Minutes of the Scottish Antimicrobial Prescribing Group Meeting
Held on Monday 14th December 2015
Healthcare Improvement Scotland, Delta House, Glasgow

Present:
Dr Andrew Seaton, (Chair) Consultant Physician, NHS Greater Glasgow and Clyde
Mrs Alison Wilson, Director of Pharmacy, NHS Borders
Mrs Christine Gilmour, Chief Pharmacist, NHS Lanarkshire
Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland
Ms Julie Wilson, AMR Manager, Health Protection Scotland
Mr Craig Collins, Principal Information Analyst, Information Services Division
Dr Michael Lockhart, Medical Microbiologist, Health Protection
Dr Charis Marwick, Clinical Senior Lecturer, University of Dundee
Mrs Fiona McMillan, NES Pharmacy
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire
Dr Linsey Batchelor, Consultant Microbiologist, NHS Dumfries and Galloway
Dr Alexander Mackenzie, Consultant in Infectious Diseases, NHS Grampian
Dr Gail Haddock, General Practitioner, NHS Highland
Ms Deirdre Harris, Nurse Consultant Infection Control, NHS Fife and Infection Prevention Society
Mrs Lesley Shepherd, Nurse Consultant, Infection Control, Health Protection Scotland/Healthcare Improvement Scotland
Mr Howard McNulty, Public Partner
Mrs Susan Siegal, Public Partner
Dr David Wilks, Consultant Physician, NHS Lothian
Mrs Alison Cockburn, Antimicrobial Pharmacist, NHS Lothian
Ms Anne Thomson, Lead Clinical Pharmacist Prescribing, NHS Greater Glasgow and Clyde
Mrs Jill Nowell, Lead Prescribing Adviser, NHS Tayside
Dr Abhijit Bal, Consultant Microbiologist, NHS Ayrshire and Arran
Mr Samuel Whiting, Infection Control Manager, NHS Borders

In attendance:
Dr Jacqueline Sneddon, Project Lead Scottish Antimicrobial Prescribing Group
Professor Alistair Leanord, Senior Medical Adviser HAI, Scottish Government
Ms Andrea Patton, Information Analyst, Scottish Antimicrobial Prescribing Group
Dr Sian Robson, Information Analyst, Scottish Antimicrobial Prescribing Group
Ms Susan Paton, Project Officer, Scottish Antimicrobial Prescribing Group

Apologies:
Professor Dilip Nathwani (Chair), Consultant Physician, NHS Tayside
Dr Gill Walker, Programme Director for HAI, NHS Education for Scotland
Ms Rachael Dunk, Team Leader, Safe Team, Chief Nursing Officer Directorate
Dr Becky Wilson, Consultant Microbiologist and Infection Control Doctor, NHS Orkney
Ms Clare Colligan, Antimicrobial Pharmacist, NHS Forth Valley
Dr Adam Brown, Consultant Microbiologist and Infection Control Doctor, NHS Highland
Dr Martin Connor, Consultant Microbiologist, NHS Dumfries and Galloway
Dr Brian Cook, Medical Director, Acute Services, Royal Infirmary of Edinburgh
Professor Marion Bennie, Chief Pharmaceutical Advisor, National Medicines Utilisation Unit, Information Services Division
Welcome and Apologies
The Chair welcomed all present and requested that any member declarations of interest should be advised in advance of relevant items.
The Chair advised of apologies and guests as noted above.

Membership changes
The Chair advised of membership changes as follows:
- Jacqui MacRae, SAPG representative for Healthcare Improvement Scotland will also represent the Scottish Nurse Executive Directors (SENDS).
- Lesley Shepherd, Nurse Consultant, Infection Control, Health Protection Scotland/Healthcare Improvement Scotland representative for nursing.
- Dr David Griffths, Consultant Microbiologist, AMT Lead for Fife new members representing NHS Fife.
- Sian Robson is the new SAPG Information representative replacing Gwen Bayne.

Minutes of the previous meeting held on 19th October 2015.
The minutes of the meeting held on 19th October 2015 were agreed.

