National Institute for Health and Care Excellence

Centre for Public Health

Review Decision: December 2014

Consideration of an update of Public Health Quality Improvement Guide
‘Prevention and control of healthcare –associated infections’
(PH36)

1 Background information

Guidance issue date: November 2011

3 year review date: November 2014

2 Introduction

In 2010, the Department of Health asked NICE, in partnership with the Health Protection Agency (HPA) ‘To develop advice on the prevention and control of healthcare-associated infections (HCAI) in secondary care settings’. The Quality Improvement Guide (QIG) was developed using a pilot process based on the Quality Standard’s process at that time.

3 Process for reviewing published guidance

Public health guidance is reviewed at 3 year intervals after publication to determine whether all or part of it should be updated.

The process for updating NICE public health guidance is as follows:

- NICE normally convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of selected members (including co-optees) of the original committee that developed the guidance, the review team that produced the original evidence reviews, and representatives of relevant government departments and Public Health England.
- NICE consults with stakeholders on its proposal for updating the guidance (this review consultation document).
- NICE may amend its proposal, in light of feedback from stakeholder consultation.
- NICE determines where any guidance update fits within its work programme, alongside other priorities.

4 Consideration of evidence and practice

NICE has not convened an expert panel in this instance. NICE emailed a questionnaire to all the original Committee members to get opinion as to the currency of the QIG, mainly if the statements in the guide where still priority areas. As the Quality Improvement Guide was originally produced in partnership with the Health Protection Agency, CPH engaged with Public Health England (PHE) via their AMR Programme Board. The PHE Programme Board members were also invited to complete the questionnaire. Intelligence was also gathered via a short online questionnaire that was placed on the QIG webpage at publication to seek views of those accessing the document.

A policy search was conducted to check the currency of the source documents and for further developments in the area.

Summary of online questionnaire

Post publication of PH36 a short questionnaire was developed and posted on the NICE website. The questionnaire comprised of 7 questions which sought to 'evaluate' the perceived impact and usefulness of the QIG from those working in the area of HCAI. Overall the feedback received through the survey was broadly positive.

A total of 26 responses were collated, of which 17 provided useable information. Of the valid responses the majority (n =13) suggested that the QIG provided advice on organisational factors that impact on preventable HCAI, i.e. met its purpose and that no key factors were missing from the QIG (n = 12). 4 respondents suggested that there was something missing from the QIG, specifically that the QIG would benefit from additional reference to 'hand washing' and 'training and development details'. The majority of respondents (n = 11) considered the format of the QIG useful. 1 respondent highlighted the overuse of 'jargon' as an issue. 10 respondents suggested they would use the QIG with 3 suggesting they would not. Of those that indicated that they would use the QIG, 3 outlined specifically they would use it to as a point of reference when receiving feedback when 'things are not working'; as a tool to drive forward hand hygiene; and to drive bottom up engagement in it members. Finally respondents were provided with the opportunity to provide any other comments. One respondent suggested that the QIG would benefit from the involvement of patients in its development. One respondent felt that the QIG was 'not needed' and one respondent felt there was a need for 'greater inclusion of the independent sector'

Summary of policy searches

A search for policy and guidance documents of relevance to the QIG was undertaken, with the aim of identifying any new key documents that are aimed at organisational and management factors impacting on HCAI. Key organisation websites (PHE, DH, NHS England and NICE Evidence) were searched for publications from May 2011 to August 2014. No guidance or policy documents were identified that would impact substantially on the quality improvement statements

NICE publications

Since the publication of PH36, NICE has published 2 additional guidelines (CG139, SG1) and 2 quality standards (QS49, QS61) of relevance to this topic. On review, these documents do not provide additional information that would result in any changes to the content of PH36 apart from updating the related guidance section and outlining the links between these different NICE products and the setting they cover (which a reference to the NICE Pathway tool for HCAI would do). The content of all four additional NICE products are either already covered in PH36 or would fall outside the scope of PH36. A number of the actions in the identified guidance documents if implemented would constitute evidence of the achievement of quality statements outlined in PH36.

