Response to

"Changes to arrangements for regulating NHS bodies in relation to healthcare associated infections for 2009/10: a consultation for the NHS"

October 2008

Introduction

Action against Medical Accidents ('AvMA') is the independent charity which has been promoting patient safety and justice for people harmed by health care since 1982. AvMA has extensive experience of helping and advising thousands of patients each year who have been affected by medical accidents (including healthcare associated infections) and of collaborative working with the Department of Health, NHS bodies, health professionals and regulators as well as fellow patients' organisations. Healthcare associated infection is one of if not the most important issue in patient safety at the moment and therefore a key priority for the charity. This response has been prepared by Edwina Rawson, a solicitor specialising in clinical negligence at Charles Russell Solicitors, on behalf of AvMA.

Our Response

We are responding specifically in relation to the obligations of NHS acute trusts to report the incidences of Healthcare Associated Infections ('HCAIs') to the Health Protection Agency ('HPA'). AvMA is calling for mandatory reporting of all incidences of healthcare associated infections (HCAIs) to the Health Protection Agency (HPA). There are three references to the HPA in the body of the paper, as follows:

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II. Clinical care protocols

Guidance for implementation of criterion 8

Providers should also consider the need for policies specified in Part 5 of this Code.

l. Reporting HCAI to the Health Protection Agency (HPA) as directed by the Department of Health.

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Reporting HCAI to the Health Protection Agency as directed by the Department of Health

Reporting should include procedures for dealing with serious untoward incidents. This includes a mandatory requirement for NHS trust's chief executive to report all cases of MRSA bacteraemia and cases of *C difficile* infection in patients aged 2 years or older.

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Surveillance and data collection

For all appropriate clinical settings, there should be evidence of local surveillance and use of comparative data where available in order to monitor infection rates and to assess the risks of infections. This evidence should

include data on alert organisms, alert conditions and wound infection by clinical unity or specialty (a recognised scoring system should be in use for this).

Units should consider voluntary reporting to the Health Protection Agency (HPA) of bacteraemias as requested by the HPA.

There should also be timely feedback to clinical units, with a record of actions taken and achievements as a result of surveillance. Post-discharge surveillance of wound infection should be considered and, where practical, should be implemented.

Our concern is that the existing regime for reporting the incidences of HCAIs, which forms an integral part of the arrangements set out in the Consultation Paper, is fundamentally flawed. At present, mandatory reporting only applies to MRSA, *C difficile,* and GRE. There is no mandatory requirement for hospitals to report other, equally serious and potentially deadly, infections. This limited reporting means that patients and the public do not know the full scale of the HCAI problem. Importantly, even on a voluntary reporting basis it is clear that some of these unreported infections are on the increase, for example *Pseudomonas* rose by 47% from 2,605 in 2002 to 3,828 in 2007.

The decline in the incidence of MRSA is fortunate and encouraging. However, two points arise from this: First, it is inappropriate and misleading for the Government and other public bodies to publicise and rejoice in the decrease in MRSA when patients are contracting other, unreported, infections. Secondly, it seems that obliging trusts to report incidences of infections may play a key role in reducing the incidence. The figures are 'out there' for all to see and this, in itself, may be a motivating factor for improving performance.

It is clear that the Government is taking HCAIs seriously and the introduction of various initiatives over recent years is welcomed, as is the continued commitment set out in the NHS Operating Framework for 2008-2009 and other documents. But, without full and proper reporting there is no meaningful baseline against which the effectiveness of such measures and investment can be assessed.

It is clear from the Consultation Paper's reference to 'there should be evidence of local surveillance and use of comparative data where available in order to monitor infection rates' that any hospital not monitoring infection rates at a local level will be required to do so. As the hospitals have already been required to set up systems for the mandatory reporting of MRSA, *C difficile,* and GRE, it would not be an undue burden to report other infections to the HPA, although if they have not already done so, we recommend that trusts should employ an epidemiologist to help with this. In addition, a central collection point of incidences of all infections will result in an awareness of which hospitals are dealing with infections effectively, and their policies and practices can be reviewed. This would facilitate the availability of 'comparative data' referred to in the Consultation Paper, and enable hospitals with poor performance to benefit from the hospitals that are having positive results.

For the above reasons, we advocate that in the interests of patient safety and public policy hospitals should be under a mandatory requirement to report incidences of all

HCAIs to the HPA. Steps should be taken as soon as possible to implement this change.

Representatives of AvMA would welcome the opportunity to meet with Department of Health officials responsible for this area to share thinking on how to move forward in practical terms.

For further information please respond to Peter Walsh, Chief Executive, AvMA, 44 High Street, Croydon CR0 1YB. Tel: 020 8688 9555 e-mail: chiefexec@avma.org.uk

Edwina Rawson, on behalf of AvMA. October 2008