



# UK Outpatient Parenteral Antimicrobial Therapy Initiative

# 2016

A multi-stakeholder project promoting high quality, patient centred care integrated within the broader antimicrobial stewardship strategy

*Dedicated to delivering high quality patient care closer to home through peer-reviewed best practice, optimal use of antimicrobial agents and devices and the measurement of specific patient outcomes*

# Achievements

1100 delegates attended  
OPAT meetings since 2011

700 bed days saved  
per quarter<sup>2</sup>

80 OPAT centers in the UK<sup>1</sup>

68% of Trusts surveyed

2 published good  
practise recommendations | Adult &  
Paediatric

30  
Commercial  
stakeholder  
partners

55  
Learning hours  
delivered on  
OPAT

9  
Models  
of OPAT  
service<sup>3</sup>

4  
international  
collaborations

Many support resources available: Software | Standards | Business case toolkit | e-opat website

To ensure that OPAT is an integral part of, and adheres to, the principles of the broader antimicrobial stewardship agenda.

## Objectives and Opportunities

### The current situation

The key objective of an antimicrobial stewardship program is to ensure prudent use of antimicrobials to minimise antimicrobial resistance and other antimicrobial prescribing consequences such as healthcare associated infection. Whilst OPAT services support the stewardship agenda by facilitating earlier hospital discharge, services also need to ensure that the principles of prudent prescribing are maintained within the OPAT setting.

Infection specialists should also support antimicrobial stewardship practice within OPAT. However, the wide variation in OPAT service delivery models, and lack of formal day to day infection specialist involvement in some OPAT services, may risk lack of focus or prioritisation of this key area. It is essential for the credibility and sustainability of OPAT that there is full engagement with the broader antimicrobial stewardship agenda.

*"It is noteworthy that lack of engagement with stewardship programmes may lead to unrealistic, unworkable or inappropriate recommendations of antimicrobials in the OPAT setting. With these factors in mind it would be highly desirable for a member of the OPAT service, and preferably an infection specialist (medical or clinical pharmacist or nurse), to be represented on the local antimicrobial stewardship committee or equivalent."*

Outpatient parenteral antimicrobial therapy and antimicrobial stewardship: challenges and checklists. M Gilchrist and R A Seaton. J. Antimicrob. Chemother. (2015) 70 (4): 965-970

*"Review the clinical diagnosis and the continuing need for antibiotics by 48-72 hours and make a clear plan of action - the 'antimicrobial prescribing decision'. The five 'antimicrobial prescribing decision' options are Stop, Switch, Change, Continue and OPAT"*

Start Smart - Then Focus: Antimicrobial Stewardship Toolkit for English Hospitals. Public Health England March 2015.

# 1

## The Initiative will:

- Promote OPAT as an important aspect of antimicrobial stewardship across the BSAC portfolio.
- Engage with all in the OPAT clinical community e.g. acute medicine, ambulatory care, surgery – to inform, support and enhance the delivery of safe and effective services across all sectors
- Develop an online accredited OPAT stewardship training module relevant for OPAT and other healthcare practitioners.
- Recommend all local antimicrobial management teams, stewardship committees or their equivalents appoint a member of the OPAT service to their membership.
- Recommend that OPAT antimicrobial use is reviewed within the antimicrobial stewardship programme as in other clinical specialties

## Opportunities

Consortia or single partner support is sought for:

- Development of online accredited OPAT stewardship training module relevant for OPAT and other healthcare practitioners.

**To establish the clinical and organisational landscape of UK OPAT service provision and advocate for a nationally recognised funding mechanism that benefits both providers and payers of OPAT services.**

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## Objective Two

### The current picture

Since its inception in 2009 the UK OPAT Initiative has witnessed the growing appetite for moving patient care for infections closer to home where it is safe and appropriate to do so. This appetite is driven by service providers, patients and policy makers but is underpinned by enthusiastic clinicians motivated by improving quality of care and simplifying the patient journey.

The development of new, and extension of existing, OPAT services is being seriously impeded by lack of clarity in relation to funding. The absence of a single funding mechanism that shows benefit to both providers and payers is proving to be a major barrier and is hindering fulfilment of national policy, such as the recommendations of the 5-year Forward Strategy from NHS England which advocates moving care closer to home.

Whilst OPAT was one of the first true ambulatory care services in the UK, it has developed independently of other recognised and funded ambulatory services. It is critical now that OPAT links in with the broader ambulatory care agenda.

