BSAC OPAT Initiative Workshop Series 2025

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www.bsac.org.uk

BSAC OPAT workshops 2025

Last year (attendees):
Workshops - 400
Conference – 242

2025
Adults & Paediatrics

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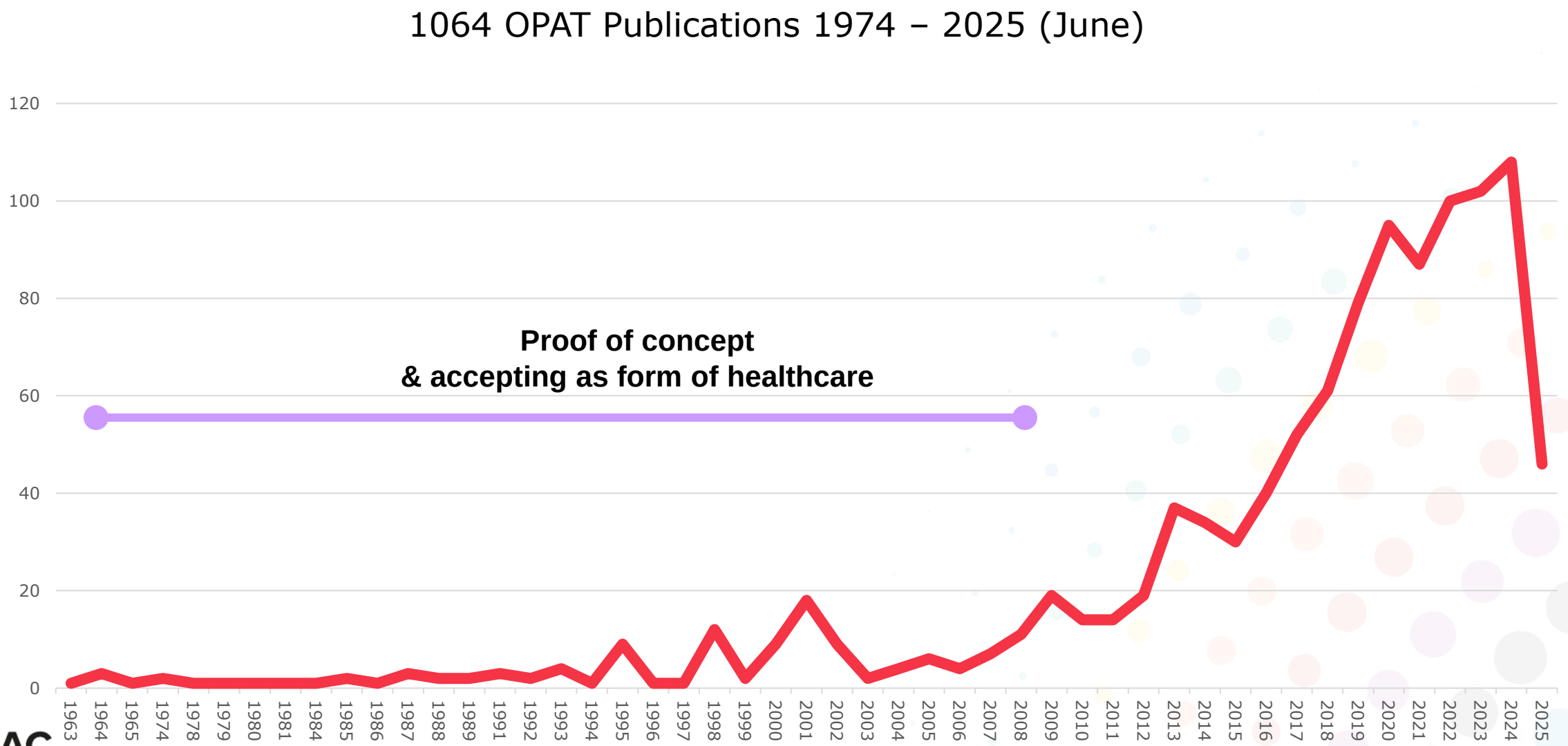
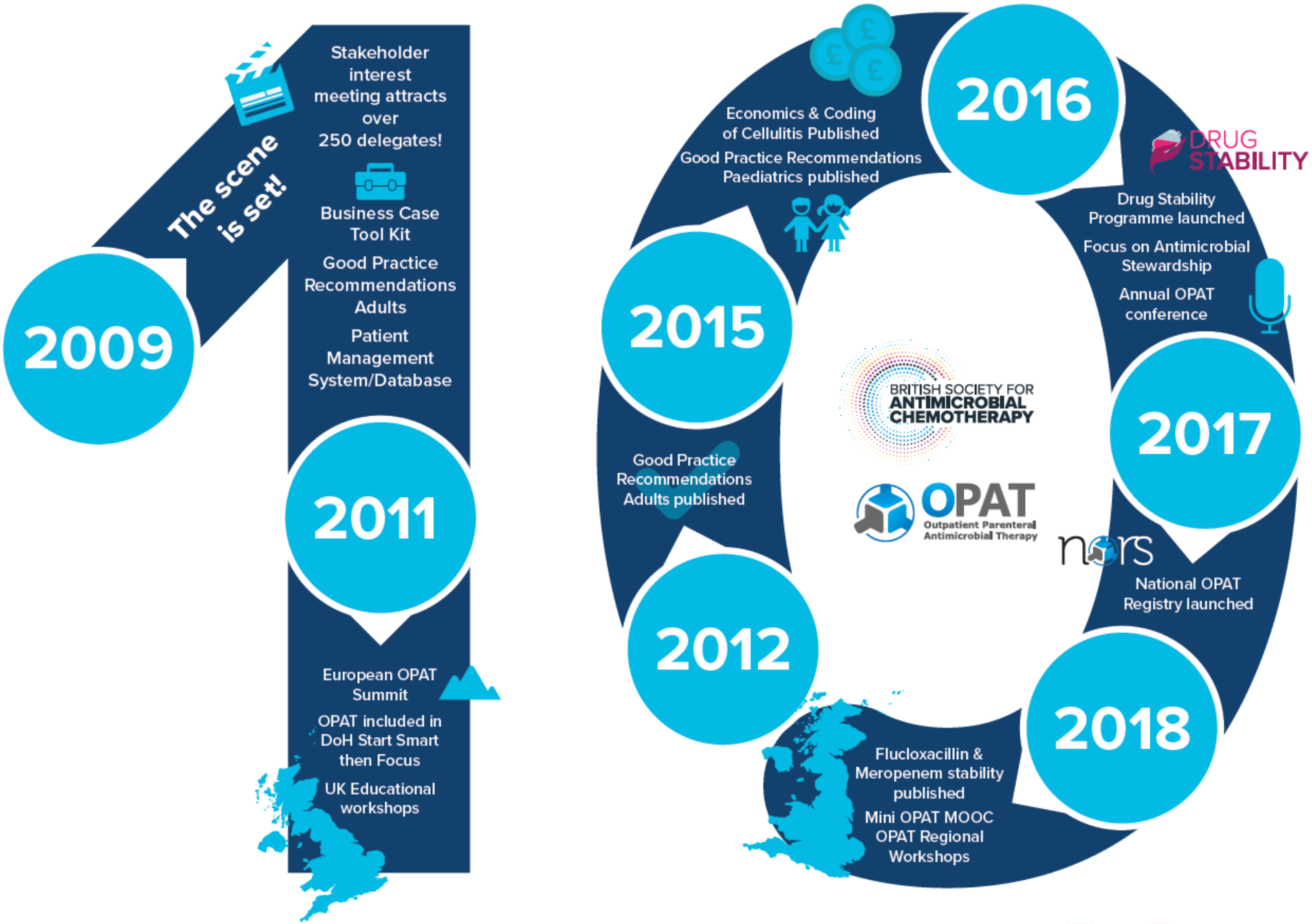
Implementation of OPAT continues to grow in UK & globally




