

MEETING: Governing Body – Open Meeting

Item Number: 8.4

DATE: 22 October 2013

REPORT TITLE:	Update Report: Primary Care - Programme of Work for the Management of Healthcare Acquired Infections (HCAIs) 2013 - 2015
REPORT AUTHOR (s):	WBCCG Quality and Safety Team
PRESENTED BY:	J Southworth Director for Quality and Safety
RECOMMENDATIONS/DECISION REQUIRED:	The Governing Body are asked to review and comment on the draft Primary Care - Programme of Work for the Management of HCAIs
EXECUTIVE SUMMARY	
<p>The paper sets out the arrangements, responsibilities and plans for the management of Infection Prevention and Control (IPC) inclusive of Healthcare Associated Infections (HCAIs) within Primary Care.</p> <p>Ensuring that effective systems are in place for Infection Prevention and Control in Primary Care is an integral component of the WBCCG Strategy for the Management HCAIs and will support and provide assurance on the management of HCAIs across the Wigan Borough Health Economy.</p> <p>This will require close communication and partnership working with Primary Care Localities and Member Practices.</p>	
FURTHER ACTION REQUIRED:	<ul style="list-style-type: none"> ▪ Review of feedback on consultation with Primary Care Localities and Member Practices. ▪ Rollout of the final agreed programme across Primary Care Localities and Member Practices.

Primary Care
Programme of Work for the Management of Healthcare Acquired Infections
Update Report: October 2013

1 Introduction and Background

- 1.1 Infection Prevention and Control (IPC) is recognised as being an integral part of 'safe healthcare' and as a consequence is 'everyone's business'. The Wigan Borough Clinical Commissioning Group (the CCG) Strategy for Quality 2012 - 2015 and Corporate Objectives for 2013 - 2014 recognise the importance of commissioning safe, clinical effective care, and have noted specifically the management of Healthcare Associated Infections (HCAs).
- 1.2 HCAs present a significant challenge to the CCG and the Director for Quality and Safety has been tasked with providing assurances to the Governing Body that a robust system is in place to manage HCAs with the desired priority outcome being to mitigate the risk of occurrences.
- 1.3 The Quality and Safety Team has undertaken a review of key systems and processes that support the management of HCAs across the Wigan Borough health economy; and is continuing to work with all Providers to mitigate the risks related to HCAs in so far as is reasonably practicable. This review has led to the following developments:
- Governing Body approved Strategy for the Management of HCAs 2013 - 2014; inclusive of our three main NHS Providers Annual Programmes of Work;
 - Quality Safety and Safeguarding Groups (Acute; Community and Mental Health), are now well established and IPC is a standing item on each of the meeting agendas.
 - Quality and Safety is represented at the NHS Acute Provider IPC Committee.
 - An IPC Surveillance and Audit Lead has been appointed and will be joining the Quality and Safety Team in early November 2013 this post will not only provide the CCG with specialist advice on IPC and HCAs but will also work with all Providers; and will specifically support Primary Care.
 - A CCG led Wigan Borough Multi - Agency IPC Group is in its formative stages the inaugural meeting is planned to take place during November 2013.

In addition, the Greater Manchester (GM) wide IPC group is currently reviewing, testing and reporting on practices across the region to standardise data reporting.

In recognition that the management of HCAs is everyone's responsibility it was clear to the Quality and Safety Team that to take a whole health economy approach one of the areas that required further review and development was the management of HCAs in the Primary Care setting. This review has led to development of the *Primary Care - Programme of Work for the Management of Healthcare Acquired Infections (HCAs) 2013 - 2015*.

