

BSAC OPAT Initiative overview – Where are we now?

Mark Gilchrist

Consultant Pharmacist Infectious Diseases

OPAT service lead | Imperial College Healthcare NHS Trust

Co-Lead BSAC OPAT Initiative

@BSACandJAC | @TheUrgentNeed

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September 2022 | OPAT Workshop Series

OPAT – BSAC Initiative Overview (2019-21)

OPAT Initiative – “OPAT becoming MUST have rather than NICE to have”

- National Outcomes Registry Data
- Economic argument in 2021/22
- Stability around OPAT antimicrobials
- OPAT within the AMS agenda

BSAC influencing NHS Policy

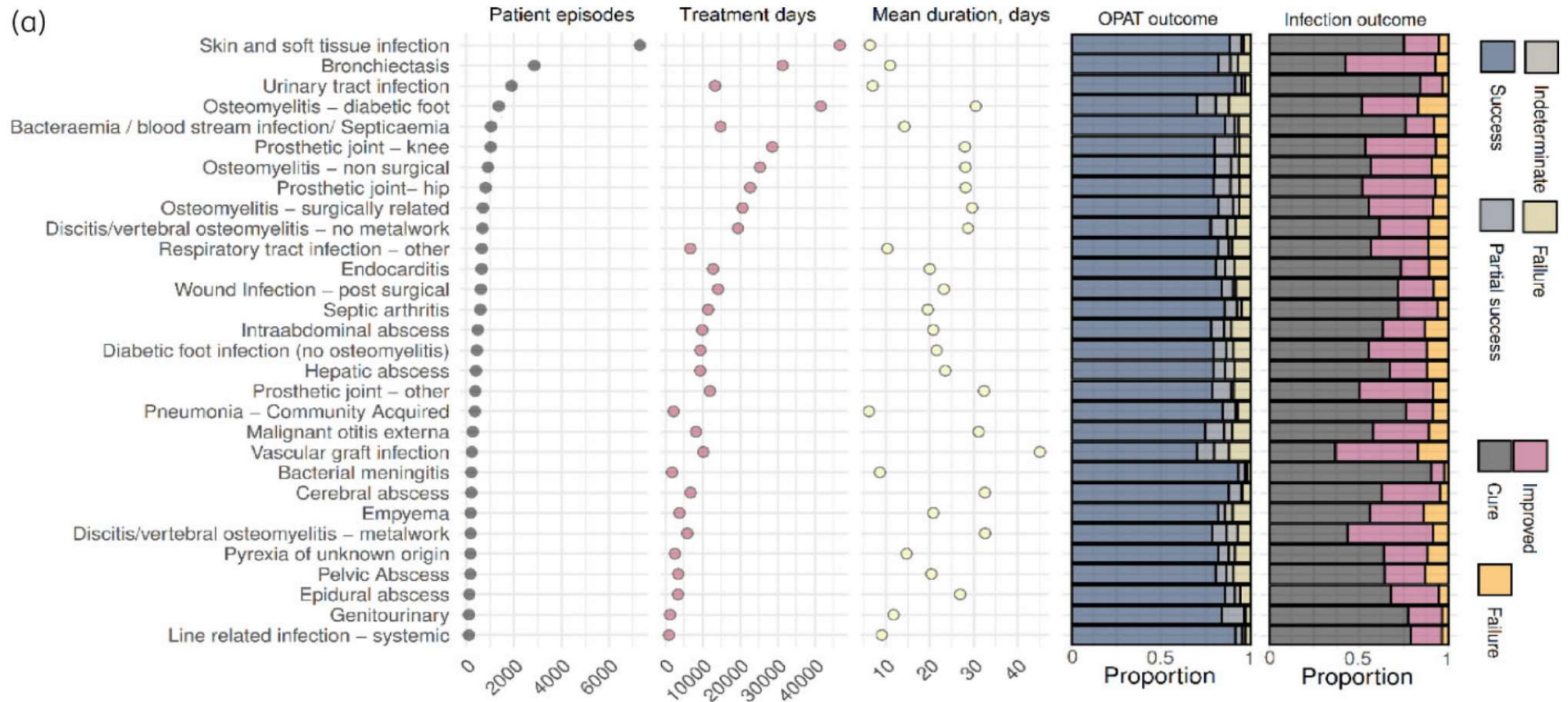
- Scotland
- NHSE

New Strategy

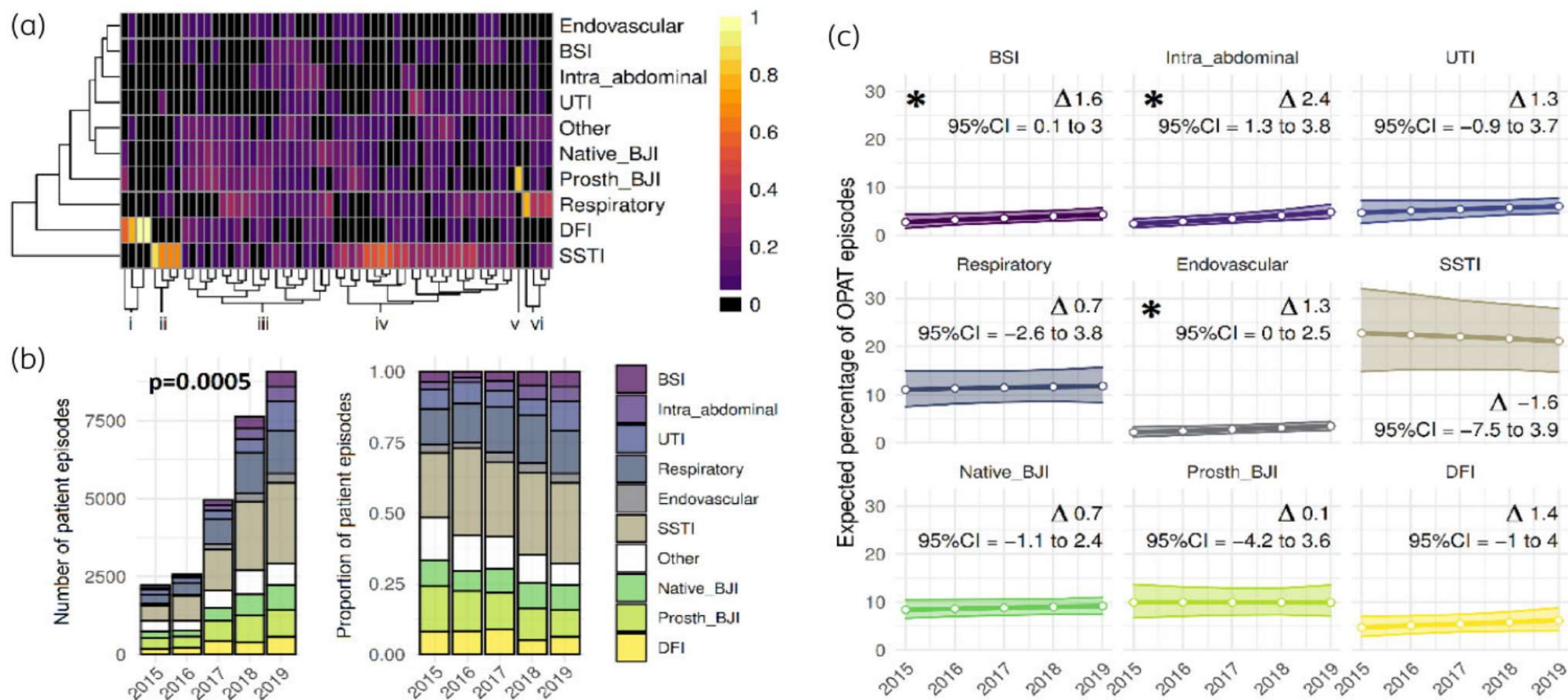
UK OPAT Landscape – Overview