*"No single funding mechanism supports OPAT across the UK. Cost savings for OPAT and reuse of released inpatient beds will increase revenue.... A single OPAT tariff is proposed."*

How is income generated by outpatient parenteral antibiotic treatment (OPAT) in the UK? Analysis of payment tariffs for cellulitis. Jones GR et al. J Antimicrob Chemother. 2015 Apr;70(4):1236-40.

# 2

## The Initiative will:

- Undertake a landscape survey to identify and characterise all OPAT services operating within the UK including the emergence of OPAT offered via ambulatory care services.
- Develop and undertake a qualitative survey looking at requirements for and obstacles to development of new / expansion of existing OPAT services.
- Establish a multi-centre UK project to map the range of different OPAT service models and estimate the associated service delivery costs
- Use the evidence gathered from the multi-centre project on costs and current models for reimbursement to lever change by championing the need for a consensus on OPAT funding
- Present outputs to the All Party Parliamentary Group on Antibiotics and other professional health care organisations within the devolved nations

## Opportunities

Consortia or single partner support is sought for:

- Development of qualitative surveys
- A multi-centre pilot project to map different models of OPAT service provision, establishing costs and current models for reimbursement

## Objective Three

**To support, within the good practice framework, the development of competencies for all OPAT practitioners, working collaboratively with regulatory bodies as required.**

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### The current situation

In the UK at present there is no uniformity of practice or clear direction for healthcare practitioners delivering OPAT services. Whilst there is evidence of informal support and sharing of practice between units and through events such as the BSAC UK National OPAT Conferences, there is no national training framework against which to assess competency or practice. Patients increasingly expect to play a role in their own care, and possibly more so when care is delivered away from the hospital setting and/or in the home environment. It is important that the range of healthcare professionals delivering OPAT care to patients are supported in the delivery of patient-centred care and have appropriate and adequate training in all aspects of care including knowledge of clinical, cultural and communication skills.

# 3

## The Initiative will:

- Work collaboratively with regulatory bodies to gain support for the development of a competency framework for all OPAT practitioners.
- Undertake a literature review to establish what competency framework(s) exist at present and for whom.
- Develop a competency framework through consideration of both discipline-specific and generic competencies.
- Produce and publish an evidence based peer reviewed report that includes competencies for all OPAT practitioners: nurses, pharmacists, ID physicians, general practitioners and microbiologists.

**Note:** The competency framework project will be wholly supported by the British Society for Antimicrobial Chemotherapy. No commercial support is invited or permitted for this evidence review.

## Opportunities

Consortia or single partner support is sought for:

- The development of a suite of virtual learning modules based on the competency framework that are relevant to the range of health care professionals engaged in the provision of OPAT services in the UK.
- Development of a package of accreditation standards based on the OPAT Good Practice Recommendations and competency framework, for use in national and international OPAT service accreditation.

**To maintain a comprehensive dataset on OPAT service provision, therapy and outcomes within the United Kingdom to allow for shared learning and driving quality improvement.**

## Objective Four

### The current picture

The BSAC National Outcome Registry (NORs) offers opportunity for all centres in the UK to provide data on their OPAT service(s), and the opportunity to compare their service and outcomes with other services across the UK. Ensuring all centres are aware of, trained and able to use the NORs system will provide a powerful and comprehensive data set that will help inform and guide best practice, facilitate sharing of best practice, contribute to the national antimicrobial stewardship agenda, facilitate service comparisons and business case planning for service development and expansion.

*“All previous guidelines note the importance of prospective monitoring of outcome data, and this is most easily achieved by a dedicated OPAT database held locally. National/international collections of data would also be helpful to allow comparison between units”*

Good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) in adults in the UK: a consensus statement. Chapman A. et al. J. Antimicrob. Chemother. (2012) 67 (5): 1053-1062

*“Data required for benchmarking include clinical outcome, p-OPAT programme outcome, microbiological outcome, adverse drug events, adverse line events and antibiotics used. There should be a regular programme of audit against local and national standards and guidelines”*

Good practice recommendations for paediatric outpatient parenteral antibiotic therapy (p-OPAT) in the UK: a consensus statement. Patel S et al. J. Antimicrob. Chemother. (2015) 70 (2): 360-373

# 4

## The Initiative will:

- Strive to ensure all OPAT services report on their service(s) via contribution of a core data set to the National Outcomes Registry as part of good antimicrobial stewardship governance.
- Provide preceptorship/online training support programme to centres in the supply and upload of data to the National Outcomes Registry.
- Continue to develop the outcomes registry for the OPAT community.
- Publish key outcomes for OPAT services within the UK to share learning.

