

**Minutes of the Scottish Antimicrobial Prescribing Group Meeting
held on 25th October 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
Mrs Anne Lee, Chief Pharmaceutical Advisor, SMC
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
Mrs Sheila Tunstall-James, SMC Patient and Public Involvement
Mrs Gail Caldwell, NHS Forth Valley and Director of Pharmacy Group
Professor Hamish McKenzie, Scottish Dean Medical Education Group
Ms Jackie Ley, HAI Nurse Consultant, NHS Quality Improvement Scotland
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
Ms Laura Shaw, Lead Directorate Pharmacist, NHS Lothian
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
Dr Simon Hurding, General Practitioner, NHS Highland
Mr Stephen Dewar Clinical Researcher, Gentamicin and Vancomycin, GaV) Quality Improvement Programme.
Miss Yvonne Semple, Lead Pharmacist, Gentamicin and Vancomycin, GaV) Quality Improvement Programme.

Apologies:

Dr Robert Masterton, Medical Director, NHS Ayrshire & Arran
Professor Ian Gould, NHS Grampian, Scottish Microbiology Forum
Dr Alexander Crichton, Glasgow Dental Hospital, Dental representative
Dr Peter Christie, Consultant in Public Health Medicine, NHS Quality Improvement Scotland
Dr Martin Connor, NHS Dumfries and Galloway, ADTC / AMT
Ms Sybil Solomon, Nurse Consultant, Infection Prevention Society
Mr David Marshall, Pharmacy Adviser, Care Commission
Dr Alistair Leonard, University of Glasgow, Scottish Infection Research Network
Ms Arlene Brailey, NHS Education for Scotland
Dr Lorna Willocks, HAI Senior Medical Advisor, Scottish Government
Mr Jesus Gallegos, Veterinary Adviser (Meat Hygiene), Veterinary Division, Rural Directorate, Scottish Government.

Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde
 Ms Tracey Cromwell, Principal Information Analyst, Information Services Division
 Mrs Alison Cockburn, Lead Antimicrobial Pharmacist (joint appt), NHS Lothian
 Miss Carol Philip, Antimicrobial Pharmacist, NHS Lothian
 Mr Brian Robson, Medical Director, NHS Quality Improvement Scotland

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1.	<p>Welcome and Apologies</p> <p>The Chair welcomed all present and introduced new member Mr Sam Whiting, Infection Control Manager representing NHS Borders. Two observers attended the meeting, they were, Mr Stephen Dewar, Clinical Researcher, and Ms Yvonne Semple, Lead Pharmacist, Gentamicin and Vancomycin Quality Improvement Programme,</p>	
2.	<p>Minutes of the previous meeting 30th August 2010</p> <p>The minutes of the meeting held on 30th August 2010 were agreed.</p>	
3.	<p>Matters Arising</p> <ul style="list-style-type: none"> • Empirical Prescribing <p>The August 2010 Reports have been sent to AMTs.</p> <ul style="list-style-type: none"> • Public Awareness Campaign <p>Posters and information leaflets have now been sent to Boards for local distribution to GP Practices and Community Pharmacies.</p> <ul style="list-style-type: none"> • European Antibiotic Awareness Day <p>A letter has been sent to AMTs requesting that they host a local activity on 18th November in acute hospitals to target prescribers.</p> <ul style="list-style-type: none"> • Media Article <p>The SGHD and QIS Communications teams are working on a media release about European Antibiotic Awareness Day and the work of SAPG.</p> <p>It was agreed that HPS and ISD Communications Departments should also be sighted on the media release as there may be queries about the data used in the piece.</p> <ul style="list-style-type: none"> • Engagement Acute Medicine <p>Dr Mike Jones Chair of the Society of Acute Medicines will be the representative for Acute Medicine on SAPG initially and will attend the next meeting.</p>	

