

**Minutes of the  
Scottish Antimicrobial Prescribing Group Meeting  
held on 26<sup>th</sup> April 2010  
NHS Quality Improvement Scotland, Delta House, 50 West Nile Street,  
Glasgow**

**Present:** Professor Dilip Nathwani (Chairman), NHS Tayside  
Professor Marion Bennie, National Medicines Utilisation Unit, Information Services Division  
Mrs Laura McIver, Chief Pharmaceutical Advisor, SMC  
Dr Anne Eastaway, Health Protection Scotland  
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 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 Jackie Ley, HAI Nurse Consultant, NHS Quality Improvement Scotland  
Dr Nicholas Reid, Lead Antimicrobial Pharmacist, NHS Ayrshire & Arran  
Ms Andrea Patton, Information Analyst, Scottish Antimicrobial Prescribing Group  
Ms Arlene Brailey, NHS Education for Scotland  
Dr Lorna Willocks, HAI Senior Medical Advisor, Scottish Government  
Dr Karen MacSween, NHS Lothian, ADTC  
Dr Malcolm Daniel, Consultant in Anaesthesia & Intensive Care, Glasgow Royal Infirmary  
Mrs Alison Cockburn, Lead Antimicrobial Pharmacist (joint appt), NHS Lothian  
Dr Peter Christie, Consultant in Public Health Medicine, NHS Quality Improvement Scotland  
Professor Ian Gould, NHS Grampian, Scottish Microbiology Forum  
Professor Hamish McKenzie, Scottish Dean Medical Education Group  
Dr Martin Connor, NHS Dumfries and Galloway, ADTC / AMT  
Ms Sybil Solomon, Nurse Consultant, Infection Prevention Society  
Mr Kevin Hanlon, Head of HAI Policy Unit, Scottish Government

**Apologies:**

Mr Ishtiaq Mohammed, Clinical Effectiveness Pharmacist, NHS Fife  
Professor Peter Davey, NHS Tayside, International Liaison  
Dr Alexander Crichton, Glasgow Dental Hospital, Dental representative  
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde  
Mr Jesus Gallegos, Veterinary Adviser (Meat Hygiene), Veterinary Division, Rural Directorate, Scottish Government.  
Dr Andrew Seaton, NHS Greater Glasgow and Clyde, ADTC  
Dr Robert Masterton, Medical Director, NHS Ayrshire & Arran  
Mr Mike Grieve, Representative from Chief Executives group, Director of Delivery, NHS Lothian  
Mr David Marshall, Pharmacy Adviser, Care Commission  
Mr Robert Gray, Infection Control Manager, Golden Jubilee National Hospital  
Dr Alistair Leonard, University of Glasgow, Scottish Infection Research Network

**Observers**

Miss Tracey Cromwell, Information Analyst, Information Services Division  
Mr Ian Smith, Associate Inspector, Health Environment Inspectorate (HEI)

		Action
1.	<p><b>Welcome and Apologies</b></p> <p>The Chair opened the meeting and welcomed all present and introduced Mr Kevin Hanlon, Head of HAI Policy Unit, Scottish Government as a new member to SAPG. Apologies were noted as above.</p> <p>The Chair noted that the previous meeting of SAPG had been the last meeting for Liz Gillies as Education Workstream Lead. He formally thanked Liz for all her work in moving the project forward and advised he will send her a letter of thanks on behalf of SAPG.</p>	
2.	<p><b>Minutes of the previous meeting 22<sup>nd</sup> February 2009</b></p> <p>Minutes noted as an accurate record of the meeting.</p>	
3.	<p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li> <p><b>Acute Medicines Event</b></p> <p>Invitations have now been sent out for the joint event with SAPG and the Society for Acute Medicine (SAM). SAPG members were asked to encourage colleagues within acute medicine to attend the event as this is a very important opportunity to engage on quality improvement in infection management. The programme will be interactive and SAPG and AMT members will be asked to help lead workshop sessions at the event. If anyone would like to volunteer please contact Susan Paton directly.</p> <p><b><u>Action: Volunteers requested to help lead workshops</u></b></p> </li> <li> <p><b>Engaging with Surviving Sepsis</b></p> <p>The Chair reported that work on the surviving sepsis campaign appears to have an active clinical group in England and that it would be very helpful to meet any Scottish equivalent to take forward work in this area. The Chair asked members to feedback anyone they know who is involved in this work and in what capacity.</p> <p><b><u>Action: Feedback names of anyone involved in surviving sepsis in Scotland.</u></b></p> </li> <li> <p><b>Framework for Medical Schools – Additional Paper</b></p> <p>Paper on detailed guidance on undergraduate learning outcomes for antimicrobial prescribing circulated. H Mackenzie advised that the paper was informed by the outcomes outlined in Tomorrow's Doctors 2009. It has been reviewed by all five schools and discussed at the Deans Group. They plan to use this document for 'benchmarking' of the implementation of a specific clinical area into the generic medical curriculum and will report back on progress with implementation in 1-2 years time. H M also advised that he believes 90% of the content is already being delivered by all schools but that assessment of prescribing practice is challenging. SAPG were asked for any final comments on content within 1 week.</p> <p><b><u>Action: Final comments to HMck by 3<sup>rd</sup> May</u></b></p> </li> </ul>	<p>SAPG</p> <p>SAPG</p> <p>SAPG</p>