Other publications

A number of guidance documents regarding infection prevention and control were identified. On review of these documents none identified any additional or new information that would impact on the content PH36. Most of the documents identified either address items that are beyond the scope of PH36 or address specific items for example hand washing procedures or anti-microbial stewardship (AMS) both of which are actions that are a consequence of the implementation of PH36

PH36 identified and utilized a number of source documents which the topic expert group used to develop the quality statements. One of the main documents was The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (file updated 31st January 2011). Since the QIG was developed the Code has been updated to include other providers which are beyond the scope of the QIG (e.g. primary dental care).

Summary of questionnaire responses

3 questionnaire responses were received. All respondents expressed that all statements were still valid and useful and remain priority areas for quality

improvement. Some new evidence was highlighted for some areas. Specifically respondents commented that the QIG could include reference to duty of candour and lessons from Francis and Berwick reports. Safe staffing levels were highlighted as a gap in relation to the statement on workforce capacity and capability. Respondents highlighted additional key areas for quality improvement statements these included: bed occupancy, overcrowding, turnaround time, A&E burden, antimicrobial stewardship, electronic prescribing, Duty of Candour and transparency and whistleblowing.

Summary of PHE AMRI and HCAI Programme Board discussions

NICE attended the PHE AMRI and HCAI programme board on 24 September 2014 to present an overview of the published guidance review process and seek opinion on the currency of the QIG. The PHE AMR programme board highlighted that the Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance is currently under review; this was a key document for the development of the QIG. It also highlighted the publication of EPIC 3 guidelines and the forthcoming national strategy for infection prevention and control. While acknowledging that the themes of the quality statements in the QIG are still relevant, the PHE AMRI and HCAI programme board expressed that it may be useful to do a general update to align the QIG with the changes which have occurred over the past 3 years to NHS structures and frameworks, and to reflect the current patient safety agenda. It was also expressed that antimicrobial stewardship is a gap in the QIG and an important area for consideration.

5 Implementation and post publication feedback

There has been no significant implementation or post-publication feedback that is relevant to updating this guidance.

6 Related NICE Guidance

Since 2011, NICE has published further guidance and standards:

- Patient experience in adult NHS services: improving the experience of care for people using adult NHS services (CG138)
- Infection: prevention and control of healthcare associated infections in primary and community care (CG139)
- Surgical site infection (QS49)
- Infection prevention and control (QS61)
- Safe staffing guidelines (SG1)

The following related guidelines are in development

- Antimicrobial resistance: changing risk-related behaviours (NICE public health guideline, publication expected March 2016)
- Antimicrobial stewardship (NICE medicines practice guideline, publication expected March 2015)
- Medicines optimization (NICE clinical guideline, publication expected March 2015)

7 Equality considerations

There has been no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation

8 Discussion

Anti-microbial resistance is a priority area for the NHS, highlighted by the Chief Medical Officer in 2011 in her annual report and further emphasised as one of PHE's priority work areas.

No new evidence has been identified that invalidates the statements in the QIG, and topic experts consider the statements to still be valid and useful. At

present there is work of relevance in progress by NICE and others that may in the future impact on the statements.

Since the publication of PH36 there have been significant NHS reforms. This has changed the landscape of the NHS and the policy context. These changes do not necessarily impact on the content of statements in PH36, however, the QIG may benefit from a terminology refresh in the contextual sections and indicators to account for the NHS reforms and to bring it in line with current NHS and Public Health Outcomes Frameworks.

Additional areas for a focus from NICE have been raised through engagement with topic experts, some of these are likely to be covered through other NICE products including forthcoming public health quality standards on; healthcare associated infections: prevention and management, and, effective antimicrobial stewardship.

9 Conclusion

No new policies or guidance have been identified that invalidate the quality improvement statements in PH36. Intelligence gathering suggests that the content is still relevant and useful. The Quality Improvement Guide would benefit from a terminology and indicator refresh.

10 Review Decision

The Quality Improvement Guide is not updated. A terminology refresh is undertaken and the evidence of achievement indicators are checked and updated with relevant NHS and Public Health Outcome Framework Indicators.

The Quality Improvement Guide will be replaced by a Quality Standard

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