2 Purpose

The purpose of the Primary Care - Programme of Work for the Management of HCAs is to provide all CCG Member Practices with a resource that will support each individual Practice to be able to meet a set standard and to have assurances on the effective management of IPC at the Practice level. This will also support the Practice to be assured on their mandatory compliance with the Care Quality Commission (CQC) standards. The plan importantly provides support and advice on: antibiotic prescribing; the provision and training of link GPs/Nurses, updating Clinicians, and supporting the development of good governance in Medical Practices. The obvious benefit is the contribution that each individual Practice can make to the provision of a cohesive Wigan Borough wide approach to the effective management of HCAs; the result being to; drive the reduction in cases of *Clostridium difficile* (C.diff) and to; ensure a consistent zero tolerance approach in respect of Meticillin Resistant *Staphylococcus Aureus* (MRSA). The implementation of the final approved plan across Member Practices will be supported by the CCG IPC Surveillance and Audit Lead

3 Definitions and Terms

Infection, Prevention and Control (IPC)	<i>IPC refers to policies, practice and procedures used to minimise the risk of infection, in all health care facilities, by all staff.</i>
Healthcare Associated Infections (HCAs)	<i>The term HCAI covers a wide range of infections. The most well-known include those caused by meticillin-resistant <i>Staphylococcus aureus</i> (MRSA), meticillin-sensitive <i>Staphylococcus aureus</i> (MSSA), <i>Clostridium difficile</i> (C. difficile) and <i>Escherichia coli</i> (E. coli). These are infections that patients obtain as a result of care delivered by healthcare staff both within the hospital and community settings.</i>
Meticillin Resistant <i>Staphylococcus Aureus</i> (MRSA)	<i>MRSA is a bacterium responsible for several difficult-to-treat infections in humans. It is also called multidrug-resistant <i>Staphylococcus aureus</i> and oxacillin-resistant <i>Staphylococcus aureus</i> (ORSA).</i>
Meticillin Sensitive <i>Staphylococcus Aureus</i> (MSSA)	<i>MSSA is a gram positive bacteria commonly present on skin. May cause infection on skin, blood stream, lung etc. It is sensitive to meticillin and a fair wide range of antibiotics.</i>
<i>Clostridium difficile</i> (C.diff)	<i><i>Clostridium C. difficile</i> (C. diff) is a bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon. Illness from C. difficile most commonly affects older adults in hospitals or in long term care facilities and typically occurs after use of antibiotic medications.</i>
<i>Escherichia coli</i> (E. coli)	<i>E. coli is one of several types of bacteria that normally inhabit the intestine of humans and animals (commensal organism). Some strains of E. coli are capable of causing disease under certain conditions when the immune system is compromised or disease may result from an environmental exposure.</i>
Post Infection Review (PIR)	<i>A Post Infection Review in all cases of MRSA bloodstream infection and the purpose of the review is to identify how a case occurred and to identify actions that will prevent it reoccurring.</i>

4. Current Actions - Quality and Safety Team

- 4.1 The Quality and Safety Team have consulted with the following key staff on the development of the draft plan; CCG Clinical Leads, Medicines Management Team and Wigan Council IPC Lead
- 4.2 The draft plan has been received and reviewed by the CCG Clinical Governance Committee (CLGC) on the 18th September 2013. The Committee approved the draft plan for wider dissemination to CCG Member Practices. The Committee also requested that a briefing paper be drafted and forwarded for inclusion on the Governing Body agenda at October 2013.
- 4.3 The draft plan has been forwarded on the 24th September 2013 to the CCG Locality Executives for communication at the Locality Group meetings to Member Practices for comment and feedback. The deadline date that has been set for receipt of feedback is the 18th October 2013.

5. Next Steps

- 5.1 Review the feedback received from CCG Member Practices as provided by the Locality Executives and carry out any amendments to the plan as; if required.
- 5.2 Submit the final plan for approval to CLGC and Governing Body at November 2013 with further details on the implementation process.

**PROGRAMME OF WORK FOR THE MANAGEMENT OF HEALTHCARE ACQUIRED INFECTIONS (HCAIs)
2013 - 2015**

This action plan is intended to guide and support Wigan Borough Localities and the related Member Practices in ensuring compliance with national and good practice guidance in respect of the prevention and management of HCAIs.

