

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE
Public health advice - Health Care Associated Infections (HCAI)
Scoping workshop
Minutes

Date / Time: Monday 2^{1st} February 2011, 10.30-16.30

Venue: The Red Rooms™ at City Tower, City Tower, Piccadilly Plaza, Manchester
M1 4BT

Attendees:	<p>TEG Members Robert Carr (RC), Tracey Cooper (TC), Donald Dobie (DD), Roger Finch (Chair), Peter Jenks (PJ), Heather Loveday (HL), Gavin Maxwell (GM), Bharat Patel (BP), Jacqui Prieto (JP), Mark Reacher (MR), Graham Tanner (GT), Louise Teare (LT), Peter Wilson (PW), Paul Unsworth (PU), Valerie Little (VL)</p> <p>NICE Team Elizabeth Fleming (EF), James Jagroo (JJ), Kay Nolan (KN), Paul Levay (PL), Peter Shearn (PS), Catherine Swann (CS), Jane Cowl (JC)</p> <p>Observers: Catherine Mortimer (NICE)</p>	
Apologies:	<p>TEG Members Stephanie Dancer (SD), Carol Pellowe (CP) Cheryl Etches (CE)</p> <p>NICE team Emma Doohan</p>	
Authors	Catherine Swann	
File Ref		
Version	Draft 1	
Audience	TEG members, NICE team, the public (via web publication)	

