NHS

Support in Community Health and Social Care

Catherine Guelbert

Associate, HCAI and Cleanliness Division

Department of Health

UKHCA's 20th Anniversary England Conference

Leicester

Thursday 25th June 2009

DH Department of Health

NHS

P 777B
(Revd. 5451/39)

GENERAL POST OFFICE

INFECTIOUS DISEASE

This form should be retained

AT HOME

for ready reference in case of outbreak of infectious disease.

I.—OFFICERS THEMSELVES SUFFERING FROM INFECTIOUS DISEASE.

An officer who is suffering from an infectious disease is expected to take proper precautions against the spread

Before returning to duty he must submit a medical certificate to the effect that he has recovered and will not be a source of infection to others.

II.—OFFICERS COMING INTO CONTACT WITH CASES OF INFECTIOUS DISEASE OR SUSPECTED INFECTIOUS DISEASE.

(a) If infectious disease of any kind breaks out, or is suspected, at the house where an officer resides, he must at once notify his superior officer. If the disease is one of those specified in paragraph (b) below, the officer must forward a medical certificate showing the nature of the disease or suspected disease. The certificate must be obtained without expense to the Post Office.

(b) If the disease is plague, small-pox, typhus fever, or cholera, the officer must not come to the Office until he receives instructions to do so. As soon as the disinfection considered necessary by the Sanitary Authorities has been carried out, the officer should obtain from them at his own expense a certificate to that effect and send it to his superior officer, who will then send instructions.

(c) If the disease is typhoid (or enteric) fever, scarlet fever, diphtheria, measles, rubeola (German measles), chicken pox, mumps, or any other not mentioned in paragraph (b), the officer should attend for duty unless otherwise instructed by his superior officer. He must

What is the HCAI and Cleanliness Division?

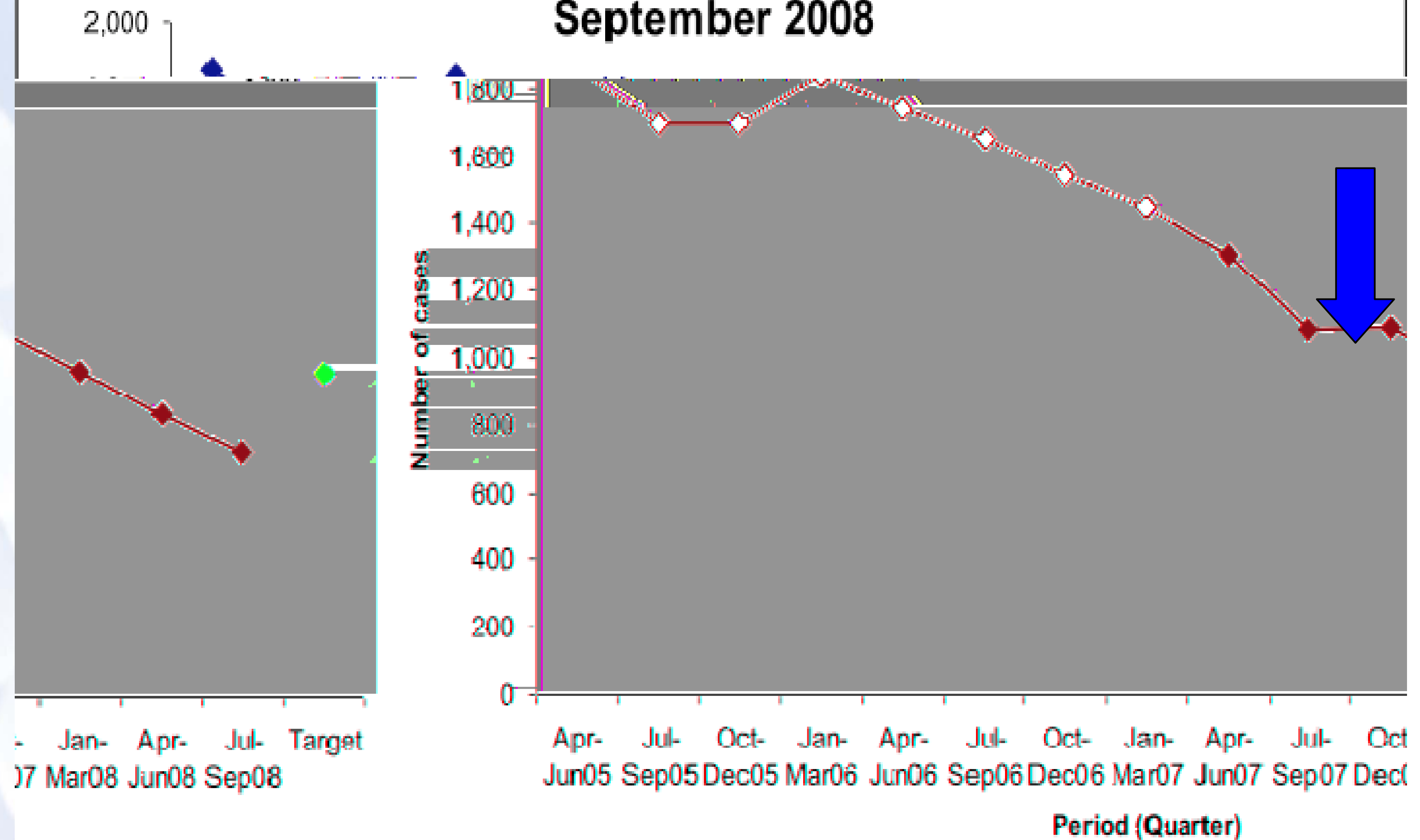
- Set up by the Department of Health to provide:
  - support
  - improve knowledge, skills and practice in Infection Prevention and Control.

