

**Minutes of the Scottish Antimicrobial Prescribing Group Meeting
held on 30th August 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
Mrs Anne Lee, Chief Pharmaceutical Advisor, SMC
Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland
Mrs Tracey Cromwell, Principal Information Analyst, Information Services Division
Ms Arlene Brailey, 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
Dr Lorna Willocks, HAI Senior Medical Advisor, Scottish Government
Mrs Gail Caldwell, NHS Forth Valley and Director of Pharmacy Group
Mrs Alison Cockburn, Lead Antimicrobial Pharmacist (joint appt), NHS Lothian
Professor Peter Davey, NHS Tayside, International Liaison
Mr Jesus Gallegos, Veterinary Adviser (Meat Hygiene), Veterinary Division, Rural Directorate, Scottish Government.
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
Dr Mary Hanson, Chair of the Scottish Microbiology Forum (attending on behalf of Dr Ian Gould)
Mr Steve McCormick, Lead Antimicrobial Pharmacist, NHS Lanarkshire (attending on behalf of Dr Nicholas Reid)

Apologies:

Dr Anne Eastaway, Consultant Microbiologist, Health Protection Scotland
Dr Robert Masterton, Medical Director, NHS Ayrshire & Arran
Ms Jackie Ley, HAI Nurse Consultant, NHS Quality Improvement Scotland
Professor Ian Gould, NHS Grampian, Scottish Microbiology Forum
Mr Ishtiaq Mohammed, Clinical Effectiveness Pharmacist, NHS Fife
Dr Alexander Crichton, Glasgow Dental Hospital, Dental representative
Dr Karen MacSween, NHS Lothian, ADTC
Dr Nicholas Reid, Lead Antimicrobial Pharmacist, NHS Ayrshire & Arran
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde
Mrs Sheila Tunstall-James, SMC Patient and Public Involvement
Dr Simon Hurding, General Practitioner, NHS Highland
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 Kevin Hanlon, Head of HAI Policy Unit, Scottish Government
Mr David Marshall, Pharmacy Adviser, Care Commission
Dr Alistair Leonard, University of Glasgow, Scottish Infection Research Network

Professor Hamish McKenzie, Scottish Dean Medical Education Group
 Mrs Helen Maitland, Programme Director HAI, NHS Education for Scotland
 Mr Ian Smith, Associate Inspector, Health Environment Inspectorate (HEI)

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1.	<p>Welcome and Apologies</p> <ul style="list-style-type: none"> The Chair opened the meeting and welcomed all present and introduced Dr John Porter, UK Medical Team Lead for Specialty Medicines from Pfizer and Mr Robert Wilson, Infection Control Manager, NHS Ayrshire and Arran both attending first meeting of SAPG. The Chair also introduced guests, Mr Steve McCormick, Lead Antimicrobial Pharmacist, NHS Lanarkshire attending in behalf of Dr Nicholas Reid and Dr Mary Hanson, Chair of the Scottish Microbiology Forum attending on behalf of Dr Ian Gould. 	
2.	<p>Minutes of the previous meeting 21st June 2010</p> <p>Minutes agreed as a correct record of the meeting.</p>	
3.	<p>Matters Arising</p> <ul style="list-style-type: none"> Unintended Consequences <p>From an AMT perspective Unintended Consequences is coming through as a key issue and could impact on uptake of the new prescribing policies. It was agreed that communication with AMTs is required to ensure physicians and surgeons locally are being kept updated on work taking place with key stakeholders. Agreed it would be very helpful if a position paper detailing both local and national work could be drawn up for discussion at the October meeting of SAPG to allow development of a national strategy. Agreed that SAPG needs to formalise how AMTs should engage with renal and ENT specialties at local level.</p> <p><u>Action: Position Paper to be drawn up for October meeting of SAPG.</u></p> <ul style="list-style-type: none"> Infection prevention and control and AMT framework <p>At the SAPG Away Day the need for AMTs to work cohesively with Infection Control Teams and how to oversee this process had been part of the discussions. Interaction between AMTs and IPC will be a key issue in the next HAI Taskforce strategy. Agreed that once the strategy is published it would be useful to develop a framework to support Boards in establishing this interaction.</p> <p><u>Action: Brief paper on framework to be produced for December 2010 meeting of SAPG.</u></p> <ul style="list-style-type: none"> Primary Care <p>At the previous meeting of SAPG a proposal for inclusion of a primary care antibiotic project within the medicines management part of the Quality Outcomes Framework (QOF) had been discussed. The proposal subsequently received support from the Medical Directors group, Directors of Pharmacy group and the Scottish Prescribing Advisers Association and has now been sent to Frank Strang, Deputy Director for</p>	<p>AS</p> <p>JL/PC</p>

