

Dear Colleague

CEL 30 (2008)

8 July 2008

**PRUDENT ANTIMICROBIAL PRESCRIBING: THE SCOTTISH
ACTION PLAN FOR MANAGING ANTIBIOTIC RESISTANCE
AND
REDUCING ANTIBIOTIC RELATED CLOSTRIDIUM DIFFICILE
ASSOCIATED DISEASE**

Antimicrobial resistance is widely recognised as a major threat to public health, exemplified by the international spread of MRSA. The recent high profile afforded to *Clostridium difficile* reflects its growing importance as a significant cause of morbidity and mortality in hospitals, care homes and the community. One key intervention in managing both problems is to robustly address the issue of prudent prescribing of antimicrobials within NHS Scotland, and this Letter seeks the immediate implementation of our national policies in this area.

1. You will be aware from CMO Letter [CMO\(2005\)08](#) that the Healthcare Associated Infection Task Force guidance document [Antimicrobial Prescribing Policy and Practice \(APP&P 2005\)](#) set out recommendations for good practice in acute hospitals relating to healthcare structures and lines of responsibility, data requirements for monitoring resistance and antimicrobial use at local and national levels, issues relating to audit and performance management, and requirements for education and training. It also provided guidance on the development and monitoring of local antimicrobial prescribing policies and formularies.
2. This guidance was endorsed, widened and reinforced by publication of the HAI Task Force document [Scottish Management of Antimicrobial Resistance Action Plan \(ScotMARAP\)](#) launched by the Cabinet Secretary for Health and Wellbeing in March 2008, which replaced the 2002 [Antimicrobial Resistance Strategy and Scottish Action Plan](#). ScotMARAP outlines the national programme for Scotland in tackling antimicrobial resistance and prudent prescribing over the next five years in primary and secondary care, and lays out the tasks set for the various health agencies; Chapters 10 to 13 refer directly to the responsibilities of NHS Boards and frontline staff.

Addresses

For action

NHS Board Chief Executives
Special Health Board Chief Executives
NHS Board Infection Control Managers
NHS Board Medical Directors
Chief Pharmacists
Lead Microbiologists

For information

Health Protection Scotland
Directors of Public Health
Scottish Antimicrobial Prescribing Group
Scottish Microbiology Forum

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3. One of the main ScotMARAP national initiatives, the establishment of the Scottish Antimicrobial Prescribing Group (SAPG), has already been actioned by the Scottish Medicines Consortium, and is under the Chairmanship of Professor Dilip Nathwani.
4. SAPG has advised that not every Board has an established Antimicrobial Management Team (AMT) as set out in APP&P and ScotMARAP, and some of those which have been set up do not cover primary care prescribing. As an immediate intervention to reduce the risks from *C.difficile*, we accept SAPG's recommendation that all Boards should immediately establish an AMT which covers primary and secondary care prescribing activities.
5. A key player in making the AMT an active and effective group is the antimicrobial pharmacist; experience to date suggests that these posts can be both effective in improving clinical practice, and in delivering net cost savings. Accepting SAPG's view of the central importance of this role, the HAI Task Force will provide supportive funding to each Board to enable the rapid appointment of an antimicrobial pharmacist. This funding will comprise £40,000 for each mainland Board and £20,000 for the Island Boards for 2009-10 and 2010-11, with two thirds of that amount for the current financial year. The HAI Team within SGHD will be in touch shortly with the details of this initiative.
6. A key role for the AMT is the development, implementation and compliance monitoring of a local antimicrobial policy; this should include restrictions on the use of broad spectrum antibiotics (particularly those associated with *C.difficile* disease), and ensure compliance with SIGN guidelines on surgical antibiotic prophylaxis.
7. A further initiative integrated into the ScotMARAP programme has been the provision of Automated Sensitivity Testing equipment for all but the smallest microbiology laboratories in Scotland. This has been achieved at a very substantial saving through a national contract set up by NHS National Procurement, and again funded by the HAI Task Force. The core funding includes a significant supply of consumables, and the final details of connection with local IT systems are now being completed. For the first time, Scotland will have a single integrated national system of testing for antibiotic resistance, which will support and enhance the national surveillance programme. Given the global priority of the antimicrobial resistance agenda, we expect Boards to fully support this initiative, ensuring that the appropriate staffing and consumables are made available.
8. Lastly, an increasing raft of supporting materials for the prevention and control of both *C.difficile* and antimicrobial resistance are available on the Health Protection Scotland website - <http://www.hps.scot.nhs.uk/haic/index.aspx>

The importance of antimicrobial resistance as a key issue in clinical governance, and in national and international public health, cannot be overstated. Chief Executives, Infection Control Managers and clinical leads are asked to ensure that our national policies are rapidly and fully implemented.

Yours sincerely

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