WIGAN BOROUGH CLINICAL COMMISSIONING GROUP (WBCCG)						
Ref No	Action	Lead(s)	Start Date	Comp Date	RAG	Position Statement/Supporting Evidence
WBCCG will ensure the following:						
WB1	The WBCCG Infection Prevention and Control (IPC) Surveillance and Audit (IPC S&A) Lead will provide assistance to the Wigan Borough Localities and all Member Practices as/if required with respect to the management of HCAIs. This will include awareness raising educational support and advice.	WBCCG IPC S&A Lead				
WB2	The IPC Surveillance and Audit Lead will provide each Locality Executive with a quarterly report on HCAIs; the report will include any relevant Primary Care data, related Post Infection Reviews (PIRs) and Root Cause Analyses (RCAs) in respect of C Diff infection.	WBCCG IPC S&A Lead				
WBCCG - Medicines Management (MM)						
WB MM1	MM will provide all Practices with their own prescribing data on antibiotic items. Outliers will be encouraged to review their prescribing practice and engage with peer reviews in terms of addressing and reducing their antibiotic prescribing.	<i>Associate Director – Medicines Management</i>				
WB MM2	MM will provide all Practices with their own prescribing data on cephalosporins and quinolones. Outliers will be encouraged to review their prescribing practices and engage with peer reviews in terms of addressing and reducing their antibiotic prescribing.	<i>Associate Director – Medicines Management</i>				
WB MM3	MM will facilitate peer reviews with all Practices on an annual basis where the role of antibiotics in C.difficile infections will be discussed. MM will support Practices to share best practice at these meetings.	<i>Associate Director – Medicines Management</i>				
WB MM4	Practices and outliers who require further support will be encouraged and supported by MM to work within the antibiotic formulary and local and national guidance, in compliance with evidence based practice.	<i>Associate Director – Medicines Management</i>				

WB MM5	Practices identified as outliers will be encouraged by the WBCCG Clinical Director for Medicines Management to participate in education and training within the area of antibiotic prescribing as a quality improvement measure. This may assist with appraisal. The MM team will support these Practices to review their prescribing of antibiotics. GP Prescribing Clinical Champions along with the Medicines Management Team will provide an additional peer support session with the Practice on antibiotic prescribing.	<i>Clinical Director – Medicines Management</i>					
WB MM6	The Medicines Management Group will review Proton Pump Inhibitor (PPIs) prescribing activity at Practice level and compare that to regional and national benchmarked data.	<i>Associate Director – Medicines Management</i>					
WB MM7	Where general prescribing information is sent to Practices regarding appropriate prescribing of antibiotics and/or infection prevention and control this will be copied to other relevant bodies e.g. independent prescribers.	<i>Associate Director – Medicines Management</i>					
WIGAN BOROUGH LOCALITIES							
Ref No	Action	Lead(s)	Start Date	Comp Date	RAG	Position Statement/Supporting Evidence	
Localities will ensure the following:							
L1 (a)	Locality Group Leads will be supported by the IPC S&A Lead to ensure that any RCAs, PIRs or SEAs that have been completed post infection by Practices will be reported through and reviewed at the monthly Locality meetings. The report will be compiled per locality and supplied to the locality executive support officer.	IPC S&A Lead & Locality Group Lead(s)					
L1 (b)	Any subsequent lessons learnt from the RCAs PIRs and SEAs are to be shared with member practices and across Localities as relevant to drive improvements in quality and safety of provided care.						
L2	Locality Groups to consider the involvement of patient groups and links to audit processes.	IPC S&A Lead & Locality Group Lead(s)					
Locality - Medicines Management (MM)							
L3	GP Clinical Champion will ensure all practices are aware of key medicines management guidance for <i>C.difficile</i> and antibiotic prescribing and comply with <i>C.difficile</i> management to ensure good antibiotic stewardship.	GP Clinical Champion					
L4	Localities will facilitate peer reviews. The peer review will include a discussion of the role of antibiotics within <i>C. difficile</i> cases. Practices in these reviews will share best practice both within the locality and between Localities.	IPC S&A Lead & Locality Group Lead(s)					

