

**Minutes of the Scottish Antimicrobial Prescribing Group Meeting held on  
18<sup>th</sup> April 2011  
Healthcare 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  
Mrs Anne Lee, Chief Pharmaceutical Advisor, SMC  
Dr Lorna Willocks, HAI Senior Medical Advisor, Scottish Government  
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  
Dr Anne Eastaway, Consultant Microbiologist, Health Protection Scotland  
Mr William Malcolm, Pharmaceutical Advisor, Health Protection Scotland  
Dr Camilla Wiuff, AMR Programme Manager, Health Protection Scotland  
Ms Tracey Cromwell, Principal Information Analyst, Information Services Division  
Professor Peter Davey, NHS Tayside, International Liaison  
Dr Simon Hurding, General Practitioner, NHS Highland  
Dr Nicholas Reid, Lead Antimicrobial Pharmacist, NHS Ayrshire & Arran  
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 David Wilks, Consultant Physician, NHS Lothian  
Ms Deidre Harris, Nurse Consultant Infection Control on behalf of the Infection Prevention Society  
Dr Emma Watson, National Clinical Lead for Patient Safety, Scottish Government  
Dr Mike Jones, Acute Medicine Representative, NHS Lothian  
Mrs Gillian MacCartney, Antimicrobial Pharmacist, NHS Grampian  
Dr Anne Maree Wallace, Director of Public Health, NHS Forth Valley  
Mrs Sheila Tunstall-James, SMC Patient and Public Involvement  
Mr Sam Whiting, Infection Control Manager, NHS Borders  
Dr Emma Watson, National Clinical Lead for Patient Safety, Scottish Government

**Guests:**

Dr Susan Baxter, National Lead for the Tissue Viability Programme, Healthcare Improvement Scotland

**Apologies:**

Dr Robert Masterton, Medical Director, NHS Ayrshire & Arran  
Miss Catriona Innes, Antimicrobial Pharmacist, NHS Orkney and Shetland  
Dr Andrew Hay, Consultant Microbiologist, NHS Highland  
Dr Gail Haddock, General Practitioner, NHS Highland  
Dr Alexander Crichton, Consultant in Oral Medicine, NHS Greater Glasgow & Clyde

Mrs Helen Maitland, Programme Director HAI, NHS Education for Scotland  
 Professor Ian Gould, NHS Grampian, Scottish Microbiology Forum  
 Mr Robert Wilson, Infection Control Manager, NHS Ayrshire and Arran  
 Dr Peter Christie, Consultant in Public Health Medicine, NHS Quality Improvement Scotland  
 Dr Alexander Mackenzie, Consultant in Infectious Diseases, NHS Grampian

		Action
1.	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed all present.</p>	
2.	<p><b>Minutes of the previous meeting held on 14<sup>th</sup> February 2011</b></p> <p>The minutes of the meeting held on 14<sup>th</sup> February 2011 were agreed.</p>	
3.	<p><b>Membership</b></p> <p>The Chair advised that Mr Mike Grieve, Director of Operations, NHS Lothian representing the Chief Executives Group on SAPG had retired on 31<sup>st</sup> March 2011.</p> <p>The Chair also advised Mrs Sheila Tunstall-James, Patient and Public Representative on SMC and SAPG has now come to the end of term of office with the Scottish Medicines Consortium and this would be Sheila's last meeting. The Chair thanked Sheila for the excellent input she had given to SAPG during the past three years.</p>	
4.	<p><b>Matters Arising</b></p> <ul style="list-style-type: none"> <li>• <b>SAPG PID 2011 - 2014.</b></li> </ul> <p>JS advised that the PID for 2011-2014 has been approved by the HAI Policy Unit and funding for 2011-2012 confirmed. Within the PID there will be three work streams -the Education and Information work streams remain the same and the third work stream changes to Quality Improvement and Infection Management. Objectives will link to the HAI Delivery Plan and during the next two months SAPG will develop a detailed plan and align Leads to each element.</p> <p><b><u>Action: PID to be circulated to SAPG Members.</u></b></p> <p><b><u>Action: Paper to be drafted detailing structure of new Work stream and Leads for future meeting of SAPG.</u></b></p>	<p>SP</p> <p>DN/JS</p>

- **Review of HEAT Target Indicators**

The Chair advised that changes to the hospital prescribing indicators have been agreed with AMTs.

