

## Antimicrobial Stewardship: changing risk-related behaviours in the general population Committee meeting

**Date:** 18/06/2015

**Location:** Prince Philip House, 3 Carlton House Terrace, London

**NICE** National Institute for  
Health and Care Excellence

**Minutes:** Final

<b>Committee members present:</b>	
<b>Susan Jebb (Chair)</b>	Present for items 1 – 16
<b>Mireia Jofre Bonet</b>	Present for items 1 – 12
<b>Toby Prevost</b>	Present for items 1 – 11
<b>Joyce Rothschild</b>	Present for items 1 – 16
<b>Amanda Sowden</b>	Present for items 1 – 16
<b>Lucy Yardley</b>	Present for items 1 – 16
<b>Clodna McNulty (Topic member)</b>	Present for items 1 – 16
<b>Jacqueline Sneddon (Topic member)</b>	Present for items 1 – 16
<b>Susan Walsh (Topic member)</b>	Present for items 1 – 16

<b>In attendance:</b>		
<b>Charlotte Haynes</b>	Analyst, NICE	Present for items 1 – 16
<b>James Jagroo</b>	Analyst, NICE	Present for items 1 – 8
<b>Caroline Mulvihill</b>	Analyst, NICE	Present for notes 1 – 16
<b>Alastair Fischer</b>	Health economist, NICE	Present for items 1 – 11
<b>Kay Nolan</b>	Associate Director NICE	Present for items 1 – 8, 10 -16
<b>Patricia Mountain</b>	Project manager NICE	Present for items 1 – 16
<b>Karen Peploe</b>	Analyst NICE	Present for items 1 – 16
<b>Gregory Moran</b>	Senior Adviser, NICE Medicines Advice Team	Present for items 1 – 16
<b>Sarah King</b>	RAND, Contractor	Present for items 1 – 11
<b>Jo Exley</b>	RAND, Contractor	Present for items 1 – 11
<b>Diane Ashiru-Oredope</b>	Expert witness	(present for item 1-16)
<b>Katerina Chaintarli</b>	Expert witness	(present for item 9)
<b>Observers</b>		
<b>Veli-Pekka Parkkinen</b>	University of Kent	

<b>Apologies:</b>	
<b>Alison Lloyd</b>	Core committee member
<b>Chris Packham (Vice chair)</b>	Core committee member
<b>Gillian Orow</b>	Topic member
<b>Anna Sallis</b>	Topic member
<b>Simon Howard</b>	Topic member

## **1. Welcome and objectives for the meeting**

The Chair welcomed the Committee members and attendees to the 16<sup>th</sup> PHAC A meeting and the second on Antimicrobial stewardship. The Committee members and attendees introduced themselves.

The Chair welcomed the members of the public to the meeting. The members of the public had been briefed already, both verbally and in writing by the NICE team, and the Chair reminded them of the protocol for members of the public, whose role is to observe (they should not speak or ask questions). No filming or recording of the meeting is permitted. The Chair reminded all present that the Committee is independent and advisory, that its decisions and recommendations to NICE do not represent final NICE guidance, and that they may be changed as a result of public consultation.

The Chair informed the Committee that apologies had been received, and noted that these include topic members. These apologies are noted above.

The Chair outlined the objectives of the meeting, which included:

- To receive and discuss the updated evidence review that is to be used to inform this guideline, presented by RAND
- To receive and discuss two evidence reviews done by the NICE team. The first review is looking at educational interventions targeting patients only which report on prescribing rates, plus studies of educational interventions which measure the incidence of infection. The second is a review of systematic reviews of educational interventions targeting both healthcare professionals and patients/general public.
- To hear expert testimony on the effectiveness of national and local campaigns in changing the public's behaviour to ensure that they only ask for antimicrobials when appropriate and use them correctly.
- To discuss the key cost effectiveness issues for this topic

- To finalise the draft recommendations and considerations for draft guideline consultation.
- To discuss potential gaps in the evidence, and identify areas where further research would be beneficial

## 2. Confirmation of matter under discussion, and declarations of interest

The Chair asked all members to verbally declare any conflicts of interest that have arisen since the last meeting.