- Improving cleanliness and reducing healthcare associated infections is one of the top priorities of the NHS

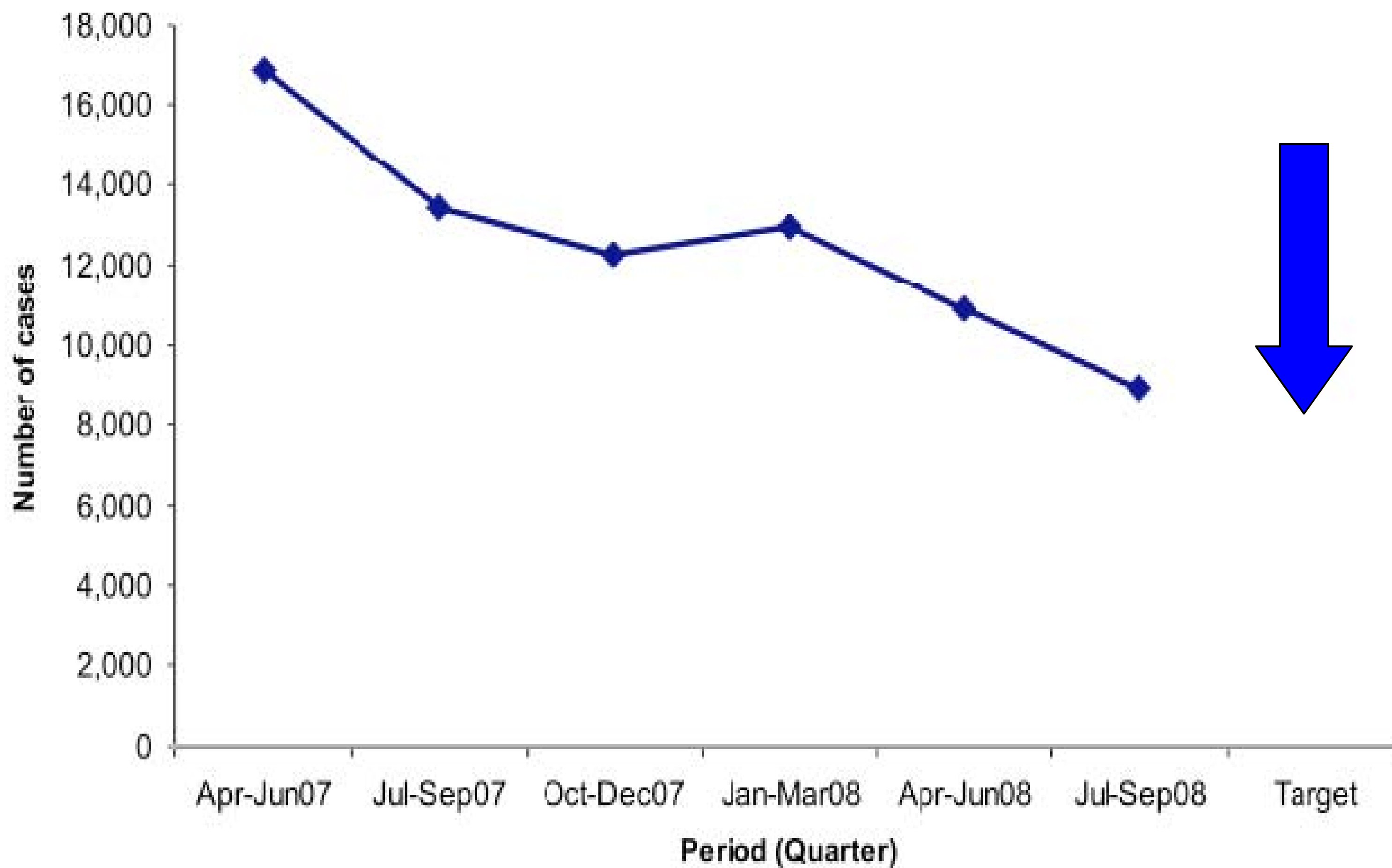
NHS

- All patients have a right to clean and safe treatment wherever