

Scottish Medicines Consortium

Minutes of the Scottish Antimicrobial Prescribing Group Meeting held on 20th May 2009

NHS Quality Improvement Scotland, Delta House, 50 West Nile Street, Glasgow

- Present:**
- Professor Dilip Nathwani (Chairman), NHS Tayside
 - Mrs Marion Bennie, National Medicine Utilisation Unit, Information Services Division
 - Mrs Anne Lee, Acting Chief Pharmaceutical Advisor, SMC
 - Dr Martin Connor, NHS Dumfries and Galloway, ADTC / AMT
 - Dr Anne Eastaway, Health Protection Scotland
 - Mrs Liz Gillies, ScotMARAP Lead, NHS Education for Scotland
 - Ms Arlene Brailey, NHS Education for Scotland
 - Mrs Carol Fraser, Scottish Government Health Directorate
 - Professor Ian Gould, NHS Grampian, Scottish Microbiology Forum
 - Dr Nick Kennedy, NHS Lanarkshire, Infectious Diseases
 - Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland
 - Ms Susan Paton, Project Co-ordinator, Scottish Antimicrobial Prescribing Group
 - Dr Jacqueline Sneddon, Project Lead Scottish Antimicrobial Prescribing Group
 - Mrs Sheila Tunstall-James, SMC Patient and Public Involvement
 - Dr Andrew Seaton, NHS Greater Glasgow and Clyde, ADTC
 - Dr Simon Hurding, General Practitioner, NHS Highland
 - Dr Camilla Wiuff, AMR Programme Manager, Health Protection Scotland
 - Mrs Gail Caldwell, NHS Forth Valley and Director of Pharmacy Group
 - Ms Angela Timoney, Vice Chair, SMC
 - Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde
 - Dr Karen MacSween, NHS Lothian, ADTC
 - Mr Ishtiaq Mohammed, Clinical Effectiveness Pharmacist, NHS Fife
 - Dr Alistair Leonard, University of Glasgow, Scottish Infection Research Network
 - Professor Hamish McKenzie, Scottish Dean Medical Education Group
- Apologies:**
- Ms Jackie Ley, HAI Nurse Consultant, NHS Quality Improvement Scotland
 - Dr Peter Christie, Consultant in Public Health Medicine, NHS Quality Improvement Scotland
 - Ms Sybil Solomon, Nurse Consultant, Infection Control Managers Network
 - Dr Robert Masterton, Medical Director, NHS Ayrshire & Arran
 - Ms Alison Cockburn, NHS Lothian, AMT
 - Dr Gail Haddock, General Practitioner, NHS Highland
 - Mr Robert Gray, Infection Control Manager, Golden Jubilee National Hospital
 - Dr Nicholas Reid, Lead Antimicrobial Pharmacist, NHS Ayrshire & Arran
 - Professor Peter Davey, NHS Tayside, International Liaison
 - Dr Ken Paterson, Chair, Scottish Medicine Consortium
 - Ms Sheila Voas, Veterinary Advisor, Scottish Government Rural Directorate
 - Dr Alexander Crichton, Glasgow Dental Hospital, Dental representative
 - Andrea Patton, Project Co-ordinator, Scottish National Audit Project - Community Acquired Pneumonia
 - Dr John Northfield, ABPI, Medical Advisor (Anti-Infectives), Astellas UK Ltd
 - Dr Malcolm Daniel, Consultant in Anaesthesia & Intensive Care, Glasgow Royal Infirmary

Scottish Medicines Consortium

1. Welcome and Apologies

The Chair opened the meeting and welcomed those present. Apologies were listed as above.

The Chair informed of two new members –
Dr Malcolm Daniel, will represent the Scottish Patient Safety Programme
Dr John Northfield, Medical Adviser, Astellas UK, will represent ABPI

2. Minutes from the previous meeting held on 30th March 2009 agreed as a correct record of discussion.

3. Matters Arising

- **Update on HEPMA**

HEPMA had been raised at the last meeting with a view to linking DDD data with electronic prescribing in hospitals. Confirmed that it will be some time before Boards have HEPMA in place as it is part of the bigger process of patient management systems in Scotland being signed-off in autumn 2009. Thereafter Boards will identify strategies for development and implementation of IT systems.

