



Regional Medicines Optimisation Committee (London)

Antimicrobial Resistance / Stewardship Subgroup

30th September 2020 (11:00 to 12:30 via Microsoft Teams)

Attendees	
Richard Goodman [RG]	NHS England & NHS Improvement (London), Regional Chief Pharmacist [Chair]
Sue Alexander [SA]	Royal Marsden NHS Foundation Trust, Principal Biomedical Scientist,
Aparna Babu [AB]	South East London CCG, Clinical Lead Antimicrobial Stewardship.
Nick Beavon [NB]	NHS Wandsworth CCG, Chief Pharmacist – (Acting SRO for SWL)
Moira Coughlan [MC]	ELHCP, Programme Director for Medicines Optimisation and Pharmacy Transformation and SRO for NEL.
Natalie Foley [NF]	North West London Collaboration of CCGs, Infection Prevention Strategic Lead
Stephen Hughes [SH]	Chelsea & Westminster Hospital, Antimicrobial Pharmacist
John Minshull [JM]	NHS Specialist Pharmacy Service, Deputy Director Medicines Information
Tushar Shah [TS]	NHS England & NHS Improvement (London), Pharmacy Advisor,
Vivek Soni [VS]	NHS England & NHS Improvement Specialised Commissioning, Deputy Regional Pharmacy Lead London (Antifungal Stewardship Lead)
Sheena Vithlani [SV]	NHS Specialist Pharmacy Service, Regional MI Manager [minutes]
Peter Wilson [PeW]	University College London Hospital, Consultant Medical Microbiologist
Ester Taborn	NHS England & NHS Improvement, Gram Negative Blood Stream Infection Improvement Lead
Pauline Taylor	North Central London CCG, Head of Medicines Management (Haringey), Acting SRO
Apologies	
Tania Misra [TM]	PHE (London), Consultant in Health Protection
Fiona Coogan [FC]	London North West University Healthcare NHS Trust, Director of Infection Prevention and Control
Sally Kingsland [SK]	NHS England & NHS Improvement (London), Clinical Quality Manager
Yvonne Leese [YL]	North West London Collaboration of CCGs, Deputy Director of Quality (deputising for DJ (SRO for NWL)).
Jane Sproat [JS]	Healthy London Partnership (HLP), Ageing Well Senior Improvement Manager (Enhanced Health in Care Homes)
Paul Wade [PaW]	Guy's & St Thomas' NHS Foundation Trust, Consultant Pharmacist Infectious Diseases (deputising for David Webb (SRO for SEL)).
David Webb [DW]	Guy's & St Thomas' NHS Foundation Trust, Chief Pharmacist and Clinical Director.

1. Welcome, introductions and apologies for Absence

- The chair welcomed the group, acknowledged apologies and asked members to declare any conflicts of interest (none were declared). He reminded the group of the importance of prioritising AMS and of the need to effectively re-launch the regional AMS programme.

2. Minutes from July 2020 meeting and review of action log.

- Draft minutes were accepted as an accurate reflection of the meeting.

Actions	Who
<ul style="list-style-type: none"> Circulate form to members for declaring Conflicts of Interest 	JM
<ul style="list-style-type: none"> Upload July 2020 minutes to the SPS website. 	JM



Review of Action Log (open action items not on agenda)