and whenever they are treated by the NHS.

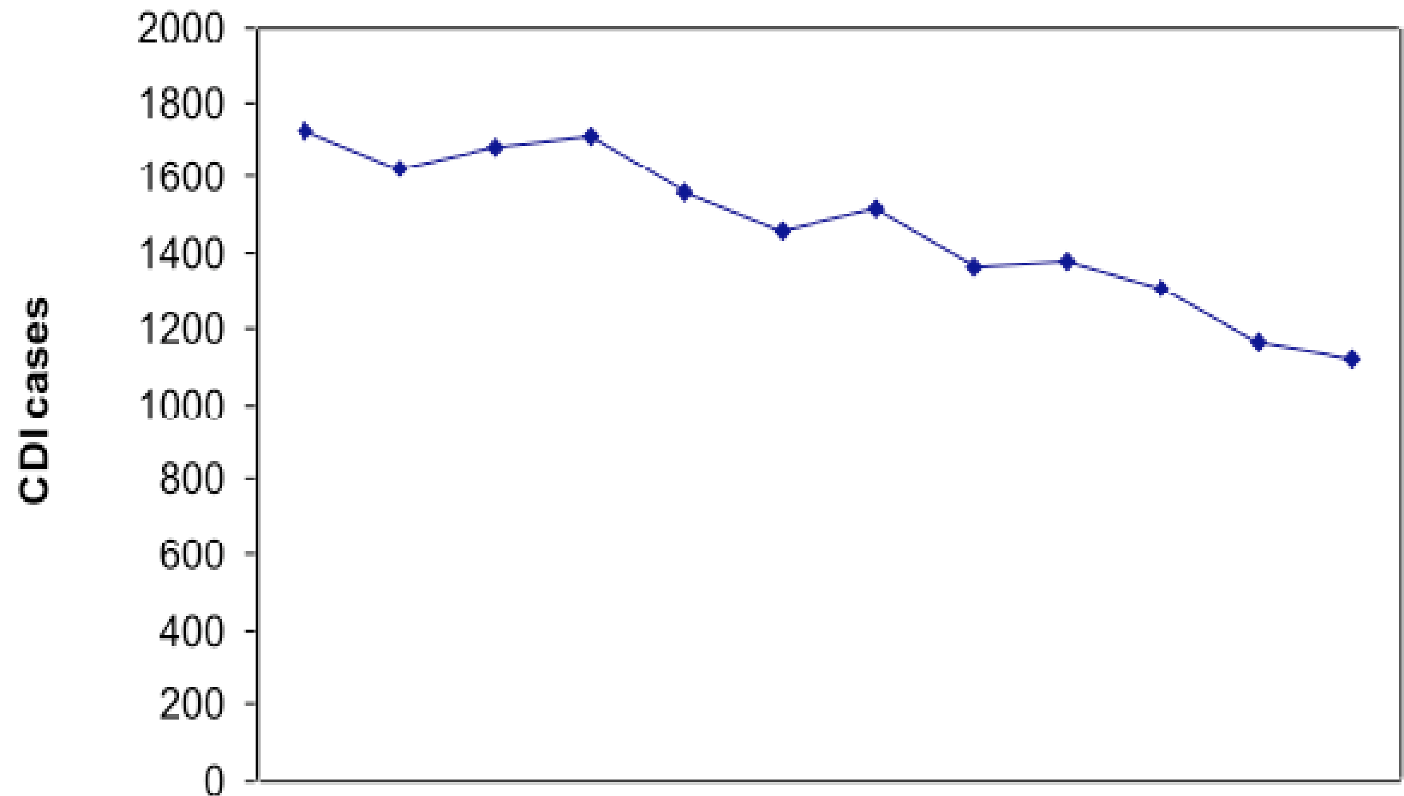
- Work with trusts and healthcare organisations to embed sustainable systems to reduce HCAIs, and deliver clean safe care to patients.