Choice of agent for surgical prophylaxis remains a challenge and availability of cefazolin, a first generation cephalosporin with low risk of CDI which is licensed in Europe and the USA, is being investigated. AL advised a letter has been submitted to GSK, manufacturer of cefazolin asking about potential for licensing in the UK and, if unsuccessful, there may be potential to undertake a risk assessment in collaboration with the Directors of Pharmacy group to facilitate governance arrangements for use of imported cefazolin.

- **Feedback Event 1<sup>st</sup> March 2011**

Feedback received from the National Network Event on Antimicrobial Prescribing and Infection Prevention held on 1<sup>st</sup> March 2011 was very good and had highlighted that delegates felt that joint events are very beneficial for specialties coming together.

- **Next AMT Event 14<sup>th</sup> June 2011**

JS advised the next event which will be held on 14<sup>th</sup> June 2011 will focus on surgical prophylaxis and improvement and that discussions are currently taking place with Healthcare Improvement Scotland to facilitate improvement workshops.

- **National PPS**

WM advised that a collaborative approach to the forthcoming National PPS will be required and that work on the training programme is now well underway. It was confirmed that training will be available locally (1 day course) and nationally (5 day advanced epidemiology course). HPS have circulated information on the survey to AMTs

AL advised a paper had been submitted to the Directors of Pharmacy (DOPs) requesting pharmacy support for the PPS. DOPs will be fully engaged with the multi-disciplinary approach highlighted.

LW advised that the PPS should be undertaken jointly by ICTs and AMTs and that within boards ICMs are expected to lead the survey. A CNO and CPO letter will be sent to Caldicott Guardians before wider circulation.

- **Unintended Consequences**

**National programme**

AE advised that SPSP do not intend to cover any aspects of unintended consequences detailed in the paper presented at the last meeting. Within SPSP, the monitoring of adverse outcomes is very high level and not comprehensive.