- The Chair acknowledged good progress in establishing the group as a means for sharing of good practice through system leads (SROs) from each STP.
- He emphasised the need for clear and transparent progress against open actions 28, 29, 98 and 99, relating to improving hydration and AMS in Care Homes. JS had circulated a care home resources pack for London in July which members asked to be re-circulated. SROs agreed to support updating of this pack by specifying what they think care homes should be focussed on. They commented that the difficulty is often in knowing who to contact regarding work in care homes and changing structures makes this more difficult. It was agreed that this work stream is important at a regional level and will benefit from the leadership of JS who is in a good position to move it forward with the group's support.
- For actions relating to sharing of resources, it was agreed that actions would be closed and a digital repository will be created on the NHS Futures platform to host these:
 - Details of care home forums – action 152
 - Dashboards from the NEL-CSU on various measures, e.g. flu vaccine uptake per GP Practice – action 175.
 - Barts Health catheter passport and TWOC policy - action 169.
 - Hydration/ UTI training for care homes from NEL - action 170.
- Action 158 (presenting data pack as a concept at a PHE workshop on 20th March 2020) was closed as the workshop was cancelled in March and will not take place this year.
- For Point of Care Testing (POCT), actions 24, 79, 128, pilots have been suspended due to Covid-19. TS commented that there no further development.
- Actions 140-142, relating to the CQUINS schemes remain open (deferred) as CQUIN schemes remain [suspended](#) until March 2021.
- For Action 175 (Share dashboards from the NELCSU on various measures, e.g. flu vaccine uptake per GP Practice), NB presented the flu vaccination dashboard. This is being considered for use in NWL and regionally by Liz Wise and/or Mark Turner at NHSE/I who are working on rolling this out. Vaccine uptake data can be viewed in different ways and community pharmacy data are included when pharmacies send data to GP practices via the Sonar system, with risk of double-counting deemed low. PT commented that NCL are considering using the Sonar system to assess flu vaccine uptake.
- Action 176 was for PeW to provide details of the data he is collecting on antibiotic use in Covid-19 patients within his hospital since January 2020. He reported that, as well as initial heavy overuse, antibiotics are heavily prescribed around week 3 of admission when some Covid-19 patients experience respiratory deterioration. On ITU, around 80% of patients are prescribed antibiotics but only ~10% have bacterial infections – he referred to papers about this which will be uploaded onto the new resource repository. He pointed out that the biomarker procalcitonin (PCT) is a tool some clinicians use to try and identify patients with Covid-19 who have bacterial co-infection but CRP levels vary widely in Covid-19 and so he does not consider PCT a useful tool. The group suggested that recommendations could be made to support colleagues in secondary care at a national level. It was felt that NICE may have a role in reviewing the evidence for antibiotic use in later treatment of Covid-19 (e.g. as a Rapid Review) and the newly appointed national AMR lead could potentially drive this forward. JM and PeW agreed to discuss the next steps and to prepare a with potential recommendations for Richard Seal (Chair of the Midlands RMOG AMR Subgroup).
- Action 171 (Liaise with Midlands & East RMOG about their work on reviewing pack sizes of antibiotics and share relevant paper(s) with this group) was completed. The Midlands and East RMOG is discussing the issue and a further update will be available at the next meeting.
- Action 153 (Update RMOG AMR group on development/ embedding of electronic template to report key data on source of infection) remains open. NF reported that an infection



control nurse is working on this as a pilot using an electronic template to document source of *C.Dificile* and *E.Coli* infections. Timescale for completion may be impacted by Covid-19. NF will feedback to the group in January 2021 as an opportunity to share good practice.

- Actions 82, 124, 136 and 156, relating to the PGD for sore throat and infection source data remain open as this work was deferred due to Covid-19 being a priority.

Actions	Who
<ul style="list-style-type: none"> • Prepare summary discussing potential need for NICE evidence review for antibiotic prescribing in hospitalised Covid-19 patients at later stages of their disease. Raise as an issue with Richard Seal (Chair of the Midlands RMOC AMR Subgroup) to consider taking forward. 	JM/ PeW
<ul style="list-style-type: none"> • Create workspace for the group on NHS Futures and upload documents for sharing pertaining to actions 152, 175, 169, 170, 176. Circulate details of how to access and how to upload resources and SROs to upload/ provide resources for sharing. 	SV/JM
<ul style="list-style-type: none"> • Re-circulate Care Home Resources pack. 	SV+JS
<ul style="list-style-type: none"> • Agenda discussion to discuss outcome of Midlands RMOC meeting item on 5 day vs. 7 day pack sizes for antibiotics. 	SV/ JM
<ul style="list-style-type: none"> • Contact JS to discuss leading work on behalf of this group across London on hydration in Care Homes and to scope out project plan. 	RG