2009
The scene is set!
Stakeholder interest meeting attracts over 250 delegates!
Business Case Tool Kit
Good Practice Recommendations Adults
Patient Management System/Database
2011
European OPAT Summit
OPAT included in DoH Start Smart then Focus
UK Educational workshops
2012
Good Practice Recommendations Adults published
2015
Economics & Coding of Cellulitis Published
Good Practice Recommendations Paediatrics published
2016
DRUG STABILITY
Drug Stability Programme launched
Focus on Antimicrobial Stewardship
Annual OPAT conference
2017
BRITISH SOCIETY FOR ANTIMICROBIAL CHEMOTHERAPY
OPAT Outpatient Parenteral Antimicrobial Therapy
nors
National OPAT Registry launched
2018
Flucloxacillin & Meropenem stability published
Mini OPAT MOOC
OPAT Regional Workshops

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BSAC OPAT strategy (2022-25)

STRATEGIC CASE
MANAGEMENT CASE
FINANCIAL CASE
ECONOMIC CASE

Strategy 1 - Establish a modern working definition of OPAT

Strategy 2: Secure the establishment and expansion of OPAT services wherever the clinical need exists

Strategy 3: 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

Strategy 4 - Promote and embed OPAT as a core component of antimicrobial stewardship through the provision of a continuous programme of education and training

Strategy 5 - UK accreditation scheme for OPAT services

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BSAC OPAT strategy (2022-25)

Strategy 1 - 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.

Increase in telemedicine / practitioners (non infection specialist)

Increasing use of complex oral agents

Equity of access e.g. increasing models of ambulatory care

Other IV longer acting agents + need for TDM?

BSAC OPAT strategy (2022-25)

Strategy 1 - Establish a modern working definition of OPAT

JAC Antimicrob Resist
doi:10.1093/jacamr/dlz026

JAC-Antimicrobial Resistance

Updated good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) in adults and children in the UK

Ann L. N. Chapman[1]*, Sanjay Patel[2], Carolyne Horner[3], Helen Green[2], Achyut Guleri[4], Sara Hedderwick[5], Susan Snape[6], Julie Statham[7], Elizabeth Wilson[8], Mark Gilchrist[9] and R. Andrew Seaton[10]

[1]*University Hospital Monklands, NHS Lanarkshire, Airdrie, UK; [2]Southampton Children's Hospital, University Hospital Southampton NHS Foundation Trust, Southampton, UK; [3]The British Society for Antimicrobial Chemotherapy, Birmingham, UK; [4]Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool, UK; [5]Belfast Health and Social Care Trust, Belfast, UK; [6]Nottingham University Hospitals NHS Foundation Trust, Nottingham, UK; [7]South Warwickshire NHS Foundation Trust, Warwick, UK; [8]Manchester University NHS Foundation Trust, Manchester, UK; [9]Imperial College Healthcare NHS Trust, London, UK; [10]Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde, Glasgow, UK*

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OPAT team and service structure