4.	<p>Unintended Consequences Position Paper (Paper 1)</p> <p>The Unintended Consequences Position paper has been circulated to SAPG members to outline and discuss the role of AMTs in monitoring and responding to potential unintended consequences occurring as a result of changes in local antibiotic policy and infection management guidelines.</p> <p>Following wide discussion it was agreed that information on local audit and surveillance initiatives should be collated and shared with AMTs. This would then form the basis for a national strategy including which measures should be included and how local teams should measure them.</p> <p>It was agreed that questions relating to local activities would be included in the forthcoming AMT Survey Monkey to inform this process and that a paper will be brought to the February 2011 meeting of SAPG .</p> <p><u>Action: Questions on surveillance of unintended consequences to be added to AMT Survey Monkey.</u></p> <p><u>Action: Paper on Unintended Consequences for February 2011 SAPG Meeting.</u></p>	<p>JS/AE</p> <p>AE/AS</p>
5	<p>Temporal effects of restricted antibiotic policy on CDI and 30-day mortality (Paper 2)</p> <p>An update report was circulated detailing progress with the statistical analysis of antibiotic usage, CDI and 30-day mortality following the introduction of a restrictive antimicrobial policy in Ninewells Hospital.</p> <p>PD summarised the findings to date and thanked Andrea Patton and Nathalie Vernaz (from University Hospitals Geneva) for their excellent work in conducting the analysis and compiling the report</p> <p><u>It was agreed that the final report would be presented at the February SAPG and would then be shared with AMTs.</u></p> <p><u>Action: Final report on Tayside analysis to be presented at February SAPG.</u></p> <p>The collection of data in other boards on hospital acquired C. difficile and antibiotic use is underway but AP has had some difficulty obtaining access to data in some Boards. It was agreed that access to data should not be a problem as not patient identifiable or sensitive.</p> <p><u>Action: Re-issue initial request for data.</u></p>	<p>AP</p>

6.	<p>SAPG submission to NICE consultation of indicators within the Quality Outcomes Framework (QOF) for GPs– Paper 3</p> <p>A paper was circulated detailing a proposal for a specific prescribing indicator for total quantify of antimicrobials used which has been submitted by SAPG during the most recent NICE consultation on the Quality Outcomes Framework (QOF). The relative merits of having a target for reduction of antimicrobials or a percentage reduction were discussed.</p> <p>The outcome of the submission is not know at this stage but will be fed back to SAPG members when available.</p> <p>There will be another oppportunity to submit suggestions for the QOF to NICE in 2011 and any suggestions should be sent to SH.</p> <p><u>Action: SAPG members to e-mail Dr Simon Hurding with any further suggestions.</u></p>	SAPG
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8.	<p>GP Audit Tool</p> <p>The Chair moved to Item 17 as it also related to primary care.</p> <p>Progress has been made on the GP audit tool with the main challenge having been finding a system already in use and it has now been agreed to use SCI Gateway for transferring data to HPS. It was updated that GB and S H have been working together testing the technology and it is hoped that an initial pilot in 3 GP Practices will take place in late November.</p> <p>Next steps will be to recruit 5 practices from each Board via AMTs and the SPAA network to take part in a pilot starting at the end of January 2011. Evaluation will include both prescribing data and GP feedback on using the audit tool and a report will be available for April 2011 SAPG.</p> <p><u>Action: Begin recruitment of GP Practices and provide update at December SAPG.</u></p> <p>IM advised that in NHS Fife several GP Practices had already signed up for an antimicrobial audit project organised by the local primary care team. He agreed to discuss with GB and WM regarding content to align with the national audit tool if possible.</p>	GB/SH/WM
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7.	<p>Surgical Prophylaxis (Paper 4)</p> <p>JS provided an update on SAPG discussions regarding the surgical prophylaxis HEAT target indicator and integration with HPS SSI and SPSP programmes.</p> <p>The majority of AMTs have been submitting data for the surgical prophylaxis HEAT target but there is variation in the specialities covered and the methodology used. There are difficulties in collecting data, particularly for duration. These issues have been discussed with the HAI Policy Unit at SGHD and they have agreed that a review of methodology is required and that SAPG should submit an action plan by the end of December 2010 detailing how standardised reporting of the HEAT target indicator can be achieved in all Boards.</p> <p>The question of how best to engage surgeons was raised and it was agreed that contacting the Scottish Audit of Surgical Mortality (SASM) may be helpful.</p> <p>Action: Contact SASM to discuss how surgical prophylaxis may integrate with their programme.</p> <p>JS also advised that HPS have agreed to give AMTs access to their SSI surveillance database to review local data and target areas for improvement.</p> <p>Focusing data collection on one surgical specialty was discussed and it was agreed that Colorectal may be a good starting point as high risk and currently not included in HPS SSI surveillance.</p> <p>It was agreed that consultation with AMTs on choice of procedure, methodology and engagement with surgical colleagues should take place to inform the SAPG action plan.</p> <p>The Chair advised that while a national steer on the HEAT target indicator was necessary this should not dissuade local teams for continuing with current activities.</p> <p><u>Action: Contact AMTs to seek their views on SAPG surgical prophylaxis action plan</u></p>	<p>EW</p> <p>JS/SP</p>
8.	<p>Antimicrobial prescribing advice to reduce the risk of Clostridium difficile infection in the community (Paper 5)</p> <p>AE presented a paper outlining proposals for the development of guidance for AMTs to highlight to GPs that particular groups of patients may be high risk for CDI at the point of hospital discharge. The background to this is that in recent months HPS has supported outbreak investigations of <i>Clostridium difficile</i> infections (CDI) in a number of NHS Boards and has also been part of a collaborative study looking at community onset CDI. This study in NHS Tayside concluded that GP awareness of risk factors for CDI was low.</p> <p>The Chair acknowledged there is a lot of interest in this good work but informing primary care colleagues about patients at high risk of CDI on an individual patient basis was not feasible.</p> <p>It was agreed raising awareness amongst GPs could be achieved via communication from HPS e.g. CDI – key points for GPs and via NHS Board prescribing bulletins.</p> <p><u>Action: Update on progress at next SAPG</u></p>	<p>AE</p>

