussion and agreement:</p>
5	<p>Review of SAPG guidance for care homes</p> <ul style="list-style-type: none"> • Antibiotic use in frail older people (Papers 2 & 3) <p>JS reported this guidance for GPs and complementary version for care home staff updated in line with 3-year review of SAPG guidance. Includes changes in practice and terminology and added a link to end of life recommendations. Looking for comments and view on whether specific COVID advice or a link to SAPG COVID guidance should be included.</p> <p>YG suggested COVID should be included to highlight antibiotics not recommended and also suggested including cation interactions with doxycycline and ciprofloxacin. Chair suggested adding recommendations following results of PRINCIPLE study. JMcE suggested including urinalysis and UTI diagnosis and linking to UTI algorithm on SAPG website. ME agreed and suggested adding information specific to individual conditions e.g. RTI, UTI, plus prescribing information on commonly used antibiotics. Queried if the WHO Access, Watch, and Reserve (AWaRe) should be referenced to embed language in practice? Chair agreed should utilise WHO definitions.</p> <p>JS thanked everyone for their comments/suggestions. In terms of dissemination, will be posted on website and communicated via relevant networks. Also noted that care homes are priority area within HIS, which may provide additional opportunities for sharing. SD advised that Scottish Government has established huddles to support communication with care homes and suggested</p>

	<p>contacting Graham Ellis who leads them. Chair thanked SD for great suggestion. JF noted from a layman's perspective the documents have many "should" and suggest changing to "must". Chair concluded there is consensus that the documents are still relevant, COVID should be mentioned including link to SAPG guidance.</p> <p><u>Action: JS/MP to update guidance with agreed changes and share with members for final comments/approval</u></p> <ul style="list-style-type: none"> • Clostridioides difficile guidance – ongoing need <p>JS reported guidelines for managing diarrhoea were developed for GPs and care home staff many years ago when C. diff was a major issue and asked the group if they think these are still useful. Noted that NICE will shortly issue guidance on C. diff and may be worth waiting for this and any subsequent update to HPS/PHS guidance from 2017. NH noted vast majority of patients admitted to hospital with C. diff infections are from care homes. Chair agreed need to reflect on NICE guidance and update SAPG guidance. SF mentioned in her previous role in ARHAI Scotland CDI update was on work plan for this year although unsure of the timescale. Agreed to put on hold but to remove guidance from SAPG website since out of date.</p>
6	<p>Antimicrobial stewardship in care homes</p> <ul style="list-style-type: none"> • Prescribing guidelines <p>Chair aware that some health boards have specific prescribing guidance for care homes and asked the group if any national work on this was required. Members thought not and agreed that care home prescribing should follow local primary care guidance.</p> <ul style="list-style-type: none"> • Education for care home staff <p>JS highlighted importance of stewardship education in care homes to support good practice, and SAPG has previously supported courses run by NES. Various work involving care homes underway e.g. HIS work on safe use of medicines, research project led by CM with one of the elements being education. SN reported that NES in process of submitting a bid to SG for various educational projects related to care homes and care at home. Work underway to create an IPC induction module for care homes with potential to include antimicrobial stewardship. Also ongoing project to market IPC and other education to GP practices with opportunity to include and signpost to antimicrobial stewardship resources. SN agreed to liaise with JS on this. Chair asked if advanced care planning and recommendations of antibiotic use towards the end of life included. SN agreed to check. CM updated on her study, which has large amount of qualitative and quantitative data from care homes. Suggests staff do not feel engaged with antimicrobial stewardship although very receptive to more education and training. Initial findings supportive of more stewardship for care homes.</p>