Matters Arising
- Specialist advice on antibiotic use for urinary tract infections in men
JS advised that advice and supporting references have now been received from Mr Meddings, specialist adviser to Scottish Government for Urology, and this will be used to prepare a one page summary to share with AMTs and the Scottish Prescribing Advisers Association. Key advice is that UTI prophylaxis should not be used in men and course lengths for prostatitis range from 2 – 6 weeks depending on whether acute or chronic.

Action: Prepare and disseminate summary of advice

JS/SP
- **Update on new Healthcare Environment Inspectorate (HEI) antimicrobial measures**  
  JS advised that the initial proposal for a Clinical Adviser working with HEI to collect and review individual patient data has been changed and the revised process will now involve review of prescribing data collected by boards. A paper will be discussed by the Scottish Antimicrobial Resistance and Healthcare Associated Infection (SARHAI) Strategy Group at their next meeting and will also be shared with SAPG.

**Action:** Proposal for revised antimicrobial inspections at next SAPG meeting

- **National Prescribing Safety Assessment – Antimicrobial Questions**  
  JS advised that Simon Maxwell, Lead for National Prescribing Safety Assessment, has confirmed that their group would be keen to develop some additional questions on antimicrobials. Volunteers will be sought from SAPG and initial meeting with Simon organised for early 2016.

**Action:** Seek volunteers to contribute to question development

### Items for Discussion/agreement

#### 5. Presentations

**Infection Intelligence Platform**

- **Study 4 – Associations between primary care prescribing and Clostridium difficile infection (CDI)**
  Dr Kim Kavanagh presented the results of one of the exemplar studies from IIP. The study highlights the risk of CDI with antibiotic use and the levels of increased risk with specific antibiotic classes. KK confirmed that the results of the study will be summarised in a poster format for dissemination to clinical communities and an article will be prepared for publication in a peer reviewed journal.

#### 6. Infection Intelligence Platform – Second Phase - Paper 1

The Chair advised that Paper 1 will be submitted to the SARHAI Commissioning Group, for consideration of ongoing funding. WM advised that the submission is for one year’s funding and not three years due to the current financial climate. Other sources of funding may have to be investigated for 2017 and beyond. HM asked about public input and it was agreed that HM would forward a summary of thoughts to WM. The second phase of the IIP was fully supported by SAPG members as a key part of SAPG going forward.

**Action:** Summary to be forwarded to WM outlining the patient and public view.

#### 7. Study 7b - Potential unintended consequences of conservative primary care antibiotic prescribing for respiratory tract infections - Paper 2

WM spoke to tabled Paper 2 which shows analysis of linked data to assess potential unintended consequences of using less antibiotics in primary care. It was agreed that this provides reassurance that reduced use is not causing harm. WM highlighted that the reports can be refreshed on a regular basis. This initial report will be shared via
SAPG networks and will also be submitted for journal publication. Future IIP reports utilizing prescribing data will be incorporated within the annual report on antimicrobial use and resistance.

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<th><strong>Primary Care Prescribing Indicators Report, Papers 3 and 4</strong></th>
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<td>WM</td>
<td>WM spoke to the primary care prescribing indicators report advising that this is the seventh high level summary report and the format includes infographics with a separate paper which provides detailed data at Board level. The report shows that prescribing is largely unchanged in 2014-15 compared to 2013-14. The growth of nurse prescribers continues and there is a reduction in dental prescribing. AL queried the rationale for having two national reports so close to each other i.e. October (annual report 2014) and this report in December as it could give conflicting messages due to different time periods with slight variations in data. AL also highlighted that compiling two reports puts pressure on the HPS Team. Following broad discussion it was agreed that for 2016 a single report would be produced with the board level primary care indicator data incorporated. For this 2014-15 report it agreed that it will not be published on the ISD website in January 2016 but will be shared with AMTs for local use. WM advised that an accompanying slide set will also be created for AMTs to use for local meetings.</td>
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**Action:** Report and slide set to be shared with AMTs.

