

**Minutes of the Scottish Antimicrobial Prescribing Group Meeting
held on 14th February 2011
NHS Quality 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
Ms Andrea Patton, Information Analyst, Scottish Antimicrobial Prescribing Group
Dr Robert Masterton, Medical Director, NHS Ayrshire & Arran
Mrs Anne Lee, Chief Pharmaceutical Advisor, SMC
Dr Lorna Willocks, HAI Senior Medical Advisor, Scottish Government
Mr Mike Grieve, Representative from Chief Executives group, Director of Delivery, NHS Lothian
Dr Anne Eastaway, Consultant Microbiologist, Health Protection Scotland
Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland
Dr Camilla Wiuuff, AMR Programme Manager, Health Protection Scotland
Ms Tracey Cromwell, Principal Information Analyst, Information Services Division
Mrs Helen Maitland, Programme Director HAI, NHS Education for Scotland
Professor Ian Gould, NHS Grampian, Scottish Microbiology Forum
Professor Peter Davey, NHS Tayside, International Liaison
Mr Robert Wilson, Infection Control Manager, NHS Ayrshire and Arran
Dr Simon Hurding, General Practitioner, NHS Highland
Dr Nicholas Reid, Lead Antimicrobial Pharmacist, NHS Ayrshire & Arran
Dr Peter Christie, Consultant in Public Health Medicine, NHS Quality Improvement Scotland
Ms Ysobel Gourlay, Lead Antimicrobial Pharmacist, NHS Greater Glasgow and Clyde
Mr Graeme Bryson, Prescribing Adviser, NHS Ayrshire and Arran
Dr Susan Smith, Consultant Microbiologist, NHS Fife
Dr Alexander Mackenzie, Consultant in Infectious Diseases, NHS Grampian
Dr David Wilks, Consultant Physician, NHS Lothian
Ms Deidre Harris, Nurse Consultant Infection Control, NHS Fife

Guests:

Professor Jacqui Reilly, Lead Consultant, HAI, HPS
Dr Nitish Khanna, Specialist Registrar, NHS Greater Glasgow and Clyde

Apologies:

Professor Marion Bennie, National Medicines Utilisation Unit, Information Services Division
Mrs Gail Caldwell, NHS Forth Valley and Director of Pharmacy Group
Dr Andrew Seaton, NHS Greater Glasgow and Clyde, ADTC
Ms Arlene Brailey, NHS Education for Scotland
Dr John Porter, UK Medical Team Lead for Specialty Medicines from Pfizer
Dr Stephanie Dundas, Consultant in Infectious Diseases, NHS Lanarkshire
Dr Martin Connor, NHS Dumfries and Galloway, ADTC / AMT
Ms Jackie Ley, HAI Nurse Consultant, NHS Quality Improvement Scotland
Mr Sam Whiting, Infection Control Manager, NHS Borders
Mr Kevin Hanlon, Head of HAI Policy Unit, Scottish Government
Dr Alistair Leonard, University of Glasgow, Scottish Infection Research Network
Mr Kevin Hanlon, Head of HAI Policy Unit, Scottish Government
Dr Mike Jones, Acute Medicine Representative, NHS Lothian
Clyde

Miss Catriona Innes, Antimicrobial Pharmacist, NHS Orkney and Shetland
 Dr Anne Maree Wallace, Director of Public Health, NHS Forth Valley
 Dr Andrew Hay, Consultant Microbiologist, NHS Highland
 Dr Emma Watson, National Clinical Lead for Patient Safety, Scottish Government
 Dr Gail Haddock, General Practitioner, NHS Highland
 Mrs Sheila Tunstall-James, SMC Patient and Public Involvement
 Dr Alexander Crighton, Consultant in Oral Medicine, NHS Greater Glasgow & Clyde