## Opportunities

Consortia or single partner support is sought for:

- Development of a toolkit to support use of National Outcomes Registry to include:
  - Training module on data collection
  - Instructional podcasts on collection and upload of core data set
  - Training module of data analysis and data comparison

**To extend the range of anti-infectives and devices available for use within the OPAT patient pathway through publication of standardised open access data.**

## Objective Five

### The current picture

There is at present no central open access source of published drug stability data for agents or devices used in the OPAT setting. Data relating to specific devices or agents are currently only available via in-house quality control stability testing if such services are in place locally. The alternative is via commercially available infusion device/ antimicrobial combinations which can be prohibitively expensive for non-commercial healthcare organisations.

There is also the need for clear guidance on the use of oral antimicrobial agents in OPAT settings, including guidance on IV to oral switch which can result in patient and cost benefits.

The availability of open access data such as that described for the situations above would provide opportunities for timely, cost effective treatments, possible reductions in catheter-related bloodstream infections, improved antimicrobial stewardship in OPAT practice, and extending the range of anti-infectives and devices available for use, and enable OPAT practices to evolve.

*“A key issue for infection specialists is that, as new data emerge that support earlier use of oral therapies (e.g. in bone and joint or soft tissue infection), practice within the OPAT setting should evolve.”*

Outpatient parenteral antimicrobial therapy and antimicrobial stewardship: challenges and checklists. M Gilchrist and R A Seaton. J. Antimicrob. Chemother. (2015) 70 (4): 965-970.

# 5

## The Initiative will:

- Establish, in collaboration with the preferred provider, the BSAC Standardised Drug Stability Methodology Centre.
- Develop a business case to support commissioning of stability and shelf-life data for a minimum of six aseptically prepared antimicrobial agents for parenteral administration via syringe, infusion bag and elastomeric devices, over a 36 month project.
- Make available to the healthcare community the results of the stability and shelf-life studies through open access publication.
- Complete and publish the results of a literature review on the use of oral agents in OPAT settings.
- Develop a series of multi-media case studies from clinical and patient perspectives demonstrating the optimal use of oral agents in OPAT settings

## Opportunities

- Pharmaceutical and device companies are invited to participate in a consortia partnership arrangement whereby agents and devices are submitted for consideration for stability testing, with all results published open access in peer review publication(s).
- Partnership opportunities for diagnostic companies.

Consortia or single partner support is sought for:

- Developing a series of multi-media case studies from clinical and patient perspectives demonstrating the optimal use of oral agents in OPAT settings.

**To establish a proactive, self-supporting OPAT networking community.**

## Objective Six

### The current picture

The OPAT community primarily works discretely within their own service, possibly sharing practice within their region and neighbouring region. The UK OPAT Initiative has provided an umbrella organisation through which practitioners can, through attendance at national conferences and local workshops, share advice, good practice, etc. There is a demonstrated appetite, overly driven by the nursing community, to establish formal virtual networking opportunities. This is an appetite shared by other healthcare professionals within the UK and internationally, and also by commercial providers.

### Actions

The UK OPAT Initiative is committed to the provision of a robust communications facility to support all working within OPAT to facilitate and maximise networking opportunities.

# 6

## The Initiative will:

- OPAT networking opportunities via the BSAC virtual learning platform or similar by Spring 2016.
- A directory of OPAT centres of excellence to inform all what OPAT services are in existence, the types of services provided, etc.
- Seek funding to underwrite the establishment of a Preceptorship programme to support development of OPAT services in differing economic settings globally
- A two day national conference on OPAT to be held in Autumn 2016

## Opportunities

Consortia or single partner support is sought for:

- Development of a networking facility on the BSAC virtual learning platform, or similar.
- Grants to support the international Preceptorship programme.
- Publication of a directory of OPAT centres of excellence
- Provision of educational grants or sponsorship to support the 2-day national conference in autumn 2016.