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<th><strong>Update on Carbapenems Study – AMT survey and Point Prevalence Survey (PPS) data - Paper 5</strong></th>
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<td>WM</td>
<td>AC talked to paper 5 which summarises the results of the AMT survey and the PPS. The paper includes examples of results at board level which will be fed back to boards and a national report will be produced with recommendations for quality improvement. Further analyses of the PPS results are being undertaken currently and the results from a feedback survey of the PPS users who collected and entered the data are being assessed so that improvements to the PPS-NAS tool can be made. The Chair thanked AC and AMo for this excellent piece of work and asked about proportion of people on antibiotics in Boards i.e. a denominator, and AC advised that she is looking into this. AL asked whether in the future there is the possibility of utilising IIP data linkage for this work and it was agreed that this could be very useful. ML noted that data on carbapenem sparing agents had not been captured in the PPS and that the AMT survey showed variation in laboratory testing and reporting. JS advised that BW has prepared a separate detailed report on the laboratory aspects of the AMT survey which will be shared with SMVN. SD noted that the PPS results may look poor as the PPS tool required duration to be documented on the kardex rather than in the notes and LB noted that documenting duration was not compatible with electronic prescribing systems. A final report will be discussed at a future SAPG meeting.</td>
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<td><strong>UK AMR Strategy</strong></td>
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<td>AL advised that the draft report update report for 2015 shows Scotland is still exemplar in many areas. The final report has been delayed as the format was changed to make it more concise but is expected to be published by Public Health England soon.</td>
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<th><strong>Controlling Antimicrobial resistance in Scotland (CARs).</strong></th>
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<td>AL advised that the main group have not met since July but the CARS Steering Group has been established and they have met recently to discuss the four key areas of work. The next meeting of the main group is in January and AL will provide an update at the February SAPG meeting.</td>
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<th><strong>Clinical decision support – development of an antimicrobial App</strong></th>
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<td>JS advised that the proposal submitted to the Scottish Government e-Health team for development of an antimicrobial App was supported and funding has now been received via the Chief Pharmacist. Following a tendering exercise an app developer has been contracted to undertake the work and an initial meeting with SAPG volunteers who will provide clinical advice is scheduled for 22nd December. The priority areas for the app are the gentamicin and vancomycin calculators with links to guidance and NES education resources, primary care management of infection guidance with links to SAPG UTI and CDI decision aids, an audit tool to collect CDI HEAT target data and an alert antibiotics support tool. It will be possible for App content will be customised at board level to reflect local antibiotic choices and resistance patterns.</td>
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<td><strong>Action:</strong> Update at next February SAPG meeting.</td>
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<th><strong>CDI HEAT target prescribing indicator – report on new measures - Paper 6</strong></th>
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<td>SR advised on the current progress with the four measures of antimicrobial prescribing. The report has some gaps due to differences in dates boards started reporting and also data was not collected during the month of the PPS so it is too early to draw clear conclusions. SR advised that an updated report with data recently received would be circulated to SAPG members along with the Minutes.</td>
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<td>The Chair advised that there is an increasing issue of who collects this data within the boards. Agreed that in most boards the Antimicrobial Pharmacist is collecting the data but some boards do have examples of junior doctors or audit nurses collecting data. SS raised concern from a public perspective that the data was well below target levels for some of the measures. The Chair advised that the measures are very new and the target is challenging but results are what would be expected for a quality improvement initiative. LS agreed that improvements in quality improvement data would not be expected for at least 9 months into a programme and suggested that she would be happy to support the indicator work during her board visits. It was agreed this would be very helpful to have improvement input.</td>
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<td><strong>Action:</strong> Liaise with AMTs to offer improvement support for indicator</td>
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<th><strong>Feasibility study of C Reactive protein (CRP) Testing</strong></th>
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<td>JS advised that the pilot of CRP testing patients with lower respiratory tract infection is underway in four board areas. A teleconference will take place tomorrow with Alere at which time an extension of the trial until the end of January will be requested. GH is based in one of the pilot practices and provided some initial feedback. JS advised</td>
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that a survey will be sent to all GPs at the end of the pilot to seek their feedback on the practicalities of the test and its value in clinical decision making. Results will be available for the April SAPG meeting and will also be presented to SARHAI to inform future strategy on use of the test.

**Action:** Feasibility study paper for April SAPG meeting

### 13. GP Antibiotic Feedback pilot study
JS advised that a proposal on personalized feedback of antimicrobial prescribing data has been developed using a model that presented GPs with feedback on their prescribing of high risk medicines. Reports would go directly to the GP rather than via the prescribing adviser and health board. The model would be used to feedback prescribing data to GPs with comparison at board level and accompanying messages about resistance. It was agreed that it will be key to engage with local clinical leaders within boards e.g. Medical Directors, Directors of Pharmacy, and prescribing advisers to enable them to address any questions and sensitivities. It was also highlighted that managers would require reports of aggregated data.