- OPAT has developed over 25 years in the UK, and despite clinical benefits of avoiding hospitalisation and keeping care closer to home, there is wide variation in availability and inconsistency in funding/commissioning
- Perception that OPAT is an additional healthcare cost has been a significant barrier to more systematic support for service development
- Most OPAT services rely on multiple delivery models reflecting individual patient factors such as, ability to self-administer or to attend the OPAT clinic, and choice of antimicrobial
- The COVID-19 pandemic has sharpened focus on exploring initiatives such as OPAT to deliver care closer to home and avoid hospitalisation

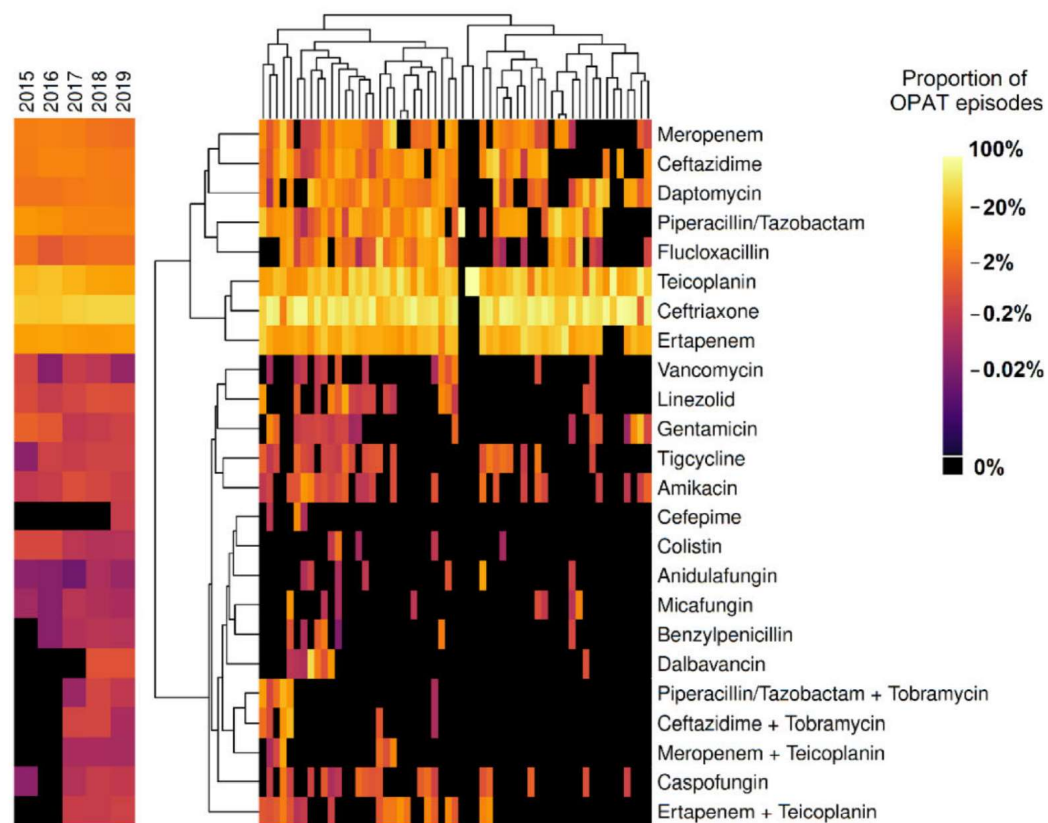
OPAT in the UK: Findings from the British Society of Antimicrobial Chemotherapy National Outcomes Registry (2015-2019)