	<p>The importance of this document being relevant to other professional competencies was discussed, in particular how it could be taken forward with other disciplines such as pharmacists and nurses.</p> <p><b><u>Action: To be raised at NES Pharmacy Group Meeting</u></b></p> <p><b><u>Action: To be raised with Deans of Nursing Group</u></b></p> <p>DN and JS have discussed engagement of senior level medical staff in CPD on antimicrobial stewardship with Mike Watson, Medical Lead from NES. He advised that NES has no authority to influence this and that the best route was through individual Board medical directors or via the national post-graduate Deans group.</p> <ul style="list-style-type: none"> <li>• <b>Masters Module</b></li> </ul> <p>Marty Wright from Glasgow Caledonian University had attended the December 2009 meeting of SAPG to seek help in the development of a module descriptor on antimicrobial stewardship and had sought volunteers to look at the content and peer review. A number of SAPG members had volunteered to help and a meeting had taken place between JS and MW to discuss in more depth. The meeting highlighted a low level of interest in the module from NHS boards and problems with preparing course content. A questionnaire prepared by MW has now been circulated to obtain feedback on the proposed audience and content for the Masters module and SAPG members are asked to complete and return to Susan Paton by the end of April. Responses will be collated and fed back to MW.</p> <p><b><u>Action: Questionnaires returned by end April.</u></b></p> <p>Follow up note: the deadline for completion of questionnaires was extended until 14<sup>th</sup> May.</p> <ul style="list-style-type: none"> <li>• <b>Collaboration with ICTs – added agenda item under matters arising</b></li> </ul> <p>The need for collaboration of work with ICTs had been discussed at the SAPG project board meeting which had taken place prior to SAPG and it was agreed this important relationship is not at the functional level required. PC and JL reported that within iiiP visits to boards had highlighted variable practices in how AMTs and ICMs interface. IS also reported that during HEI inspections it had been highlighted that AMTs and ICTs communication and close working can be variable. SAPG network events were suggested as a route to try and engage infection control professionals, discuss examples of good practice to try and overcome communication gaps. The HPS HAI Board for Infection Control and the Infection Control Managers group were suggested as potential routes for SAPG to improve integration.</p> <p><b><u>Action: Item to be revisited.</u></b></p>	<p><b>AB</b></p> <p><b>JS</b></p> <p><b>SAPG /SP</b></p>
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<p>4.</p>	<p><b>CPD Record of Induction Training – Paper 2</b></p> <p>The CPD record of learning has been developed to compliment Powerpoint training slides which support boards in providing training for recently qualified practitioners. Paper 2 is the revised version incorporating comments from SAPG. Unfortunately there has been no pilot of the record of learning as yet. Following agreement, the CPD record of induction training will form part of the NES training pack being made</p>	
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	<p>available to AMTs and Practice Development Units.  It was agreed that the record of learning was improved but the need for inclusion of participation in audit and feedback and reflection on learning was highlighted.  JL suggested that the newly appointed HAI education leads within all Boards was a potential route for piloting the record  The evaluation process was also discussed and it was confirmed the onus will be with the practitioner to complete the record and seek feedback from a manager/tutor.</p> <p><b><u>Action: Add additional learning points to record and contact NES for advice on HAI education leads</u></b></p>	<p>JS</p>
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<p>5</p>	<p><b>Report on Empirical Prescribing in Hospitals – Paper 3</b></p> <p>The content and publication strategy for the revised Report on Empirical Prescribing was discussed. A SAPG publication meeting had taken place and following this meeting a publication checklist has now been drafted which will become an integral part of the process of publication of SAPG documents to ensure a consistent approach to information governance.</p> <p>The report now includes an executive summary, national level data, summary of Board results and Board-specific data. Advice was sought on what will be published on the SMC website and what requires to be approved and by whom. It was agreed that this very important report needs to be shared by AMTs and ICTs as it is a requirement of the HEAT target and would also be very useful for Boards to benchmark themselves. The revised content was agreed.</p> <p>It was agreed that Caldicott Guardians will be contacted for agreement to publication of the next HEAT target prescribing indicator report (due to be completed in May 2010) within the public domain on a three monthly basis. The current report will be shared with AMTs to verify local data and will be shared with other Board contacts but not posted on the SAPG website as there are currently insufficient data points to draw any meaningful conclusions.</p> <p>The issue of Freedom of Information requests relating to the data was raised. LM advised that the SMC policy was to work within the spirit of FOI requirements and acted as a hub for NHS Boards when FOI requests to Boards were made in relation to SMC advice. It was agreed that SAPG should also follow the same process since the HEAT target data belonged to the Boards collecting it.</p> <p><b><u>Action: SP to liaise with RM re FOI policy</u></b></p> <p><b><u>Action: AMTs to be sent first report.</u></b></p> <p><b><u>Action: Board Caldicott Guardians to be contacted to seek approval for publication of the second and subsequent reports on the SAPG website.</u></b></p>	<p>SP</p> <p>AP</p> <p>AP</p>
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6.	<p><b>ESAC – Standard Reports – Paper 4</b></p> <p>The updated ESAC report has been circulated to SAPG incorporating the recommended changes/additions from the last meeting. The key findings are now presented with a mean value and the recommended changes to the formatting of tables and charts to improve readability and flow have been made. PC suggested a further change to the Pareto charts used and would discuss these with WM.</p> <p>It was reported that ESAC have confirmed they are happy for the report to be issued and have made a request to use some of the data.</p> <p><b><u>Action: Make final changes to chart.</u></b></p> <p>It was agreed that the report will be published following the process detailed in the publications checklist. Pre-publication access and publication date will be discussed with SGHD.</p> <p><b><u>Action: Circulate report to AMTs and SGHD and agree website publication date.</u></b></p> <p>WM confirmed that there will be no ESAC study in 2010 but that the antimicrobial dataset will be included within the HPS National HAI Prevalence audit.. However individual Boards will be able to use the ESAC tool if required and more details will follow on this.</p>	<p>PC/WM/ TC</p> <p>WM/KH/ SP</p>
7.	<p><b>Primary Care Indicators – Paper 5</b></p> <p>In August 2009 the first report on a national set of primary care indicators was presented to SAPG and all of the indicators are now available in PRISMS at Board level, CHP level and GP practice level. The overall feedback to-date is that the primary care indicators have been well received by AMTs and other users with a number of comments to further strengthen the range of indicators.</p> <p>It was agreed the additional indicators would be included and a more concise version be used for the second report. WM and TC will progress with a view to presentation at SAPG in August 2010.</p> <p><b><u>Action: prepare second report on primary care indicators.</u></b></p>	<p>WM/TC</p>
8.	<p><b>HMUD Standard Reports – Paper 6</b></p> <p>The HMUD standard reports paper had been circulated to the last meeting of SAPG when the proposed set of standard reports had been agreed in principle. Following a consultation exercise with AMTs a small number of additional reports have been requested. The format, additional reports and list of recommended agents were agreed. It had been hoped the complete set of reports could be available by August 2010 but this has been delayed to allow resolution of technical issues and development of the reports in batches. WM will keep SAPG updated with progress.</p> <p><b><u>Action: Development of HMUD standard reports to be progressed</u></b></p>	<p>WM/TC</p>

