

Scottish Medicines Consortium

Minutes of the Scottish Antimicrobial Prescribing Group Meeting held on 31st August 2009

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

- Present:** Professor Dilip Nathwani (Chairman), NHS Tayside
Professor Marion Bennie, National Medicine Utilisation Unit, Information Services Division
Laura McIver, Chief Pharmaceutical Advisor, Scottish Medicines Consortium
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
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, Scottish Medicines Consortium
Dr Karen MacSween, NHS Lothian, ADTC
Mr Ishtiaq Mohammed, Clinical Effectiveness Pharmacist, NHS Fife
Dr Alistair Leonard, University of Glasgow, Scottish Infection Research Network
Ms Jackie Ley, HAI Nurse Consultant, NHS Quality Improvement Scotland
Dr Peter Christie, Consultant in Public Health Medicine, NHS Quality Improvement Scotland
Dr Robert Masterton, Medical Director, NHS Ayrshire & Arran
Dr Nicholas Reid, Lead Antimicrobial Pharmacist, NHS Ayrshire & Arran
Andrea Patton, Project Co-ordinator, Scottish National Audit Project - Community Acquired Pneumonia
Dr Malcolm Daniel, Consultant in Anaesthesia & Intensive Care, Glasgow Royal Infirmary
Mr Jesus Gallego, Veterinary Adviser (Meat Hygiene), Veterinary Division, Rural Directorate, Scottish Government.
Mr David Marshall, Pharmacy Adviser, Care Commission.
Mr Mike Grieve, Representative from Chief Executives group, Director of Operations, NHS Lothian
Dr Lorna Willocks, HAI Senior Medical Advisor, Scottish Government
Mr Robert Gray, Infection Control Manager, Golden Jubilee National Hospital
- Apologies:** Professor Peter Davey, NHS Tayside, International Liaison
Dr Alexander Crichton, Glasgow Dental Hospital, Dental representative
Mrs Anne Lee, Acting Chief Pharmaceutical Advisor, SMC
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde
Professor Hamish McKenzie, Scottish Dean Medical Education Group
Ms Sybil Solomon, Nurse Consultant, Infection Prevention Society
Ms Alison Cockburn, NHS Lothian, AMT
Dr Gail Haddock, General Practitioner, NHS Highland

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Dr Ken Paterson, Chair, Scottish Medicine Consortium
Dr John Northfield, ABPI, Medical Advisor (Anti-Infectives), Astellas UK Ltd

Guests: Mr Colin Robertson and Ms Alison Strath from SGHD attended to discuss national plans for pandemic flu prescribing.

Tracey Cromwell, Information Analyst from NHS National Services Scotland attended to present on primary care indicators

1. Welcome and Apologies

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

The Chair introduced new members –

- Mr Jesus Gallego, Veterinary Advisor (Meat Hygiene), Veterinary Division, Rural Directorate, Scottish Government. .
 - Mr David Marshall, Pharmacy Adviser, Care Commission.
 - Mr Mike Grieve, Director of Operations, NHS Lothian, Representative from Chief Executives group
 - Dr Lorna Willocks, HAI Senior Medical Advisor, Scottish Government
2. **Minutes** from the previous meeting held on 31st May 2009 agreed as a correct record of discussion with one change to item in Information Work stream – HPS/ISD online system for integrated prescribing and surveillance data on Page 5 of the minutes.

“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”.

3. Matters Arising

- **Flu**

National stockpile of antibiotics is led by the Department of Health and follows BTS guidance. It was agreed at the May meeting that the Chief Medical Officer should be contacted to highlight SAPG concerns regarding treatment strategies proposed for secondary bacterial infections occurring as complications of influenza during a future pandemic. Guests from Scottish Government attended and confirmed the National Flu Group is happy to link with SAPG on prescribing and they would be consulted when the current guidance is updated. They recognise the potential implications of widespread and inappropriate antibiotic use on resistance And *C.difficile*.

- **Communication Strategy**

Progress on hold until SMC has communication strategy finalised.

- **Surgical prophylaxis guidance**

Agreed supporting references/experience would be useful to support AMTs in local implementation of surgical prophylaxis guidance. Members to submit any useful training materials and these will be uploaded onto SAPG website.

All/SP

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- **Hospital Prescribing Indicators**

Consensus was reached on definition of compliance with policy – for empirical treatment should consider first antibiotic prescribed and consider whether the choice of agent is compliant with local policy only.

The SNAP-CAP Extranet has been renamed SAPG Extranet and has been developed to manage data for the prescribing indicators. A standard operating procedure (SOP) for data collection for the Empirical Prescribing Indicator has been developed and will be included within the instructions for using the SAPG Extranet.

A presentation on the Extranet will take place at the October meeting.