	<p>It was agreed that NES may also be able to provide advice for GPs via their education programmes.</p> <p><u>Action: Investigate role of NES in updating GPs</u></p>	HM
9.	<p>HPA – UTI (Paper 6)</p> <p>A quick reference guide on the diagnosis of UTI which had originated from the Association of Medical Microbiologist and the Health Protection Agency was circulated to SAPG for discussion on how this can be passed to primary care through AMTs and how to engage and align the secondary primary care interface.</p> <p>It was agreed this is a very helpful guide and would be a good reference for GPs although requires some pruning to simplify. It was suggested that the guide could be summarised within local prescribing bulletins and highlight the key points.</p> <p>It was reported that there has been work within NHS Education for Scotland on urinary tract infections which will be ready by March 2011. It was also updated that SIGN have asked for SAPG input to a review of SIGN 88 and that the guide would also fit into this work.</p> <p>Action: Forward HPA guide to SIGN</p>	JS
11.	<p>HAI Delivery Plan</p> <p>It was agreed Item 16 would be integrated into Item 11.</p> <p>KH reported that the first meeting to discuss the HAI delivery plan had taken place on 2nd September 2010 at which all key stakeholders had been invited to present on their key priorities. The feedback was captured and shared with the Task Force at the HAI delivery plan meeting on 12th October 2010 and this was now being transferred into a driver diagram format. It had initially been thought HAI would be a three year programme of work but it has now been agreed that there will be a programme of work which will be reviewed and signed off annually. The current spending review will also inform what will be taken forward and the delivery plan will be finalized at the HAI Task Force meeting on 8th February 2011.</p> <p>SAPG Workplan and PID</p> <p>JS updated on progress with development of the SAPG work plan and PID. It was advised that the SAPG paper to support ongoing central funding of antimicrobial pharmacist posts will be submitted as a separate paper to support the Task Force in securing this money.</p> <p><u>Action: SAPG PID and Antimicrobial Pharmacists funding paper to be submitted to HAI Policy Unit when requested</u></p>	JS
12.	<p>Annual Report Antimicrobial use and Resistance, high level summary (Paper 9)</p> <p>The second annual report from the Scottish Antimicrobial Prescribing Group published</p>	

