



HEALTH SCRUTINY PANEL

FINAL REPORT INTO HEALTHCARE ASSOCIATED INFECTIONS

EXECUTIVE SUMMARY

1. There can be few health topics which have a higher profile in society today, than Healthcare Associated Infections. The most high profile infection (and often mistakenly thought to be the only one) is known as Methicillin Resistant Staphylococcus Aureus or MRSA. There are others, however, which are increasingly virulent, including Clostridium Difficile (C-Diff) which local health economies are required to guard against.
2. It is with this high profile nature of the topic that the Panel resolved to consider the matter in detail, in an attempt to ascertain the local position over rates of infection and what is being done to address the matter. Having seen some of the national coverage of the matter, the Panel was determined to consider the local picture based on the strength of the evidence presented.
3. During the course of the review, considering the evidence of witnesses and consideration of academic papers, it is clear that HCAI are not a uniquely British or NHS problem. Whilst it is a matter which affects the NHS and without doubt requires constant vigilance, it is important to note that HCAs are a problem affecting healthcare environments on a global scale and are by no means exclusive to the NHS.
4. The World Health Organisation states that such infections occur world-wide and affect both developed and developing countries. At any one time, over 1.4million people around the world suffer from infectious complications acquired in healthcare environments. The highest frequency of infections have been reported from hospitals in the Eastern Mediterranean and South East Asia regions.
5. The WHO states that the most frequent infections are of surgical wounds, urinary tract infections and lower respiratory tract infections. Studies to date have shown that intensive care units, acute surgical

and orthopaedic wards have the highest rate of infection. Infection rates are higher among patients with increased susceptibility because of old age, underlying disease or chemotherapy¹.

6. The Panel was interested to investigate as to why HCAs remain a problem in modern healthcare. Modern medical techniques ensure that more and more people survive conditions and or treatments than have ever done before. Whilst this is to be welcomed, it does contribute to the creation of a cohort of patients who are still very ill following invasive procedures, with suppressed immune systems, who are more susceptible to infection. It should also be noted that historical mis-prescribing of antibiotics has contributed to the emergence of a generation of antibiotic-organisms, which now cause MRSA.
7. The Panel as part of its evidence gathering outlined below, also investigated as to whether HCAs can be prevented. The answer seems to be that not all HCAs can be prevented and it is a matter that local health economies will be required to stay on top of. The Panel has learned that the Health Protection Agency (HPA) has said that not all HCAs can be prevented, as they are often the price paid for advances in treatments. It has, however, been estimated that 15% to 30% could be prevented through strengthened arrangements for prevention and control, better application of existing knowledge and good practice. The HPA states that one of the most important prevention activities for HCAs is handwashing after patient contact.²
8. It is with the above in mind that the Health Scrutiny Panel engaged with the local health economy to consider HCAs and their impact on local health services.

CONCLUSIONS

9. The Panel feels it important to place on record the HCAs are a problem for medical services across the globe and are not exclusively an 'NHS Problem'. It is also important to note that that James Cook Hospital, deals with some of the most ill patients, who are the most susceptible to infection. To gain an accurate reflection of its performance in relation to the HCAs, it should be compared against others in its family of hospitals.
10. Following the evidence considered, the Panel concludes that there is a very high level of commitment, from the most senior levels, in the local health economy to tackle HCAs, which is to be commended. The Panel has heard that there is a longer-term strategy to deal with emerging HCAs and associated targets, although inevitably there will be a reactive element to infections as and when they arise.

¹ Please see Prevention of hospital-acquired infections, a practical guide, 2nd edition. World Health Organization. www.who.int/emc

² Please see "General Information – Healthcare-associated infections"
www.hpa.org.uk/infections/topics_az/hai/gen_inf.htm

11. The Panel feels that the effort to combat HCAs would be more successful if a wider proportion of the general public understood the impact they can have on infection rates within the hospital environment. The Panel feel that signs inside James Cook could be improved to assist in this.
12. There is a perception amongst the Panel that the sheer volume of people entering James Cook University Hospital makes it much more difficult to combat HCAs. Further, the Panel feels that the rate of infection would be reduced further if there was a greater proportion of single rooms. The Panel is aware that this would have significant resource implications.
13. The Panel received evidence which indicates that some patients may enter hospital already suffering from infections, which are only identified at hospital. Accordingly, for HCAs to be tackled effectively, other health and social care facilities are also required to consider the improvements they could make to cleanliness standards and infection control measures.
14. The Panel also considers it important to record that not all people who become infected with a HCAs die or are affected on a long-term basis. The Panel considers that some media coverage would seem to indicate the opposite. Whilst it was not covered in great detail, the Panel concludes there should be an explicit statement of the rights of the patients (and families), of the information they are entitled to and the treatment they can expect when an infection is diagnosed.

RECOMMENDATIONS

15. That Middlesbrough PCT and the South Tees Hospitals NHS Trust hold a high profile public awareness campaign on HCAs, aimed at combating the myths and informing the public on the part they can play in infection control. A substantial element of that campaign should be led within healthcare facilities, with a particular emphasis on the James Cook University Hospital site. The Health Scrutiny Panel would be willing to engage further with such a campaign.
16. That the Commission for Social Care Inspection is asked to evaluate the standards it expects in relation to hygiene and infection control in Middlesbrough's residential and nursing homes. Further, whether they contribute sufficiently to efforts to combat HCAs.
17. That the South Tees Hospitals NHS Trust continues present efforts to combat HCAs and agrees to update the Panel on a sixth monthly basis, according to a agreed timetable.

18. That the South Tees Hospitals NHS Trust increases the frequency and visibility of public information on the subject of HCAs, so that visiting members of the public have every opportunity to learn how they can assist the Trust in combating HCAs.
19. That the South Tees Trust, together with partner PCTs, publishes an explicit statement of the rights of the patients (and families), of the information they are entitled to and the treatment they can expect when an infection is diagnosed.