AP

Implementation of the indicators was discussed and agreed that this work should be allocated via Clinical Governance Leads and Medical Directors as should form part of performance monitoring process. This route would ensure that clinicians given responsibility for measurement and quality improvement. Letter to be sent out to Medical Directors advising on this and the launch of the Extranet.

JS/SP

Access to Extranet data was discussed. Agreed openness of all Boards should be encouraged to promote and share good practice. Once all Boards have data available permission for open access will be sought.

4. Event Information

Feedback from June AMT event was favourable. The next AMT event is scheduled for Tuesday 29th September and focus will be on primary care prescribing and education.

Three dates have been circulated for 2010 AMT events. First event hoped to be a bigger event which will include update for Chief Executives and Medical Directors or nominated representatives. Suggested that may be better to attend Chief Executives Group meeting to update as many would be unable to attend an event. Agreed this should be taken forward.

JS/MG

5. Year 1 Report

Templates will be sent out for completion by work stream leads. Plan to have first draft of report ready for October meeting.

JS/SP

6. Information Work stream

- **Launch of National Primary Care Prescribing Indicators – Tabled Paper**

WM presented on the launch of National Primary Care Prescribing Indicators. Presentation will be repeated at AMT event on 29th September and delegates will have opportunity to discuss during workshop session. Report to be sent to AMTs, Medical Directors and Directors of Pharmacy along with covering letter explaining what SAPG expects AMTs to do. Details of action plans and follow up will be confirmed after next AMT event. Chair thanked WM and Tracey Cromwell for their excellent efforts in bringing together this important work.

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- **ESAC Study**

WM updated that 36 hospitals have participated and all data will be on the website within the next 2 weeks. Boards can review their own results against Scottish average and in due course a national report will come to SAPG. The Chair thanked all the Boards for this work.

WM

- **National Approach to Resistance and Consumption**

Agreed that this is a very important paper but requires to provide more detail on what AMTs should be doing locally. AMTs and Scottish Microbiology Forum to be consulted on minimum dataset and standard operating procedure for local data collection and dissemination. Clarity is required about how the national data collection will support local practice. An updated paper to come back to SAPG.

CW

7. Organisation Work stream

Most of the outputs on the organisation action plan now completed. New Chief Inspector appointed for HEI and highlighted route of communication between inspectorate and SAPG needs to be clarified. Meeting to be arranged to discuss this.

SP

SAPG will also write to Susan Brimelow regarding access to antibiotic prescribing responses from self-assessment questionnaires.

DN/JS

Update on new QIS structures. Infection improvement implementation programme (iiiP) will be engaging with infection control teams and clinical staff within wards. Antimicrobial prescribing is one of four target areas for iiiP. Meeting to be arranged to discuss how SAPG will input to iiiP.

PC/JL/DN/JS

8. Education

Learning outcomes for Induction Training on antimicrobial prescribing agreed and an induction presentation suitable for FY doctors, pharmacists and non-medical prescribers will be available by December 2009.

E-learning packages on C. difficile and bacterial resistance now available via NES HAI portal and these will be demonstrated at AMT event on 29th September.

Update to DOTS complete and available for new intake of FY doctors and additional primary care vignettes in draft form.

Framework developed for medical schools being discussed with training providers for pharmacy and nursing

Agreed Diabetic foot guidance to be uploaded onto the SAPG website as now published in The Diabetic Foot 2009; 12: 62-74.

LG/SP

Agreed status and outcomes to be added to work plan for the October meeting. Inactive pieces of work to be removed from work plan.

LG

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Multiprofessional conference on antimicrobials scheduled for 1st October. Delegates will be hospital pharmacists, primary care pharmacists, infection control staff and non-medical prescribers.

CPD course on antimicrobials for pharmacists is complete and will be delivered throughout Scotland during November 2009 to January 2010.

9. SNAP CAP

Clinician engagement with SNAP CAP discussed and highlighted. Appears to be mainly dependent on enthusiastic clinicians. Unfortunately, current evidence suggests relatively poor engagement despite a lot of effort from JS and AP. Agreed a full review of the project requires to take place and discussion of linking with empirical prescribing indicator work and SPSP. A report on solutions to these problems is required for the next meeting

PD/RM/JS/AP

A review of the evidence for the SNAP-CAP care bundle requires to be undertaken. This will initially use the BTS update which is due out soon and a process will be set up for ongoing review utilising SIGN methodology and expertise within NHS QIS.

PD/JS/AP

- **Good Governance Guide for SNAPCAP**

Agreed the guide would be useful as performance monitoring tool for Board Clinical Governance groups. Agreed to postpone implementation until there is broader engagement with the SNAP-CAP project.