Patient selection

Antimicrobial management & drug delivery

Monitoring of the patient during OPAT

Outcome monitoring and clinical governance

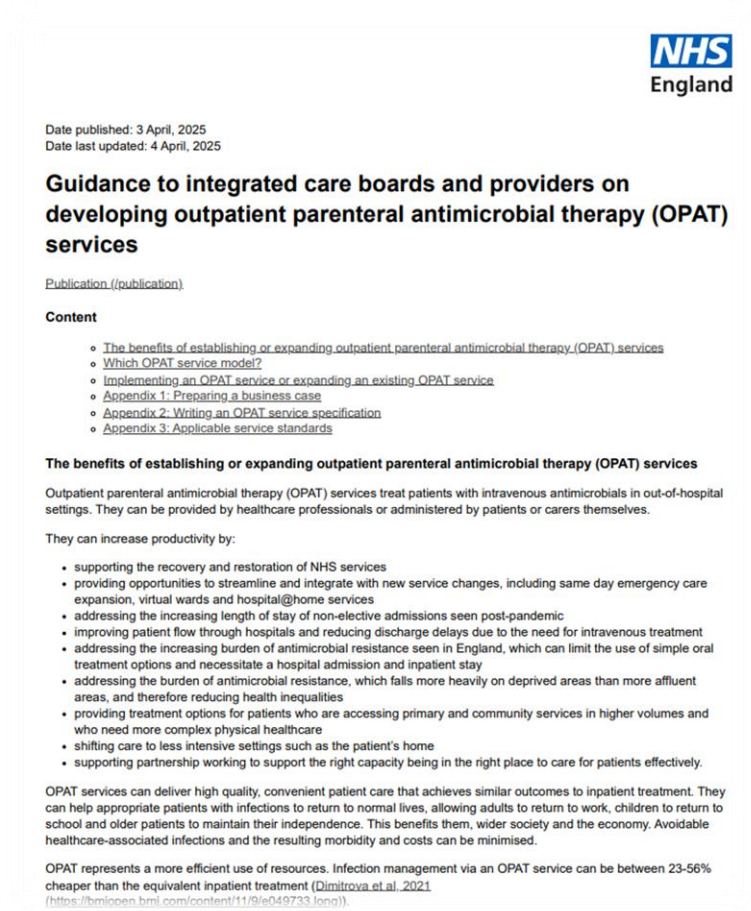
Adults and paediatrics

Literature search ✓ Subgroup reviews ✓

JAC-Antimicrobial Resistance, Volume 1, Issue 2, September 2019

BSAC OPAT strategy (2022-25)

Strategy 2: Secure the establishment and expansion of OPAT services wherever the clinical need exists



NHS England

Date published: 3 April, 2025
Date last updated: 4 April, 2025

Guidance to integrated care boards and providers on developing outpatient parenteral antimicrobial therapy (OPAT) services

Publication ((publication))

Content

The benefits of establishing or expanding outpatient parenteral antimicrobial therapy (OPAT) services

Outpatient parenteral antimicrobial therapy (OPAT) services treat patients with intravenous antimicrobials in out-of-hospital settings. They can be provided by healthcare professionals or administered by patients or carers themselves.

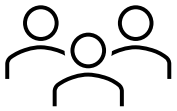
They can increase productivity by:

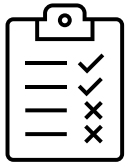
- supporting the recovery and restoration of NHS services
- providing opportunities to streamline and integrate with new service changes, including same day emergency care expansion, virtual wards and hospital@home services
- addressing the increasing length of stay of non-elective admissions seen post-pandemic
- improving patient flow through hospitals and reducing discharge delays due to the need for intravenous treatment
- addressing the increasing burden of antimicrobial resistance seen in England, which can limit the use of simple oral treatment options and necessitate a hospital admission and inpatient stay
- addressing the burden of antimicrobial resistance, which falls more heavily on deprived areas than more affluent areas, and therefore reducing health inequalities
- providing treatment options for patients who are accessing primary and community services in higher volumes and who need more complex physical healthcare
- shifting care to less intensive settings such as the patient's home
- supporting partnership working to support the right capacity being in the right place to care for patients effectively.

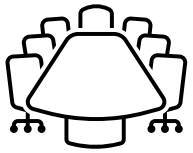
OPAT services can deliver high quality, convenient patient care that achieves similar outcomes to inpatient treatment. They can help appropriate patients with infections to return to normal lives, allowing adults to return to work, children to return to school and older patients to maintain their independence. This benefits them, wider society and the economy. Avoidable healthcare-associated infections and the resulting morbidity and costs can be minimised.

OPAT represents a more efficient use of resources. Infection management via an OPAT service can be between 23-56% cheaper than the equivalent inpatient treatment (Dimitrova et al, 2021 (https://bmjopen.bmj.com/content/11/9/e049733.long)).

BSAC Commissioned to prepare OPAT Guidance for ICBs







Ultimately, both the ICB and provider(s) will need to be involved in discussions. Any agreed arrangements for providing new or different OPAT services will need to be referenced in the NHS Standard Contracts between them. The ICB will need to ensure that contracts are awarded (or varied, as applicable) in accordance with the requirements of the NHS Provider Selection Regime (PSR).