5	<p>Use of HPS SSI data (Paper 2)</p> <p>HPS established a system for surveillance of SSI data in 2002. Data on hip arthroplasty and Caesarian section are available for all NHS Boards.</p> <p>In 2009 SAPG negotiated with HPS to have measures added to these datasets relating to antibiotics for surgical prophylaxis. HPS have produced a report for SAPG on data relating to antibiotics for the period April-Dec 2009. Some refinements to data entry for these measures have been agreed and will be implemented soon. It has been agreed by HPS that reports can be made available to SAPG and/or AMTs either centrally or via local SSI Co-ordinators.</p> <p>HPS is reviewing plans for future work on SSI and are open to suggestions from SAPG on data for specific surgical procedures that may be useful.</p> <p>It was highlighted that this is a real opportunity for data collection to meet the needs of AMTs. It was suggested that this should be discussed directly with AMT Chairs. Agreed that currently different teams are collecting data i.e. HPS, SPSP, AMTs and this needs to become integrated.</p> <p>Agreed that a small group should be set up to discuss surgical prophylaxis and how to utilise data efficiently and effectively. This group should include EW, AS and Abigail Mullings from HPS plus some clinician representatives (surgeon and anaesthetist).</p> <p><u>Action: Initial meeting to be organized with EW,AS and AM</u></p> <p>Another issue raised was the difficulties with data collection due to the lack of uniformity in where antibiotics are prescribed e.g. on Kardex, anaesthetic sheet, medical notes.</p> <p>AS advised that in NHS GGC the Medical Director had enforced a standard that all antibiotics must be prescribed on the Kardex and this seemed to be working. Agreed that this was a useful approach and that RM would be asked to advise on how to take this forward.</p> <p><u>Action: Contact RM to raise with Medical Directors as appropriate</u></p>	<p>JS/SP</p> <p>JS</p>