Source: HPA HCAI publication December 2008 and national target



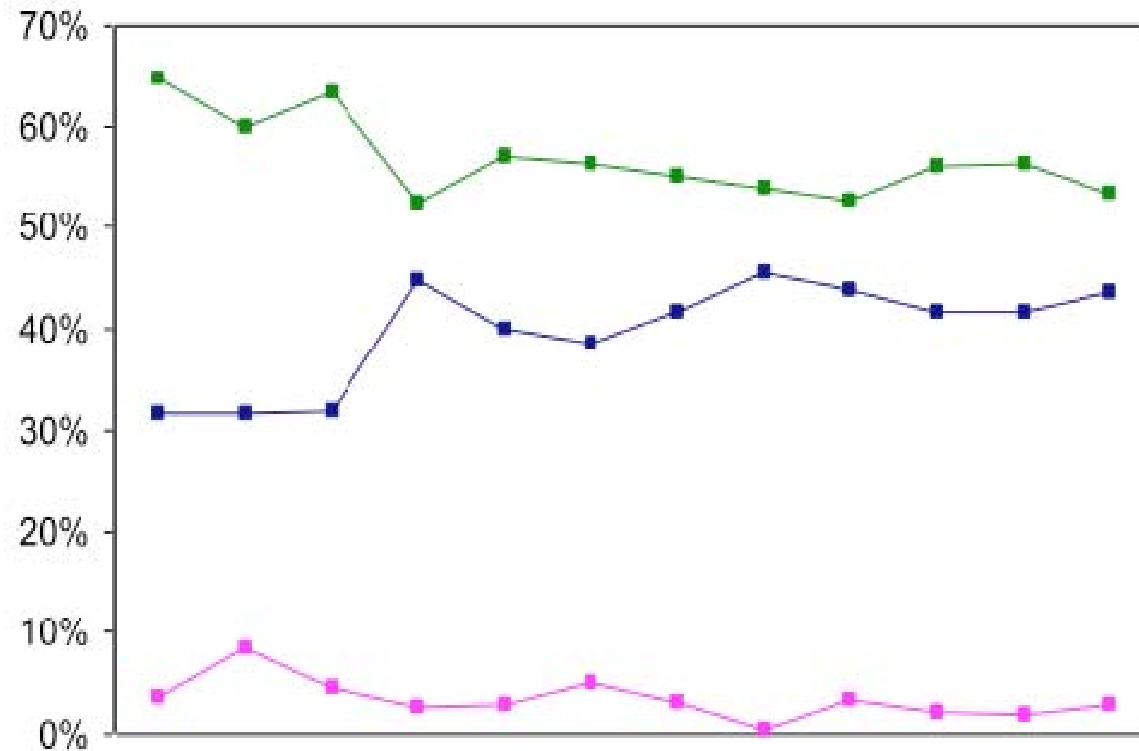
Source: HPA HCAI publication January 2009 and national target 2010/11 expressed as a quarterly average



