

**Minutes of the Scottish Antimicrobial Prescribing Group Meeting held on
27th June 2011
Healthcare Improvement Scotland, Delta House, 50 West Nile Street,
Glasgow**

Present: Professor Dilip Nathwani (Chairman), NHS Tayside
Ms Susan Paton, Project Co-ordinator, Scottish Antimicrobial Prescribing Group
Dr Jacqueline Sneddon, Project Lead Scottish Antimicrobial Prescribing Group
Professor Robert Masterton, Medical Director, NHS Ayrshire & Arran
Dr Lorna Willocks, HAI Senior Medical Advisor, Scottish Government
Professor Marion Bennie, Chief Pharmaceutical Advisor, National Medicines Utilisation Unit, Information Services Division
Dr Anne Eastaway, Consultant Microbiologist, Health Protection Scotland
Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland
Ms Tracey Cromwell, Principal Information Analyst, Information Services Division
Dr Nicholas Reid, Lead Antimicrobial Pharmacist, NHS Ayrshire & Arran
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire
Mr Graeme Bryson, Prescribing Adviser, NHS Ayrshire and Arran
Dr Susan Smith, Consultant Microbiologist, NHS Fife
Dr David Wilks, Consultant Physician, NHS Lothian
Ms Deidre Harris, Nurse Consultant Infection Control, NHS Fife and Infection Prevention Society
Dr Mike Jones, Acute Medicine Representative, NHS Lothian
Mrs Gillian MacCartney, Specialist Antibiotic Pharmacist, NHS Grampian
Dr Anne Maree Wallace, Director of Public Health, NHS Forth Valley
Mr Sam Whiting, Infection Control Manager, NHS Borders
Dr Emma Watson, National Clinical Lead for Patient Safety, Scottish Government
Ms Catriona Innes, Antimicrobial Pharmacist, NHS Orkney
Dr Gail Haddock, General Practitioner, NHS Highland
Mrs Helen Maitland, Programme Director HAI, NHS Education for Scotland
Professor Ian Gould, Consultant Microbiologist, NHS Grampian and Scottish Microbiology Forum
Mr Robert Wilson, Infection Control Manager, NHS Ayrshire and Arran
Dr Peter Christie, Consultant in Public Health Medicine, Healthcare Improvement Scotland
Mrs Alison MacDonald, Area Antimicrobial Pharmacist, NHS Highland
Mr Andrew Wilkinson, Head of Healthcare Associated Infection and Regulation Team, Scottish Government
Mrs Helen Cadden, Public Partner

Guests:

Dr Winnie Y Sin, Trainee in Infectious Diseases
Ms Alison Palumbo, PharmD Student
Mr Jason Perry, PharmD Student
Mr Kyle Pujut, PharmD Student

Apologies:

Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde
Mrs Gail Caldwell, Director of Pharmacy, NHS Forth Valley
Dr Andrew Seaton, NHS Greater Glasgow and Clyde, ADTC
Ms Arlene Brailey, Assistant Director of Pharmacy, NHS Education for Scotland
Dr John Porter, UK Medical Team Lead for Specialty Medicines, Pfizer
Dr Camilla Wiuff, AMR Programme Manager, Health Protection Scotland

Ms Andrea Patton, Information Analyst, Scottish Antimicrobial Prescribing Group
 Mrs Anne Lee, Chief Pharmaceutical Advisor, SMC
 Dr Martin Connor, Consultant Microbiologist NHS Dumfries and Galloway,
 Mr Sam Whiting, Infection Control Manager, NHS Borders
 Professor Peter Davey, NHS Tayside, International Liaison
 Dr Simon Hurding, General Practitioner, NHS Highland
 Dr Andrew Hay, Consultant Microbiologist, NHS Highland
 Dr Alexander Crichton, Consultant in Oral Medicine, NHS Greater Glasgow & Clyde
 Dr Alexander Mackenzie, Consultant in Infectious Diseases, NHS Grampian
 Dr Mike Jones, Acute Medicine Representative, NHS Lothian
 Dr Craig Williams, Infectious Diseases Doctor, NHS Greater Glasgow and Clyde