GENERAL PRACTICES (ALL)						
Ref No	Action	Lead(s)	Start Date	Comp Date	RAG	Position Statement/Supporting Evidence
The General Medical Practice will:						
P1	In compliance with current good practice the General Medical Practice will identify a designated IPC Lead, this will be either a GP or a Practice Nurse (<i>who is qualified as a non-medical prescriber</i>) with the required competencies (skills and knowledge) and able to deputise for each other respectively.	<i>Individual Practices to complete all sections</i>				
P2 (a)	Develop a HCAIs programme of work that identifies the measures/actions to be undertaken within Practice to mitigate risk to patients. This should include the Practices Mission Statement that supports a Zero Tolerance approach to HCAIs.					
P2 (b)	<i>To support Practices with this action the WBCCG IPC S&A Lead will develop and share a template work programme with each Locality and will also provide any additional advice that may be required on request.</i>					
P3 (a)	Provide an IPC policy inclusive of the management of HCAIs. The policy should state how the policy will be implemented; monitored, audited and reviewed in line with the Practices governance arrangements and with CQC guidance.					
P3 (b)	<i>To support Practices with this action the WBCCG IPC S&A Lead will develop and share a template IPC Policy with Practices and will also provide any additional advice that may be required on request.</i>					
P4 (a)	Provide all staff (clinical and non-clinical) with role specific training, education and awareness sessions.					
P4 (b)	The Practice IPC Lead will liaise with the Practice Manager to monitor staff compliance with education programmes.					
P5	Conduct and participate in RCAs; PIRs or SEAs as required on any identified HCAIs within their patient groups; and will share any lessons learned and relevant data for discussion at Locality Group meetings to drive improvements in patient safety and quality of services.					
P6	Participate in a peer review with other practices. The peer review will include a discussion of the role of antibiotics <i>C. difficile</i> cases. Practices in these reviews will share best practice.					
P7	Practices with high level antibiotic prescribing will review this area of practice within year to make reductions. <i>The WBCCG Medicines Management Team will support these</i>					

	<i>Practices to review their prescribing of antibiotics as/if required.</i>					
P8 (a) P8 (b)	Practices with high level cephalosporin and/or quinolone prescribing will review this area of practice within year to make reductions. The <i>WBCCG Medicines Management Team</i> will support these <i>Practices to review their prescribing of antibiotics as/if required.</i>					
P9	Practices with high level prescribing of PPIs will review this area of their prescribing within year to make reductions. The <i>WBCCG Medicines Management Team</i> will support these <i>Practices to review their prescribing of PPIs as/if required.</i>					
P10	GP Prescribing Clinical Champions along with the Medicines Management Team will have an additional peer support session with the Practice on antibiotic prescribing if the Practice is identified as an outlier.					
P11	The Practice IPC Lead will undertake a baseline audit - formulate an action plan from this – share the findings with the Practice staff and subsequently undertake annual IPC audits.					
P12	Practices will comply with reviewed guidance on the application of READ code as a flag on patient records.					
NATIONAL GUIDANCE:						
<p>The Health Protection (Local Authority Powers) Regulations 2010 (SI 2010/657) and the Health Protection (Part 2A Orders) Regulations 2010 (SI 2010/658), which also came into force on 6 April 2010, set out the powers and duties of local authorities and justices of the peace to take action to protect public health from a risk of significant harm from infection or contamination, if voluntary cooperation cannot be secured. They provide a wider and more flexible set of powers than previously existed. http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HealthProtectionRegulations</p> <p>CQC Regulations: Cleanliness and Infection Prevention and Control All Providers of services must comply with the requirements of regulation 12 with regard to the Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance.</p>						
Key						
Red	R					
Amber	A					
Green	G					