

**Minutes of the Scottish Antimicrobial Prescribing Group Meeting
held on 13th December 2010
NHS Quality Improvement Scotland, Delta House, 50 West Nile Street,
Glasgow**

Present: Professor Dilip Nathwani (Chairman), NHS Tayside
Mr Mike Grieve, Representative from Chief Executives group, Director of Delivery, NHS Lothian
Professor Marion Bennie, National Medicines Utilisation Unit, Information Services Division
Dr Anne Eastaway, Consultant Microbiologist, Health Protection Scotland
Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland
Mrs Helen Maitland, Programme Director HAI, NHS Education for Scotland
Ms Susan Paton, Project Co-ordinator, Scottish Antimicrobial Prescribing Group
Dr Jacqueline Sneddon, Project Lead Scottish Antimicrobial Prescribing Group
Dr Camilla Wiuff, AMR Programme Manager, Health Protection Scotland
Ms Andrea Patton, Information Analyst, Scottish Antimicrobial Prescribing Group
Dr Robert Masterton, Medical Director, NHS Ayrshire & Arran
Dr Lorna Willocks, HAI Senior Medical Advisor, Scottish Government
Professor Ian Gould, NHS Grampian, Scottish Microbiology Forum
Mrs Gail Caldwell, NHS Forth Valley and Director of Pharmacy Group
Professor Peter Davey, NHS Tayside, International Liaison
Mr Robert Wilson, Infection Control Manager, NHS Ayrshire and Arran
Dr Andrew Seaton, NHS Greater Glasgow and Clyde, ADTC
Dr John Porter, UK Medical Team Lead for Specialty Medicines from Pfizer
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire
Dr Simon Hurding, General Practitioner, NHS Highland
Dr Martin Connor, NHS Dumfries and Galloway, ADTC / AMT.
Ms Tracey Cromwell, Principal Information Analyst, Information Services Division
Dr Alexander Crichton, Consultant in Oral Medicine, NHS Greater Glasgow & Clyde
Miss Carol Philip, Antimicrobial Pharmacist, NHS Lothian

Apologies:

Mrs Anne Lee, Chief Pharmaceutical Advisor, SMC
Professor Hamish McKenzie, Scottish Dean Medical Education Group
Ms Jackie Ley, HAI Nurse Consultant, NHS Quality Improvement Scotland
Mr Sam Whiting, Infection Control Manager, NHS Borders
Mr Kevin Hanlon, Head of HAI Policy Unit, Scottish Government
Mr Ishtiaq Mohammed, Clinical Effectiveness Pharmacist, NHS Fife
Dr Karen MacSween, NHS Lothian, ADTC
Dr Nicholas Reid, Lead Antimicrobial Pharmacist, NHS Ayrshire & Arran
Ms Sybil Solomon, Nurse Consultant, Infection Prevention Society
Dr Alexander Crichton, Glasgow Dental Hospital, Dental representative
Dr Peter Christie, Consultant in Public Health Medicine, NHS Quality Improvement Scotland
Mr David Marshall, Pharmacy Adviser, Care Commission
Dr Alistair Leonard, University of Glasgow, Scottish Infection Research Network
Ms Arlene Brailey, NHS Education for Scotland
Mr Jesus Gallegos, Veterinary Adviser (Meat Hygiene), Veterinary Division, Rural Directorate, Scottish Government.
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde
Mrs Alison Cockburn, Lead Antimicrobial Pharmacist (joint appt), NHS Lothian

Dr Mike Jones, Acute Medicine Representative, NHS Lothian
 Dr Emma Watson, National Clinical Lead for Patient Safety, Scottish Government
 Dr Gail Haddock, General Practitioner, NHS Highland
 Mr Graeme Bryson, Prescribing Adviser, NHS Ayrshire and Arran
 Mrs Sheila Tunstall-James, SMC Patient and Public Involvement