		Action
1.	<p>Welcome and Apologies</p> <p>The Chair welcomed all present.</p>	
2.	<p>Minutes of the previous meeting 13th December 2010</p> <p>The minutes of the meeting held on 13th December 2010 were agreed.</p>	
3.	<p>Membership</p> <p>The Chair reported that the membership of SAPG has changed as follows -.</p> <p>Members who have stepped down but will continue an interest in SAPG by receiving minutes of meetings and being retained as expert advisers are –</p> <ul style="list-style-type: none"> • Mr Jesus Gallego, Veterinary Adviser • Dr Hamish McKenzie, • Dr Alistair Leonard, SIRN • Mr Ishtiaq Mohammed, • Mr David Marshall • Dr Karen Macsween <p>New members of SAPG –</p> <ul style="list-style-type: none"> • Dr Anne Maree Wallace, • Dr David Wilks • Dr Alexander Mackenzie, • Dr Susan Smith • Ms Catriona Innes • Dr Andrew Hay • Ms Deirdre Harris • Dr Craig Williams <p>The Chair asked that named substitutes be arranged to attend SAPG where possible.</p>	

3.	<p>Matters Arising</p> <ul style="list-style-type: none"> • SAPG PID 2011 - 2014. <p>JS Updated that the PID for next three years which had been submitted to the HAI Policy Unit is now in the process of being revised to reflect changes in the HAI Delivery plan, the PID will be resubmitted and acceptance of PID and funding will be announced in due course.</p> <ul style="list-style-type: none"> • Update of QI Hub and SAPG <p>A meeting to discuss engagement of the QI Hub and SAPG was held on 5th January 2011. The primary role of the hub is to support boards in development of capability and capacity in improvement methodology. One of the items discussed was the possible role of SAPG interaction in work on catheter associated UTI but specific plans have still to be agreed.</p> <p><u>Action: NHS QIS Hub Document to be shared with SAPG Members.</u></p> <ul style="list-style-type: none"> • Review of HEAT Target Indicators <p>A meeting to revisit the HEAT Target Indicators and discuss possible new indicators had taken place prior to the SAPG Meeting. Discussions had highlighted the need for clarification of current targets and measures. Boards currently demonstrating good practice will be asked to share their methods of improvement.</p> <p>Discussions on the surgical prophylaxis indicator had highlighted that timing and duration will be the future focus rather than choice of antibiotic. It had been agreed that measurement in boards would focus on colorectal surgery and that boards not performing this surgery would focus on an alternative high risk procedure(s) to be agreed at board level. The current national indicator will be revised to focus on duration with timing being collected via SPSP where possible.</p> <p>The primary care indicator was discussed under agenda item 7 (paper 4).</p> <p>SAPG will issue guidance for AMTs on continuation of the indicators beyond 31st March 2011.</p> <p>Changes to the HEAT target for CDI will be communicated in a CNO letter.</p> <p>Action: Issue guidance for AMTs on HEAT target supporting indicators</p> <ul style="list-style-type: none"> • ISD/HPS Annual Report. <p>ISD HPS Annual Report was published on 25th January 2011 and is available on the ISD and SAPG websites. Any questions on the report to be directed to BM and CW.</p> <ul style="list-style-type: none"> • CDI Information for GPs <p>JS updated that suggested advice on CDI for GP practices has been sent to AMTs for inclusion in local prescribing bulletins..</p> <p>HM will continue to raise through NES to reinforce this advice via primary care training.</p>	<p>SP</p> <p>JS/SP</p>
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4.	<p>HPS led point prevalence surveys Presentation by Jacqui Reilly, Lead Consultant HAI, HPS. (Presentation attached)</p> <p>Professor Jacqui Reilly presented on the forthcoming European HAI prevalence study which has been agreed by the HAI Task Force and is scheduled to take place September/October 2011. Pilot studies have already been carried out in two boards to evaluate the resource requirements for the data collection process. The study will take place in all acute hospitals and a percentage of non acute hospitals. A working group will be formed with representation from SAPG and a national report will be published in 2012 which will inform future initiatives. Training will be provided as a one day ECDC accredited course for data collectors with training the trainers being the model for cascading the training.</p> <p>Resource within boards was discussed and concerns were raised. It was agreed a multi-professional approach would be required to complete the survey and that time allocation would need Board management support. It was agreed that early communication of survey details and dates is required for AMTs to work with colleagues from Microbiology, Infectious Disease Consultants, Infection Prevention Nurses and others.