

MRSA Action UK Response to The Health and Social Care Act 2008 draft Code of Practice for healthcare, including primary care, and adult social care on the prevention and control of infections and related guidance

About MRSA Action UK

MRSA Action UK is a registered Charity that supports people who have been affected by healthcare associated infections. We provide advice and information to people who enquire on the best way to prepare and reduce the risks of contracting an infection. We help patients and carers to make informed choices about health and social care to meet their needs.

We offer a patient voice to those who develop and regulate the delivery of high quality, safe patient care.

Operating in partnership with healthcare providers in the public and private sector in the United Kingdom, we are an independent organisation and advise and work with government, the public, patients and other professions across the health economy to promote awareness of healthcare associated infections and how to prevent them.

The Charity was established in 2005 by people who had been brought together through being affected by healthcare associated infections, all of whom had been affected by Meticillin resistant *Staphylococcus aureus*, commonly called MRSA. MRSA is a variety of *Staphylococcus aureus* that is resistant to metcillin and some of the other antibiotics that are used to treat it. *Staphylococcus aureus* is a common germ that lives harmlessly on the skin and nose of approximately one-third of all people. It can cause problems when it enters the body, particularly among those who are already unwell, although sometimes fit and healthy people can succumb to infection from MRSA. There are a number of interventions that can significantly reduce the risks from bacterial infections such as MRSA, these are documented in the *Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance*, and we welcome the introduction of its application for all aspects of health and social care.

We are a voluntary organisation with a constitution and are run by an elected Board of Trustees.

Our Vision

A National Health Service where patients receive the highest quality care, equivalent to that of other healthcare systems where the prevention of healthcare associated infections and patient safety is considered a paramount duty

Our Purpose

- To sustain those affected by healthcare infections by providing an advocacy and support service
- To provide information for people to help empower them to make the best choices for their health and social care
- To respond to and influence the government and health and social care providers, reflecting patients and carers' views on the prevention of healthcare associated infections
- To promote and encourage education and research on reducing healthcare associated infections and antimicrobial resistance
- To play a leading role in the promotion of high quality, safe patient care and to act as an independent watchdog, with the aim of achieving improved regulation

The NHS Constitution established a new right to choice and to information to support that choice. Choice is fundamental to the delivery of a patient-centred NHS as it empowers people to receive the health and social care services they want and need. MRSA Action UK believe openness and accountability on the full publication of infections will go some way to achieving the provision of better information as will the requirement for every patient to be involved in their care planning. We will help by providing information to help people understand healthcare associated infections and what is being done to alleviate them.

Our response to the draft Code of Practice for healthcare, including primary care, and adult social care on the prevention and control of infections and related guidance

MRSA Action UK welcomes the approach adopted within the revised Code of Practice and believe there are areas that need strengthening, primarily in relation to quality assurance and how this is demonstrated beyond the acute care setting.

From Health Protection Agency data, two thirds of reported MRSA bacteraemia and *Clostridium difficile* are recorded within the primary care setting at the current time. There is currently a proposal for new legislation in terms of how primary care organisations and local authorities will work together, and at the time of this consultation it is unclear exactly how this will operate. However it is apparent that local authorities will have a commissioning role for working with Healthwatch in considering patient feedback and complaints. MRSA Action UK is of the opinion therefore that the same rigour is applied in terms of performance monitoring for acute and primary care settings, and we would expect patient feedback and complaints about how infections are identified and dealt with are recorded and acted upon to avoid future untoward incidents.

In the primary care setting, in social care and with registered service providers, we would expect trend analysis data for infections and compliance with audit programmes to be reported to NHS Boards and registered providers and we would expect that local Directors of Public Health would be receiving reports, particularly in locations where there are very incidence of infections with *Clostridium difficile* and MRSA/MSSA bacteraemias. We would expect any outbreaks of other infectious pathogens for example, but not exclusively, Norovirus to be monitored in this way. We would also expect that the following, as a *minimum*, is applied in the community / primary care setting:

- a review of statistics on incidence of alert organisms (for example, but not limited to, meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*) and conditions, outbreaks and serious untoward incidents;
- evidence of appropriate action taken to deal with occurrences of infection including, where applicable, root cause analysis; and
- an audit programme to ensure that policies have been implemented;

There is no specific guide for community dentists who visit vulnerable people at home and this needs to be included as we have experience of a lady succumbing to a fatal MRSA bacteraemia as a consequence of the poor dental hygiene and care received in the home.

MRSA Action UK have reservations on proposed measures for staff giving personal care as this is an area where good infection prevention and control is important. Being able to identify if a vulnerable person or client needs attention due to the possible onset of an infectious illness, or has been discharged with MRSA for care at home, is important. It is also important that there is some knowledge of judicious antibiotic prescribing, staff giving personal care would be alert to clients and may be in a position to identify the onset of infectious illness due to the

taking of antibiotics, the code therefore needs to be broadened to encompass some of this responsibility to communicate and flag up any potential problems, and to be able to protect themselves from the risk of cross contamination when giving care. Criterion 5 (Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people) should therefore apply to people giving personal care within the guidance.

Personal care givers may be in the position of helping to decolonise a client awaiting hospital treatment, for example help with changing bedding on a daily basis whilst decolonisation takes place. They will also have contact with clients who have indwelling devices, and although they will not be responsible for giving clinical care, a knowledge of asepsis and understanding of the importance of not introducing contamination to indwelling devices during the giving of personal care is essential. Therefore the tables need to include personal care where this has been omitted in the draft.

There are areas where guidance documents could be strengthened particularly in relation to communication between health and social care and communication with patients and carers. Listed below are some references that would be useful tools for communication, including pictorial pathways and inter-healthcare forms for transfer between hospital and other care facilities:

- www.npsa.nhs.uk/nrls/improvingpatientsafety/patient-safety-tools-and-guidance/beingopen/
- <http://www.nhs.uk/tacklinginfections/Pages/tackling-infections.aspx>
- http://www.clean-safe-care.nhs.uk/toolfiles/86_Essential_steps_interhealthcare.pdf
- http://www.lpt.nhs.uk/Documents/Policies/Infection_Control/Part_1/1_9.pdf
- <http://mrsaactionuk.net/Lincs%20Care%20Pathway%20Project.pdf>
- http://mrsaactionuk.net/pdfs/MRSA_pictorial_pathway.pdf
- <http://mrsaactionuk.net/Improvement%20Foundation/INTERHEALTH%20CARE%20Infection%20Control%20Notification%20Form%20211107.doc>
- <http://www.hpa-nw.org.uk/Training/Winning%20Ways/sue%20wolstenholme.pdf>

As a final comment we reiterate that we welcome this approach, and we would like to see the word 'adult' removed from the title of the guidance as it covers a broad range of services to include children - including 'patients' and users of adult social care (e.g. 'clients') as well as those children's services regulated by the CQC, such as domiciliary personal care services for children with disabilities.

Derek Butler
Chair
MRSA Action UK
Registered Charity No.1115672
<http://mrsaactionuk.net>
derek.butler@mrsaactionuk.net
07762 741114