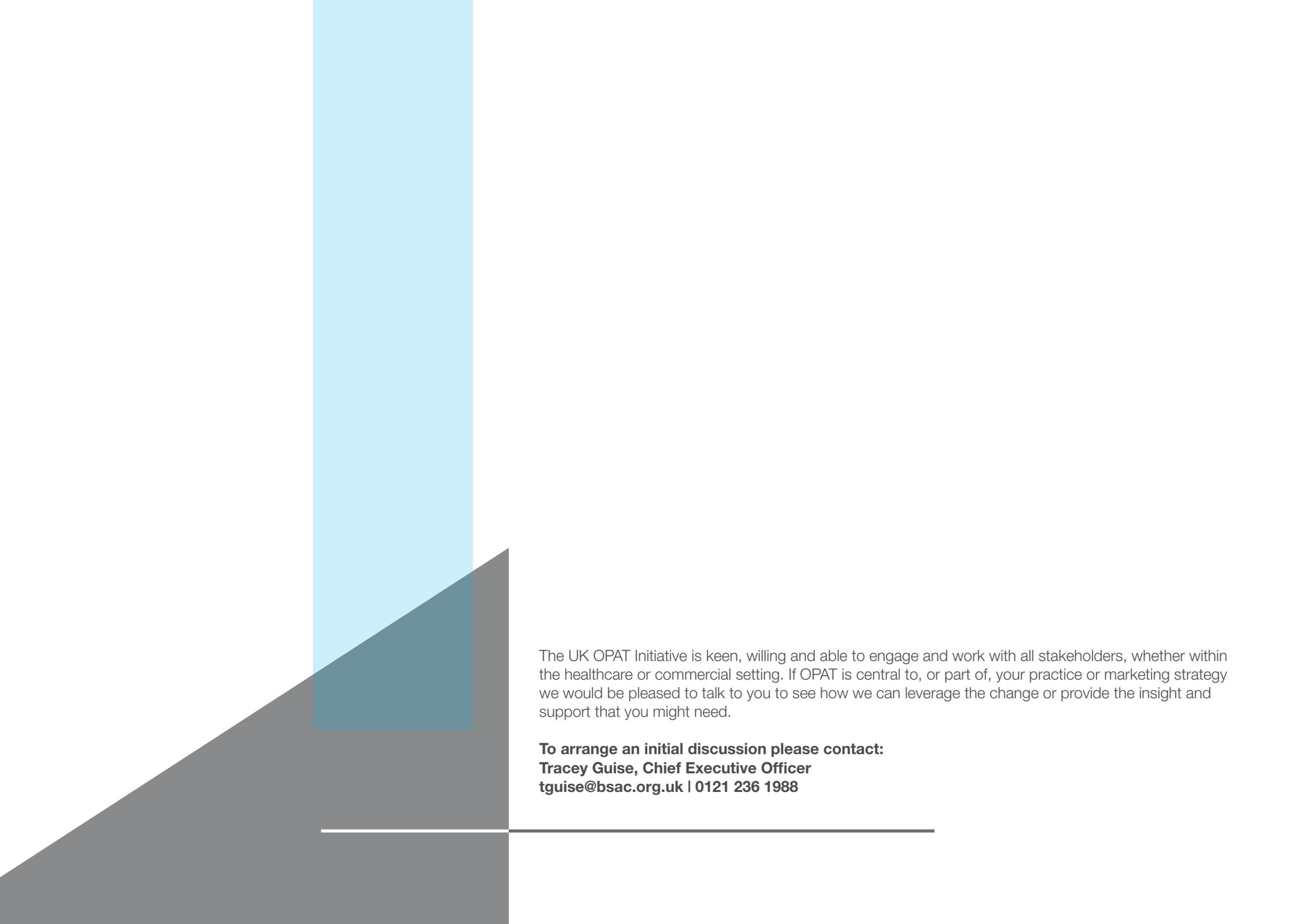


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BSAC wishes to acknowledge the support received from the following companies between 2009 – 2014 in the form of unrestricted educational grants and sponsorship for attendance at conferences from the following companies.

Alcura	Carefusion
Aquilant Medical	EuMedica
Astellas	Forest Laboratories
B Braun Medical Ltd	MasterCall Healthcare
Baxter Healthcare	MSD
BD Diagnostics	Novartis
BD Medical	Pfizer
Bupa Home Healthcare	Smith & Nephew
Calea UK Ltd	Vygon (UK) Ltd

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The UK OPAT Initiative is keen, willing and able to engage and work with all stakeholders, whether within the healthcare or commercial setting. If OPAT is central to, or part of, your practice or marketing strategy we would be pleased to talk to you to see how we can leverage the change or provide the insight and support that you might need.

**To arrange an initial discussion please contact:  
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