- **Community Care Bundle**

Community Care Bundle developed to highlight best practice in primary care. Agreed that initially need to concentrate on SNAP-CAP in hospitals before extending to primary care. The pathway discussion and implementation was postponed. .

- **Analysts Network**

Reported AP had met with Tracey Cromwell from ISD and was agreed it would be good to form a national analysts network to provide support and allow exchange of ideas/best practice. AMTs have been contacted to ask if they have an analyst AP to update on progress at October meeting.

AP

10. Infection Management Work stream

Surgical Prophylaxis Indicator for CDAD HEAT target has not been progressed yet. May be able to combine with SPSP peri-operative work to prevent duplication of data collection. Discussion to take place with SPSP and meeting dates currently being canvassed.

SP

Guidance is required from SAPG to help AMTs commence data collection. JS agreed to prepare this but work may need to be devolved to surgical specialities with AMTs facilitating and supporting work. AS agreed to update on progress with devolving to surgical teams in NHS GGC at October meeting.

AS/JS

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- **Review of Optimising Antimicrobial Guidance**

As further documents have now been produced it was agreed that this document, produced in July 2008, will be renamed as a position paper and reloaded onto SAPG website

SP

- **Amikacin Policy**

No standard policy used in Scotland so requires large amount of work to gather evidence, draft a policy and reach consensus. This work will be postponed meantime until the gentamicin and vancomycin policies are implemented.

- **Gentamicin and Vancomycin Guidance**

Widespread agreement with GG&C vancomycin policy. Two gentamicin policies recommended. References to be added and will be sent out to AMTs. Guidance will also be made available on SAPG website.

JS/SP

Updated on developments with monitoring unintended consequences of changing antimicrobial policies. Systems for detecting mortality due to CAP overlaps with SNAP-CAP data. Discussion has also taken place with Scottish Intensive Care Audit Group who has data on ICU admissions.

Report on renal toxicity in NHS GGC shows no increase with increased gentamicin use. Paper will be put onto SAPG website once confirmed by AS that co-authors agreeable.

AS/SP

Initial discussions have taken place with ENT specialists about establishing a process for detecting increases in gentamicin-induced ototoxicity. AS advised that GGC are planning a local pilot project looking at EMT referrals.

- **Research Project**

MB updated that Alison Thomson, University of Strathclyde, who led development of the NHS GG&C gentamicin and vancomycin guidelines has been asked to be involved in research to look at practical implementation of policies. Agreed that with potential unintended consequences, research to support process and give reassurance around safety would be welcomed. Project protocol will be available for next meeting.

MB

- **Primary Care Policy**

Primary Care Policy Group has concluded that there is national consensus on adopting HPA template for primary care. Agreed next step is to formally advise HPA that Scotland planning to adopt template and ask about being included in their formal consultation process.

DN/SH

The policy will be launched at the AMT event on 29th September and AMTs will be advised of national consensus thereafter.

SH/JS

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11. Care Homes

David Marshall has now joined SAPG as Care Commission representative. He advised that HAI Nurse Consultant from CC is developing HAI training for Care Homes and suggested SAPG could input to this. JS will meet with her to discuss this. A Care Home Learning Network has been in operation for 2-3 years and may be useful. Discussion of possible contacts concluded that some Boards have GP Lead for Care Homes and specialist pharmacists and that Prescribing Advisers may be able to help with looking at prescribing in Nursing Homes. Paper to be drafted on potential Care Home initiatives for October SAPG meeting.

DM/JS

12. Patient and Public engagement

JS and ST-J updated on meeting with SMC Public and Patient Interest Group. The group would be happy to support SAPG initiatives and advise on most suitable patient groups to involve. ScotMARAP recommends that patients/public have input to AMTs at local level. Agreed that full membership of AMT unlikely to be beneficial but Clinical Governance group should have patient representative and AMTs should report to this group. JS agreed to advise AMTs that this was acceptable arrangement for patient input. Agreed that for progressing national public awareness campaigns would be beneficial to form a sub-group of SAPG. JS and ST-J agreed to take this forward. MC agreed to assist with details of NHS Dumfries & Galloway winter campaign from last year. Suggested that community pharmacies should be involved so should also contact Alison Strath about current public health plans.

JS/ST-J

AOCB

Swiss research collaboration

SAPG and its stakeholders would like to carry out a research collaboration with colleagues from Hopitaux Universitaires de Geneva. The intention is to carry out a methodologically rigorous analysis of the impact of a national restricted antibiotic policy on CDAD and mortality. The Swiss expertise would allow this analysis and also provide training and mentorship for SAPG/ISD staff in undertaking this and such future work. Support for this work was agreed in principle

JS/DN/PD/AP

Date of next meeting: Monday 26th October at 12.30pm in Delta House
Lunch available from 12 noon.