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OPAT vs inpatient care in the UK: a health economic assessment for six key diagnoses

Table 2 Base case results – intravenous infusions

Condition	Cost per treatment episode											
	SSTI		Complex UTI		Orthopaedic -Bone and joint		Diabetic foot		Bronchiectasis		Intra-abdominal	
Model of care												
Inpatient stay	£2,476	-	£2,104	-	£8,279	-	£8,428	-	£3,269	-	£7,124	-
OPAT - once daily visits	£631	25%	£758	36%	£2,506	30%	£2,671	32%	-	-	£2,312	32%
OPAT - specialist nurse daily home visit	£831	34%	£977	46%	£3,375	41%	£3,556	42%	£1,839	56%	£3,006	42%
OPAT - self-administration - IV bolus	£566	23%	£720	34%	£1,855	22%	£2,006	24%	£1,301	40%	£1,811	25%
OPAT - self-administration - elastomeric device	£611	25%	-	-	£2,394	29%	£2,433	29%	£1,588	49%	£2,952	41%
OPAT - elastomeric device (CIVI; outpatient)	£802	32%	-	-	-	-	-	-	£1,495	46%	£2,807	39%
OPAT - once-off dalbavancin (1g)	£1,266	51%	-	-	-	-	-	-	-	-	-	-

SSTI, skin and soft tissue infections, UTI, urinary tract infections; OPAT, outpatient parenteral antimicrobial therapy; IV, intravenous; CIVI, continuous intravenous infusion;

Table 3 Base case results – oral antimicrobials for orthopaedic and diabetic foot infections

Condition	Orthopaedic/ Bone and joint		Diabetic foot	
Model of care				
Inpatient stay	£8,279		£8,428	
OPAT - Oral 100%	£1,114	13%	£1,089	13%
OPAT - Oral 25%; 75% IV	£2,009	24%	£2,161	26%
OPAT - Oral 50%; 50% IV	£1,710	21%	£1,816	22%
OPAT - Oral 75%; 25% IV	£1,410	17%	£1,470	17%

OPAT, outpatient parenteral antimicrobial therapies; IV, intravenous;

OPAT care is delivered at significantly lower cost than equivalent hospital based care

DRUG STABILITY

Bacterials*

Amoxicillin

Ceftazidime

Ceftolozane/ Tazobactam

Flucloxacillin

Meropenem

Piperacillin/ Tazobactam

Temocillin

Virals

Aciclovir

Bacterials under consideration**

Cefiderocol

Ceftazidime / Avibactam

Fosfomycin

New agents yet to come to market

* All available at www.e-opat.com

**pending discussion and funding opportunities

Drug stability testing programme – outputs to date

Agent	Concentration range	Buffer	Fridge storage time	Infusion period
Flucloxacillin ¹	10-50 mg/ml	0.3% citrate	13 days	24 hours
Piperacillin/tazobactam ²	25-90 mg/ml	0.3% citrate	13 days	24 hours
Meropenem ³	6.25-25 mg/ml	Various	None	6 hours
Ceftazidime ⁴	12-25 mg/ml	No buffer	2 days	12 hours
Ceftolozane/tazobactam ⁵	5-20 mg/ml	No buffer	8 days	12 hours*
Temocillin ⁶	2-25 mg/ml	0.3% citrate	14 days	12 hours*
Aciclovir ⁷	0.8-18.75 mg/ml	No buffer		

* 95% limit

1. <http://dx.doi.org/10.1136/ejhpharm-2018-001515>; 2. doi: 10.1136/ejhpharm-2020-002340; 3. <http://dx.doi.org/10.1136/ejhpharm-2018-001699>; 4. BSAC OPAT conference poster 2019; 5. [10.1093/jacamr/dlab141](https://doi.org/10.1093/jacamr/dlab141); 6. BSAC Winter conference 2021; 7 ECCMID 2022 P1460

Acknowledgement: Conor Jamieson

DRUG STABILITY INTERNATIONAL PARTNERSHIPS



Original research

Evaluation of the stability of temocillin in elastomeric infusion devices used for outpatient parenteral antimicrobial therapy in accordance with the requirements of the UK NHS Yellow Cover Document

Fekade Bruck Sime¹, Steven Wallis¹, Conor Jamieson², Tim Hills³, Mark Gilchrist⁴, Mark Santillo⁵, R Andrew Seaton⁶, Felicity Drummond⁷, Jason Roberts^{1,8,9,10} on behalf of the BSAC Drug Stability Testing Programme

► Additional supplemental material is published online only. To view, please visit the journal online (<https://doi.org/10.1136/epharm-2022-003286>).

