

National Institute for Health and Care Excellence

NICE Quality Standards Consultation – Infection control

Closing date: 5pm – Tuesday 17 December 2013

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Please note: comments submitted on the draft quality standard are published on the NICE website.	
Would your organisation like to express an interest in endorsing this quality standard? <input checked="" type="checkbox"/> Yes	
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Please provide comments on the draft quality standard on the form below, putting each new comment in a new row. When feeding back, please note the section you are commenting on (for example, section 1 Introduction). If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor). If your comment relates to the standard as a whole then please put 'general'.

In order to guide your comments, please refer to the general points for consideration on the NICE website as well as the specific questions detailed within the quality standard.

Please add rows as necessary.

Section	Comments
e.g. Section 1 Introduction or quality statement 1 (measure)	e.g. Comment about quality statement 1.
Introduction/general Statement 1	<p>MRSA Action UK welcomes the areas covered by the statements.</p> <p>We support the principles of statement 1.</p> <p>Local policy should be flexible enough to always be in the best interests of the patient, particularly those who are dependent on antimicrobials for long term illness.</p> <p>The quality measures to underpin quality statement 1 will not be transparent if data from the Information Services Portal is unavailable to non-NHS users. It is not currently possible to download the full range of antibiotic prescribing data available on the system if you are a member of the public. This needs to be addressed.</p> <p>Reference is made to documenting clinical indication, duration or review date, route and dose of antimicrobials on the drug chart in secondary care, no reference is made to documenting the same in primary care. With electronic records the documenting of choosing a 'no' or 'delayed' antibiotic strategy could also enhance a potential method of monitoring antimicrobial stewardship.</p>
Statement 2	<p>We support the principles of statement 2.</p> <p>The quality measures to underpin quality statement 2 relate to the mandatory reporting of HCAI, however this only covers MRSA and Cdiff, there are other organisms that are particularly significant in terms of antimicrobial resistance through the</p>

Section	Comments
	<p>use of broad spectrum agents (ESBL producing E. coli, Acinetobacter baumannii, Pseudomonas, Klebsiella, Enterobacter, Glycopeptide resistant enterococci) and the publication of this data where significant numbers occur is an obvious marker for success or failing strategies to prevent and control infections caused by these organisms. Incidence of HCAI are also outcome indicators given for quality statements 3, 4, 5 and 6 and this equally applies.</p> <p>With reference to question 3. The use of the term 'board' could be broadened to 'board/managing body'</p>
Statement 3	<p>Whilst agreeing with this statement, we would suggest that further detail is given in the actual statement to prevent inappropriate interpretation. EPIC 3 guidance (http://www.journalofhospitalinfection.com/supplements) gives details. This guidance has been accredited by NICE. In particular it is important to state that alcohol hand rubs should not be used when hands are visibly soiled or potentially contaminated with body fluids; or when caring for patients with vomiting or diarrhoeal illness, whether or not gloves have been worn.</p> <p>For monitoring outcomes - as for statement 2, broaden the publication of HCAIs to include organisms that are particularly significant in terms of antimicrobial resistance through the use of broad spectrum agents.</p>
Statement 4	<p>Whilst we welcome the statement it should apply to all people who use or have urinary catheters. EPIC 3 covers the use of short term urinary catheters, short version attached.</p> <p>For monitoring outcomes - as for statement 2, broaden the publication of HCAIs to include organisms that are particularly significant in terms of antimicrobial resistance through the use of broad spectrum agents.</p>
Statement 5	<p>We welcome this statement, the evidence base is increased in EPIC 3</p> <p>For monitoring outcomes - as for statement 2, broaden the publication of HCAIs to include organisms that are particularly significant in terms of antimicrobial resistance through the use of broad spectrum agents.</p>
Statement 6	<p>Whilst welcoming the statement, it should be extended to all users of urinary catheters, whether long term, short term(see EPIC 3) or intermittent catheter users (see NICE CG 148 and 139). Urinary Tract Infection is the main complication of all.</p> <p>For monitoring outcomes - as for statement 2, broaden the publication of HCAIs to include organisms that are particularly significant in terms of antimicrobial resistance through the use of broad spectrum agents.</p>

Section	Comments

Closing date: Please forward this electronically by 5pm on **Tuesday 17 December 2013** at the very latest to QSc consultations@ nice. org. uk

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

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