3. Antifungal Stewardship (AFS)

- VS presented a paper outlining the clinical importance of AFS and acknowledging the suspension of the National AFS CQUIN scheme for 2020/21 to 31st March 2021. London Trusts in particular responded well to the optional AFS element in the Medicines Optimisation part of 2018/19 CQUIN scheme. Some have embedded AFS in the same way as AMS with dedicated AFS ward rounds for example. Pharmacy and clinical colleagues he has spoken with are keen to continue to keep their AFS programme running albeit with a lighter touch approach for 2020/21. He called out to SROs to see AFS as a system priority and proposed that there is a lack of oversight regionally as to the capacity of Trusts to continue this work. He asked SROs to confirm their AFS stewardship priorities and plans for 2020/21. SROs provided reassurance that AFS is a system priority and that some work to support CQUINs is still ongoing. They agreed to help ensure that trusts continue to prioritise AMR roles this year if they have capacity. The impacts of COVID-19/influenza on AFS were discussed because the risk of fungal infections developing in ventilated patients is high.
- The chair re-iterated the importance of treating AFS as seriously as AMS. The group felt that since antifungals are part of each Trust's block funding agreements, there is a financial incentive to drive AFS activities with more savings possible compared with AMS activities.
- The group was asked how it might support work to drive improvement in AFS and which key barriers need addressing. A key barrier identified in secondary care is around diagnostic capacity for the beta-d-glucan test which helps clinicians to decide when to stop antifungals. Some London hospitals report use a laboratory in Bristol for this and receive results after 8-9 days of sending samples. The diagnostic gap analysis survey showed inconsistent turnaround times and delays with this. It was agreed that, since more Trusts are relying on this test, there is value in exploring expanding diagnostic capacity as a system-wide priority with the possibility of centrally commissioned diagnostic hubs. Members felt that the possibility of a London hub should be considered, given its high concentration of teaching hospitals. This will be discussed with RT to explore current availability of the test and identify where the gaps are. VS reported that the national AFS working group considers developing hub and



spoke models for diagnostics regionally as a high priority and will keep this group sighted on developments with this.

- Other barriers were limited clinical expertise on AFS in secondary care which is typically one individual per Trust. In primary care, a barrier is the lack of oversight on use of some antifungals, such as products for self-care which are sold rather than prescribed.

Actions	Who
<ul style="list-style-type: none"> • Explore feedback from this group regarding limited diagnostic capacity for beta-d-glucan test and the possibility of centrally commissioned diagnostic hubs as a system wide priority with the national AFS working group and report back to this group November 2020. 	VS
<ul style="list-style-type: none"> • Discuss exploring current availability of beta-d-glucan test for London Trusts and identify where the gaps are with RT. 	VS
<ul style="list-style-type: none"> • Liaise with London Trusts to confirm their areas AFS stewardship priorities and plans for 2020/21 and to explore challenges further. Report back to this group at November 2020 meeting. 	SROs

