

# Cutting through the cuts

*Derek Butler, Chair of MRSA Action UK, argues that meddling with NHS financing will put lives in jeopardy with investment still needed if infection control campaigns are to be successful...*

**W**ith the general election looming, there will be a great deal of talk about the need to reduce the public borrowing requirement and the inevitable squeeze that will follow on public spending. Over the past decade, many of our public services have enjoyed real and significant increases in their budgets as the country enjoyed what some say has been the longest period of growth in our history; sadly, however, that all came to an abrupt end with the near collapse of the banking system.

We have quite clearly seen how this has impacted very seriously on the entire UK economy. Many businesses have folded with the resulting loss of employment, and many people who have not lost their jobs have seen their family budgets constrained as they have had to adapt to the economic situation. Many of those affected have been in the private sector.

*‘If we look at the latest quarterly figures for C. diff, we can see that the percentage of these infections is reducing in our hospitals, yet that same percentage in the community is rising as a proportion, which means we are not doing enough.’*

In the coming months, especially after the general election, I envisage that the public sector will encounter a prolonged period of money supply restrictions the like of which many of those in the public sector have never seen before. In my opinion, the NHS is one public institution that will not escape the cuts in public spending that we envisage after the general election.

While there will be much made from all the political parties about protecting the spending on health, and even ring-fencing this spending from any future cuts, I believe our political leaders are being disingenuous with the British public in saying this.

Any comment about protecting spending on health from ministers and shadow ministers is too broad; there are no

definitions as to what will be protected and what will not. Yes, we have heard that they will protect front line services such as hospital treatments and GP practices, but there is no such protection on what I would call backroom services, which patients and the public cannot see, such as the services that support and promote good infection prevention and control.

It is not that long ago that this country had one of the worst records on preventing avoidable infections. But after five years of hard work and massive investment, both in time and money, MRSA bacteraemias and *C. diff* are reducing. However, we have a long way to go before we can pop champagne corks and say that we have these infections under control.

We have not addressed the issue of those infections that we do not measure; we have done well with MRSA bacteraemias, but they only account for 6.8% of those types of infections. We don't publish data on catheter, wound and surgical MRSA infections in the same way as the bacteraemias, and these infections account for 93.2% of the burden and suffering caused. *C. diff* is no different; we are reducing cases in our hospitals, but what about in the community? If we look at the latest quarterly figures for *C. diff*, we can see that the percentage of these infections is reducing in our hospitals, yet that same percentage in the community is rising as a proportion, which means we are not doing enough.

Government figures fail to take into account the other infectious pathogens that are posing, and will pose, a serious threat to health in the future, and for which there is no effective treatment even with the most powerful and modern antibiotics we have.

I have raised this issue on numerous occasions with those from the Department of Health only to be told and reassured that they have everything in hand regarding these other pathogens, yet only last year, we saw two reports from the National Audit Office and the Public Accounts Committee saying that the government had lost control regarding infections in our hospitals, and that they had concentrated too much on MRSA and *C. diff*. From our point of view, we believe it was right to concentrate on these two pathogens, but things need to move forward and evolve so as to encompass other pathogens that will cause major problems in the future.



*Hand hygiene campaigns face budgetary cuts despite the fact that the best average for compliance is only 80%, says Butler*

Colleagues that I have worked with from the healthcare profession have informed me that budgets are already being cut to fight healthcare infections, and that these are being implemented silently and without notice and information to the British public despite reassurances from government ministers.

***‘We know that there is a need for efficiency savings within the NHS and that taking money away from one area of health to give to another, and then proclaiming it to be new money, will cost lives.’***

It has come to our attention that with cuts from the Department of Health grant, the Health Protection Agency will need to find an estimated £2.8m in efficiency savings just from its microbiology budgets for the coming financial year. This will severely impact on their ability to help our NHS to understand the transmission and control of infections, and to provide adequate surveillance especially for those HCAs that pose a serious threat to health and for which there is little treatment available.

We are already seeing budget cuts take place within the community with the Improvement Foundation collapse and the work they do with care homes. Primary care trusts

are also seeing massive cuts in their budgets for providing services to their communities, with £30m of efficiency savings targeted in the year 2010/11, impacting on their ability to tackle healthcare infections outside of the hospital setting effectively.

Department of Health Improvement Teams that work with the poorer performing hospitals will cease to operate if the current funding does not continue beyond April 2011. This will seriously impact on those trusts aiming to improve their performance on infection control.

I am aware that the Chief Nursing Officer has said that they are moving to a position where they expect trusts to take on more responsibility for infection control, especially with hand hygiene. It has also been said that they are removing central support and the free materials from the National Patients Safety Agency ‘cleanyourhands’ campaign. This is in spite of the fact that the best average for hand hygiene compliance is only 80%.

I am under no illusion that no matter who wins the next election, there will need to be very serious radical thinking, along with the political courage to be honest with the British public on the true aspects of what this country can afford with healthcare, especially in respect to infection control. The situation of public finances will seriously impact on what we can afford for healthcare, both in the NHS and more widely in the community. These cuts in funding are here now, despite the warnings to the government over the last year; the basic fact that we are still a long way from getting healthcare infections under control seems to have been ignored. We know that there is a need for efficiency savings within the NHS and that taking money away from one area of health to give to another, and then proclaiming it to be new money, will cost lives.

Only recently, I attended a seminar at the NHS Institute, which will culminate in a campaign to raise awareness of the work going on to bring infections under control. The campaign is aimed at reassuring the public that we are doing all we can to prevent infections. All of this is in danger of being undermined if there is failure to continue the investment in infection prevention and control.



Derek Butler  
Chair  
MRSA Action UK  
Tel: +44 (0)7762 741114  
derek.butler@mrsaactionuk.net  
www.mrsaactionuk.net