	Jan-	Feb-	Mar-	Apr-	May-	Jun-	Jul-	Aug-	Sep-	Oct-	Nov-	Dec-
Community cases	1725	1628	1685	1711	1559	1457	1519	1363	13			

380	1310	1164	1122

Source: HPA HCAI Data Capture System



Pre and Post 48 hr MRSA cases 2008

	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08
Pre-48 Hours	32%	32%	32%	45%	40%	39%	42%	46%	44%	42%	42%	44%
Post-48 Hours	65%	60%	63%	53%	57%	56%	55%	54%	53%	56%	56%	54%
Missing admission date	4%	8%	5%	3%	3%	5%	3%	0%	3%	2%	2%	3%

NHS

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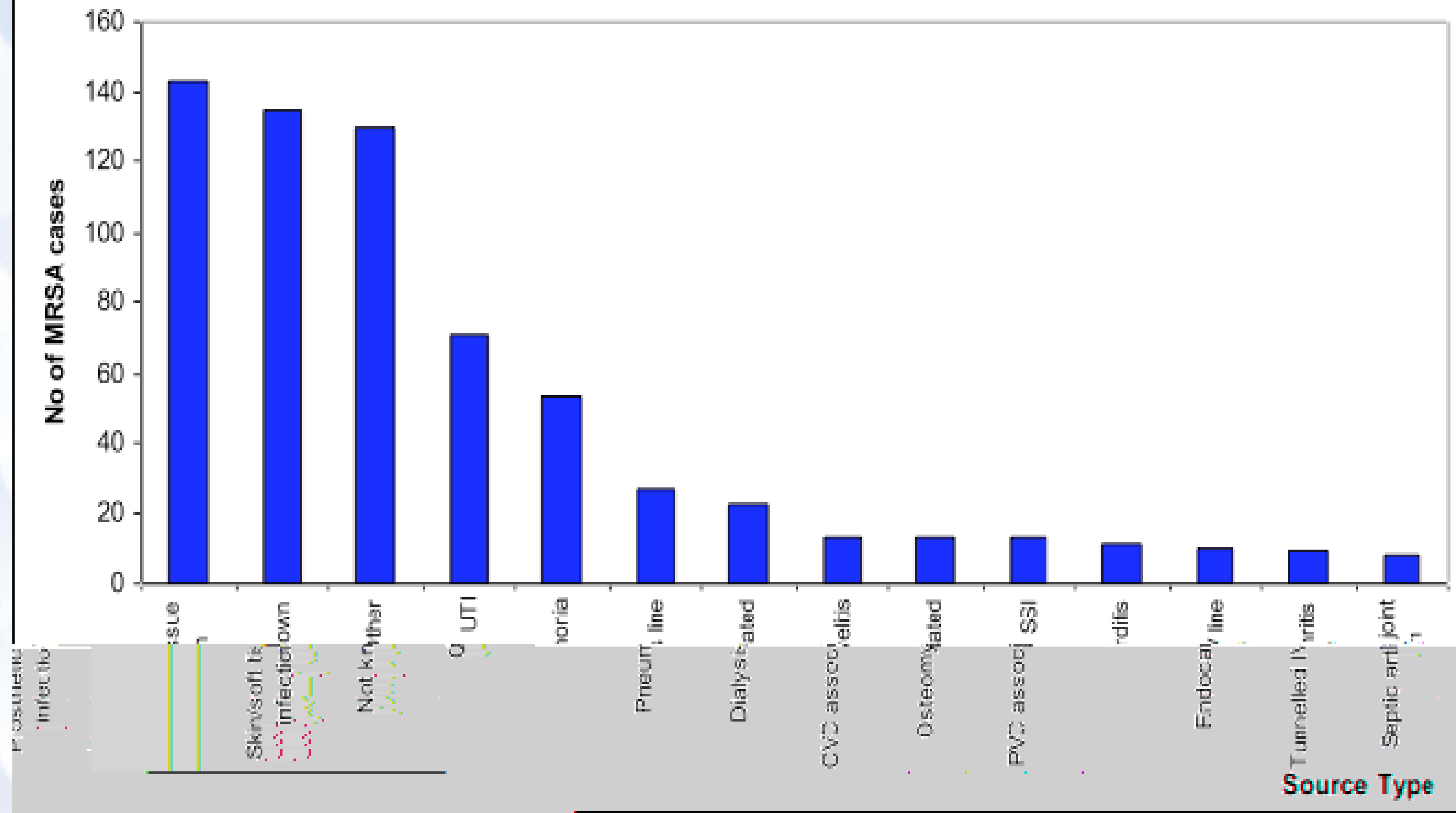