9.	<p><b>Feedback on Surveillance Paper – Paper 7</b></p> <p>SAPG agreed the content of the updated Surveillance Framework paper at the February meeting. Discussions concluded the paper required timescales for Boards to be included to allow effective local implementation.</p> <p>It was agreed a reasonable timeline would be for boards to implement local surveillance by March 2011 and to have an action plan agreed by December 2010, with the exception of boards who are behind with the implementation of Vitek 2 installation or HMUD.</p> <p>To facilitate joint working between AMTs and Infection Control Teams (ICTs) on implementation it was agreed that both ICTs and the Scottish Microbiology Forum be included in circulation of the framework.</p> <p><b><u>Action: Surveillance paper to be circulated to AMTs, ICTs and the Scottish Microbiology Forum.</u></b></p>	WM/CW/ AE
10.	<p><b>Care Homes Project – Paper 8</b></p> <p>The project proposal for the development of an educational initiative for care homes has been developed in conjunction with David Marshall, Pharmacy Adviser for the Care Commission and has been discussed with HAI leads in HPS and NES.</p> <p>Inclusion of GPs in the educational initiative was agreed and this could be as a face-to-face session or by raising awareness of the issues via a letter or e-mail.</p> <p>Data collection was discussed and it was agreed that this could be done by Care Home staff, pharmacists providing a service to the care home or someone external e.g. via AMT or university. To align this work with other programmes it was agreed that this should be seen as a quality improvement initiative rather than an audit.</p> <p>SAPG support for the project was agreed.</p> <p><b><u>Action: Progress with recruitment of care homes for pilot work and development of the educational resource.</u></b></p>	JS/DM
11.	<p><b>Antimicrobial Pharmacists in Scotland – Papers 9 &amp; 9a</b></p> <p>Paper 9a was a letter to the SAPG Chair raising concerns for funding of Antimicrobial pharmacist posts beyond March 2011.</p> <p>It was suggested that boards with a deficit may be able to develop a case for redistribution of resource to further engage other staff, such as clinical pharmacists and Infection Control Nurses in some of the antimicrobial stewardship workload.</p> <p>It was agreed that early discussions are required to ascertain resource requirements prior to the new HAI Taskforce Action Plan for 2011 onwards.</p> <p>LM suggested that one way to approach this was by using a capacity planning model that had been used successfully to determine staff requirements for cancer services. This suggestion was supported and LM and GC agreed to take this proposal forward via the Directors of Pharmacy Meeting and to work with JS and the Antimicrobial Pharmacists group in development of a capacity plan</p> <p><b><u>Action: Discuss with Directors of Pharmacy and develop a capacity planning tool for antimicrobial pharmacy services.</u></b></p>	LM/GC/JS

