

The unsinkable NHS?

Derek Butler, Chair of MRSA Action UK, tells Editor Caroline Pennington why measures must be taken to stop the disastrous spread of healthcare associated infections...

On 10th April 1912, RMS Titanic left Southampton on her maiden voyage to New York. Built at the Harland and Wolff shipyard in Belfast, she was the largest vessel afloat. Four days later the Titanic hit an iceberg and sank, killing 1,500 people.

Derek Butler, full-time engineer and Chair of MRSA Action UK, a registered charity designed to raise public awareness about healthcare associated infections, is fascinated by the tragic tale of the ship dubbed 'unsinkable' and often refers to this ill-fated story when addressing NHS healthcare staff about the dangers of ignoring warning signs in the delivery of patient care.

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“The officer in charge of the Titanic had been told to steer quickly and full ahead on a moonless night,” says Butler. “And despite receiving repeated warnings of icebergs, he didn’t take the responsibility to say ‘sorry, I am not steering at this speed’, and go against his Captain.

“And this is what we say to medical staff. Even though the NHS has systems in place, or you’ve been told to do something in a specific way, you do have a responsibility for your actions. Don’t make mistakes that will cause the death of vulnerable people in your care.”

Shortly before midnight on 14th April 1912, several other vessels had reported sightings of ice floes in the sea, yet the Titanic apparently made no effort to slow down. For Butler, the Titanic and the NHS’ fight against Healthcare Associated Infections (HCAIs) are victims of the ‘domino effect’, where a catalogue of errors ends in tragedy.

Interestingly, in the 60s and 70s, the NHS, similar to officers on the Titanic, knew what to do to keep control of events, says Butler. “In 1961, bacteriologist Professor Patricia Jevons saw the first microbe of MRSA under a microscope at the Health Protection Agency’s

headquarters in Colindale. Since then, we have been battling against the tide,” explains Butler, “yet we kept them under control for quite some time. MRSA was in the environment and it was never a threat, up until the late 70s, early 80s.

“Prior to the late 70s we had devised a system called Search and Destroy, which means that when a patient came in they were swabbed, screened, and if they were positive for MRSA at that time, they were isolated and given a treatment to eradicate it. So if somebody was colonised with it, they weren’t a threat because we kept it under control.”

The clarity of vision present in the 60s and 70s came to an abrupt end when, during the 80s, an increase in the number of patients coming through the NHS was met by cuts in beds and staffing numbers. “Both governments in power during those years cut the NHS budget and the fewer beds available then had to be used efficiently, so the bed occupancy rates started to rise above the 85% threshold. By this time, it was becoming expensive to screen and treat patients. But we had an arrogance and said we could always keep ahead of the curve.”

The development of new antibiotics supported this arrogance. “Sadly, by then, we were running out of targets to hit the bacteria with. In other words, the bacteria were becoming resistant. So as the resistant bacteria built up, two epidemic strains of MRSA, (E-MRSA 15 and E-MRSA 16) took hold in the hospitals, and once that happened, we had lost the fight.

“To compound matters, Search and Destroy, the very method that helped to prevent cross-infection in the 60s and 70s was abandoned, and the focus was put on the development of new antibiotics. Sadly the pharmaceutical companies now see no profit in that.”

The development of new antibiotics is hampered by licensing laws, which for Butler negate the benefits of developing new ones. “Pharmaceutical companies need to have a licence on a drug for 20 years to show a profit. However, antibiotics to treat infections are, after 10 years of use, rendered useless. So the companies that develop the antibiotics are not going to get any money back, and so, there is no incentive to develop new drugs.”

Presently, it can cost £1bn to develop a new antibiotic. As a registered charity, MRSA Action UK would like to see the government change the licensing rules to help pharmaceutical companies develop new drugs. “We’d like to see them extend the licence to 25/30 years for other types of drugs they develop, so they get more of a return from them, and so they can get more money back to put it into the development of more antibiotics.”

“We think the government has a moral responsibility to approach the pharmaceutical companies and do that. If they won’t, then we think the government should invest money into these companies in the development of new antibiotics. So, in turn, they can use that investment to develop new antibiotics.”

The previous edition of *Public Service Review: Health* (July 2009) features an article by Derek Butler in which he asks: the Care Quality Commission (CQC) – super regulator or super quango? The CQC was, at that time, four months into its role of Independent Regulator of Health and Social Care in England.

Butler is confident of the CQC’s approach to HCAs so far, but concedes more could be done. “We would like to see mandatory training. The CQC should be saying to every healthcare organisation: ‘You will make this mandatory; it’s within your best interests to do so’. And if staff members don’t like it, it’s not just for them. It’s for the patients as a method to improve patient care and safety.”

“The CQC does have the powers to shut wards down and to close surgeries, but it should also regulate this issue of training and education.”

Back in 2001, Christine Hancock, a former Royal College of Nursing General Secretary, said: “I often talk about the essentials of care, preserving the dignity of patients, their hygiene, nutrition and comfort. These essentials directly affect patients’ perceptions of the quality of care they receive. These essentials of care keep nurses motivated to keep ‘in’ caring. They are what motivates me, indeed, makes me proud to be a nurse.”

Nowadays the essentials of care, or lack thereof, are frequently reported in national and local news stories. Would a return to hospital-based training help?

“There is nothing like hands-on experience to instil knowledge and skill,” says Maria Cann, Secretary of MRSA Action UK. “There was a time when a matron would not let a doctor near a patient until they could demonstrate that they knew the fundamentals of hand washing and aseptic technique. It is not just trainees leaving university however that need to demonstrate their competency in aseptic technique; this should be an ongoing evaluation through audit and observation.”

“Internal controls should include teams from different wards and specialisms in observations. It is easy for a

team to believe they are compliant; a fresh eye on techniques can be invaluable in identifying areas that need improving. Audit should also form an integral part of inspection, particularly if there is little evidence of internal audits and control. The CQC should seek to ensure assiduous attention is paid to these important areas of infection prevention and control, and where infection rates are higher, independent audits must be conducted.”

A key component in the ‘domino effect’ leading to HCAs in NHS hospitals is the failure to isolate patients. However, for Cann, hospitals that cite lack of isolation as a barrier to reducing infections are not trying hard enough. “There are always options for innovative ways of dealing with our older hospitals and the lack of isolation facilities. There are portable facilities available; recent innovations created in partnership with the Department of Health and the Design Council include portable units. Some are being trialled in Showcase Hospitals.”

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MRSA Action UK is continually developing ideas that can help to prevent HCAs’ relentless grip on the NHS. A vital weapon is collective leadership. “Every member of the NHS should be a leader,” says Butler. “And that involves teaching everyone to lead by example and to challenge if they see things that aren’t right.”



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