For numbered affiliations see end of article.

Correspondence to Dr Fekade Bruck Sime, The University of Queensland Centre for Clinical Research, Herston, QLD 4029, Australia; fsime@uq.edu.au

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EAHP Statement 3:
Production and
Compounding

Check for updates

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ABSTRACT

Objective To evaluate the stability of temocillin solution in two elastomeric infusion devices – Easypump II LT 270–27-S and Dosi-Fusor L25915-250D1 for OPAT administration during 14 days of 5°C±3°C fridge storage followed by 24 hour exposure at an in-use temperature of 32°C, when reconstituted with 0.3% citrate buffer at pH7.

Methods Stability testing was conducted in accordance with standard protocols in the UK National Health Service Yellow Cover Document (YCD). A stability indicating assay method was applied using a high-performance liquid chromatography (HPLC) system with a photodiode array detector. Low (500 mg/240 mL), intermediate (4000 mg/240 mL) and high (6000 mg/240 mL) temocillin concentrations were tested in triplicate devices with duplicate samples taken at 11 time points during fridge storage and subsequent in-use temperature exposure.

Result The percentage of temocillin remaining after 14 days of fridge storage was greater than 97% in both devices and at all concentrations tested. During subsequent in-use temperature exposure, a 95% stability limit was achieved for 12 hours except for the high concentration (25 mg/mL) in the Dosi-Fusor device. It met this criterion for only 10 hours — the percent of temocillin remaining at 12 hours was 94.5%. However, for all devices and the doses tested, the degradation of temocillin was <5% at the end of 24 hours in-use temperature exposure.

Conclusion Temocillin reconstituted with 0.3% citrate buffer at pH7 in elastomeric infusion devices can be stored in a fridge (2°C–8°C) for 14 days meeting the YCD acceptance criteria. Considering <5% degradation, the current data supports twice daily dosing of temocillin within the OPAT setting. In jurisdictions where a <10% degradation limit is acceptable, once daily dosing with 24-hour continuous infusion may be considered.

Temocillin is a useful alternative to other broad-spectrum anti-Gram-negative agents currently utilised in the OPAT setting and supports the wider antimicrobial stewardship

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Temocillin is used in some European OPAT programmes; however, stability data are not yet available for elastomeric devices compliant with the National Health Service (NHS) Pharmaceutical Quality Assurance Committee Yellow Cover Document (YCD).

WHAT THIS STUDY ADDS

⇒ Temocillin reconstituted with 0.3% citrate buffer in elastomeric infusion devices is stable at 2°C–8°C fridge storage for 14 days; and at an in-use temperature of 32°C for 12 hours. This complies with the NHS YCD acceptance criteria of <5% degradation.
⇒ Degradation was <10% after 24-hour exposure to 32°C in-use temperatures.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE, OR POLICY

⇒ The data support the use of temocillin within OPAT as a 24-hour continuous infusion in jurisdictions where <10% degradation is acceptable; and as a twice daily dosing regimen if <5% degradation must be strictly followed.
⇒ The use of temocillin within OPAT supports the wider antimicrobial stewardship agenda.

activity against a broad range of Gram-negative bacteria.^{1–2} Temocillin is a potential alternative to carbapenem agents due to its excellent resistance to extended spectrum beta-lactamases (ESBL) and AmpC beta-lactamases.^{3–6}

Temocillin is mainly used in Europe where it is recommended to treat bacteraemia, urinary tract infections, and lower respiratory tract infections caused by susceptible Gram-negative bacilli.⁶ It is useful in antimicrobial stewardship programmes for several reasons, not least as it can spare carbap-

Evaluation of the stability of aciclovir in elastomeric infusion devices used for outpatient parenteral antimicrobial therapy (OPAT) services in accordance with the requirements of the UK NHS Yellow Cover Document

Fekade B. Sime¹, Steven C. Wallis¹, Conor Jamieson², Tim Hills³, Mark Gilchrist⁴, Mark Santillo⁵, R. Andrew Seaton⁶, Felicity Drummond⁷, Jason A. Roberts¹ on behalf of the BSAC OPAT Drug Stability Testing Programme.