	<p>AE reported that a there had been a recent survey of Infection Control staffing levels undertaken by HPS and this information may be useful to inform work in this area.</p> <p><b><u>Action: Check IC staffing levels on database and forward details to JS.</u></b></p>	<p><b>AE</b></p>
<p>12.</p>	<p><b>Proposal for development of a national audit tool for primary care management of commonly encountered infections</b></p> <p>Paper circulated at the last meeting of SAPG on development of a national web based audit tool to allow assessment of the management of commonly encountered infections in primary care. The audit tool would allow individual practices to view their own pattern of prescribing information and give a level of national surveillance. At the last meeting there was broad agreement on the type of data to be collected and proposed reports.</p> <p>Since the last meeting SH and WM have explored alternative options to a stand alone tool including using extracts from existing GP operating systems but this would be complex and take several years to develop.</p> <p>The proposal has been agreed with HPS Corporate Management team and following formal sign off HPS can develop the audit tool for user evaluation. SH agreed to pilot the tool in some practices in NHS Highland and may call on AMTs for further practices to take part in pilot prior to national roll out. The proposal will be included in discussions with primary care colleagues in SGHD at a meeting on 3<sup>rd</sup> June.</p> <p>SH and WM will work with IT colleagues over the summer with a view to beginning the pilot in the autumn and reporting back to SAPG by the end of March 2011.</p> <p>Principle of pilot phase and implementation timescale agreed.</p> <p><b><u>Action: Proposal to be progressed</u></b></p>	<p><b>WM/SH</b></p>
<p>13.</p>	<p><b>Unintended Consequences – additional paper</b></p> <p>A paper had initially been presented to the May 2009 SAPG by the Information Workstream members and discussions had highlighted the need for an agreed strategy for measuring unintended consequences. Following on from this meeting and in partnership with AS from GG&amp;C a paper on unintended consequences has been circulated to SAPG for measuring unintended consequences and it is proposed that a strategy group be formed for initial discussions on the way forward.</p> <p>AE talked to the paper which summarises examples of monitoring unintended consequences in two Boards and current national work looking at gentamicin and vancomycin use.</p> <p>It was agreed there is a need to find out if other Boards are doing any monitoring to inform good practice and to allow development of a national strategy.</p> <p><b><u>Action: Details of local monitoring of unintended consequences to be sent to AE.</u></b></p> <p>It was agreed renal physicians and the ENT Association should be approached to ask whether within their current datasets could inform this work and discuss collection of extra information for SAPG.</p>	<p><b>SAPG</b></p>