4. Feedback from primary care survey on implementation of NICE Guideline 165

- Following publication of the NICE COVID-19 rapid guideline (NG165) on managing suspected or confirmed pneumonia in adults in the community, members were asked to respond to a survey. This aimed to find out how well the guidance had been implemented, particularly community pathways for suspected Covid-19, what is being done to implement these and where antibiotic prescriptions fit in and around use of delayed consultation as opposed to delayed prescription to safety net patients at risk of rapid deterioration. There was a good response rate from CCG's in the London region.
- Members heard about the impact of the guidance and/or of Covid-19 on antibiotic use data during the first peak of Covid-19 around April 2020. This showed an increase in prescriptions for doxycycline and co-amoxiclav. There was a very large reduction in prescribing of amoxicillin for children which was thought to be a consequence of fewer consultations (less access) and/or reduced clinical need as a result of reduced lockdown.
- Members commented that:
 - It is important for the survey to obtain broader views from stakeholders in primary care, such as from community pharmacists, PCNs and care home networks.
 - The guidance does not mention role of azithromycin.
 - Where the guidelines do not recommend antibiotic prescribing, there should be explanation of why.
 - Recommending an antibiotic that isn't usually first line, without providing the explanation needed, was seen to be unhelpful. NICE have now updated this.
 - The guidance was hard to implement with otherwise busy GPs. A summary or visual aid document would have helped in this situation to prevent overloading GPs.
 - There was little time to implement the guidance and so local approaches differed.
 - To help expedite and standardise implementation, some 'top tips' could be created, potentially by this group, as a framework for implementation.
 - Auditing implementation as a KPI might be helpful.
- The role of community pharmacists around AMS was seen as important especially if they are able to challenge prescribing as part of the Pharmacy Quality Scheme. Ways to support this were discussed such as using the SPS AMR Network website. For example, linking allCCG antibiotic guidelines to relevant pages so community pharmacists can use the map function to pick the correct guideline. Logistical challenges with this were discussed, such as the need

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to keep guidelines up to date (which wouldn't be an issue with links), rapid guidelines sometimes superseding current guidelines and local variation of antibiotic resistance patterns influencing choice.

- All points will be sent to Elizabeth Beech to consider for national implementation including top tips for implementing guidance. If these suggestions are not implemented nationally, this group will consider implementation in London.

Actions	Who
<ul style="list-style-type: none"> • Communicate comments from this group about implementation of NICE COVID-19 rapid guideline (NG165) to Elizabeth Beech and consider if regional 'top tips' for implementation are needed. 	JM/SV

5. Any other business

- The RMOc AMR data pack for London will be updated in October 2020.
- SV fed back that she had liaised with the Oxford EBM datalab (Open Prescribing) regarding the demand for borough level data following the July 2020 meeting. They had stipulated that this work would require funding to implement. No further actions were agreed.
- The national AMR lead (band 8d) has now been appointed – further details to follow.

Actions	Who
<ul style="list-style-type: none"> • Update AMR London data pack in October 2020 and upload to SPS website. 	JM
<ul style="list-style-type: none"> • Provide details of/ Introduce national lead for AMR to the group. 	RG

6. Future Meetings

The next meeting will be Friday 20th November 11am to 12:30pm and all agreed that this would be held on Microsoft Teams and would last for 90 minutes. SV will send out survey for 2021 meetings.

Actions	Who
<ul style="list-style-type: none"> • Circulate meeting invite for November meeting. 	SV
<ul style="list-style-type: none"> • Circulate survey for dates for 2021 meetings. 	SV

ACTION LOG: See attached spreadsheet

STP AMR ACTIVITY

STP	SRO	Notes	Update Date
NWL	Diane Jones (SRO) has delegated to Yvonne Leese	Natalie Foley attended the September 2020 meeting and updated the group on the E.Coli reduction strategy and pilot of an electronic template to document sources of infection which will be fed back to this group in January 2021. YL attended the July 2020 meeting with Natalie Foley and outlined priorities going forward. These include review of 2019/20 data, further development of now-established IPC committee, building on relationships with public health team and work in care homes. Priorities in January 2020 included establishing the NWL GNBSI Steering Group.	30.09.2020
NCL	Pauline Taylor is acting SRO.	PT attended the September 2020 meeting. At the July 2020 meeting, she spoke about how their priorities will align with the NHS Long Term Plan and include; working with care homes (including on hydration) and obtaining antibiotic prescribing data (at borough level if possible). In September 2019, Preet Panesar presented the work of the NCLAWG. She talked about	30.09.2020