		Action
1.	<p>Welcome and Apologies</p> <p>The Chair welcomed all present.</p>	

2.	<p>Minutes of the previous meeting 25th October 2010</p> <p>The minutes of the meeting held on 25th October 2010 were agreed subject to a few minor amendments.</p>	
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3.	<p>Matters Arising</p> <ul style="list-style-type: none"> • AMT Event 24th November 2010. <p>The Chair commented that the event had been very successful for sharing good practice. JS advised that feedback from delegates had been positive and that summaries of all workshops would be sent to delegates within the next two weeks.</p> <ul style="list-style-type: none"> • European Antibiotic Awareness Day <p>LW updated on national activities for EAAD. A CMO letter was sent to Boards highlighting antimicrobial resistance and asking for support for local EAAD activities. The Federation of Infection Societies held in Edinburgh from 17th-19th November included antimicrobial sessions on 18th hosted by SIRN and UKCPA with SAPG members presenting at both sessions. A media release from Scottish Government was taken up by several Sunday newspapers and some local newspapers.</p> <p>JS advised that AMTs had carried out local campaigns on 18th November aimed at hospital prescribers and that the SAPG leaflets and posters had been distributed to GP Practices and community pharmacies in all Boards. An evaluation of local activities will be carried out early in 2011 to enable national feedback to ECDC.</p> <p>LW advised that in 2012 EAAD will be less targeted with individual countries deciding on their own priorities.</p> <ul style="list-style-type: none"> • GP Audit Tool Update <p>WM updated on progress with the GP audit tool. The first phase of testing is complete and the second phase will be done this week. The pilot will be carried out w/b 31st January and the aim is to recruit 6 GPs per Board to take part. A paper with full details of the project and what it will entail has been sent to AMTs.</p> <p><u>Action: WM will provide a report for the April 2011 SAPG meeting.</u></p>	<p>WM</p>
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	<p>• Surgical Prophylaxis.</p> <p>The Chair updated that some initial discussions had taken place with colleagues in SASM (Scottish Audit of Surgical Mortality). SASM is moving to a new electronic database next year and there may be an opportunity to add measures for surgical prophylaxis to their dataset.</p> <p>A draft report on HPS surgical site infections has now been received from Abigail Mullings and comments have been submitted on how the report can be utilized by SAPG and AMTs. Local access will be given to AMTs and it is hoped this can be taken forward early in 2011.</p> <p>RM advised that the recording of surgical prophylaxis on the once-only section of the kardex has been discussed at the Scottish Association Medical Directors but they advised that local implementation rather than national direction was preferable.</p> <p>• AMT Survey</p> <p>The current survey monkey to AMTs on surgical prophylaxis and unintended consequences is due to be completed 17th December and a report on findings will be circulated for the February meeting of SAPG. It was agreed it would be useful to have an annual survey to AMTs in a standardized format. This will allow an ongoing assessment of the maturity and quality of local AMTs. The Chair advised that an audit tool published recently in JAC may be useful in facilitating this process.</p> <p><u>Agreed: Annual Survey to AMTs.</u></p> <p>• Antimicrobial prescribing advice to reduce the risk of CDI in the community.</p> <p>AE advised that the original guidance document had been summarized into 5 bullet points for GPs. It was agreed that these should be sent to AMTs for inclusion in local prescribing bulletins and in prescribing adviser discussions with GPs.</p> <p><u>Action: Key points for GPs to be sent to AMTs</u></p> <p>HM updated how training in GP awareness of community acquired CDI could be included in existing packages. It was agreed that local GP trainers could highlight the issues quickly but more detailed education would be desirable .</p> <p><u>Action: Take forward with via NES packages</u></p>	<p>JS/SP</p> <p>AE/SP</p> <p>HM</p>
4.	<p>Annual Report Antimicrobial use and Resistance (Paper 1)</p> <p>The second annual report from the Scottish Antimicrobial Prescribing Group published by HPS/ISD that combines information on antimicrobial use and resistance in humans in Scotland will be published in January 2011 following standard ISD procedures. The final copy of the report has now incorporated feedback from last meeting of SAPG and is now presented for final sign-off. The Chair and Vice Chair both congratulated the authors of the report on an excellent piece of work. Report agreed by SAPG</p> <p>AE advised that there are gaps in the AMR surveillance data and that although bacteraemias are core work data on other samples would be useful. A group has been set up to provide advice to the AMR programme.</p>	