- **E-Bug in Schools**

Scottish Government Education Department have been made aware of e-Bug resources. Agreed e-Bug would form part of an AMT event in 2010. Some schools are already accessing e-Bug and using materials e.g. Swine flu information.

- **Antimicrobial Pharmacists**

Majority of Boards have appointed an Antimicrobial Pharmacist unless recruitment has proved problematic. Confirmed funding will continue until March 2011, and ongoing funding requires to be secured to make posts substantive.

- **Communication Strategy**

The SAPG Communication Strategy has been developed and circulated to the SMC Executive Team. SMC Executive Team has asked that this strategy be integrated with SMC Communication strategy and taken forward by the NHS QIS Communication Team. Once finalised will be circulated to SAPG.

- **Website Minutes**

SAPG minutes now in format discussed at previous meeting and posted on the website. Highlighted it would be useful to find out how many visits ("hits") to the SAPG part of the SMC website have been made. To be investigated via SMC Manager. **AL**

- **Update on Project Board**

First meeting of Project Board held on the morning of 20th May 2009 (pre-SAPG). Still awaiting a Chief Executive to join SAPG and the Project Board but someone has been identified. Role and remit of Project Board has been agreed. Main function is to oversee both the financial and clinical governance of ScotMARAP.

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Agreed that Vice Chairs of SAPG will work with work stream leads to ensure key deliverables are achieved according to timescales. Project Board will produce a 'Year 1' report for meeting with Chief Medical Officer and Chief Pharmaceutical Officer taking place on 17th December 2009.

- **CEL 11 (2009)**

CEL 11 was issued in April and gave details of prescribing indicators to support the CDAD HEAT target. SAPG has advised AMTs that they should be progressing with data collection. Data management systems will be in place by August 2009. CEL does not specify where responsibility for data collection and analysis lies and this requires to be negotiated locally. Data collection will be discussed at next AMT Network Event on 2nd June.

- **Core Curriculum for Medical Schools**

Paper was tabled and agreed at the January SAPG and has been approved by Scottish Deans Group. Now circulated to nominated individuals from the five medical schools and feedback awaited. Highlighted that teaching assessment is the key and one of the main challenges is that each of the five schools approaches the curriculum differently. The question of whether dental schools were involved was raised, noted dental schools were not included at this time. A final document and action plan will be brought back to SAPG when available. **HM/LG**

- **4. AMT Event – 2nd June 2009**

The next AMT event will focus on Infection Management with key themes of pneumonia, prescribing indicators and the use of gentamicin and vancomycin. Workshops will be lead by AMT Leads and Antimicrobial Pharmacists with discussion questions for workshops being sent out in advance to allow all AMTs to be prepared for discussions. SNAP CAP will be discussed and Project Co-ordinator has organised funding towards the event

- **5. Infection Management**

- **Primary Care Policies Sub Group – Tabled Paper**

Group now formed and looking at specific items. Clarified this work not a national template but rather national guidance for local adaptation. Highlighted this work will require to be distributed in line with the communication strategy. A further update will be presented at the next SAPG meeting. **SH**

- **Pandemic Flu**

Current advice from SGHD, HPS, HPA and Department of Health on Pandemic Flu was discussed. Agreed there is a need to ensure advice from SAPG on restricting antibiotics associated with CDAD is taken into account nationally as antibiotic prescribing during a pandemic could derail the work of SAPG.