¹The University of Queensland Centre for Clinical Research, Brisbane, Australia; ²NHS England & Improvement, Birmingham, UK; previously at Pharmacy Department, Sandwell and West Birmingham NHS Trust, UK; ³Pharmacy Department, Nottingham University Hospitals, Nottingham, UK; ⁴Department of Pharmacy/Infection, Imperial College Healthcare NHS Trust, London, UK; ⁵Torbay & South Devon NHS Foundation Trust, Torquay, UK; ⁶Department of Infectious Diseases, Queen Elizabeth University Hospital, Glasgow, UK; ⁷British Society for Antimicrobial Chemotherapy, Birmingham, UK

BRITISH SOCIETY FOR
ANTIMICROBIAL
CHEMOTHERAPY

OPAT
Outpatient Parenteral
Antimicrobial Therapy

P1460

Scoping the stability of amoxicillin for use in Outpatient Parenteral Antimicrobial Therapy (OPAT) services in accordance with the requirements of the UK NHS Yellow Cover Document

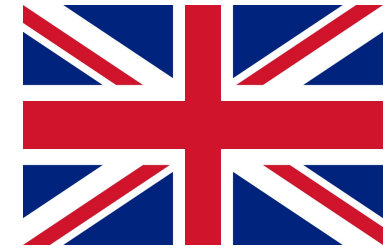
Fekade B. Sime¹, Steven C. Wallis¹, Conor Jamieson², Tim Hills³, Mark Gilchrist⁴, Mark Santillo⁵, R. Andrew Seaton⁶, Felicity Drummond⁷, Jason A. Roberts¹ on behalf of the BSAC OPAT Drug Stability Testing Programme.

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OPAT
Outpatient Parenteral
Antimicrobial Therapy

P1461



J Antimicrob Chemother 2017; **72**: 1217–1220
doi:10.1093/jac/dkw556 Advance Access publication 10 January 2017

Extended stability of antimicrobial agents in administration devices

Abi Jenkins^{1*}, Tim Hills², Mark Santillo³, Mark Gilchrist⁴ on behalf of the Drug Stability Working Group of the BSAC
UK OPAT Initiative

Conclusions: This review found no published studies that comply with UK national standards for stability testing. We recommend further research and publication of antimicrobial stability data to support OPAT within the antimicrobial stewardship agenda.

Yellow-Covered Document standard	standard	remaining standards	standards
Testing at 37 °C	10	–	0
95%–105% of API	10	0	–
Use of a stability indicating assay	108	8	9
Complete physical stability testing	58	2	6
At least four timepoints plus time 0	79	7	5
Three samples at each timepoint	70	3	8
Low and high ‘clinically significant’ concentrations	49	2	4
All samples tested in duplicate	46	1	6
Total	121	10	10

Antibiotic stability in portable elastomeric infusion devices: A systematic review

Purpose: Although outpatient parenteral antibiotic therapy (OPAT) can be a good approach to treatment of infections, a lack of data regarding antibiotic stability in portable elastomeric infusion devices restricts its safe, appropriate, and effective use. The objective of this work was to complete a systematic peer-reviewed analysis of published articles about antibiotic stability in elastomeric infusion devices that provide evidence supporting their use in OPAT.

Summary: A systematic review following PRISMA guidelines was conducted in January 2021 to identify published articles about antibiotic stability in portable elastomeric infusion devices. The databases used were PubMed, Embase, Web of Science, and a Cochrane database. A total of 1,615 original studies and conference communications were found. After title, abstract, and full-text review, 33 articles met the inclusion criteria. The data obtained included information about the stability of 30 different antibiotics. To our knowledge, this is the first review to summarize the available published data on the stability of antibiotics in portable elastomeric infusion devices. The results highlight the poor stability of some antibiotics in solution and the variability of the laboratory conditions in the included studies.

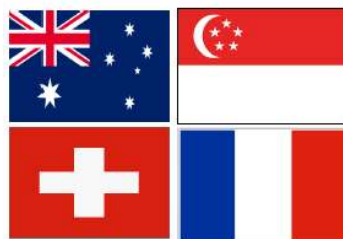
This systematic review can serve as a useful resource for healthcare professionals involved in providing OPAT using portable elastomeric infusion devices. However, further stability studies should be performed, especially high-quality studies simulating real-life time and temperature conditions



The Stability Dilemma



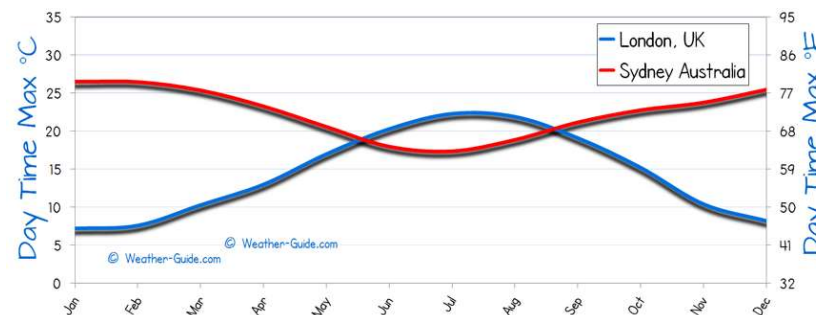
Clinical Outcomes vs Drug degradation



Arensdorff *J Antimicrob Chemother* 2017; 10.1093/jac/dkx178.
 Manning L. *Plos one* 2014; **9**: e102023.
 Verrall AJ. *Journal of antimicrobial chemotherapy* 2012; **67**: 2970-3.
 Zeller V. *Antimicrobial agents and chemotherapy* 2010; **54**: 88-92.