	<p>The emerging problem of carbapenamases was discussed. AE advised that HPS is working on carbapenemase infection control guidance and MB advised that HMUD will be able to provide Board level carbapenem use early in 2011. This would be useful to track use of carbapenems with resistance.</p> <p><u>Action: Report will be produced for middle of 2011.</u></p>	<p>WM/CW</p>
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<p>5</p>	<p>Surveillance and laboratory capability for Antimicrobial Resistance Testing as part of the national strategy SCOTMARAP; A review of the evidence and economic impact of antimicrobial resistance. (Paper 2)</p> <p>AE provided an introduction to the paper. The Chair congratulated the authors on an excellent document which sets out minimum requirements for AMR and addresses concerns about resource implications of the Vitek 2 system. SAPG agreed that this paper provides an appropriate and adequate evidence based to support the previous recommendation about VITEK 2 implementation</p>	
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<p>6.</p>	<p>Advice to clinicians on how to manage patients colonised with multi-drug resistant gram negative bacteria (Paper 3)</p> <p>HPS has been asked to provide advice for clinicians on how to manage patients colonised or infected with multi-resistant gram negative bacteria. This does not require specific advice about antibiotics but general advice on infection control issues and when or if to delay treatment/surgery.</p> <p>The paper was supported but it was agreed that SAPG was not the route for this work to be communicated to Boards as SAPG focus is on prescribing practice.</p> <p>AE agreed to take forward via infection control doctors group and SMF.</p>	
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<p>7.</p>	<p>Management of <i>Staph. aureus</i> bacteraemia (SAB) – Presentation and Paper 4</p> <p>RW presented improvement work undertaken in NHS Ayrshire and Arran on management of SAB and updated that although the target reduction of SAB has not been met the rate is decreasing.</p> <p>The Chair thanked RW for the informative presentation and introduced the paper on management of SAB. The background to the paper is that SAB targets are not being met and that there is also evidence to suggest a lack of uniformity in how SAB are treated and followed up. For example, studies in Tayside and in the literature suggest that approximately 10% of SAB are readmitted and are associate with a significant mortality.</p> <p>Management of SAB is one element of the Driver Diagram for SAB that has been developed by PC and JL.</p> <p>The proposal to take forward a standard approach for management of SAB in collaboration with SMF and NHS QIS was agreed. As a first step IG had suggested that a survey of current practice would be useful. DN</p>	
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	<p>also agreed to produce a draft algorithm for consideration to support a uniform approach to management. The survey would inform this.</p> <p><u>Action: Questionnaire to be prepared and sent to SMF members via Survey Monkey</u></p> <p>HM advised that the CNO hosted educational meetings for Boards to support initiatives to reduce SAB. It was agreed that SAPG should attend the next meeting on 19th January to discuss how the SAPG proposal could be implemented.</p> <p><u>Action: Helen Maitland to forward details of meeting to SP.</u></p>	<p>IG/JS/DN</p> <p>HM</p>
8.	<p>SAPG Membership</p> <p>JS advised that some members of SAPG had been contacted to suggest that they stand down from being full members of SAPG but be retained as expert advisers. AMT Chairs of those Boards not currently represented on SAPG have been contacted to invite them to join the group. The new membership will commence from the start of 2011.</p>	
9.	<p>Primary Care Proposal to SGHD</p> <p>JS advised that she had received feedback from Sheena MacDonald, Senior Medical Adviser in Primary Care and Community Care Directorate regarding the proposal to include an antimicrobial project within the Medicines Management aspect of QOF. The Primary Care Leads Group were supportive of the proposal and requested more advice on what topic SAPG would like them to consider. Following discussion with Sheena it was agreed that reduction of total antimicrobial use would be a suitable proposal as it is recognized that there is variation in prescribing practice making this a suitable target for quality improvement. On behalf of SAPG Js agreed a formal proposal including data on total antimicrobial use will be prepared for presentation at the next Primary Care Leads meeting in February 2011.</p> <p><u>Action: WM to work with SH and GB to prepare the paper</u></p>	<p>WM/SH/ GB</p>
10.	<p>HEAT target prescribing indicators (Paper 5)</p> <p>The current HEAT targets will be revisited in March 2011 and it is planned to also review the prescribing indicators at this time. A small group will be brought together early in the new year to discuss revisited targets.</p> <p><u>Action: First meeting to be arranged in the new year.</u></p>	<p>SP</p>
11.	<p>AMIDS Update</p> <p>AMIDs will combine prescribing and resistance data and the capital and revenue costs have now been agreed. Resources have been identified within the current financial year's budgets to take this important piece of work forward. The plan is for the build to be complete by 31st March 2011 with a timetable then agreed with users for testing and rollout thereafter .</p>	