Whether the initiative comes from the ICB or a provider, a sensible starting point will be to undertake a stocktake of what OPAT services are already in place locally, what future needs for them exist and how they should best be configured. This could include consideration of:

- the workforce currently delivering, or available to deliver, OPAT services and future requirements for expanding existing services
- what groups of patients or types of infections are currently being included?
- what groups of patients or types of infections are currently being excluded?
- equity of service provision to adults and children, including neonates, hard-to-reach groups, groups subject to health inequalities
- what treatment options are available to support current OPAT service models and what might be required to deliver an expansion of an OPAT service or introduction of a new service model (for example, access to ready-to-administer antimicrobials in elastomeric devices)?
- benchmarking of existing OPAT services against the Good Practice Recommendations for OPAT services
- the governance, infection management expertise and antimicrobial stewardship oversight in place for the provision of intravenous antimicrobial therapy in out of hospital settings within the ICB (for example, virtual wards).

Depending on the findings of the stocktake, a local business case may need to be developed to set out the clinical and financial arguments for establishing or further expanding a service and seek approval to proceed from the ICB or trust boards as appropriate. See Appendix 1 for a business case toolkit for OPAT services that can support this.

The procurement and contracting implications will depend on the proposed approach.

BSAC OPAT strategy (2022-25)

Strategy 2: Secure the establishment and expansion of OPAT services wherever the clinical need exists

- Simple
- Targeted
- Effective
- Adults
- Paediatrics

CONCEPT DEVELOPMENT

BSAC OPAT strategy (2022-25)