Aqueous Stability of antimicrobials
 Maintaining elastomeric device reservoirs cool at ambient temperatures
 Storage
 Aseptic Capacity to manufacture



OPAT is embedded in existing AMS structures

- **Antimicrobial stewardship** is central to safe, effective and efficient delivery of patient centred care in OPAT and should remain an important focus for UK and global OPAT practice as OPAT services expand
- **BSAC National good practice recommendations** and guidance emphasise the importance of
 1. Clinical governance structures around OPAT with particular focus on:
 - ensuring appropriate clinical management pathways
 - leadership from a dedicated multidisciplinary specialist team (Antimicrobial pharmacist /OPAT nurse specialist and Infection specialist doctor)
 2. OPAT governance should underpin antimicrobial and vascular health decisions and services should function within local AMS programmes and local governance healthcare structures
 3. Awareness and reporting of outcomes and benchmarking against national outcomes is key to informing service development and to aid quality improvement.

OPAT Mini MOOC

ONLINE COURSE

OPAT: Outpatient Parenteral Antimicrobial Therapy

Learn how patients with a serious infection can be managed in outpatient settings with the help of an OPAT service.

Overview Topics Start dates Requirements Educators

DURATION 2 weeks

WEEKLY STUDY 6 hours

LEARN Free

What topics will you cover?

The course will cover:

- The function, role and limitations of OPAT in modern health care
- The roles and responsibilities within the multi-disciplinary OPAT team
- The importance of patient selection, antimicrobial choice and device selection and monitoring in achieving optimal outcome
- How OPAT relates to the wider antimicrobial stewardship agenda and health care governance

Intravenous to Oral Switch: Within Outpatient Parenteral Antibiotic Therapy (IVOST)

Are you involved in the prescribing/administration of antibiotics? Explore the benefits and barriers of IVOST and COPAT.

Overview Topics Start dates Requirements Educators Try

Duration 4 weeks

Weekly study 3 hours

Learn Free

What topics will you cover?

- The principles of Intravenous to Oral Antibiotic Switch Therapy (IVOST) within the Outpatient Parenteral Antibiotic Therapy (OPAT) setting; principles will apply to inpatient care too, but this will not be the focus
- How oral and complex oral antibiotics can be used in an Outpatient Parenteral Antibiotic Therapy (OPAT) setting and the evolving entity of Complex (Outpatient) Oral and Parenteral Antibiotic Therapy (COPAT) services
- The key practice points for OPAT-based prescribers (e.g. route, choice, duration, recording of information)
- When IVOST and/or complex oral antibiotic therapy is appropriate, and understand the benefits of early IVOST/complex oral antibiotic therapy and key considerations that determine implementation of both in OPAT settings

OPAT CONFERENCE

NATIONAL OPAT CONFERENCE: *ARCHIVES*

To view previous conference footage & presentation please select from the archive below.

2020 Conference	Welcome & introduction <i>David Jenkins, Lead Infection Prevention Clinician, University Hospital Leicester & BSAC Vice-President</i> Watch Video →
2019 Conference	
2018 Conference	
2017 Conference	
2016 Conference	OPAT - What did NORS tell us? <i>Mark Gilchrist, Consultant Pharmacist Infectious Diseases & Stewardship, OPAT service lead at Imperial College Healthcare NHS Trust & David Barr, NIHR Clinical Lecturer, Infectious Diseases, University of Liverpool</i> Watch Video →
2015 Conference	
2013 Conference	A new approach to the economics of OPAT <i>Andrew Seaton, Consultant in Infectious Diseases and General Medicine, NHS Greater Glasgow and Clyde</i> Watch Video →

Continue to hold annual conference since 2015 (exception 2021)

OPAT – BSAC Initiative Overview (2019-21)

BSAC influencing NHS Policy

- Scotland
- NHSE

New Strategy

- Syndrome Reviews
- Accreditation
- Drug Stability
- Collaboration

BSAC influencing NHS Policy



Healthcare Improvement Scotland | SHTG Advice on health technologies

SHTG Recommendations 01-21 January 2021

In response to enquiry from the Scottish Antimicrobial Prescribing Group and the British Society of Antimicrobial Chemotherapy

Outpatient parenteral antimicrobial therapy (OPAT)

