

## **Equity and Excellence: Liberating the NHS Consultation**

### **Feedback**

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## **MRSA ACTION UK RESPONSE TO “EQUITY AND EXCELLENCE: LIBERATING THE NHS”**

### **ABOUT MRSA ACTION UK**

1. MRSA Action UK is a registered Charity that supports people who have been affected by healthcare associated infections. We are a voluntary organisation with a constitution and are run by an elected Board of Trustees. We provide advice and information to people who enquire on the best way to prepare for their care 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. 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.
2. 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 get the health and social care services they want and need. Giving the public and patients good information helps them to make effective choices that are right for them and their families. We are there to help that process by providing information to help people understand healthcare associated infections and what is being done to alleviate them wherever they choose to have treatment.

### **EQUITY AND EXCELLENCE: LIBERATING THE NHS – MRSA ACTION UK’S RESPONSE TO THE WHITE PAPER**

3. MRSA Action UK welcomes the Department of Health’s key priority to “*strengthen the patient’s ability to exercise extended choice, to manage their care and to have their voice heard within the NHS*”. We hope recognition of this priority will pave the way for the opportunity for patients to have a say in how their care is delivered and the opportunity to be offered more choice.
4. How third sector organisation’s like MRSA Action UK will be able to make a difference is not clear within the White Paper, and smaller charities and voluntary groups made up of service users and patients will have a valuable role to play in shaping how the third sector can contribute to real engagement. We work in partnership with other charities whose representative groups are particularly vulnerable to healthcare associated infections and believe there is scope to build on this partnership working to help formulate the patient-reported outcome measures that the White Paper refers to.
5. We believe third sector organisations can greatly influence the Department of Health’s priority to “*shift focus and resources towards better healthcare outcomes, national healthcare outcome measures, patient-reported outcomes and patient experience measures*”.
6. It is apparent that we have reached a plateau in terms of reducing the infections reported in the mandatory surveillance scheme, namely MRSA and *Clostridium difficile*, and innovation and good governance will play a significant role in understanding the problems and driving infections to the irreducible minimum to save lives and reduce suffering.
7. National Audit Office recommendations have yet to be implemented in terms of acting on information to understand the nature and spread of other preventable infections and the setting of objectives and outcome measures is a key factor to preventing and

controlling their spread. The former Health Secretary John Reid's target to halve the number of MRSA bacteraemias in 2004 should be viewed as an important milestone in the drive to reduce the risks to patients from healthcare associated infections; however this should also be viewed as the first step towards providing safe, quality care for patients, throughout the patient journey.

8. Information and surveillance on other organisms that cause significant morbidity and mortality through acquiring difficult to treat infections during healthcare needs to be implemented if we are to keep ahead of the game in the ever evolving battle of antimicrobial resistance.
9. The White Paper makes mention of MRSA as "*worse than the European average*", but doesn't go further. There is no detail on antimicrobial prescribing, its stewardship and how this may impact on infection rates. With plans to change the governance of healthcare it is important that GP consortia, commissioners and regulators are in tune with what strategies need to be implemented to continue onwards with the considerable successes that have been achieved in reducing avoidable infections. Resistant pathogens continue to cause considerable ill health and sadly deaths and are on the increase in the community setting, and significant regional variations in performance continue.
10. Information is key in tracking infections and antimicrobial resistance, and this has been widely acknowledged. In 2004 the National Audit Office report noted the slow progress the NHS had made in tackling hospital associated infections since it first looked at the issue in 2000. Despite the enormous interest in MRSA, it found that there was still a lack of information about how many patients were infected and little information on other bacterial infections. The report noted that even where hospitals had succeeded in cutting rates, there was no adequate system for sharing that information with other trusts.
11. We are still in a position where we do not know the real extent of infections and more needs to be done to put adequate systems in place to monitor their progress and help alleviate the problem. Many surgical site infections, catheter and urinary tract infections go unreported and are just as significant as MRSA bloodstream and *Clostridium difficile* infections for patients and just as costly for the NHS.
12. Patient-reported outcome measures could contribute significantly to enhancing the information on healthcare associated infections. There are no specific questions that have been developed to take into account whether a patient acquired an infection during their treatment, what the infectious bacteria was, how it was treated and what the outcome was. The only questionnaire that deals with post surgical wounds has been designed by the Health Protection Agency, but does not link in with any of the patient-reported outcome measures that have been developed in specific surgical areas. This particular questionnaire has the benefit of being issued 30 days after discharge however, so could be used as a driver to implement safer care linking with the payment by results incentives. We believe it is only by involving patients in the design of these questions, healthcare providers will be able to gauge the quality of care and implement systems to respond to patients' and service users' needs. We would hope that patient representatives will be given the opportunity to develop service standards and measures with NICE.
13. The role of HealthWatch as a patient voice suggests that this will be a body comprising patient representatives commissioned and funded by local authorities at a local level. Is this to include representatives from smaller patient groups and third sector organisations, and will national charities such as MRSA Action UK be given the capacity to engage and even provide support through HealthWatch England.

14. In phasing out Strategic Health Authorities (SHAs), learning from how effective or ineffective they have been in terms of delivering patient-centred care needs to be taken into account when considering the future commissioning and regulation of services. The Mid Staffs Inquiry is still under way and we would hope that recommendations that come from the Inquiry will include lessons learned from the performance of trusts in the SHA's remit. The SHA still presides over a hospital trust with the highest number of *Clostridium difficile* cases in the country, yet this is not flagged up on the NHS Choices website, as the *Clostridium difficile* rates are only given for the over-65 age group by bed days, disguising the high numbers of cases. SHA's need to do more to share good practice in other regions, with their demise we would hope that HealthWatch will have more of a say in what matters to patients and that the Care Quality Commission and Monitor will act on such evidence. Performance information must be clear and transparent to patients, service users and regulators.
15. MRSA Action UK deals with enquiries on a daily basis from people who are concerned about healthcare associated infections, this remains an issue that is important to patients and service users in terms of safe quality care. Involving organisations that have day to day contact with people who have been affected, or who have worries and concerns provides an ideal opportunity to tap into organisations like ours and we hope the third sector will be given the opportunity and capacity to be involved in shaping the outcome measures that will drive improvement and high quality care.