6.	<p>Away Day summary – Paper 3</p> <p>A strategic planning meeting was held on 17th August 2010 to discuss and plan the SAPG work for the next three years. Paper 3 is a summary of discussions and outputs from the day which will also inform the next SAPG PID. The paper will be presented at the HAI Task Force special meeting being held on 2nd September 2010.</p> <p>At the SAPG project board and main SAPG meeting it had been highlighted that a clear definition of antimicrobial stewardship would be useful. Also that the success of SAPG should be emphasized, highlighting the significant progress with HEAT targets as Scotland is the only country in Europe doing this. The role of SAPG in providing national guidance on emerging resistance should also be strengthened.</p> <p><u>Action: Comments to be incorporated into paper.</u></p> <p>Future work with the media was discussed as this is a key route to Strama’s system for conveying health messages about antimicrobials. It was agreed that a news article to coincide with European Antibiotic Awareness Day would be useful to publicise SAPG’s successes. This will be discussed with the SMC Executive Team and the Communications Departments of QIS and SGHD to ensure that the correct messages are given and that SGHD are briefed on potential questions that may arise following publication.</p> <p><u>Action: Media article to be discussed with Communications teams</u></p>	<p>JS</p> <p>DN/JS/L W</p>
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7.	<p>AMT Survey (Paper 4)</p> <p>A survey monkey questionnaire was circulated to all AMT Leads to evaluate the implementation of SAPG guidance and highlight priorities for ongoing and future work. The results of the survey are summarised in Paper 4 which will be circulated to AMTs.</p> <p>It was suggested that it would be useful to have some reflection on the results of the survey on how SAPG can support some of the issues raised by AMTs to make sure there is two-way communication with members of SAPG and AMTs. Membership of SAPG will be reviewed in line with future work and it had been agreed at the Away Day that a member from each of the AMTs should be invited to be a member of SAPG.</p> <p>It was highlighted that extensive use of Tazocin plus gentamicin for sepsis was concerning and that SAPG should give advice on this. It was also suggested that AMTs should be asked to engage with clinicians locally about unintended consequences of changes in policy and that SAPG would support this with national data. Agreed that Tazocin use and unintended consequences to be highlighted to AMTs.</p> <p>Agreed survey monkey is a comprehensive way of summarising current status of AMT work and an annual survey would be useful both for SAPG and AMTs.</p> <p><u>Action: Report on AMT Survey to be sent to AMTs and other core recipients of SAPG documents.</u></p>	<p>JS</p>
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8.	<p>Empirical Prescribing (Paper 5)</p> <p>The national report on prescribing indicators is being prepared to inform the SGHD HAI team of national engagement with measurement and indicator data progressing towards the target set. Paper 5 is the second three monthly report and summarises data to June 2010.</p> <p>The acute units included within the report were discussed as there was some doubt about whether all wards were actually admission wards. This requires to be clarified with AMTs.</p> <p><u>Action: Contact AMTs to verify Acute Units</u></p> <p>Subject to some minor amendments agreed that the report could be circulated to AMTs and published on the SAPG website.</p> <p><u>Action: Amend report and circulate</u></p>	<p>AP</p> <p>AP</p>
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9.	<p>Surgical Prophylaxis Report (paper 6)</p> <p>This is the first report surgical prophylaxis and includes data from nine Boards up to June 2010.</p> <p>It was highlighted that there are quality assurance and reliability issues with the data as different surgical procedures are being included by each Board. Also data collection varies in its source with a mixture of AMT, SPSP and HPS collected data. Presently the data presented is not fit for purpose for national comparison. Therefore, it was agreed that the report should be amended to remove the national comparison table but AMT's would be able to see local data and reflect on comments made by SAPG. It will be currently shared with AMTs as a 'position paper' but would not be published on the SAPG website.</p> <p>Work on standardization and integration of data collection will be taken forward by the Surgical group (see item 5).</p> <p><u>Action: Amend and forward report to AMTs</u></p>	<p>AP</p>
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10.	<p>Prescribing Indicators in Primary Care Annual Report 2009-10 (Paper 7)</p> <p>The second report from SAPG Information Workstream on national prescribing indicators related to the use of antibacterials in primary care has been produced.</p> <p>AMTs have been working together with primary care staff on prescribing and there has been a significant reduction in total items, antibiotics associated with CDI and seasonal variation of quinolones. Nine Boards are now meeting the HEAT target and 3 others are close to meeting it. Direction of travel is the same across all Boards with some making more progress than others.</p> <p>The Chair thanked WM, TC and Information work stream colleagues and advised that some of the 'good news' information can be used in the EAAD media message. The Chair also suggested that it may be useful to highlight the report to Frank Strang at SGHD to support the SAPG proposal on primary care work.</p> <p><u>Action: Highlight report to Frank Strang at SGHD.</u></p>	<p>JS/WM</p>
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	<p>PD noted that ESAC would be very interested on what progress has been made by SAPG. The report will be subject to ISD pre-publication process so will be uploaded onto the SAPG/ISD websites at the end of October.</p> <p><u>Action: Report to be shared with AMTs, SGHD and ESAC emphasizing pre-publication rules.</u></p> <p>It was suggested that the next AMT event in November could include the examples of progress from the report with AMTs sharing their experiences of successful interventions.</p>	WM/SP
11.	<p>Estimate of contribution of changed clinical practice to number of DDDs (Paper 8)</p> <p>Paper 8 had been circulated to SAPG members to show the estimate of potential contribution to increased use of antibacterials, expressed as number of Defined Daily Doses resulting from a move towards larger doses for commonly prescribed antibacterials.</p> <p>WM explained the method which had been used in the calculations. It was confirmed that this model has not been validated anywhere else and it was confirmed that is no evidence in the literature on this type of analysis. Statisticians have been consulted and it has been confirmed that the method used is robust.</p> <p>It was suggested that a summary of this work be added to the Prescribing Indicators report to support the use of items rather than DDDs as a reflection of changes in practice. AMT's need to be made aware of this.</p> <p><u>Action: Information on DDDs and items to be added to Prescribing Indicators report</u></p> <p>The Chair encouraged WM and TC to publish the methodology.</p>	WM/TC
12.	<p>Care Homes Project</p> <p>The Care Homes education proposal has now been discussed with all stakeholders. The Directors of Pharmacy have agreed to support the project and will seek nominations of pharmacists willing to be involved by the end of September. Work will commence within the next few months.</p> <p><u>Action: Progress will be reported at the December meeting of SAPG</u></p>	JS
13.	<p>• Public Awareness Campaigns – national, local, EAAD</p> <p>It has now been confirmed there will be no funding from the Department of Health for development of materials for a public campaign therefore SGHD will not be able to run a national campaign.</p> <p>SAPG had already established a Public Campaign sub-group and agreed on materials and delivery methods for local campaigns. JS has now produced a leaflet and poster based on an example from NHS Dumfries & Galloway and using logos from ECDC with help from NHS QIS communications department. The poster and leaflet will be made available as PDFs on the SAPG website for AMTs who wish to use them but</p>	