The Chair explained that verbal declarations of interest are a standing item on every agenda and a matter of public record.

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was antimicrobial stewardship: changing risk-related behaviours in the general population and members should declare any potential conflicts of interests in relation to 'Antimicrobial Stewardship' and any of the following areas under discussion:

- Interventions to reduce the misuse of antimicrobials, particularly antibiotics
- Interventions that are delivered at the population, community, organisation or individual level in any setting and by any mode of delivery
- Education for the general public about the type of healthcare they should ask for to prevent or treat infectious diseases
- Education for the general public about how to reduce the spread of antimicrobial resistance at home and in the community

**Diane Ashiru-Oredope** – no interests declared

**Katerina Chaintarli** – no interests declared

**Lucy Yardley non personal financial interest:** - Co-investigator on proposal submitted to HTA for trial of an exercise referral scheme; Co-investigator on two NIHR funded grants to reduce antibiotic prescribing (and on proposals for EU and further NIHR funding).

**Clodna McNulty non-personal non-financial interest:** leads the development of national Public Health England antibiotic and lab use guidance for GPs which covers the diagnosis and treatment of infections;

**Clodna McNulty non-personal financial interest:** She has received grants from several publically funded research bodies.

The Chair and NICE associate director agreed that the interests declared may

prevent Lucy Yardley and Cliona McNulty from fully participating in the meeting.

It was agreed that as both Lucy and Cliona interests were non- personal, that they could remain where findings directly relating to their own research are discussed during recommendation development. However, when such draft recommendations were discussed the Chair clarified that both could give comment at the start of the discussion and then not participate further, but may remain in the room. The Chair also stated that the PHAC need to interpret those comments with regard to the declared interests.

### **3. Minutes of the last meeting.**

These were agreed to be an accurate record of the meeting. All actions had been completed and actions would be discussed as part of the agenda for this meeting, with the exception of:

#### **NICE team agreed to look into inviting experts to provide expert testimony on national antibiotic awareness campaigns and on school education interventions on food hygiene.**

Charlotte Haynes, lead analyst for this guideline explained that NICE contacted Food Hygiene Agency who forwarded nine papers. These papers described food hygiene interventions (classes and activities) that were (or had been) available to school children, reports were mainly qualitative in nature, with one providing some quantitative data. NICE and the Chair decided that these submissions did not add to the evidence base.

### **4. Update to effectiveness review**

The Chair introduced Sarah King and Josephine Exley from RAND to present the findings from their amended evidence review. Following discussion and feedback at the last PHAC meeting, the RAND team have re-examined the evidence and eight extra studies have been added to the evidence review. The reasons for additional studies were provided to the PHAC in a paper (PHAC A 16.2d). Evidence statements were also amended accordingly.

There was time for questions and discussion.

### **5. Additional evidence: prescribing rates and infection outcomes in patient-only studies**

At the previous PHAC meeting for this topic, the committee questioned the exclusion of studies in the evidence review that only measured prescribing rates. These were excluded because it was considered that in the absence of any measures of patient knowledge or behaviour it is not possible to conclude that changes in prescribing reflect changes in a patient's knowledge or behaviour as prescribing is under the

control of the prescriber, not patient. The Committee queried this, considering that, if an intervention was solely targeting patients or the general public, that prescribing rates may be a reasonable outcome measure as changes in patient behaviour may be affecting doctors' prescribing habits.

In response to this, extra work was undertaken by the NICE team looking at educational interventions targeting patients only which reported on prescribing rates, plus studies of educational interventions which measured the incidence of infection. James Jagroo, analyst at NICE, gave a presentation outlining this work on the prescribing rates element of this work.

There was time for questions and discussion.

#### **6,7. Additional evidence: review of systematic reviews of educational interventions targeting healthcare professionals and patients/general public**

Charlotte Haynes, analyst at NICE, gave a presentation on the 'review of reviews' undertaken by NICE on educational interventions which target healthcare professionals and patients/ general public.