		Action
1.	<p>Welcome and Apologies</p> <p>The Chair welcomed all present.</p>	
2.	<p>Minutes of the previous meeting held on 18th April 2011.</p> <p>The minutes of the meeting held on 18th April 2011 were agreed.</p>	
3.	<p>Membership</p> <p>The Chair welcomed two new members Mr Andrew Wilkinson, Head of Healthcare Associated Infection and Regulation Team from the Scottish Government and Mrs Helen Cadden, SAPG Public Partner. The Chair also updated on the Chief Executives representative on SAPG and it is hoped this position will be filled for the August meeting.</p> <p>The Chair also welcomed Mrs Alison MacDonald deputising for Dr Andrew Hay and introduced four observers at the meeting - Alison Palumbo, Jason Perry and Kyle Pijut, PharmD students from the USA currently undertaking a placement at ISD and Dr Winnie Y Sin, an Infectious Diseases trainee from Hong Kong, currently working in NHS Tayside.</p>	
4.	<p>Matters Arising</p> <ul style="list-style-type: none"> • Feedback from AMT Event held on 14th June 2011. <p>JS advised feedback from the AMT event was generally good and that the presentations on local experiences had once again been very well received.</p> <p>The next event will take place on 1st November 2011 with the theme being unintended consequences.</p> <p>The Chair called on members to highlight events to AMTs and interested parties for early entry into diaries.</p>	

	<ul style="list-style-type: none"> • Update on National PPS <p>WM advised progress is continuing and the first training session will take place in July with a further 11 sessions during July and August. Data collection materials from ECDC will be received soon and will be sent to training participants one week beforehand.</p> <p>All AMTs should now be in receipt of the CNO letter on temporary amendments to national surveillance requirements including the CDI HEAT target indicators.</p> <ul style="list-style-type: none"> • Glossary of Abbreviations <p>It was agreed a glossary of commonly used acronyms be compiled for Mrs Helen Cadden and observers at meetings and this will be uploaded onto the SAPG website.</p> <p><u>Action: Glossary of Acronyms to be compiled and uploaded.</u></p> <ul style="list-style-type: none"> • Update on Senior Medical Staff Training <p>HM advised there has not been much progress due to staff changes within the NES Medical Directorate. Discussion has taken place around priorities and one of these is to work more closely with the 5 Medical Deans.</p> <p>There was discussion around whether there should be a mandatory element to HAI education, inclusion of HAI and antimicrobial stewardship in appraisal and promotion as a CPD activity.</p> <p>AE suggested that grand rounds and critical incident reviews presented as case studies are useful to illustrate antimicrobial prescribing issues.</p> <p>DW suggested that resources available via the NES HAI portal should be promoted to increase awareness amongst medical staff.</p> <p><u>Action: Paper on senior medical staff education for August or October meeting.</u></p> <p><u>Action: A list of accredited HAI and antimicrobial prescribing training resources to be made available on SAPG website.</u></p> <ul style="list-style-type: none"> • <u>SAB Algorithm</u> <p>Consultation with SMF, ID Consultants and Scottish Cardiology Society is now complete and the final version of the SAB algorithm will be ready for the August SAPG with opportunity for final comments from SAPG.</p> <p>Next step will be implementation via AMTs and Infection Specialists followed by development of a process to evaluate both implementation and impact on outcomes.</p>	<p>SP</p> <p>HM</p> <p>HM/SP</p>
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	<ul style="list-style-type: none"> • Vancomycin Resistant Enterococci (VRE) <p>AE advised that work is ongoing to investigate the recent VRE outbreak and data will be evaluated using a time series analysis of antibiotic use and resistance. The Scottish Microbiology Forum (SMF) is working on developing a standard minimum dataset for VRE.</p> <ul style="list-style-type: none"> • UTI AMR Surveillance <p>AE advised that the next step in development of UTI AMR surveillance is to evaluate feedback from SMF. Comments to date suggest that SMF are supportive of this approach to capture resistance data on UTIs.</p> <ul style="list-style-type: none"> • Cefazolin <p>DN advised work is underway to facilitate making cefazolin, a first generation cephalosporin, available for use in Scotland for surgical prophylaxis. Cefazolin is not licensed in the UK and is not likely to be licensed since it is available in Europe as a generic product. It can be sourced through IDIS, an import agency, from a German company called MIP but cost per dose is high due to agency fees and carriage costs.</p> <p>The SAPG Project Board has discussed using a process developed by the Directors of Pharmacy for risk assessment of unlicensed products as a means to facilitate national approval of cefazolin. Investigations are underway to determine the most cost-effective method of obtaining supplies. An update will be available at the August SAPG meeting.</p> <p>It was suggested that it would be helpful to seek a Department of Health view on cefazolin.</p> <p><u>Action: Contact DOH for information on cefazolin use.</u></p> <p><u>Action: Update at August SAPG.</u></p> <p>IG suggested that IV Doxycycline is another unlicensed product that would be useful but it was agreed to await the outcome of cefazolin before considering other unlicensed antimicrobials.</p> <p>DN advised the importance of having a supply solution which would be easy for Boards to use but also to ensure the necessary clinical governance structures are in place.</p>	<p>JS</p> <p>JS</p>
5.	<p>SAPG Workstreams 2011-14 (Paper 1)</p> <p>DN advised SAPG Workstreams paper had been circulated to describe the revised workstreams, roles and responsibilities of workstream leads and governance arrangements. DN advised that all workstreams will require to deliver outputs to the proposed timeframes and will report to the SAPG Project Board every four months.</p>	