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		their benchmarking activity looking at antimicrobial resistance and CQUIN data and comparing primary care antibiotic prescribing in different areas of NCL as well as their work to address issue of correct documentation of penicillin allergy. The group had plans to work on GP prescribing of broad spectrum antibiotics, healthcare associated GNBSI, reducing UTI infections, improving antifungal stewardship and focus on the education and training of patients, public and healthcare workers. They also planned to carry out scoping activities across NCL – including issues emerging from out-of-hours services, walk-in centres, community pharmacies and care homes.	
NEL	Moira Coughlan	MC attended the September 2020 meeting. In July 2020 she spoke about their work to scope an action plan for the NEL AMR Strategy group and integrating the IPC group. Short term priorities are to review borough-level-data and continue work with Barts Health on catheter passport and TWOC policy, work with care homes. In 2019, Oge Chesa presented work by the NEL AMR Strategy group on hydration and UTI in care homes.	30.09.2020
SEL	David Webb SRO role delegated to Paul Wade.	Paul Wade attended the July 2020 meeting and spoke about setting up a local IPC group and trying to integrate AMR within this. In parallel, they are setting up a separate AMR group as a subgroup of the local APC. Their priorities are looking at prescribing data from, secondary care, aspects of the NHS Long Term Plan, including Clostridium <i>difficile</i> rates, support for care homes and catheter associated UTIs and hydration. They will look at management of CAP and try to develop harmonised guidance across sectors. They will also look at optimising flu vaccine uptake rates. David Webb attended the August 2019 meeting and talked about imminent plans to develop a multidisciplinary antimicrobial stewardship group.	23.07.2020
SWL	Nick Beavon is acting SRO.	Nick Beavon attended the September 2020. In July 2020 he spoke about challenges, priorities and plans for AMS in SWL. The hospital AMS committee have been reviewing antibiotic prescribing data and considering how to integrate the IPC committee with the AMR group. Their priority is to obtain antibiotic prescribing data at borough level.	23.07.2020

Agenda Items for future meetings:

November 2020	<p>Subject to review of priorities</p> <ul style="list-style-type: none"> • Repository of AMS resources for SROs and other group members use • Antibiotic Pack sizes update from Midlands & East RMOC • Band 8d AMR pharmacist update • Progress with aspects of RMOC AMR/AMS (London) strategy and work plan including care homes work stream (+ Presentation by Bethan Warner was postponed in March 20) • Antibiotic data, impact of Covid-19 and implementation of NICE Covid-19 guideline, including top-tips for implementation.
January 2021	<ul style="list-style-type: none"> • Update RMOC AMR group on development/ embedding of electronic template to report key data on source of infection) • SRO updates on local activity and challenges around AFS and AMS • Update from NF on pilot of electronic template to document sources of infection. • Review of AMR data pack; uptake, changes needed/ where to focus attention • CQUIN performance in London (CCG1a and CCG1b) – postpone beyond March 2021

Glossary of commonly used abbreviated terms:

AMR: Antimicrobial Resistance
 AMS: Antimicrobial Stewardship
 HLP: Healthy London Partnership
 IPC: Infection Prevention & Control
 PHE: Public Health England

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PGD: Patient Group Direction

RCAs: Root cause analyses

RMOC: Regional Medicines Optimisation Committee

SRO: Senior Responsible Officer for Antimicrobial Resistance (AMR).

NCL: North Central London

UCLP: University College London Partners

HEE: Health Education England

STP: Sustainability and Transformation Partnership

ICS: Integrated Care System

LAS: London Ambulance Service

PCN: Primary Care Network

GNBSI: Gram negative blood stream infections

PLT: Protecting Learning Time – training events for prescribers

SRO: Senior Responsible Officer for AMS (this term is also used to refer to those with delegated responsibility of attending this meeting to represent their SRO).