www.clean-safe-care.nhs.uk

Learning from the Acute

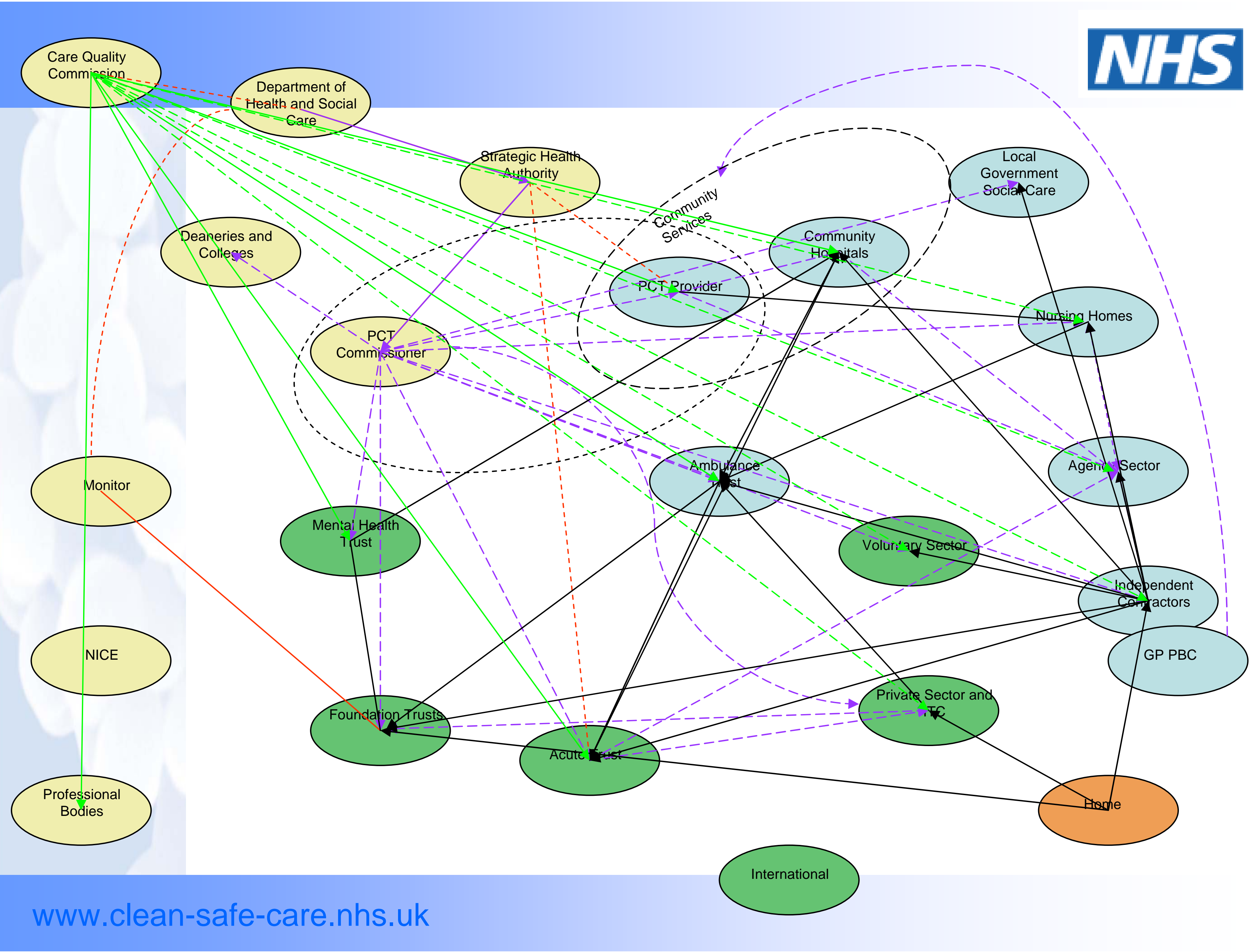
Reliable Clinical Practice

Policies/Procedures/Systems

Accountability, authority ward to Board

Visible leadership and drive from top

Highly effective infection prevention team


NHS
Care Quality Commission
Department of Health and Social Care
Strategic Health Authority
Deaneries and Colleges
PCT Commissioner
Community Services
Local Government Social Care
Community Hospitals
PCT Provider
Nursing Homes
Agency Sector
Ambulance Trust
Monitor
Mental Health Trust
Voluntary Sector
Independent Contractors
NICE
GP PBC
Private Sector and TC
Foundation Trusts
Acute Trust
Professional Bodies
Home
International
www.clean-safe-care.nhs.uk

Care Settings

- Community Hospitals
- Mental Health Trusts
- Independent Acute Hospitals
- Home
- Domiciliary Care
- Residential Home
- Nursing Home
- Ambulances
- Prisons
- Nursing Agencies
- GP surgeries

Features of organisations which are successful in reducing HCAIs

- Absolute priority
- Zero tolerance philosophy
- Quality of leadership
- Real understanding and interest in the issues
- Effective use of information and data with action plans
- Every case is used to learn and improve
- Cleaners – work as part of the care team
- Clear accountability at every level

Support in Community Health and Social Care – work so far…

- Research to understand what the causes are at a local level
- Understanding how complex systems work outside of Hospital
- Finding out about local level initiatives
- Testing toolkits and hypotheses with stakeholders
- Taking learning from Acute-based work and testing for use in Community

Causes of risk

- Hand Hygiene
- Environmental cleaning
- Equipment cleanliness
- Decontamination
- Urinary catheters
- Wound management
- Line management
- Antibiotic prescribing

What does the front line tell us?

- **NHS**

- Complicated structures
- Financial Targets