	<p>Monitoring of admissions to ICU has been deferred until 2012-13 as other surveillance programmes in ICU have priority for the coming year.</p> <p>HPS is progressing with the following systems for monitoring unintended consequences in 2011-12</p> <ul style="list-style-type: none"> <li>• Consolidation and enhancement of the AMR surveillance system</li> <li>• Data linkage with ISD for <i>E. coli</i> and <i>S. aureus</i> bacteraemias and mortality</li> <li>• Development of a series of standard queries for ISD re hospital admissions with key upper respiratory infections e.g. mastoiditis.</li> </ul> <p>No further national work on antibiotic toxicity will be undertaken until the results of the GaV project have been presented.</p> <p><b>Dumfries &amp; Galloway study</b></p> <p>A paper on renal impairment after high dose flucloxacillin and single shot gentamicin prophylaxis for patients undergoing elective hip and knee replacement was presented at the previous meeting of SAPG. Concerns had been raised regarding the methodology of this study and PD has discussed this with the authors.</p> <p>Similar studies have been carried out in the Southern General Hospital, Glasgow and in Lanarkshire but results are less equivocal.</p> <p>Data from Bristol and Southampton has shown no adverse effects of changing from cephalosporins to flucloxacillin and gentamicin.</p> <p>MJ advised that patients in some regions may have a genetic pre-disposition to renal toxicity and this may explain conflicting results.</p> <p>DN advised that these studies do suggest a signal that should be further investigated by SAPG using a robust methodological approach. It was agreed a small group should be convened to collate all current data for NHS boards using flucloxacillin +/- gentamicin and report the findings at the August meeting of SAPG.</p> <p><b><u>Action: Small study group to be formed and findings to be reported back to SAPG.</u></b></p>	<p>JS/MB</p>
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<p>5.</p>	<p><b>Surgical Prophylaxis</b></p> <ul style="list-style-type: none"> <li>• <b>Engagement with Surgeons</b></li> </ul> <p>EW advised positive discussions are ongoing with SASM. Prophylaxis will be included within the new e-SASM database and has also been included as an article in their newsletter. To date it has proved difficult to engage via the Royal Colleges due to the disparate nature of surgical specialties but since the focus has changed to colorectal surgery it is hoped this will facilitate engagement. Another advantage of the colorectal surgery focus is that HPS are piloting SSI surveillance in this specialty.</p>	
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	<ul style="list-style-type: none"> <li>• <b>HPS SSI (Paper 1)</b></li> </ul> <p>HPS SSI has been collecting data on surgical site infection associated with hip arthroplasty and Caesarean Section procedures in all NHS Boards since 2002 and in 2009 additional measures, requested by SAPG, were added to the dataset. Paper 1 is the culmination of this work and shows the national data set for compliance with SIGN 104 antibiotic prophylaxis measures for hip arthroplasty and c-section surgery in 2010. HPS intends to share board level reports of the same dataset with AMTs on a quarterly basis and during the course of 2011 local HPS SSI Co-ordinators will provide training for AMT members to allow them to access local 'real time' data within the HPS database. The format of the data was discussed and it was agreed any comments should be submitted to JS for collation and feedback to HPS.</p> <p>The Chair noted that development of the dataset and access to the HPS reports is a significant step forward.</p>	
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6.	<p><b>GP Audit Tool (Paper 2)</b></p> <p>WM reported the results of the recent pilot audit which complements comprehensive information available on PRISMS and identifies areas for targeted improvement and education activities. Participation in the pilot was greater than expected with 99 prescribers across 55 practices across 13 NHS boards. The use of SCI gateway was successful but in future integration with GP prescribing systems such as EMIS and Vision may be more suitable. Key findings were that about half of all prescriptions were for working age patients (15-65 years), prescribing for URTI was high and course durations were often not in line with HPA guidance. Further information about course duration can be extracted from PRISMS e.g. % trimethoprim prescriptions that are 3 day course. It was suggested that it may also be possible for GP prescribing systems to include a default recommended duration for antibiotic prescriptions.</p> <p>GPs will receive their own results compared with the national average and will be asked for feedback on both the audit process and the results. There are no plans to provide AMTs with aggregated board-level data.</p> <p>It was agreed that an options appraisal for further qualitative work should be prepared for discussion at the August SAPG meeting.</p> <p><b><u>Action: Paper for SAPG August meeting.</u></b></p>	WM/TC
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7.	<p><b>Primary Care Proposal (Paper 3)</b></p> <p>This paper details a proposed 'total quantity' indicator and will inform discussion at the Primary Care Leads group meeting on 25<sup>th</sup> May 2011.</p>	
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	<p>The Primary Care Leads group will be asked to:</p> <ol style="list-style-type: none"> <li>1. Note the variation at practice level in the number of antibiotics prescribed in Scotland.</li> <li>2. Agree in principle that reduction of the number of prescriptions for antibiotics is a priority for primary care.</li> <li>3. Note the rationale and benefits realisation from reduced prescribing of antibiotics in primary care.</li> <li>4. Consider the proposal from SAPG for the establishment of a national target related to primary care prescriptions for antibiotics.</li> </ol> <p>The approach and implementation of the target were discussed and the reasons for using unweighted rather than weighted population were clarified.</p> <p>SAPG agreed with the 'best in class' approach to setting a target for reduction in antibiotic prescribing in primary care.</p>	
8.	<p><b>Temporal Effects (Paper 4)</b></p> <p>This paper detailed results for antibiotic use, CDI rate and mortality for surgical wards in NHS Tayside. There have been significant changes in line with the introduction of new policy: increase in use of amoxicillin and gentamicin; decreases in use of ciprofloxacin and co-amoxiclav and eliminated use of cefuroxime. The reduction in CDI rate is less than for medical wards but there appears to be a small decrease in mortality in some patient groups. Further work is ongoing to identify the most appropriate method of evaluating changes in mortality.</p> <p>Analysis of data from other boards will now commence utilising expertise in analysis gained through collaboration with Swiss colleagues on the Tayside pilot.</p> <ul style="list-style-type: none"> <li>• <b>Analysis of readmission and mortality in patients who have had blood cultures Paper 4</b></li> </ul> <p>PD advised that Paper 4 describes work on the management of sepsis in hospitals which may be relevant for the temporal effects work. The study suggests that mortality rate in patients who have had a blood culture may be a suitable marker for management of infections.</p>	
9.	<p><b>SNAP CAP Paper 5</b></p> <p>PD advised that a breakthrough collaborative in 6 hospitals looking at severity assessment using CURB-65, oxygen assessment and administration and IV antibiotics for severe CAP has been successful in improving practice.</p> <p>SAPG now requires to decide on the future of this work and options are:</p> <ol style="list-style-type: none"> <li>1. Continue to support current teams.</li> <li>2. Continue to support and spread to other hospitals</li> <li>3. Integrate with wider sepsis agenda in Acute Medicine.</li> </ol>	