	<p>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.</p> <p>WM advised that the report shows good news both on antimicrobial prescribing in primary care and that resistance rates are not increasing.</p> <p>It was commented that the use of DDDs and items for antimicrobial use was complex for readers to understand. WM agreed to add a qualifying statement both within the body of the report and also within the executive summary.</p> <p><u>Action: Inclusion of qualifying statement in executive report.</u></p> <p>The final report will be circulated for the December meeting of SAPG for sign-off and will then be circulated to AMTs and Infection Control Teams.</p>	WM
13.	<p>Publication Strategy (Paper 7)</p> <p>A SAPG strategy to support peer reviewed publication is required in order to enhance the international reputation of SAPG and to ensure that output and experience from SAPG is shared with the clinical, academic and scientific community out with Scotland. There is agreement in principal to publish in medical journals but the process of publication requires to be transparent.</p> <p>PD advised that the proposed process has been built on experience gained from ESAC and that a SAPG publication group will discuss publications to peer review before work is prepared for publication at national and international level.</p> <p><u>Action: Any comments on the proposed publication strategy to PD.</u></p>	SAPG
14.	<p>Care Homes Project</p> <p>JS updated that data collection will begin in January 2011. Several Boards have now expressed interest in being involved in the project – Grampian, Tayside, Lothian, Glasgow and Lanarkshire. More information will be reported at the February meeting of SAPG.</p>	
15.	<p>SNAP-CAP</p> <p>It was reported that five units have been involved in the 90-day collaborative to improve CURB-65 recording and oxygen assessment and administration. A second 90-day initiative is starting in December to add prompt IV antibiotics in severe CAP to the measures.</p> <p>The findings of the breakthrough will be important to use the experience gained to inform quality improvement in other areas.</p> <p><u>Action: Full report on Breakthrough Collaborative February 2011 SAPG.</u></p>	PD/AP
16.	<p>QIS HAI Support Team Update</p> <p>JL reported that QIS are starting a mapping exercise on an integrated HAI agenda</p>	

	<p>including how support for implementation and improvement will be provided. It was agreed it would be useful to define what SAPG needs from the QIS HAI support team and how SAPG will interact with the Quality Hub. JL advised that in order to progress this a meeting of SAPG, HAI team and QIS management is required.</p> <p><u>Action: Meeting to be arranged to discuss HAI support team input to SAPG.</u></p>	SP
17.	<p>Surveillance of antimicrobial resistance in urinary tract infections (Paper 8)</p> <p>The national surveillance of antimicrobial resistance is currently focused on monitoring resistance in bacteraemia isolates due to the clinical importance of these. With the recent emergence of carbapenemase producing gram-negatives across the UK and other countries it has become imperative to expand surveillance systems to include urine and other body-site specific isolates.</p> <p>AE advised that the Scottish Microbiology Forum are currently investigating how this should be done.</p> <p>It was agreed the importance of VITEK testing is very important in development of new surveillance and that the costs for Boards to implement needs to be quantified.</p>	
18.	<p>Uppsala Report (Paper 10)</p> <p>The report compiled by Dr Ian Gould on the European Meeting on new antimicrobial therapies has been circulated to SAPG members for information. Any questions directly to Dr Gould.</p>	
19.	<p>Workstream Updates</p> <p>Work stream updates are circulated for information.</p> <p>If any items on work stream update are required to move up the agenda for discussion/agreement work stream leads should contact Susan to add to the agenda.</p>	
20	<p>AOCB</p> <ul style="list-style-type: none"> • The Primary Care Indicators Report will be published on the ISD website on 26th October 2010. • Next AMT event will take place 24th November 2010, SAPG members are asked to encourage colleagues to attend. 	
22.	<p>Date of next meeting:</p> <ul style="list-style-type: none"> • Date of next meeting: Monday 13th December 2010 at 12.30pm (lunch available from 12.00noon) in Delta House, Glasgow. <p>Following meeting will take place on Monday 14th February 2011.</p>	