Strategy 3: 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

Antibiotics

Flucloxacillin - 2018

Meropenem – 2018

Ceftazidime - 2019

Piperacillin/ Tazobactam - 2020

Ceftolozane/ Tazobactam – 2021 & 2023

Temocillin - 2022

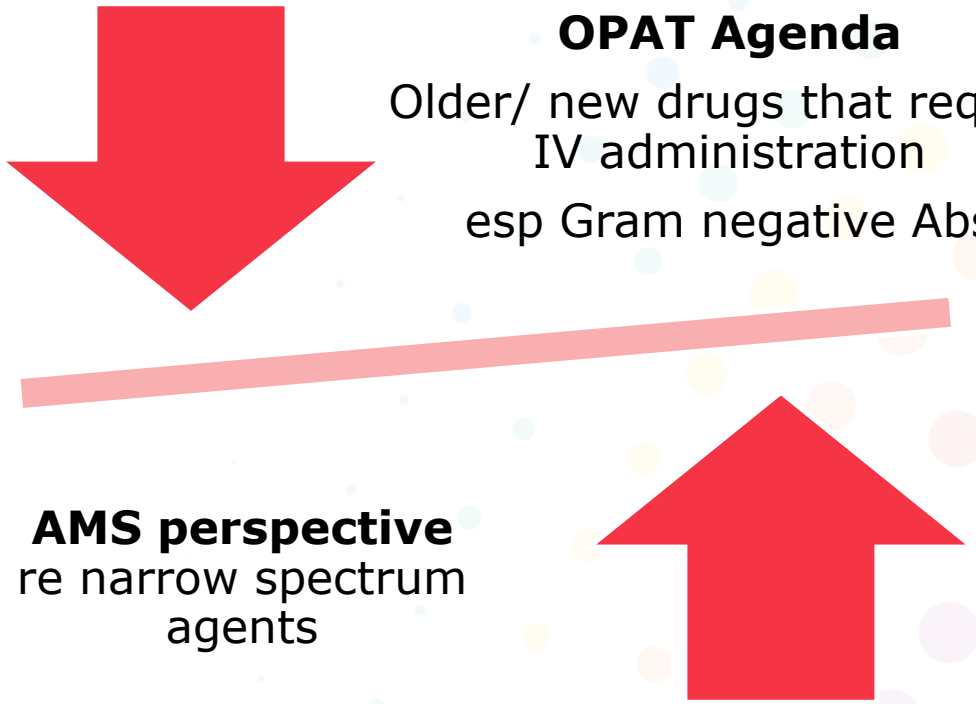
Amoxicillin – 2022

Ceftazidime/ Avibatam – 2024

Tigecycline – 2025

Antivirals

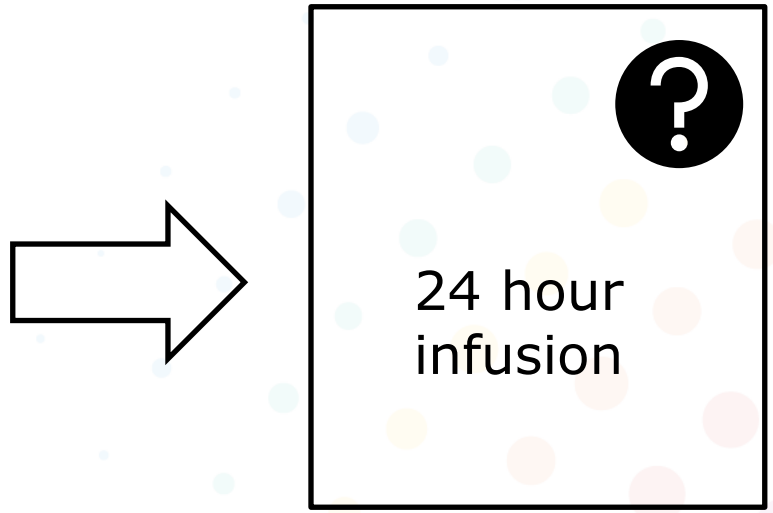
Aciclovir - 2023



MDR Gram –ve agents – new for 2025

Evaluation of the stability of aztreonam / avibactam (EMBLAVEO®) in elastomeric infusion devices used for outpatient parenteral antimicrobial therapy

Table 1. Recommended intravenous dose by type of infection in adult patients with CrCL[a] > 50 mL/min					
Type of infection	Dose of aztreonam-avibactam		Infusion time	Dosing interval	Duration of treatment
	Loading	Maintenance			
cIAI[b]	2 g/0.67 g	1.5 g/0.5 g	3 hours	Every 6 hours	5-10 days
HAP, including VAP	2 g/0.67 g	1.5 g/0.5 g	3 hours	Every 6 hours	7-14 days
cUTI, including pyelonephritis	2 g/0.67 g	1.5 g/0.5 g	3 hours	Every 6 hours	5-10 days
Infections due to aerobic Gram-negative organisms in patients with limited treatment options	2 g/0.67 g	1.5 g/0.5 g	3 hours	Every 6 hours	Duration in accordance with the site of infection and may continue for up to 14 days
a Calculated using the Cockcroft-Gault formula.					
b To be used in combination with metronidazole when anaerobic pathogens are known or suspected to be contributing to the infectious process.					



BSAC

The University Of Queensland AUSTRALIA
CREATE CHANGE

CRERESPOND
CENTRE OF RESEARCH EXCELLENCE
Optimising and personalising antimicrobial dosing to reduce resistance

BRITISH SOCIETY FOR ANTIMICROBIAL CHEMOTHERAPY

Harmonising regulatory requirements for stability studies

Set by authorities to gain market authorisation / approval for use.
Focus inpatient settings not accounting for OPAT programme use