### 14. Scottish Reduction of Antimicrobial Prescribing (ScRAP) programme

- **Qualitative analysis – update on feedback (Paper 7)**
JS presented Paper 6 which is an updated summary of data from the survey to facilitators and participants in the SCRAP programme. JS highlighted that feedback was only received from 168 practices although over 200 have completed the programme. Overall feedback has been positive apart from the GP consultation video. FM advised that if practices were completing antibiotic audits as an action following ScRAP there is an audit process tool for CPD on the NES website which may be useful and agreed to forward the link to JS.

- **Quantitative analysis**
JS advised that the quantitative evaluation of prescribing rates in practices before and after the SCRAP session has just started and is being done in collaboration with the University of Strathclyde. This work will take around 18 months to complete.

- **Development of ScRAP for dentists**
JS advised that NES are keen to develop education for dentists and have agreed that the SCRAP programme has some elements applicable to dentists. If funding is secured it is hoped that this work will commence next year with the NES dental team undertaking the work with input from SAPG.

- **Development of ScRAP UTI**
In parallel to the dental ScRAP work SAPG is submitting a funding request to SARHAI to review and update the SCRAP programme and add new content on urinary tract infection as this suggestion has featured in several survey responses. The work would be led by a project manager, ideally a Prescribing Adviser, seconded for 1 day per week for 6 months.
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| 15. | **Primary Care survey on prescribing initiatives to reduce antibiotic use - Paper 8**  
AT advised that agreement is sought from SAPG members to send a survey to  
Prescribing Advisers in all boards to see what resources and activities in addition to  
SCRAP are being used. The survey may also identify material that can be used to  
update and further develop the ScRAP resource which will give greater ownership of  
the programme. JN advised that the survey is simple and easy to complete and will  
have the added benefit of allowing herself and AT to make connections with  
colleagues in all boards who are leading on this area of work. SAPG members  
supported the survey and look forward to seeing the results at a future meeting. |   |   |
| 16. | **European Antibiotic Awareness Day (EAAD)**  
A survey was sent to participants for feedback this year. JS advised on the responses  
from the participants so far. There were events and stands in different venues ranging  
from concourses in hospitals to Public Dental Service, Community Pharmacies, Leisure  
Centre, Shopping Centres and Health Centres. Events ranged from education events  
with staff as part of the wider infection and prevention and control awareness week,  
to stands in hospitals and supermarkets and visits to wards. One stand also took the  
opportunity to promote the flu vaccine. Unfortunately efforts to increase Public Partner involvement in EAAD did not come to fruition and alternative approaches will be investigated for EAAD 2016.  
The final report on EAAD 2015 will be circulated to AMTs and the other participants  
as well as forming part of the Public Health England evaluation. |   |   |
| 17. | **Antimicrobial Management Team (AMT) National Event 15th March 2016**  
JS advised that that information about the next AMT event which will focus on  
hospital prescribing has been circulated and is available on the SAPG website. Three  
speakers from England have agreed to attend and due to expected high number of  
delegates the event will now take place in an outside venue. JS advised that two  
speakers are still required to share their experience of the clinical challenges of  
restricting antibiotics. JS asked SAPG members if they have any suggestions e.g. a  
surgeon, intensivist or oncologist with a different perspective to AMT to contact her.  

**Action:** Suggestions for speakers to be sent to JS  
All |   |   |
| 18. | **British Society for Antimicrobial Chemotherapy (BSAC) meetings**  
SAPG members may be interested in the forthcoming BSAC meetings.  
http://bsac.org.uk/meetings/2016-roundtable-series-on-antimicrobial-resistance/  
http://bsac.org.uk/meetings/bsac-spring-meeting-2016-2/ |   |   |
| 19. | **NICE Consultation**  
JS advised that comments on the NICE Quality Standard for Antimicrobial Stewardship  
are due back this week if anyone wishes to submit comments. |   |   |
| 20. | **Date of next meeting**  
Date of next meeting is **Monday 8th February 2016** at 12:30 in Delta House, Glasgow.  
The following meeting will take place on Monday 18th April 2016. |   |   |