<p>1</p>	<p>Welcome and Introductions</p> <p>The Chair welcomed everyone to the scoping workshop. Attendees were asked to introduce themselves and summarise their background and role. Apologies for the meeting were noted.</p> <p>CS and BP explained the contribution of NICE and the Health Protection Agency to the development of the project.</p> <p>The group discussed their draft Terms of Reference, and these were agreed as final. They will be published on the web with other documents relating to the project.</p> <p>The Chair asked the group to consider ways of working, and a number of points were agreed:</p> <ul style="list-style-type: none"> • Members participate in the TEG as individuals, not as representatives of a group or organisation • All members have equal status, and all should be given the opportunity to speak at meetings. The chair will ensure that everyone gets a chance to speak. • The group will abide by the TOR and confidentiality agreement • Members should make every effort to read papers for meetings in advance, and respond to requests for input or information <p>CS outlined the aims and objectives of the scoping workshop, and the plan for the day. The group were told that at the meeting they would:</p> <ul style="list-style-type: none"> • Receive terms of reference for the group, and agree ways of working • Agree areas of care and practice that the advice will cover • Confirm relevant information sources, and identify any additional sources • Identify any equality considerations relevant to the project • Agree any exclusions to the scope (areas that we will not develop statements or measures on) • Identify whether additional TEG members are needed (in terms of skills and expertise) • Identify possible stakeholders, and key publication and implementation partners 	<p>NICE team</p>
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<p>2</p>	<p>Business items:</p> <p>Declarations of Interests: CS explained the NICE policy on declaring interests, and the different types of interests that should be declared.</p> <p>All members had completed a declaration of interests form prior to attending the meeting, and they will be published in these minutes on the web. The Chair explained that verbal declarations of interest from members and attendees are a standing item on every agenda and a matter of public record, and requested that members and attendees summarise any new potential conflicts of interest. There were no additional declarations – those on record for the group are as follows:</p> <p>Donald Dobie: <i>Non-personal pecuniary interest:</i> Royal Wolverhampton Hospitals NHS Trust was selected as one of the “Showcase Hospitals” and was asked to undertake evaluation of products and participate in research into the infection prevention impact of commercial products. The Department of Health funded this project as the trust had shown itself to be an award-winning trust with regard to Infection prevention.</p> <p><i>Personal non-pecuniary interest:</i> I am involved in writing up a project into the screening of care home residents in the community as part of a health economy approach to infection prevention. I have presented this at the HPA Warwick conference and at the DH MRSA screening meeting in London. I have also presented to the HPA Warwick conference on the turnaround performance of RWHT with regard to MRSA bacteraemia. I have declared at the conference that I believe that hospitals require executive engagement to achieve infection prevention improvement and that targets are not always a bad thing.</p> <p>Peter Jenks: <i>Personal pecuniary interest:</i> I am a Director of Plymouth Infection Consultancy, a limited company that provides private microbiology advice to local providers.</p> <p>Peter Wilson: <i>Personal pecuniary interest:</i> I was until last year on a Drug Safety Monitoring Board for Roche for a monoclonal antibody.</p> <p><i>Non-personal pecuniary interest:</i> My laboratory undertakes contract work for medical device manufacturers from time to time. Work is published in peer reviewed journals.</p> <p>Stephanie Dancer: <i>Non-personal pecuniary interest:</i> Received funding for a study on detergent-based hospital cleaning from UNISON, the healthcare worker’s union, in 2004.</p> <p>Tracey Cooper: <i>Personal pecuniary interest:</i> Company Director and Charity Trustee of the Infection Prevention Society. Honorarium received on completion of work as part of development group for Infection Prevention Society Competences for Infection Prevention Practice: November 2010: project</p>	<p>NICE / all</p>
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	<p>led by IPS: funding from all UK health departments. Honorarium received on completion of work as part of multi-national group to develop European competences for infection prevention: December 2010: project led by University of Udine, Italy: funded by European Centre for Disease Prevention & Control.</p> <p><i>Personal non-pecuniary interest:</i> President of the Infection Prevention Society: membership society of infection prevention practitioners and other professionals with an interest in infection prevention; aiming to progress education in infection prevention for the benefit of practitioners and patients.</p> <p>Roger Finch: <i>Personal pecuniary interest:</i> Professional consultancies for the following pharmaceutical companies: Destiny Pharma, GSK, Menarini Recherche & Novartis.</p> <p>Paul Unsworth: <i>Personal pecuniary interest:</i> Director of company 'Strategic Health Consultants (Europe) Ltd', which occasionally organises study trips for Control of Infections Teams to the MRSA Knowledge Centre in Copenhagen.</p> <p><i>Personal non-pecuniary interest:</i> I work 3 days per week for the NHS Institute for Innovation and Improvement.</p> <p>Valerie Little: <i>Non-personal pecuniary interest:</i> I manage a Public Health Communicable Disease Team which has received sponsorship. I also manage a Pharmaceutical Public Health Team which has received sponsorship.</p> <p><i>Personal non-pecuniary interest:</i> Faculty of Public Health.</p> <p>Bharat Patel: <i>Personal pecuniary interest:</i> In 2010 I have received expenses and hospitality to attend a conference for educational purposes. I have been a member of an advisory committee for a pharmaceutical company. I have been invited to speak on the topic of HCAs at various meetings.</p> <p><i>Personal non-pecuniary interest:</i> In 2010 as part of my work, I am involved in advising NHS bodies and other Agencies on HCAI matters and am invited to speak at meetings.</p> <p>Jeff Philips: <i>Personal pecuniary interest:</i> Have received hospitality/fees for service as a lecturer/advisor from Eli Lilly, Deltex, Uscom, Convatec and Cook Medical on an occasional basis. No regular commitment to any of these companies. Fees have been paid into hospital Intensive Care Trust Fund</p> <p><i>Non-personal pecuniary interest:</i> Only fees paid into hospital trust fund as detailed above.</p>	
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	<p>The Chair requested the additional declarations from the attendees. None were given.</p> <p>The Chair asked the TEG if the members agree that the declarations of interest declared do not prevent participants from taking part in the meeting. As there were no objections the Chair ruled that none of these interests prevented any member from taking full part in the meeting.</p> <p>Equality impact assessment: CS explained NICE’s commitment to equality, and summarised the NICE equality scheme and action plan. NICE will monitor equity issues in every aspect of the TEGs work. The chair asked the TEG to consider and raise any equity issues with regard to this first meeting, and to the draft scope. The following issues were discussed:</p> <ul style="list-style-type: none"> - Increased vulnerability to HCAI in older people - Potential for some faith-related beliefs or behaviours to impact on practice, eg. need to consider alternatives to alcohol-based cleaning products. <p>The chair told the TEG that they would consider equity anew at each meeting.</p> <p>Patient and public involvement JC outlined the work of the PPI programme at NICE.</p>	<p>NICE / all</p>
<p>3</p>	<p>Public health advice: Process and outputs</p> <p>CS outlined the process of developing public health advice, and described the products and publications that would arise from the TEGs work.</p>	
<p>4</p>	<p>Quality initiatives at NICE KN described work on quality systems at NICE that aims to help the NHS improve quality in key areas of service and care delivery. Examples of quality standards, measures and statements were outlined and discussed by the group. The draft scope for the work was presented.</p>	
<p>5</p>	<p>Methodology KN, JJ and PS outlined the methodology that will be used to develop the public health advice, including identification of sources of guidance / recommendations, development of statements and measures, and field testing.</p>	
<p>6</p>	<p>Discussion The chair invited discussion on the presentations, and on the draft scope for the work.</p> <p>Members considered a number of issues, including:</p> <ul style="list-style-type: none"> - Focusing the advice at an ‘organisational’ level, and considering the structures, systems and practices that made a trust ‘excellent’ - Links between a trust and the wider community, in particular settings from where there is regular movement in and out of the trust (eg care homes, primary care) - Issues around definition, measurement and appropriate outcomes - Resources (and consequences of inadequate resource or 	