There was time for questions and discussion.

#### **8. Cost effectiveness considerations**

Alastair Fischer, health economics technical adviser at NICE, updated the committee on the NICE perspective on the cost effectiveness considerations for this guideline. There is a paucity of evidence that can be used to inform an economic model. It is however accepted that the potential costs of a world without effective antimicrobials will be substantial (in terms of poorer health, higher mortality, financial costs to society). The 'precautionary principle' is therefore invoked. Instead of asking whether we can prove (with a sufficiently high probability) the effectiveness of interventions to prevent antimicrobial resistance, this Principle says that we should intervene to prevent harm unless we can prove (with a sufficiently high probability) that the intervention is not doing good.

There was time for questions and discussion

#### **9, 10. Expert testimony: The effectiveness of national and local campaigns in changing the public's behaviour to ensure they only ask for antimicrobials when appropriate and use them correctly.**

Dr Diane Ashiru-Oredope is the Pharmacist Lead for Antimicrobial Resistance and Stewardship and Healthcare Associated Infection at Public Health England and the Department of Health Expert Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI). She is an antimicrobial pharmacist by background and she project led the published DH/ARHAI national antimicrobial

stewardship guidance for secondary care – Start Smart then Focus - and the ARHAI/PHE national Antimicrobial Prescribing and Stewardship Competences.

Katerina Chaintarli is a Public Health Analyst at Public Health England with a particular interest in antimicrobial resistance.

Diane and Katerina gave expert testimony on the effectiveness of national and local campaigns in changing the public's behaviour, particularly focussing on the antibiotic guardian scheme.

There was time for questions and discussion. The Chair thanked both for their testimony.

### **11,12 Revising recommendations and considerations**

The NICE team had summarised the discussions at the previous PHAC meeting into draft recommendations for the PHAC to discuss and amend.

The PHAC discussed in plenary and revised the draft recommendations and drafted additional recommendations.

Under the section on Advice in Healthcare Settings, the Chair invited Lucy Yardley and then Cliodna McNulty to give a short statement on their view of what the recommendations in this section should cover.

The Chair clarified that neither could comment further within this section of the draft recommendations, but allowed them to remain in the room and not withdraw. Both were allowed to respond on points on clarification. The Chair reminded the PHAC to consider the interests declared of both when considering their views on this section of the draft recommendations.

**Action: NICE team to redraft the draft recommendations according to PHAC direction and send the draft guideline to PHAC for comment**

### **13,14 Research recommendations and evidence gaps; Drafting research recommendations and evidence gaps**

Caroline Mulvihill, technical lead for this guideline, gave a short presentation outlining how the PHAC need to identify the gaps in the evidence that they have received in order to identify the research recommendations that are needed for this area.

**Action: NICE team to draft the research recommendations/evidence gaps according to PHAC direction and send to PHAC for comment**

### **15, Next steps**

## PHAC A 16 18<sup>th</sup> June 2015 Final minutes Antimicrobial Stewardship

These dates are subject to change. **The Chair asked if PHAC members are on holiday during the comment period, please contact the NICE team to discuss alternative ways to seek their input and approval.**

- Draft guideline for PHAC comment: 15th to 24th July 2015
- Consultation on draft guideline: 1st Sept – 15th Oct 2015
- PHAC meeting 11th Nov 2015
- Guideline published March 2016

### **8. Any other business**

The Chair reiterated the importance of attendance at PHAC meetings and her concerns about the number of apologies received. The Chair thanked those present and requested that all members attend in future and stay for the full day unless it's an exceptional circumstance.

Due to an internal restructure at NICE the team for this topic will change. The Chair and the PHAC thanked the current team for their work on this guideline.

Members were reminded that all expenses need to be submitted within 3 months

**Date of next meeting:** Thursday 11<sup>th</sup> November 2015

**Location of next meeting:** NICE offices, 10 Spring Gardens, London, SW1A 2BU