</p> <p>The question of whether it would be easier to survey the HAI and antimicrobial prescribing elements separately was raised but agreed this would lead to duplication of effort.</p> <p>The Chair thanks Professor Reilly for her informative presentation and agreed that widespread support for this important piece of work was required. SAPG would ensure that AMTs work collaboratively with other clinical teams to deliver the survey through communication with key national leadership and clinical groups.</p> <p><u>Action: Survey details and need for collaborative approach to be communicated to AMTs, Medical Directors, Directors of Pharmacy, ICDs, ICMs</u></p>	JS/WM/R M/GC
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5	<p>Surgical Prophylaxis – AMT survey, action plan and SASM Collaboration (Paper 1)</p> <p>The report details the results of the AMT survey and JS thanked SAPG and AMTs for their input to the survey. The report highlights ongoing problems with the surgical prophylaxis indicator and collaboration will continue with other groups i.e. SPSP and surgical teams, to increase clinical engagement.</p> <p>Discussions have taken place with Scottish Audit of Surgical Mortality (SASM) who have agreed to include measures from SAPG within their datasets which will be revised later this year and this will raise awareness of surgical prophylaxis with surgeons who participate in SASM. Currently more than 90% of surgeons are engaged with SASM and a directive is due to be issued from the Scottish Association of Medical Directors (SAMD) to inform that engagement with SASM will form part of the appraisal process. Engagement will also be taking place with SIGN to discuss Guideline 104 and the need to incorporate recommendations on choice of antibiotic to minimise the risk of CDI.</p> <p>It was agreed buy-in from the surgical teams is paramount to success.</p>	
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	<u>Action: Ongoing discussion with SASM and SIGN</u>	EW/DN
6.	<p>Unintended Consequences. - (Papers 2 & 3) (Tabled papers 1, 2 and 3)</p> <p>A proposed framework approach on Unintended Consequences has been drafted by AE/MB/AS incorporating work in the last 12 months and is a first step in detailing a national and local approach to evaluating unintended consequences of changes in antibiotic policy.</p> <p>Current practice was discussed and it was agreed communication with SPSP will continue to assess what adverse events they are including in their workplan and contact will be made with the Scottish Intensive Care Group to assess what information they currently collect on adverse outcomes.</p> <p><u>Action: Contact SPSP</u></p> <p><u>Action: Contact Scottish Intensive Care Group</u></p> <p>It was agreed that for national work items with Development priority 1 should be progressed in 2011-12 but that other items should await further information from SPSP and SICG.</p> <p>The GaV project is currently underway in all Boards and no further studies should be requested from AMTs at present.</p> <p>It was agreed that SAPG will hold an AMT network event in 2011 focussing on unintended consequences to share data and discuss the way forward.</p> <p>Action: November AMT event to focus on unintended consequences</p> <p>Paper 3 and tabled papers 1 and 2 from NHS Dumfries and Galloway were discussed. Unfortunately MC was not able to attend the meeting to discuss the results further. These papers detailed a study of flucloxacillin and renal function in patients undergoing orthopaedic surgery. The consensus view was that this is a 'red flag' that flucloxacillin in combination with gentamicin may have an adverse effect on renal function and that may be dependent on flucloxacillin dosage. Other Boards using this combination have not seen this effect but acknowledge that they have not been looking for it. There were some concerns about data analysis in the study but it was agreed that the study is a useful addition to the evidence which is being gathered at local level.</p> <p><u>Action: Further feedback on Paper 3 directly to MC</u></p> <p>Tabled paper 3 detailed an evaluation of gentamicin prescribing, administration and monitoring carried out in NHS Tayside. DN advised that this study shows that there is room for improvement in use of gentamicin and this information will compliment the GaV study.</p>	<p>AE/AS</p> <p>AE/AS</p> <p>JS/SP</p> <p>All</p>
7.	<p>Primary care proposal to SGHD (Paper 4)</p> <p>SAPG agreed that a proposal be drafted on an additional target to improve primary care prescribing. A proposal including data on total antimicrobial use has been prepared for</p>	