	<p>MB highlighted the wide range of work within the QI workstream and the overlap with unintended consequences work which sits within the Information workstream.</p> <p>LW suggested that links with other stakeholders and Scottish Government should also be included.</p> <p>Paper agreed subject to these amendments.</p> <p><u>Action: Review unintended consequences within workstreams and add additional links to paper.</u></p>	<p>JS</p>
<p>6.</p>	<p>SAPG Detailed Delivery Plan (Paper 2)</p> <p>DN advised the SAPG Detailed Delivery Plan describes the SAPG objectives in terms of tasks and timelines and describes governance arrangements for the workplan.</p> <p>MB commented that as the Organisation workstream is now core business and described as such in the workstream paper this needs to be consistent in the workplan MB also commented that only objectives for Year 1 are included and that Years 2 and 3 require to be aligned to the workstreams both in respect of planning and resource.</p> <p><u>Action: Revise workplan to reflect core business and business planning for 2012-14</u></p>	<p>JS</p>
<p>7.</p>	<p>Primary Care target for reduction in antimicrobial use (Paper 3)</p> <p>WM advised the paper submitted to the Primary Care Leads Meeting on 25th May 2011 was very well received and the group were unanimously supportive of establishing a target for reduction of total antibiotic use. WM clarified that this reduction would target unnecessary prescribing especially for upper respiratory tract infections. The next steps are to review prescribing data for 2010-11 to agree what the target level for reduction should be, to agree with Scottish Government how the target will be introduced (within QOF or as a HEAT target) and to develop educational resources to support introduction of the target.</p> <p>JS advised that support and education for GPs from SAPG, AMTs and prescribing advisors will be essential. SH and GB have agreed to lead on development of resources but input from SAPG members or other enthusiasts in this area would be welcomed. Volunteers should contact WM or JS. Patient and public input was discussed and agreed that this was also essential and JS will work with HC on this.</p> <p><u>Action: Contact WM or JS if you would like to be involved.</u></p>	<p>All</p>