17.	<p>Imperial College</p> <p>Imperial College are planning an Infection Management for Pharmacists Masters course using a 'blended learning' format commencing in 2011. The course will be modular with one week of teaching per module taking place in London and the remainder of the course being undertaken by e-learning. The plans are now with the quality committee awaiting approval and JS will receive an update when any progress is made. The proposed course will be offered as an MSc, diploma or as stand alone modules.</p> <p>It was updated that Marty Wright, lead for the Scottish HE consortium's Masters module on antimicrobial stewardship is also in discussions with Imperial College regarding utilizing some of their content.</p>	
18.	<p>ECDC Proposal</p> <p>A proposal for developing curriculum and training materials on the Control of multidrug resistant micro-organisms in health care settings was put out to tender by ECDC in July 2010.</p> <p>PD updated he had been contacted by the University of Chester to ask if SAPG would be willing to join a bid to ECDC to develop these materials. The submission deadline is 10th September which is a tight timescale so it has been decided there is insufficient time to prepare a bid.</p> <p>However it was agreed that a note of interest will be lodged with ECDC to allow input to any subsequent training initiatives.</p>	
19.	<p>Swiss Project</p> <p>AP updated on progress with the Tayside pilot and analysis of Lanarkshire data. The analysis of Tayside data has shown that using the statistical model 71% of the reduction in CDI can explained by, changes in antimicrobial use.</p> <p><u>Action: Full report on Swiss Project to be prepared for October SAPG meeting.</u></p>	AP
20	<p>Workstreams</p> <ul style="list-style-type: none"> • Questions directly to authors. 	
21.	<p>AOCB</p> <ul style="list-style-type: none"> • ECDC are planning to develop an annual Point Prevalence Survey as a quality indicator for HAI with the audit system incorporating ESAC methodology. The new tool has been piloted in Scotland over the summer. 	
22.	<ul style="list-style-type: none"> • Date of next meeting: Monday 25th October 2010 at 12.30pm (lunch available from 12.00noon) in Delta House, Glasgow. <p>Final meeting for 2010 is Monday 13th December 2010</p>	