US FDA

EMA

TGA

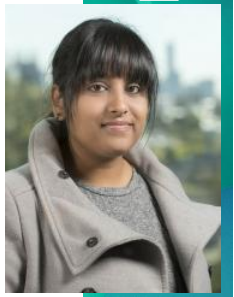
Yellow cover document

ASEAN

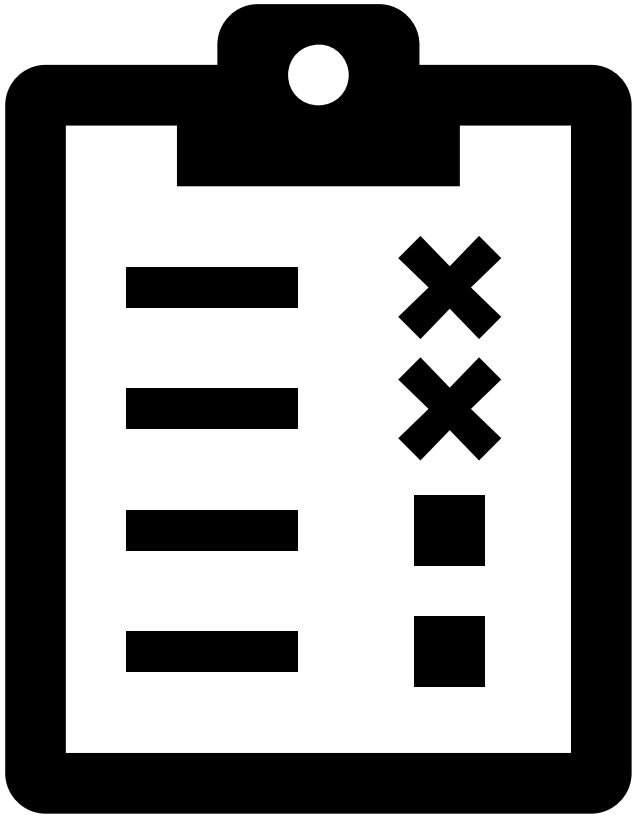
WHO

These guidance documents are directly derived from or informed by the International Council for Harmonisation (ICH) of Technical Requirements for Pharmaceuticals for Human Use

Naicker S, Roberts JA, Cheng V, Parker SL, Seaton RA, Gilchrist M, Sime FB
JAC Antimicrob Resist. 2024 Nov 28;6(6):dlae186.



Achieving a consensus on the assessment of degradation products on OPAT



Major differences between the documents lies in the acceptance criteria that the degradation products are measured against.

This poses a regulatory anomaly and challenge for clinical practice.

Pharmacopoeias each may provide a different criterion to evaluate stability

Harmonization of the pharmacopoeias would need to occur for there to be useful global guidance on stability testing procedures and acceptance criteria for degradation products.

Naicker S, Roberts JA, Cheng V, Parker SL, Seaton RA, Gilchrist M, Sime FB
JAC Antimicrob Resist. 2024 Nov 28;6(6):dlae186.

Congress of the European Society of Clinical Microbiology and Infectious Diseases
ESCMID Global

BSAC OPAT strategy (2022-25)

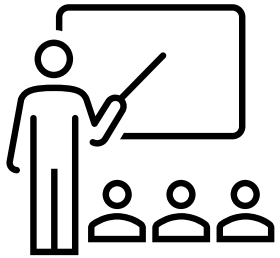
Strategy 4 - Promote and embed OPAT as a core component of antimicrobial stewardship through the provision of a continuous programme of education and training

CONFERENCE - A HYBRID EVENT TO BE HELD ON 14 NOVEMBER 2025
ROYAL COLLEGE OF PHYSICIANS, LIVERPOOL & ONLINE

WORKSHOPS/ CONFERENCE CONTINUE

BSAC OPAT strategy (2022-25)

Strategy 4 - Promote and embed OPAT as a core component of antimicrobial stewardship through the provision of a continuous programme of education and training



OPAT Masterclass in 2026

CPE accredited online masterclass that will support the optimisation and development of OPAT

Module / Webinar based
Autumn 2026 (soonest)

Global OPAT Summit 2027

Global leaders OPAT coming together to share, advance and strengthen next steps within OPAT

March 2027
QEII Conference Centre, London

MORE INFORMATION SOON

Global AMS Accreditation Scheme

BSAC has established a global AMS accreditation scheme (GAMSAS)

Objective: To provide a sustainable, points-based accreditation scheme to drive improvements in AMS across all health economies

Outcomes:

- Identify local areas of practice needing improvements and support
- Develop regional networks to support spread of good practice in AMS
- Create awareness in healthcare payers and users of variation, and how this can be addressed
- Support practice and policy research aimed at improving AMS
- Develop and supply educational resources to support AMS practice (via Global Antimicrobial Stewardship Partnership Hub https://global-asp-hub.com/)

BSAC OPAT strategy (2022-25)