	<p>preparation)</p> <ul style="list-style-type: none"> - Gaps in existing evidence and guidance - Accountability and leadership, and IC team structure / roles - Communication and knowledge transfer - The need for adequate and appropriate buildings - Systems for monitoring, surveillance and evaluation 	
7	<p>Scoping session 1</p> <ul style="list-style-type: none"> - Conceptual model: A conceptual model of HCAI prevention and control in trusts was presented and discussed. The group made suggestions for additions to the model, which will be modified by the NICE team and included in papers for the next meeting. - Evidence sources, policy drivers and measures PL and KN outlined a list of potential sources and policy drivers, and made suggestions for key source documents. These were discussed by the group, who made further suggestions to add to the list. A shortlist of sources was agreed and these will be used to develop the topic briefing paper for the next TEG meeting. 	<p>NICE</p> <p>NICE</p>
8	<p>Scoping session 2</p> <ul style="list-style-type: none"> - Stakeholder consultation CS outlined the stakeholder consultation process. The group discussed potential stakeholder organisations – the NICE team will invite them to contribute to the consultation. - Potential publication partners CS raised the issue of publication partners and asked the group for suggestions of organisations who might be approached to lend their support to the advice. The group discussed a range of potential partners – NICE will follow up suggestions - Equity issues The chair asked the group whether any additional equity issues had been raised in the course of the meeting. The group agreed those raised earlier in the meeting were the main issues. <p>The chair asked that the TEG submit any additional comments or points on any of the issues discussed in scoping sessions 1 and 2 via email to the NICE team, by 28/2.</p>	<p>NICE</p> <p>NICE</p>
9	<p>AOB and next steps CS outlined next steps for the project.</p> <p>The group were also asked whether additional expertise or skills would be useful, and for suggestions for any additional members. It was noted that a Trust CEO or deputy would be a useful addition, as would an anaesthetist. NICE will follow up suggestions for potential co-opted members.</p> <p>The Chair thanked the TEG for their active participation throughout the day and advised that the next meeting is to be held 31st May -1st June, NICE offices, Level 1A, City Tower, Manchester, M1 4BD</p>	

NICE public health advice – Healthcare Associated Infections (HCAI) FINAL MINUTES

Close	The Chair thanked all attendees and closed the meeting at 4.30	