	<p>It was agreed that an options appraisal should be prepared in collaboration with colleagues from Acute Medicine for discussion at next SAPG meeting. Clinical leadership of CAP and related work will also be discussed with Acute Medicine.</p> <p><b><u>Action: Options appraisal paper for June meeting of SAPG.</u></b></p>	PD/AP
10.	<p><b>Education Update Paper 11</b></p> <p>AB reported that annual infection control updates for nursing staff will now include information about CDI and antimicrobial prescribing. An action plan for 2011 onwards has been prepared based on the requirements of the HAI delivery plan and the SAPG PID and the Education Sub Group will be re-convened to help take this forward.</p> <p>The Chair highlighted that in HEI inspections HAI training for consultants has been reported as lacking in many boards and that it would be helpful if NES could facilitate defining the training requirements for senior medical staff.</p> <p><b><u>Action: NES to advise on senior medical staff training</u></b></p> <p><b>Agenda Item 22 ARHAI Professional Education Sub Group</b></p> <p>PD updated that there is a global gap in competencies for antimicrobial stewardship and the ARHAI Education Sub Group is currently looking at this and these may be useful to inform future work.</p>	HM/AB
11.	<p><b>Neutropenic Sepsis</b></p> <p>JS updated that the Neutropenic Sepsis group has developed a series of best practice statements on recognition of NS, initial management in hospital and follow-up of patients. The associated audit process will use the SAPG Extranet but will not involve any work for AMTs.</p> <p><b><u>Action: Final report for next meeting of SAPG</u></b></p>	JS
12.	<p><b>Management of <i>Staph. aureus</i> bacteraemia (SAB) – Papers 6 and 7</b></p> <p>The Chair updated on work to facilitate best practice in management of SAB. Comments have been sought from SAPG and HPS on the draft proposal and algorithm for SAB and all comments received will be taken on board and discussed at the SAB working group meeting on Wednesday 20<sup>th</sup> April. The draft algorithm and proposal will then be sent to SMF, ID Consultants group and IPS for consultation.</p> <p><b>Action: Any further comments to JS by 20<sup>th</sup> April.</b></p>	All