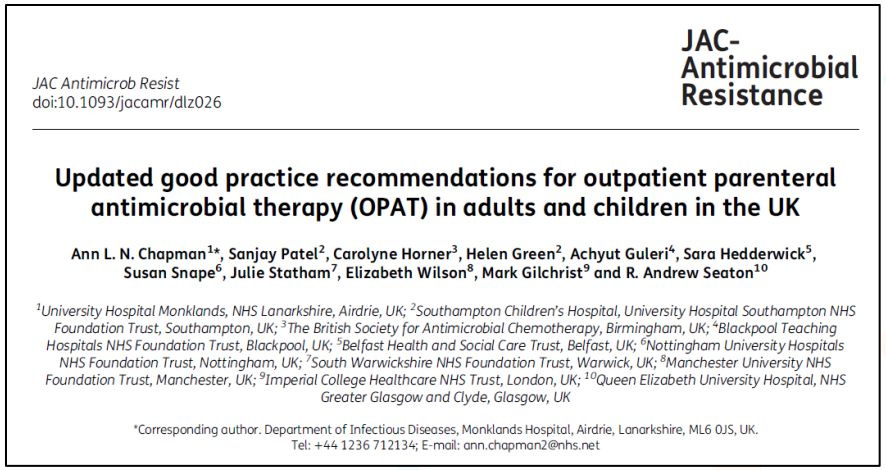
- **Strategy 5 -** UK accreditation scheme for OPAT services

Adaptation of existing good practice recommendations into online protocols for service assessment and key performance indicators

Development of OPAT Accredit website (subsuming all resources offered within current e-OPAT site)

Securement of internal governance group and accreditation assessment group

Launch, promote and secure centres



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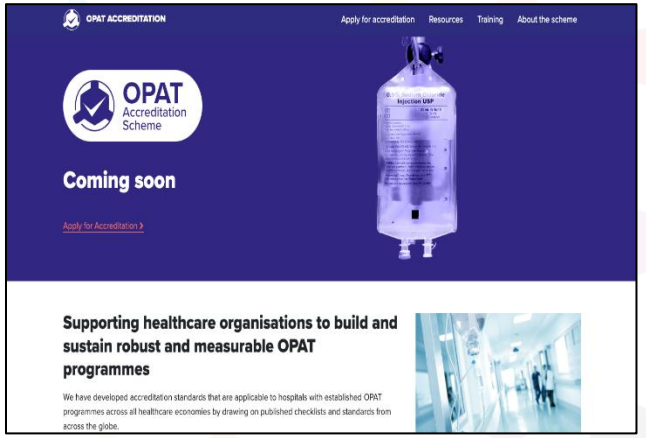

FINAL DISCUSSIONS

Making the case for OPAT in 2025 never been so important

Maximizing opportunities for admission avoidance and early supported discharge for patients and improving patient flow to ensure those with the greatest care needs can access the right services at the right time has never been more important.

Inpatient resources need to be optimally and efficiently deployed for acute care and safe and cost-effective alternatives to hospitalisation should be expanded with creation of capacity for both acute, elective and cancer care

- NHS England. Tackling the COVID-19 backlog of elective care (2023) https://www.england.nhs. uk/coronavirus/publication/delivery-plan-for- tackling-the-covid-19-backlog-of-elective- care/
- NHS England. Elective actions for the 78 week cohort (2023) https://www.england. nhs.uk/coronavirus/wp-content/uploads/sites/52/2023/01/PRN00122-elective-actions- for-the-78-week-cohort.pdf

Conclusions

Updated evidence based good practice recommendations have been drafted (2025) - continue to strengthen OPAT with effective AMS drivers

Global drug stability harmonisation is key to moving forward together with continuing to test old/ new agents

As healthcare advances and the complex needs population grows, infections in hospital are likely to increase. OPAT/ C-OPAT/ P-OPAT need to be ready and BSAC is aiding that endeavour

NHS 10 year plan “from hospital to community”: huge drive to develop new models of care to move patient care to patients’ homes and local communities. Need to ensure that the “principes of OPAT” remain embedded within such services

Next steps – embedding principles of OPAT into current models of paediatric care delivery

- Ensuring principles of OPAT are applied to all children being ambulated on antibiotics (inc H@H, oncology)
- Optimising drug delivery methods where beneficial
  - elastomeric devices
- Optimising IV access in children being ambulated on IVAbs
  - Right line at the right time
- Working collaboratively and embracing network working
  - Multidisciplinary “communities of practice”
  - A modern working model for pOPAT