- Separation of roles and lack of communication
- World Class Commissioning
- Business Management
- Developing Services
- Darzi
- Changes in Regulation
- Difficulty in collecting community data

Private/Local Authority Sector

- Changes in Regulation
- Finances, Budgets, Profits
- Unclear roles of accountability in the Commissioner organisation
- Lack of communication between Commissioner and Provider
- High staff turnover
- Changes in tendering processes

The focus of attention

- Different PCTs are focussing on different issues:
  - Care homes
  - General Practice premises
  - Clinical Leadership
  - Domiciliary provision
  - Medicines management

Stakeholders

- Department of Health
- Strategic Health Authority
- PCT provider organisations
- PCT commissioner organisations
- Clinicians
- Health care professionals
- PECs
- Professional bodies
- Patients and carers

- Acute Trusts
- Ambulance
- Local Authority
- CQC
- Private sector
- Industry bodies
- HSE
- GPs, practice managers and nurses

Current supportive initiatives

- ***Diagnostic review of PCTs with the most challenging agendas***
- Significant factors include;
  - Board awareness and assurance
  - Commissioner intelligence
  - Leadership
  - Clarity of specification
  - System and process for monitoring

- ***Regional learning and development forums for PCTs designed to build capability through***
- Raise awareness
- Share practice
- Updating PCOs on tools developed from the pre-48 hour work
- Introducing board assurance approaches
- Encouraging review of local plans
- Introduction to the diagnostic assessment process

What can you do?

- Awareness of the context - increasing regulation
- Take pro-active approaches
- Build positive relationships with funders
- Access free guidance on the web-site
- Raise awareness among staff
- Assess standards and practice
- Constantly review and monitor practice
- Lead by example

- ***Thank you!***