	<p>It was suggested the surgical site infection rate for hip arthroplasty available via HPS could be a supportive piece of work since this robust dataset is already available.</p> <p><b><u>Action: Contact national group of renal physicians and ENT Association regarding collaboration.</u></b></p> <p><b><u>Action: Discuss use of SSI data for hip arthroplasty with HPS colleagues.</u></b></p>	<p>AE</p> <p>AE</p>
14.	<p><b>Public Campaigns</b></p> <p>JS attended a meeting with Department of Health (DOH) to discuss a proposed UK-wide public campaign and European Antibiotic Awareness Day (EAAD) 2010. Key messages for the UK campaign have been agreed and will be progressed in collaboration with public partners. DOH is also looking at ways of delivering messages via websites and social networking. SGHD can buy into this work and would have to pay for the campaign materials used. This will be discussed with the HAI team and communications department at SGHD and will be reported back at the next SAPG meeting.</p> <p>Previous EAAD campaigns have focused on community care but this year the focus will be hospital care. A campaign pack is available in draft format from ECDC this will be circulated for SAPG members to comment directly to ECDC.</p> <p><b><u>Action: Send materials from ECDC to SAPG and AMTs.</u></b></p>	<p>JS</p>
15.	<p><b>Publications Meeting</b></p> <p>A publications group has been formed to agree a publication strategy for SAPG guidance and reports. A checklist has been drafted to document the required process to ensure consistency and information governance requirements are met. Following agreement of the checklist by the Project Board it will be made available on the SAPG website.</p> <p><b><u>Action: Finalise checklist and post on website.</u></b></p>	<p>JS/SP</p>
16.	<p><b>Future Plans – Away Day</b></p> <p>An Away Day is planned for 17<sup>th</sup> August to discuss SAPG strategy and plans for future work. Invitations have been sent to members who will be involved.</p>	
17.	<p><b>Unlicensed Antimicrobials</b></p> <p>A SAPG proposal for a national scheme to increase availability of unlicensed antimicrobials will be discussed at the Directors of Pharmacy Meeting.</p> <p><b><u>Action: Update at the next meeting of SAPG.</u></b></p>	<p>LM/JS</p>

18.	<p><b>AMT Survey Monkey</b></p> <p>A survey monkey questionnaire will be sent out to AMT Chairs to determine progress with implementation of SAPG guidance, problems encountered and to ask for views on future priorities. This survey will inform forward planning of SAPG work.</p>	
19.	<p><b>Items for Information</b></p> <ul style="list-style-type: none"> <li>• <b>Publication Checklist – Paper 11</b></li> <li>• <b>Update on Swiss Project Information for AMTs -Paper 12</b> Process for data sharing and publication to be finalised via Project Board.</li> <li>• <b>Workstream Updates</b> Any comments or queries directly to authors.</li> </ul>	
20.	<p><b>AOCB</b></p> <ul style="list-style-type: none"> <li>• <b>NPSA Patient Safety Alert on the safe use of gentamicin for neonates</b></li> </ul> <p>Assurance has been sought from Pam Warrington that we have considered this safety alert from NPSA. GC confirmed the alert was issued to Boards from NHS Quality Improvement Scotland and that all Boards should have an action plan in place.</p> <ul style="list-style-type: none"> <li>• <b>NCEPOD (National Confidential Enquiry into Patient Outcome and Death)</b></li> </ul> <p>This report on practice in England highlighted that antimicrobial treatment of neutropenic sepsis is often sub-optimal and may compromise patient safety. In response to this document SGHD want to ensure that patients in Scotland presenting with neutropenic sepsis receive appropriate and timely antimicrobials. SAPG have been approached to collaborate on this national work by providing advice on antimicrobial management. DN and JS will represent SAPG on the working group.</p> <ul style="list-style-type: none"> <li>• <b>ECDC</b></li> </ul> <p>The Chair reported that ECDC have developed an audit programme looking at maturity of antimicrobial stewardship and HAI programmes. This presents an opportunity for external evaluation of SAPG progress but ECDC do not recognize Scotland individually as their relationship is with the UK via the DOH. The Chair will contact ARHAI at DOH to suggest that an invitation be extended to ECDC on behalf of the UK and that Scotland could be the pilot site for the audit.</p>	
22.	<ul style="list-style-type: none"> <li>• <b>Date of next meeting</b></li> </ul> <p><b>Monday 21<sup>st</sup> June 2010 at 12.30pm (lunch available from 12.00noon) in Delta House, Glasgow</b></p>	