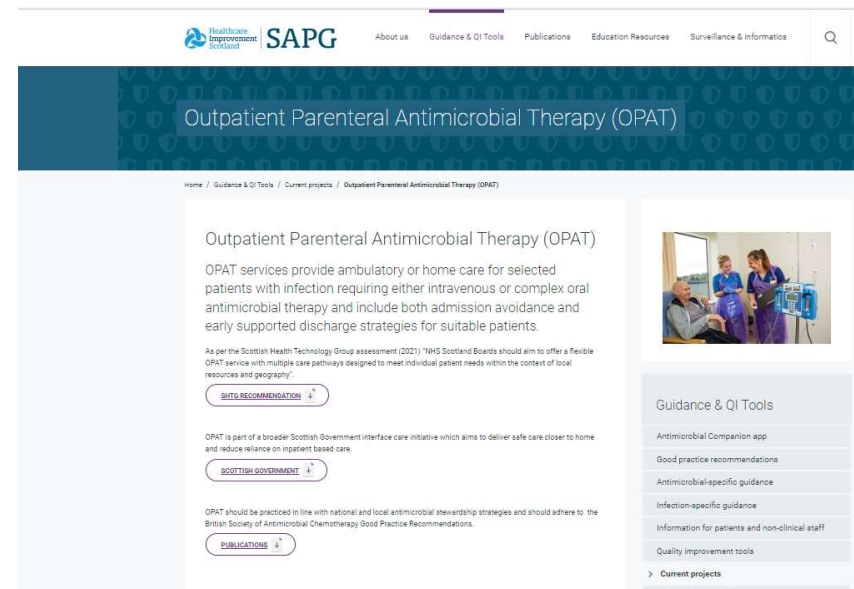
Recommendations for NHSScotland

Outpatient parenteral antimicrobial therapy (OPAT) services should be offered to clinically appropriate patients with serious infections who do not require hospitalisation beyond their need for antimicrobial therapy.

NHSScotland Boards should aim to offer a flexible OPAT service with multiple care pathways designed to meet individual patient needs within the context of local resources and geography. Alternative care pathways include outpatient clinics, nurse visits to patients' homes, or patient or carer self-administration at home.

All OPAT services should ensure clear, ongoing communication with patients and their carers throughout their care. This will ensure that any concerns and risks associated with home-based OPAT are managed as part of the service.

NHSScotland is required to consider the Scottish Health Technologies Group (SHTG) recommendations.



Healthcare Improvement Scotland | SAPG

Home / Guidance & QI Tools / Current projects / Outpatient Parenteral Antimicrobial Therapy (OPAT)

Outpatient Parenteral Antimicrobial Therapy (OPAT)

OPAT services provide ambulatory or home care for selected patients with infection requiring either intravenous or complex oral antimicrobial therapy and include both admission avoidance and early supported discharge strategies for suitable patients.

As per the Scottish Health Technologies Group assessment (2021) "NHS Scotland Boards should aim to offer a flexible OPAT service with multiple care pathways designed to meet individual patient needs within the context of local resources and geography".

[SHTG RECOMMENDATION](#)

OPAT is part of a broader Scottish Government interface care initiative which aims to deliver safe care closer to home and reduce reliance on inpatient based care.

[SCOTTISH GOVERNMENT](#)

OPAT should be practiced in line with national and local antimicrobial stewardship strategies and should adhere to the British Society of Antimicrobial Chemotherapy Good Practice Recommendations.

[PUBLICATIONS](#)

Guidance & QI Tools

- Antimicrobial Companion app
- Good practice recommendations
- Antimicrobial-specific guidance
- Infection-specific guidance
- Information for patients and non-clinical staff
- Quality improvement tools
- Current projects



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News

Delivering the right care in the right setting

Published: 26 October 2021 06:00
Part of: [Health and social care](#), [Coronavirus in Scotland](#)

£10 million to avoid hospital stays and prevent delayed discharge.

From BSAC GPRs to Patient Care KPIs



Key Performance Indicators (KPIs) for OPAT – individual patient management

Initial indicators based on the Assessment Tool for the [BSAC good practice recommendations for outpatient parenteral antimicrobial therapy \(OPAT\) 2019](#)

No.	BSAC ref.	KPI	Purpose	Documented by when
1	1.5	A 24 hour accessible management plan is documented	Patient management	Within 24 hours of commencing OPAT
2	-	Decision to offer OPAT or not is documented	Communication	Within 96 hours of referral
3	1.9	Documentation that (i) GP informed of acceptance onto OPAT within 24 hours of commencing OPAT and that (ii) both referrer and GP informed on completion with follow-up management plan documented	Communication	Within 24 hours of commencing OPAT
4	2.5	Documentation that patient received an OPAT Patient Information Leaflet incorporating treatment received and access to 24 hr emergency care	Patient management	Any point during OPAT
5	3.3	OPAT treatment plan includes BSAC Treatment goals and proposed duration of therapy within one week of commencing OPAT	Patient management	Within 7 days of commencing OPAT
6	3.7	Documentation of assessment of antimicrobial prescriptions by an antimicrobial pharmacist	Governance	Within 96 hours of commencing OPAT
7	3.1	A care plan is documented for the indwelling intravascular device	Patient management	At time of vascular device insertion and until removal
8	3.13	Patients/ carers self-administering IV medicines have competencies signed off by an OPAT nurse specialist	Training	Pre-commencement of self-administration
9	3.14	The first dose of all new IV antimicrobial therapy is administered and documented by an appropriately trained healthcare professional with facilities for anaphylaxis resuscitation.	Governance	Within 24 hours of commencing OPAT
10	4.1	Patients with skin and soft tissue infection undergo documented daily clinical assessment by the OPAT team 7 days per week unless treated with long acting IV agent	Patient management	Daily whilst receiving supervised IV therapy
11	4.2	The clinical response and treatment plan is documented at a weekly MDT/ virtual ward round	Communication	Weekly
12	4.3	If receiving >1 week antimicrobial therapy a clinical review (face to face or virtual) is documented by a member of the OPAT team weekly (or less frequently if agreed and documented)	Patient management	Weekly
13	4.4	Blood monitoring with Full blood count, Renal/Liver function, CRP taken weekly as minimum whilst on IV antibiotic or oral linezolid or as per drug monographs for other oral antibiotic regimens	Patient management	Weekly
14	5.2	Clinical outcome is recorded as per the BSAC Good Practice Recommendations	Patient management	On completion of OPAT episode