8.	<p>Patient Safety in Primary Care Workplan (Papers 4 and 4a)</p> <p>JS advised that funding for Safety Improvement in Primary Care (SIPC) was obtained from the Health Foundation and the papers circulated describe a proposal from Healthcare Improvement Scotland for further development of this work. One of the four themes of the plan is to take forward the HAI element of the Quality Strategy in the community, with development of community based interventions to improve antimicrobial prescribing cited as an example.</p> <p>JS has prepared some comments to highlight what SAPG have already achieved in primary care and plans for future work.</p> <p>It was agreed SAPG should be leading this work as SAPG has a track record of joint working with AMTs, the Association of Scottish Antimicrobial Pharmacists (ASAP) and the Scottish Prescribing Advisors Association (SPAA) to deliver this type of initiative in primary care. It was also highlighted that the service needs to know who is leading on antimicrobial prescribing in primary care and that destructive overlap of work programmes must be avoided.</p> <p>DN advised that JS will articulate a formal response including comments from SAPG and also encouraged members of SAPG to submit comments from their own board locally using the link provided.</p> <p><u>Action: SAPG members to submit comments via SAPG and individually</u></p> <p>It was agreed there is some time for clarification of SAPG's role in the primary care safety agenda as the proposed launch date is March 2013. DN suggested that member(s) of the SIPC group should be invited to attend a SAPG meeting to increase awareness of the work of SAPG. In the first instance DN and JS will discuss with Brian Robson, Medical Director, Healthcare Improvement Scotland (HIS) to agree a way forward.</p> <p><u>Action: JS and DN to meet with Mr Brian Robson, Medical Director, Healthcare Improvement Scotland</u></p>	<p>All</p> <p>DN/JS</p>
9.	<p>CHI-based prescriptions for antibiotics (paper 5)</p> <p>WM discussed the proposals in paper 5 for the development of reports on antibiotic use by age band, gender and setting using CHI-based prescriptions. WM advised that work is ongoing and it is hoped to bring an initial report on board-level data to SAPG in 6 months.</p> <p>Availability of data from residential care homes was raised and MB advised that a care home marker CHI number was currently undergoing user testing</p> <p>Confidentiality of the data was raised and it was confirmed there are protocols in ISD and HPS to ensure data confidentiality is managed and this is supported by a robust governance process.</p>	

10.	<p>Research Study – Flucloxacillin and renal impairment (paper 6)</p> <p>Following discussions at April SAPG a project proposal for a research study on flucloxacillin and renal impairment has been developed as a Project Initiation Document (PID) and submitted to the HAI Task Force for funding. The proposal is that pilot work will take place in Tayside as key datasets and data linkage is known to be available within this board and thereafter methodology would be applied to any other boards who would like to participate in the study.</p> <p>It was advised that NHS Highland and NHS Lanarkshire have both started some similar work and would be keen to participate in the study. It was agreed that it would be beneficial to involve these boards at an early stage to develop data linkage in parallel with the Tayside work.</p> <p><u>Action: Include Highland and Lanarkshire in study plan (assuming funding bid is successful)</u></p> <p>It was highlighted that Greater Glasgow and Clyde have data that may also be useful.</p>	JS/PD/ MB
11.	<p>Education Update</p> <p>HM advised that the Education Sub Group will be reformed hopefully by the end of August. They will help to take forward the education objectives of the SAPG workplan</p> <p>It was agreed that HM will provide regular updates to SAPG</p>	
11.	<p>HAI Practice Programme Steering Group</p> <p>PC advised the first meeting of this group had taken place and gave an overview. The first meeting was a scoping exercise involving both HIS staff and external stakeholders to discuss how HIS would coordinate the improvement elements of the HAI delivery plan. An internal HIS group will meet quarterly and PC will report back to SAPG as appropriate.</p>	
12.	<p>AMIDs Standard Reports</p> <p>WM advised the last stages of internal testing will be completed soon and the first meeting of the AMIDs Users Reference Group has now taken place. This group will support development of standard reports in the same way as was used for PRISMs and HMUD data to ensure reports meet the needs of AMTs and IPCTs..</p> <p>Colleagues in ISD are developing training modules and there will be a demonstration of AMIDs at next meeting of SAPG in August.</p>	