7	<p>Paediatric stewardship survey (Paper 4)</p> <p>JS shared key results from a survey to antimicrobial teams, initially planned pre-COVID to inform proposed work on hospital empiric guidelines. JS thanked SK for help with the questions, which now incorporate questions about COVID. Also thanked LC and MP for data analysis.</p> <p>Most boards have some paediatric specialist input to their guidelines although limited opportunities for stewardship due to staff resource. Some positive and negative impacts of the pandemic on practice. There was support for a national approach to guidelines to reduce variation in practice. Noted there is UK wide work on infection pathways, which may be helpful. Chair noted no Health Board in Scotland provides an OPAT service for children although SK trying to progress this in GG&C. SI suggested a national paediatric/neonatal guidance would be very useful as in D&G different areas use guidance from various other boards. SK commented there are drivers within the perinatal network to standardise guidelines within neonates.</p> <p>Aim to reconvene the Paediatric group in June 2021 but Conor Doherty is not currently able to chair it so an interim chair will be required. Chair noted additional members also welcome.</p> <p><u>Action: Anyone interested in joining Paediatric stewardship group please email JS or MP.</u></p>
8	<p>Synergistic gentamicin for endocarditis in adults – updated GGC guidance (Paper 5)</p> <p>Chair advised previous version of this guidance available within secure area of SAPG website. Noted that this guidance and other documents hosted there are not national guidance, but have been developed by boards and approved for use by SAPG as other boards found them useful.</p>

	<p>JS noted the issue is around a reliable way of sharing information. The Antimicrobial Pharmacists group had a community space on The Knowledge Network for sharing information, but this did not work well so SAPG created a secure area on the website to enable AMTs to access useful guidance. However, this has also proved problematic due to various factors so looking for an alternative solution. JS suggested creating a new tab on SAPG website for health board guidance with a disclaimer stating clearly not SAPG guidance or could use MS Teams to host files. Chair agreed important to have a facility for sharing information. BM and ME expressed concerns that documents on SAPG website may be misconstrued as official SAPG guidance so would prefer MS Teams option. JS advised that as part of move to Office 365, a system called SharePoint will be available, which allows easier sharing of information. SK confirmed she had used SharePoint and it is effective as any registered user can add documents and levels of access can be restricted. JS will explore options and report back at future meeting.</p>
<p>9</p>	<p>Chloramphenicol Prescribing Guidance (Paper 6)</p> <p>KH reported that during 2020, several ASAP members were seeking information on chloramphenicol prescribing. Cases from various health boards were presented at an ASAP Education day and it was suggested that national guidance on chloramphenicol prescribing would be useful. KH on behalf of ASAP led development of Paper 6 and is now seeking SAPG approval. Highlighted a full literature search was not carried out to inform the guidance but relevant references are included. KH asked for comments on whether this guidance is useful, any suggested edits and where to house it. Members agreed very useful but a bit lengthy so suggested safety critical parts should be highlighted on the front page.</p> <p>ME noted in Lothian they have moved guidance on to the antimicrobial companion app and suggested this guidance could be saved locally within own health board for ease of access. SD advised NHS Lanarkshire have discussed how to make SAPG guidance more visible and suggested would be helpful to have a national solution for accessing guidance. For chloramphenicol guidance could easily include link in local boards' documentation. YG thanked KH for pulling this together and noted ASAP were hoping that SAPG would approve the guidance then could be saved on board websites. Chair suggested providing appropriate links to SAPG website within local guidance. ME suggested restructuring SAPG website as guidance not easy to find. JS agreed to review this and also suggested the national toolkit within the app. could potentially be used to put website links on app.</p> <p><u>Actions: Members to submit any further comments on guidance to JS via email.</u> <u>KH and JS to finalise guidance and host on SAPG website</u></p>
	<p>Items for update:</p>