	<p>presentation at the Primary Care Leads meeting in May 2011. The paper shows there is considerable variation in levels of prescribing and suggests that a 'best in class' approach may be useful.</p> <p>At the meeting held to discuss the HEAT target indicators it was agreed that although there is good progress with the seasonal variation of quinolones indicator there was a need to continue monitoring because within Boards some individual GP Practices were not meeting the target.</p> <p>AMTs to be advised that quinolone indicator will continue in 2011-12 and total quantity indicator will be developed for 2012-13.</p> <p>Action: Advice on primary care indicator to be included in advice for AMTs</p> <p>Use of weighted populations within PRISMS data for total quantity of antibiotic use was discussed. There were concerns that standard weighting parameters (Arbithnott formula) may not be applicable to antimicrobial use. PD advised that he had some literature about weighting which may be useful.</p> <p><u>Action: PD and WM to investigate and report back at April SAPG.</u></p>	<p>JS/SP</p> <p>PD/WM</p>
8.	<p>HPA Template Review (Paper 5)</p> <p>The PCP Sub-group agreed to review all updates to the HPA primary care guidelines to highlight key amendments and provide additional advice to inform implementation in Scotland. It was agreed that the review is very helpful to boards and that the format and content are good. It was suggested that it would be useful to set up a template for updates to standardize presentation of the information.</p> <p>Action: Template for updates to be produced</p> <p>The Chair thanked SH and GB for the large amount of work which has been put into the HPA template and asked for this to be communicated to members of the PCP Group.</p>	JS
9.	<p>Management of <i>Staph. aureus</i> bacteraemia (SAB) – Survey Results</p> <p>The SAB Survey was circulated via the Scottish Microbiologist Forum (SMF) and the Infectious Disease Consultants Group (IDCG) Twenty six survey returns were submitted which covered all the boards areas except Orkney and Shetland who do not have this function. There was considerable variability in process and the survey highlighted areas which will require further discussion to agree best practice. It was agreed a small group would be formed to agree best practice and this would inform an algorithm for management of SAB which would feed into the QIS driver diagram.</p> <p>AE informed that Oliver Blatchford from HPS runs the SAB programme and asked that he be kept updated on progress. He has also carried out some survey work on SABs which may be useful.</p> <p><u>Action: Contact Oliver Blatchford</u></p> <p><u>Action: Small group to be formed to discuss way forward.</u></p>	<p>JS/SP</p> <p>DN/IG</p>

	<p>CNO Meeting</p> <p>HM informed the CNO meeting with Directors of Nursing has been moved to 31st March 2011. The SAPG SAB initiative and how the proposal for an algorithm could be implemented at board level will be discussed.</p>	
11.	<p>AMIDS Update</p> <p>AMIDS is the electronic database integrating both prescribing information and ISD antimicrobial resistance data.</p> <p>The technical build is underway with anticipated completion date of 31st March and it is hoped results will be out by November this year. Agreed a user reference group will be formed to inform and develop standard reports and that a smaller group may be useful for people in boards.</p> <p>The Chair thanked team for this work and looked forward to future updates.</p>	
12.	<p>Temporal Effects</p> <p>PD informed the Temporal Effects report is deferred to April SAPG to include full results and discussion.</p> <p>JS updated that the report contains Tayside data but that analysis of data from all boards with robust datasets will take place during the coming year. The next board to be analysed will be Ayrshire & Arran. .</p>	
14.	<p>Feedback from Expert Group on Antibiotics Meeting</p> <p>Stephanie Dundas has contributed on behalf of SAPG to the Department of Health Pandemic Flu Expert Group on Antibiotics. Unfortunately Stephanie has apologised for this meeting and her update is deferred to April SAPG.</p>	
15.	<p>SAPG Report 2008 - 11</p> <p>The report of SAPG work to date has been prepared and will be published on the SAPG website in electronic pdf format only. This report will complement the forthcoming HAI Task Force Report for 2008-11.</p>	
18.	<p>Items for Information</p> <ul style="list-style-type: none"> The Chair advised that if any members wish Items for information such as workstream updates to be moved up the agenda please contact Susan Paton. 	

19.	<p>AOCB</p> <p>Out-of-hours quality indicators JS advised that QIS is leading development of quality indicators for Out-of-hours services and SAPG has been asked to input on antibiotic prescribing as a potential indicator. WM and TC are working on some sample data to inform this and JS will present this to the QIS OOH group. It was agreed that this was a useful initiative for SAPG to support.</p> <p>SIGN 88 SIGN have agreed to carry out a limited review of SIGN 88 – bacterial UTI, to reflect changes in antimicrobial use and clarify guidance on UTI in men. A small group has been set up to take this forward.</p>	
20.	<p>Date of next meeting:</p> <p>Monday 18th April 2011.</p> <p>Following meeting Monday 27th June 2011</p>	