	<u>Action: Update at February 2011 meeting.</u>	MB
12.	<p>Neutropenic Sepsis working group</p> <p>DN/GC/JS are members of a short life working group with a remit to define standards for management of neutropenic sepsis and establish a system to audit practice. SAPG will be involved in the audit system which will utilize the Extranet but once set up will not be involved in data collection or reporting</p> <p><u>Action: Update at next meeting.</u></p>	JS
14.	<p>Belgian Antibiotic Policy Coordination Committee Workshop</p> <p>PD, JS and DN attended the Belgian conference and attended different workshops on prescribing indicators, point prevalence surveys and long term care facilities. ECDC are committed to a hospital HAI PPS which will include antimicrobials and would involve every patient. Agreed this would be a huge workload and it may be advantageous for Scotland to be included as part of the wider UK work.</p> <p>It was confirmed that this will be discussed at the HPS HAI Programme Board and that HPS will lead on this work but the decision on SAPG role will be brought back to February meeting.</p> <p><u>Action: Notes to Susan Paton for distribution to SAPG members.</u></p> <p><u>Action: Role of SAPG in PPS to be confirmed at SAPG February Meeting.</u></p>	PD AE
15.	<p>BSAC Primary Care Meeting (Paper 6)</p> <p>PD, SH and WM attended a BSAC meeting to discuss targets for GP prescribing. It was agreed that a GP practice indicator should be simple and total antibiotic items per 1000 patients/day may be suitable with a 'best in class' approach as a target. This supports the work SAPG is doing via the Primary Care Directorate. The next BSAC meeting will take place in January 2011.</p>	
16.	<p>Federation Infection Society (FIS) Conference 2010</p> <p>DN reported that SAPG had high prominence within FIS and that there was a lot of common ground with colleagues from other parts of the UK with some discussion around activities at UK level. It was highlighted that this is an opportunity to increase awareness of SAPG work at a UK level on an annual basis. DN encouraged SAPG member attendance and informed that there was also a lot of new data available at the meeting. The next meeting of FIS is 16th-18th November 2011 in Manchester.</p>	

17.	<p>NES HAI Resource</p> <p>HM updated that most of the education actions are now completed except the colonisation package which will be completed by the end of March 2011. DN suggested that an evaluation of uptake and feedback on all NES materials would be useful to conclude this work. HM agreed to prepare a brief evaluation report for the April SAPG meeting.</p> <p><u>Action: Evaluation Report to be prepared for April SAPG.</u></p>	HM
18.	<p>Items for Information</p> <ul style="list-style-type: none"> • The Chair advised that if any members wish Items for information such as workstream updates to be moved up the agenda please contact Susan Paton. • AE advised implementation of national surveillance has stalled with 14 labs currently reporting through VITEK and 11 labs still to implement. 	
19.	<p>AOCB</p> <ul style="list-style-type: none"> • February 2011 Meeting <p>The Chair advised that the February 2011 SAPG agenda will be very busy with some large papers to be circulated and it would be very helpful if papers could be submitted to Susan Paton timeously to allow members to read in advance of the meeting.</p> <ul style="list-style-type: none"> • AMT Event <p>The 1st March 2011 Event is a joint event with IC and IPC. SABs will be on the agenda and the Chair asked RW if he could present at the event very similar to presentation today. The venue of the event will be the Teacher's Building in Glasgow.</p> <p><u>Action: Early announcement of meeting to all stakeholders to be done as early as possible.</u></p> <ul style="list-style-type: none"> • Evidence base on unintended consequences <p>MC had advised earlier in the year that a study of renal function in orthopaedic patients was being carried out following increases in creatinine levels when cefuroxime was changed to flucloxacillin. A reduction in dose from 2g to 1g did not make a significant difference to the results. The Chair suggested it would be useful to share this data with SAPG members.</p> <p><u>Action: Study results to be circulated to SAPG.</u></p>	<p>JS/SP</p> <p>MC</p>
20.	<p>Date of next meeting:</p> <p>Monday 14th February 2011 in Delta House, Glasgow at 12.30pm (lunch available from 12.00noon).</p> <p>Following meeting will take place Monday 18th April 2010.</p>	