Advised there is a National Pandemic Flu Group at the SGHD. CF will raise SAPG concerns with this group. **CF**

The need to highlight that SAPG has a national remit for antimicrobial prescribing was agreed and direct communication about this will be sent to Chief Medical Officer from Chair of SAPG. **DN**

Stockpiling of antibiotics for the pandemic was discussed and it was agreed some investigation of antibiotics included in current stockpile would be useful. **WM**

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- **Surgical Prophylaxis**

A national meeting to discuss SAPG guidance on surgical prophylaxis with surgeons and anaesthetists was held on 7th May 2009. Members of the SIGN 104 group and national surgical specialty advisers were invited to take part. Unfortunately not all the specialities were represented but a reasonable mix did attend. Broad agreement reached with most of the group to move away from cephalosporins in all specialities. Orthopaedic surgeons group in Edinburgh reluctant to change from cefuroxime as they have audit data to confirm low rates of CDAD. It was agreed that this group would undertake a clinical audit comparing infection rates in hip fracture using cefuroxime versus flucloxacillin with results being communicated back to SAPG. The updated guidance will be circulated to the SIGN Group for final comments. An update will be presented at the AMT event on 2nd June and delegates will be asked to approve final sign-off. The guidance will then be issued to AMTs for implementation.

IG/JS

- **Gentamicin and Vancomycin Policies**

A summary of current policies used by Boards has been prepared. Commented this piece of work has proved valuable in highlighting differences and the next stage will involve discussion with AMTs to progress rationalisation to one/two standard policies.

Highlighted that with the movement of junior medical staff around Boards and the different working practices any reduction in variation would be helpful. Conclusions from AMT Event will be brought back to SAPG for discussion.

JS

- **SNAP CAP**

A separate SNAP CAP action plan has been developed. An update on SNAP-CAP and a workshop focussing on engagement with clinicians and SAPG support will feature in the AMT Event on 2nd June.

All mainland Boards except Dumfries and Galloway currently engaged with SNAP-CAP in at least one hospital. Respiratory Consultants in D & G not keen to engage despite AMT requests. The Chair suggested that A & E Consultants may be more receptive since care bundle focuses on first 4 hours of care. MC agreed to take this forward.

MC

SNAP-CAP have been working with John Bullivant, Management Consultant, to pilot SNAP-CAP as a Good Governance initiative. This process provides standard reports on key clinical governance issues for Board Management. John Bullivant will be invited to the August SAPG to present details of this work.

JS

The Chair suggested that SAPG should also approach the Scottish Patient Safety Programme regarding integration of SNAP-CAP with its work as this link may also help to drive this work forwards.

PD/JS

6. Information Workstream

- **Update**

Updated team from HPS will be visiting Sweden to investigate systems used for surveillance and antibiotic consumption and communication links between STRAMA and local Health Boards.

At ECCMID conference in Helsinki was agreed to implement EUCAST break points throughout Europe from the end of 2009.. HPS will liaise with Scottish Boards on how this will be progressed.

Positive update on IT side of local VITEK data transfer to HPS and initial pilot showed successful interface.

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Also updated that work presently at an early stage with HPS/ISD developing an online system for integrated prescribing and surveillance data. The resource for this work was highlighted in the original business case for SAPG but required quantification of resources to deliver the system to SEHD for funding. Details will be discussed with SAPG in the autumn.

Confirmed each board will be able to evaluate their resistance and consumption rates against the Scottish average. The need for early user involvement to inform this work was highlighted. HPS have been in discussion with Intensive Care colleagues regarding development of antimicrobial prescribing datasets within the 'Wardwatcher' patient management system.

- **Unintended Consequences – Tabled Paper**

Unintended Consequences of changing antimicrobial prescribing practice was discussed. Examples of complication rates for common infections managed in primary care were presented. This type of outcome focussed surveillance was widely supported HPS requires input from SAPG as to which clinical conditions should be included. SAPG members to contact AE directly with suggestions. **All**

Reflecting on discussion and moving forward with this piece of research requires input from SIRN. MB agreed to discuss with Alistair Leonard as to how we engage SIRN. **MB**

- **PPS – June – Tabled Paper**

Paper tabled advising of the hospitals participating in PPS, 31 hospitals have indicated they will take part and every health board will participate. Antimicrobial Pharmacists have received training from JS in April. Information governance procedure at HPS to allow central input of data into the ESAC database still to be finalised. Data entry will take place during July and August. **WM**

- **Local DDDs**

Reported JS and Tracey Cromwell, Information Analyst, visited NHS Tayside to observe and investigate the Business Objects system for DDDs with a view to developing system in other Boards. Conclusion was that system cannot be directly translated to other boards as 'bespoke scripts' used, local knowledge of Boards IT systems and a high level of IT development expertise is required. Another option is to employ an external IT specialist to carry out the work but this would be an expensive option. Agreed long term solution for local prescribing data is required. HPS/ ISD will investigate this and report back to SAPG. **MB/WM**

- **Primary Care Indicators – Paper 2**

Members supportive of the proposed range of national indicators to support the work of the AMTs and help develop links with local Prescribing Advisers.