Work in progress:

Development of national *virtual ward* template including standardised BSAC outcomes and linking to clinical e-data set and *KPIs*

OPAT linking with other key clinical areas in interface care to develop virtual capacity – H@H, ambulatory care + other supported discharge services

BSAC influencing NHS Policy



Department
of Health &
Social Care

Transforming NHS Pharmacy Aseptic Services in England

**A national report for the Department of Health and
Social Care by Lord Carter of Coles**

Published Autumn 2020

“ In the pandemic recovery period it had become clear that we must make additional efforts to avoid unnecessary hospital admissions through improving the provision of Out-Patient Antimicrobial Therapy (OPAT) which requires increased RtA antibiotic medicines”

The BSAC OPAT Initiative through its Drug stability programme has delivered open access stability data on key antimicrobials to enable NHS organisations to prepare and administer antimicrobials safely

BSAC is represented at the Infusions & Special Medicines Board of NHS England – opportunity to make the case for wider access to OPAT services, which aligns with NHS restoration and recovery plans

ISM Board offers other avenues into NHS thinking

Exploring ways of further involving BSAC as the subject matter experts with a track record of delivery in the field

OPAT – BSAC Initiative Strategy (2022-25)

Establish a modern working definition of OPAT

- Work with peer organisations and health administrations towards a common definition of OPAT that accurately reflects changing practice including advances in antimicrobial chemotherapy, including the use of supervised complex oral antimicrobial regimens in the non-inpatient setting in order to reduce length of hospital stay.

OPAT – BSAC Initiative Strategy (2022-25)

Secure the establishment and expansion of OPAT services wherever the clinical need exists

- Work with health administrations to promote the clinical need for and benefits of OPAT service development and delivery
- Demonstrate the patient, economic and service benefits of OPAT through syndromic data collection and publication of results
- Work collaboratively with colleagues internationally to promote OPAT, share experience, expertise, and excellence of practice
- Embed and promote OPAT as a key component of antimicrobial stewardship

OPAT – BSAC Initiative Strategy (2022-25)

Establish OPAT-Accredit, a global accreditation scheme for OPAT services

- Development of OPAT Accredite website (subsuming all resources offered within current e-OPAT site)
- Adaptation of existing good practice recommendations into online protocols for service assessment and key performance indicators
- Securement of internal governance group and accreditation assessment group
- Launch, promote and secure centres
- Establish UK-wide adoption of OPAT-Accredit via country-specific administrations (e.g., DOH, HIS)

OPAT – BSAC Initiative Strategy (2022-25)

Promote and embed OPAT as a core component of antimicrobial stewardship through the provision of a continuous programme of education and training

- E-learning
- Workshops
- Conferences and webinar events

WORKSHOPS & CONFERENCE

OPAT Service Directory

Is your Trust / Board listed in the OPAT Service Directory?

Click here to check, and if not please enter your service

<https://e-opat.com/service-directory-list/>

Survey on SSTIs

We are collecting data for presentation at each workshop on management of SSTIs via OPAT. Please take 5-10 minutes to complete this survey which will be sent to you after registration and results of which will be collated and presented back at the workshop.

NATIONAL CONFERENCE
4 NOVEMBER 2022
LONDON & ONLINE



OPAT – BSAC Initiative Strategy (2022-25)

Secure a global consensus on drug stability testing, working with licencing and standard setting authorities to harmonise current standards as and where applicable, and secure an expansion in the number of agents tested

- Collaborative working to develop and consult on new standards for drug stability testing
- Advocate with licencing and standard setting authorities for change, and for drug stability testing to be a requirement of licencing of new agents or mandating it is undertaken, where appropriate, as part of post approval confirmatory studies
- Promotion of new standards
- Secure funds to support expansion of the antimicrobial portfolio within drug stability testing programme
- Peer review publication and promotion of outputs

Acknowledgements

BSAC OPAT Stability Sub Group

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Study supporters/donations /consumables

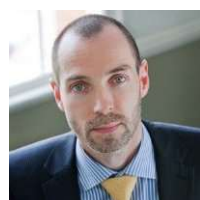
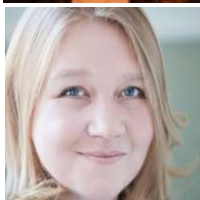
Baxter Healthcare Ltd.

B.Braun Medical Ltd.

Vygon

Merck Sharpe & Dohme

Eumedita



**BSAC IS A GLOBAL EDUCATOR,
PROVIDING OPEN ACCESS
MATERIALS TO SUPPORT
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ANTIMICROBIAL THERAPIES**

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