<p>10</p>	<p>• SMVN subgroup</p> <p>MMacL reported that after the meeting she plans to issue a document on EUCAST susceptibility and dosing changes to SAPG members for review and comment. It details plans for laboratories to move to reporting antibiotics as I as well as S and R. I meaning susceptible increased exposure and increased dose to be used. Within the document, there is a table created by antimicrobial pharmacists on the EUCAST short life working group detailing the common drug bug combinations. The final SMVN/SAPG document will be housed on the SAPG website. Do not yet have a 'go live' date for laboratories in Scotland for automated systems but hoping in the next couple of months and microbiology labs will link in with local AMTs. Largest patient cohorts affected will be respiratory, as many of the agents for pseudomonal treatment will be reported as I. Take home message is; do not avoid agents reported as I, just ensure the correct dosage is used.</p> <p><u>Action: MP to circulate EUCAST document and SAPG members to provide comments to MMacL</u></p> <p>• Dental stewardship</p> <p>ASm reported no update in addition to penicillin V usage discussed earlier; next meeting will take place on 16 June.</p> <p>• OPAT</p> <p>Chair reported on progress:</p> <ol style="list-style-type: none"> 1. Awaiting feedback on point prevalence survey form which will give some baseline OPAT data 2. Key Performance Indicators (KPIs) survey underway which may feed into a national rolling audit

	<p>3. Draft monographs for antibiotics used in the OPAT setting, in an advanced stage of development.</p> <p>Chair is on Scottish Government Unscheduled Care Work Stream 9 Group, which is considering interface care and OPAT is an integral part.</p> <ul style="list-style-type: none"> • Education sub-group <p>SN met with JS on 19.04.21. Plan to run a workshop on stewardship education to follow on from IPC workshops held by SG to inform IPC workforce review. BM queried the IPC workforce review and if the views of SAPG had been considered. JMCE confirmed SG colleagues (EB and KA) attended the last SANG meeting and discussed concern that AMS would be engulfed within IPC. Confirmed there would be a distinction. JMCE and Jodie Allan from SANG subsequently met with Irene Barkby and Elaine Ross from SG who reiterated that there is value of having two separate workforces. Chair advised an oversight board is being established to discuss the actions from IPC workshops. EB agreed to seek an update for SAPG on progress with the workforce review.</p> <p>Association of Scottish Antimicrobial Pharmacists</p> <p>AC reported on last meeting held on 01.03.21. Rationalisation of antimicrobial TTO packs was discussed. JS and KH working with Tayside Pharmaceuticals had produced a list, which ASAP reviewed and standardised the selection of TTO packs to be used within boards. Ongoing work on access to supplies of rarely used antimicrobials and aim to bring a paper to the next SAPG meeting. Education Day planned for 13 September and may approach SAPG members for speakers. New PGD for metronidazole in bacterial vaginosis being developed but KH advised not for widespread use yet.</p> <ul style="list-style-type: none"> • Scottish Antimicrobial Nurses Group <p>JMCE reported in process of finalising outputs for 2021/22, once agreed, will submit to SAPG for comment plus option for collaboration with other groups.</p> <ul style="list-style-type: none"> • SMC advice/NICE value based model (Paper 7) <p>JS advised SMC/SAPG planning to issue joint statement about how boards can access the two antimicrobials going through the NICE value-based model. SMC have already approved it. Advice is that local processes to be followed if these antimicrobials are required on an individual patient basis and should be following infection specialist advice. SMC are liaising with the two companies involved about the statement, which will be uploaded to the SAPG website in due course.</p>
	<p>Items for information:</p>
<p>11</p>	<p>AOCB</p> <ul style="list-style-type: none"> • Chloramphenicol eye preparations in children under 2 years <p>SK highlighted following an EMA report in 2017, advising of the potential risks of infertility with exposure to boric acid, issued a 3-year deadline to manufacturers of chloramphenicol eye drops to either remove boric acid from their formulation or update their SmPCs to exclude use in children under the age of 2. Deadline passed at end of 2020 and majority of manufacturers have opted to contraindicate use in children under 2. Various groups across the UK have considered safety advice for clinicians as currently waiting for the MHRA to issue a statement. Clarified that chloramphenicol 1% eye ointment is a suitable alternative. Have confirmed that local Pharmacy First services do not include PGDs for chloramphenicol eye drops. GH said as a GP unaware of this contraindication and LP advised she has heard of problems with community pharmacists declining to supply eye drops prescribed by GPs. Chair asked if there was specific action for SAPG. AW suggested dissemination of information to antimicrobial teams and pharmacy directors. JS agreed to seek advice from Director of Pharmacy in HIS.</p> <ul style="list-style-type: none"> • AMT Network Event – 18.05.21 <p>JS reminded everyone about the AMT Network Event on 18 May 2021. Details available on SAPG website.</p>
<p>12</p>	<p>Date of next meeting – 15 June 2021 Following meeting – 24 August 2021</p>