Commented this has been a very useful piece of work as will allow Prescribing Advisers to pick out important issues about antimicrobial prescribing to communicate to GPs and that the historical data within PRISMS will allow retrospective analysis of trends.

The first electronic report will be provided at the next SAPG meeting and the indicators will become available on PRISMS on the same day. Plan is to provide 6 monthly national update reports for AMTs. With regards to access to PRISMS data, AMT members can request user status.

The proposed list of 'recommended agents' requires final agreement by SAPG. If any member [wants](#) to comment on this contact WM by 18th June. **All**

Scottish Medicines Consortium

Paper to be sent to AMTs as advance notice of national information which will soon be available.

WM

7. Organisation and Accountability Workstream

Reported the Organisation and Accountability Workstream has changed quite radically due to the Health Environment Inspectorate work. The original work on follow-up of actions from AMT survey will be addressed within the self assessment tool that Boards require to complete by June 2009. Within the self assessment tool it was highlighted that Boards will require to produce evidence to support their responses.

JL will liaise with Inspectorate and report back to SAPG on responses received on antimicrobial prescribing aspects of self-assessments. JL and PC will liaise with Boards to help them implement any outstanding actions and progress quality improvement.

JL

8. Education Workstream

Education Advisory Sub-group which progresses this workstream now has full multidisciplinary membership..

Development of resources for training healthcare staff on antimicrobial prescribing discussed. Agreed that standard national Induction Training for medical and nursing staff would be useful to ensure that all staff are aware of key points. LG suggested that a framework based on that developed for HAI could easily be developed and JS agreed to lead development of a standard Induction presentation to support this.

LG/JS

Undergraduate medical framework being lead by HMCK (see Matters arising – Medical Core Curriculum) will also be integrated into training for pharmacists, non-medical prescribers and nurses.

On-line package on bacterial resistance will be available on NES HAI website from July

Antimicrobial stewardship module at Masters level being developed by Higher Education collaborative that won tender for Masters in Infection Management. This programme will become available in 2010.

Antimicrobials NES Core course for pharmacists has been developed and will be run in all Board areas during winter 2009-10.

Multi professional conference on Antimicrobial Prescribing has been organised for October and is aimed at non-medical prescribers, clinical pharmacists, infection control nurses and Prescribing Advisers.

- **DOTS Training on Gentamicin and Vancomycin**

Additional information on gentamicin and vancomycin has been added to DOTS vignettes to highlight safe and effective use of these agents. SAPG asked to highlight any information not in line with what boards are doing locally. Advised vancomycin and gentamicin changing in Glasgow. This and any other suggested amendments to be sent to JS by 22nd May.

All

AOCB

- AE advised that HPS will move to EUCAST sensitivity modules sometime next year. This will result in a dramatic change in local lab resistance profiles. HPS plan to run a national

Scottish Medicines Consortium

- event to discuss these changes and their implications for microbiologists, clinicians and AMTs.
- The Care Commission have expressed interest in having a representative on SAPG. Two pharmacists interested and their input will help progress plans to extend work on antimicrobial prescribing into care homes. Agreed by SAPG.
 - Advice sought from SAPG on the number of AMT events which should take place in 2010. Agreed three events will be held.
 - Implementation of SAPG guidance by Boards was raised. Currently SAPG do not know how useful their guidance is to Boards and whether it has been implemented. Two suggestions were made: using 'Survey Monkey' to ask for feedback from AMTs or carry out an evaluation similar to that carried out by SMC, on uptake of their decisions. This will be discussed further at next SAPG meeting.

Date of next meeting Monday 31st August 2009 – **Meeting which was scheduled to be held on Monday 29th June 2009 is now cancelled.**