

Public Health Guideline

NICE: Prevention and control of healthcare-associated infections: Quality improvement guide- Consultation on the Review Proposal Stakeholder Comments Table

17 – 31 October 2014

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|------------------------------|-------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Infection Prevention Society | General | | Changes to the Code of Practice and the HCAI Reduction plan (NHS England) need to be considered in the standards as does the changed commissioning framework for healthcare provision. The standards focus almost predominantly on acute care settings and do not take account of the changing landscape of healthcare provision across the health and social care sector. The Society would therefore wish to see a further timely review of standards within the next two years. | Thank you for your response and we welcome the Infection Prevention Society's contribution. We agree with the points you have outlined. We plan to undertake a terminology and indicator refresh. This may involve the consideration of the changes to the code of Practice and the HCAI Reduction plan. |
| MRSA Action UK | Page 3 of the review proposal | | MRSA Action UK agree that greater inclusion of the independent sector is needed in any review of the prevention and control of healthcare associated infections. | Thank you and we welcome MRSA Action UK's contribution. The Quality Improvement Guide- focused on secondary care settings delivering NHS services and since publication the landscape of healthcare provision has changed. NICE plans to undertake a terminology and indicator refresh which may involve the greater inclusion of reference to the |

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| | | | | independent sector where appropriate |
| MRSA Action UK | Page 3 of the review proposal | | <p>Page 3 of the review proposal states “No guidance or policy documents were identified that would impact substantially on the quality improvement statements”</p> <p>Guidelines on MDR Gram Negative bacteria are being consulted on by the Hospital Infection Society and there will be a number of questions and searches that will have identified areas for further consideration.</p> <p>Screening for MDR Gram Negative bacteria may be needed in the primary care setting, and a review of this growing threat of MDR bacteria, particularly the gram negatives, should be considered in the prevention and control of healthcare associated infections.</p> <p>Some guidance on when to screen for MDR Gram Negative bacteria, should we feel, be added to the NICE guideline.</p> | Thank you for your comment. Screening interventions are outside the scope of the Quality Improvement Guide which focused on management and organisational actions. (please see the Scope document for further information) |
| MRSA Action UK | Page 3 of the review proposal | | <p>MRSA Action UK agree with the view that greater patient involvement in any review of the guidance and quality statement would be of benefit.</p> <p>The lay perspective always helps and can also help with the reduction of jargon. Patients should be given access to clear information on NICE quality standards.</p> | Thank you for your comment |
| MRSA Action UK | Page 7 of the review proposal - Recommendation | | <p>MRSA Action UK agree that no new policies or guidance have been identified that invalidate the existing quality improvement statements, however the consultation on the guidelines for multi-drug resistant (MDR) Gram Negative bacteria should be taken into consideration for the review.</p> <p>We agree that the content is still relevant and useful.</p> | <p>Thank you for your comment.</p> <p>NICE plan to undertake a terminology and indicator refresh.</p> |

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| | | | We agree with the NICE recommendation that the Quality Improvement Guide should undergo a terminology and indicator refresh, and suggest patient involvement in this process | |
| NHS England | General | | Agree that PH36 remains relevant and useful and agree with the NICE recommendation for PH36 to undergo a terminology and indicator refresh. | Thank you for your comment. |
| NHS England | General | | Support for commissioning would be a useful addition. | Thank you for your comment. |
| Royal College of Nursing | General | | The Royal College of Nursing have no comments to submit to inform on the above review proposal consultation. | Thank you for your comment. |
| Royal College of Physicians (RCP) | General | | The RCP is grateful for the opportunity to respond to the review proposal. Our experts do not consider that these Quality Statements need to be updated at present. Further consideration of these statements should be undertaken once the revised Health Act and NICE antimicrobial stewardship guidance are completed. | Thank you for your comment. |
| Royal College of Physicians and Surgeons of Glasgow | General | | The Royal College of Physicians and Surgeons of Glasgow has no particular comment as to whether the guidance should be updated but is happy to review again if it is. | Thank you for your comment and offer to review again in the future. |
| Rotherham Doncaster and South Humber NHS FT | General | | Seems very acute focussed. We would suggest a review is undertaken and non-acute Trusts such as ours are considered. Otherwise we agree with the guidance in principle. | Thank you for your comments. Non-acute settings were originally out of Scope for PH36. HCAI and non-acute settings are discussed in |

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| | | | | other NICE guidance and quality standards |
| St John Ambulance | 1 | | No comment | Thank you for your comment |
| St John Ambulance | 2 | | No comment | Thank you |
| St John Ambulance | 3 | | The research appears to be thorough and we can add no other sources to this. We find all statements continue to be relevant to our operational activities with the exception of Outcome 8; however we believe this remains relevant for other healthcare providers. | Thank you for your comment |
| St John Ambulance | 4 | | No comment | Thank you |
| St John Ambulance | 5 | | No comment | Thank you |
| St John Ambulance | 6 | | No comment | Thank you |
| St John Ambulance | 7 | | We as an organisation have experienced many changes since the publication of PH36 and now have a more streamlined approach to assurance and compliance. The National infection prevention and control lead and a supporting team of specialist volunteers and employees are responsible for the promulgation of evidence based policy and processes and we routinely refer to PH36 to ensure we continue to focus our efforts appropriately. PH36 also supports my role within the organisation and informs the reporting to our Board of Trustees on IPC matters. | Thank you for your comment and informative example of how you utilise PH36 |
| St John Ambulance | 8 | | We agree that the existing quality improvement standards remain in place and that a terminology/indicator refresh of the documents would be helpful. | Thank you for your comment |

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