	<p>The group is liaising with AMTs to establish a single point of contact for AMIDs and it has been agreed that any meetings and training will avoid September and October due to the PPS.</p> <p>The training programmes will be a facilitated one day training events held at local or regional level depending on numbers. The training will computer-based covering opening, closing, saving and refreshing queries, and a higher level of additional training will be available on request for power users.</p> <p><u>Action: Demonstration at August SAPG.</u></p>	WM/TC
13.	<p>Final ESAC Meeting</p> <p>The ESAC programme is in the process of transferring to ECDC and their final meeting was held in Latvia in May. A summary of 10 years of work on antimicrobial use was presented. JS and WM were invited to attend on behalf of Scotland and presented some results for the hospital and primary care HEAT target supporting indicators which were based on ESAC measures. The presentations were very well received and generated lots of interest in the work of SAPG.</p> <p>JS updated that Sweden is establishing a national patient safety programme and is investing in development of local STRAMA groups which are akin to AMTs and as part of this programme they are introducing a target for reduction of antimicrobial use in primary care even though their current level is very low compared to most other European countries.</p>	
14.	<p>Acute Medicine</p> <p>JS updated on progress to date. Last year six teams participated in the SNAP CAP Breakthrough Collaborative and successfully achieved reliable and sustainable compliance with the CAP care bundle. This work is being written up for publication.</p> <p>JS advised that the SNAP-CAP measures and methodology remain on the SAPG Extranet and they can still be used for local improvement work but will not be reported nationally by SAPG.</p> <p>Building on this success the group are planning to develop and implement a new care bundle based on the ‘Sepsis Six’ measures from the surviving sepsis campaign. This work will be lead by acute medicine (Sian Finlay from Dumfries & Galloway and Mike Jones from Lothian) rather than SAPG and the start up meeting will take place August/September. SAPG will support this work; AP will set up the measurement system and host monthly teleconferences to share results and discuss issues. MJ will give a fuller update at the next SAPG meeting.</p> <p>MB highlighted that it is encouraging that acute medicine are now working in collaboration with SAPG.</p>	

15.	<p>Neutropenic Sepsis (Paper 7)</p> <p>The short life working group set up by the Scottish Government to develop standards of care for patients with neutropenic sepsis has now concluded and a best practice statement with key recommendations has been produced. SAPG were part of the group and advised on antimicrobial management and measuring implementation of the recommendations. The best practice statement will be issued by Scottish Government followed by a CEL detailing requirements for cancer chemotherapy services. Implementation of the neutropenic sepsis recommendations will be the responsibility of local cancer teams although in some boards Acute Medicine may also be involved. The SAPG Extranet will be used for data management and reporting with AP setting up the board level teams. A decision has still to be made on whether cancer teams will share their data with other boards. AMTs will not have responsibility for this work but it is expected that at local level reports will be shared with AMTs so that they can support improvement.</p> <p>It was agreed this is a very worthwhile piece of work and that AMTs need to be made aware of the best practice statement and local datasets and to make contact with their cancer team.</p> <p><u>Action: Best practice statement to be circulated to AMTs</u></p> <p><u>Action: AMTs to be advised when local cancer teams are set up on Extranet</u></p>	<p>JS</p> <p>AP</p>
16.	<p>AOCB</p> <p>JS advised that as the HEI inspectorate outputs are in the public domain members of the public can phone up board staff including members of AMTs to discuss inspection reports and board actions. This has raised the issue of how AMT members should deal with such communications. It was agreed if a member of an AMT is contacted directly the most appropriate way forward would be to refer to their own board communication department.</p> <p><u>Action: Make AMTs aware of possible contact and recommended procedure.</u></p> <p>DN advised that SAPG have been invited to input to a national HAI Quality Improvement Tools group led by Dr Claire Kirkpatrick from HPS. The group is reviewing current tools and will develop any future tools that are required. This is an opportunity to ensure that antimicrobial prescribing is integrated with the infection prevention and clinical procedures involved in managing HAI. DN or JS will attend group meetings.</p>	<p>JS</p>
17.	<p>Date of next meeting: Monday 29th August 2011.</p> <p>Following meeting Monday 24th October 2011</p>	