13.	<p><b>AMIDS</b></p> <p>The technical build is now complete and internal NSS user acceptance testing will now commence. A user reference group will be formed to agree a range of standard reports and future training requirements. Roll-out is scheduled for September-November 2011.</p>	
14.	<p><b>CDI Quarterly Report</b></p> <p>AE advised the CDI quarterly report with data up to December 2010 is now available and shows significant reductions in CDI rates. There has been a steady decline in the prevalence of hospital epidemic strains (106, 001, and 027) but these are still responsible for most outbreaks.</p>	
15.	<p><b>Vancomycin Resistant Enterococci (VRE)</b></p> <p>AE advised VRE has increased in recent months with evidence of clonal spread. Organisms isolated appear to be highly resistant to gentamicin and teicoplanin. HPS intends to establish a surveillance system for VRE using 2011 as the baseline year.</p> <p><b><u>Action: Formal proposal to be drafted for SAPG.</u></b></p>	AE/CW
16.	<p><b>UTI AMR Paper</b></p> <p>CW advised that a questionnaire had been sent to all laboratories to provide a snapshot of antimicrobial surveillance for urinary tract infections. The results of the questionnaire are summarised in Paper 8 along with recommendations for future work. It was advised that the paper is at an early stage and is submitted to SAPG for information and support.</p> <p>It is recommended that a national surveillance programme for resistance in urinary tract infections is established from January 2012 to detect emergence of resistance, monitor changes in resistance frequencies and changes in the frequencies of ESBL-producing organisms. It was noted that ESBLs can be detected earlier in urine samples than in blood cultures. Susceptibility data on urinary isolates can be extracted from the VITEK 2 system so this programme should not require additional local resource.</p> <p>The recommendation was supported by SAPG.</p>	
17.	<p><b>HPA Guidance on meningococcal disease</b></p> <p>Guidance has been issued by HPA and includes a change from rifampicin to ciprofloxacin for meningitis prophylaxis. There was consensus to support and to follow the HPA guidelines.</p>	
18.	<p><b>Quality Improvement Indicators Out-of-Hours</b></p> <p>Healthcare Improvement Scotland is working with SGHD and NHS 24 on quality indicators for OOH services. The group is keen to include high risk</p>	

	<p>antimicrobials (4C antibiotics) as an indicator for clinical effectiveness. PRISMS data is available for antibiotics issued on GP10 prescriptions and work is underway to evaluate supplies made via pre-packs from hospital pharmacies.</p> <p>A national review of pre-packs available is also underway and this will help to reduce use of 4C antibiotics.</p>	
19.	<p><b>Feedback from Expert Group on Pandemic Flu Antibiotics</b></p> <p>SD gave feedback on the Department of Health meeting which was held on 18<sup>th</sup> January with national stakeholders to review the national antibiotic stockpile. Outcome is that co-amoxiclav and doxycycline will remain as main oral agents and co-amoxiclav and clarithromycin for parenteral use. Cefuroxime injection will also be retained for paediatric use.</p>	
20.	<p><b>SIGN 88</b></p> <p>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 and the expected timeframe is about 6 months. MC asked if the review would include evidence on treatment of ESBLs. This would be additional work but will be raised with SIGN.</p> <p><b>Action: Ask SIGN if ESBLs can be included in the review.</b></p>	DN/JS
21.	<p><b>NHS Quality Improvement Scotland change to Healthcare Improvement Scotland</b></p> <p>AL advised that NHS QIS transferred to Healthcare Improvement Scotland on 1<sup>st</sup> April 2011. Key purpose of Healthcare Improvement Scotland is to improve quality and safety. SMC and SAPG will be part of the Evidence and Improvement Directorate.</p>	
22.	<p><b>ECDC Proposal</b></p> <p>PD advised that he and AE are working with colleagues from the University of Chester on the content for an antimicrobial resistance course which will be submitted at the end of June. Submissions for delivery of the 3-day course will then be sought and SAPG may wish to be involved.</p> <p><b>Action: Provide update on delivery submission.</b></p>	PD
23.	<p><b>Date of next meeting:</b></p> <p><b>Monday 27<sup>th</sup> June 2011.</b></p> <p><b>Following meeting Monday 29<sup>th</sup> August 2011</b></p>	