UK Health Security Agency

HCAI Data Capture System Stakeholder Engagement Forum: 12th April 2022

Attendees:

Name	Title	Organisation
Olisaeloka Nsonwu	Principal scientist (epidemiology) - HCAI Surveillance team	UK Health Security Agency
Graeme Rooney	Senior scientist (epidemiology) - HCAI Surveillance team	UK Health Security Agency
Anthony Oladimeji	Senior database manager - HCAI Surveillance team	UK Health Security Agency
Sobia Wasti	Senior scientist (epidemiology) - HCAI Surveillance team	UK Health Security Agency
Miroslava Mihalkova	Scientist (epidemiology) - HCAI Surveillance team	UK Health Security Agency
Lababa Hasan	Information officer - HCAI Surveillance team	UK Health Security Agency
Ros Montgomery	Infection Prevention & Control Scientist	Nottingham University Hospitals
Graham Verbrugge	Information Officer - Infection Prevention & Control	Norfolk and Norwich University Hospital
Lydia Hodson	Audit & Surveillance Nurse Specialist	Royal Devon and Exeter NHS Foundation Trust
Maggie Munemo	Lead Nurse Infection Prevention & Control	NHS Bedfordshire, Luton, and Milton Keynes CCG
Rebecca O'Sullivan	Audit Nurse	Lewisham and Greenwich NHS Trust
Hannah Goldsmith	Lead IPC Practitioner	NHS Morecambe Bay CCG
Christine Pinkard	National Programme Analyst (Antimicrobial Resistance), Analytical Lead (Prevention)	NHS England and NHS Improvement

	Medical Directorate	
Jeff Featherstone	Head of Antimicrobial Resistance Medical Directorate	NHS England and NHS Improvement
Jennifer Bennett-Britton	Infection Prevention and Control Nurse	North Bristol NHS Trust
Ami Butler	Public Health Support Officer	NHS Kernow CCG
Longmate, Connie	Team lead – IPC and AMR	Department of Health and Social Care
Melanie Thornton	Advanced Nurse Specialist Audit & surveillance Infection Prevention & control	Royal Devon and Exeter NHS Foundation Trust
Ryan George	Clinical Scientist/Senior Surveillance Officer	Manchester University NHS Foundation Trust
Gayle Marchant	Business Intelligence	Dorset County Hospital NHS Foundation Trust
Jennifer Wright	Specialist Health Protection Nurse	Wiltshire Council Public Health
Yvette Reece	Business Manager	Leeds Teaching Hospitals NHS Trust
Dola Adesanya	Infection Prevention and Control Nurse	The Royal Orthopaedic Hospital NHS Foundation Trust

1.1 Welcome and Introduction

- **Olisaeloka Nsonwu (ON) -** This session of the Stakeholder Engagement Forum is to seek feedback on the mandatory surveillance of bacteraemia and *C. difficile* infection, making sure that we are meeting user needs for data analysis and for entering the cases, as well as looking for ways to improve the system for the users.

2.1 HCAI DCS updates and issues

2.1.1 **CCGs replaced by ICSs**

- **ON** informed the attendees that CCGs will be officially replaced with ICSs on 1st April. In a nutshell, CCGs' functions will be taken over by ICSs, which are currently STPs. **ON** advised that he would like to discuss how UKHSA handles surveillance and the DCS. The ODS (Organisation Data Service) oversees the relationship between GPs, CCGs, and higher-level organisations such as STPs and commissioning regions. How UKHSA will manage it on the DCS will be heavily influenced by how the ODS handles it. **ON** advised that the information available

on the NHS digital's website can be summarised into two phases. In the first phase, the CCGs continue to function as an operational entity meaning that between July 2020 and April 2023, the CCG codes will continue to exist and be supported and maintained by the ODS. Organisational services that have relied on these codes for their systems or their work will continue to do so during this time. After April 2023, those codes will be phased out. **ON** stated that phase one will have a minor impact, but there will be certain changes that must be made to the DCS to reflect this change. The organisation type CCG, for example, will need to be renamed to ICB. But, for all intents and purposes, they are identical in function and have the same codes. The name will be changed to reflect that the organisation is no longer a CCG, and any references to CCGs will be removed. This will have a minor impact. The user guides will be updated to reflect his change, but nothing else will be changed. The main change will come after April 2023 when these codes will be phased out. We're still awaiting confirmation from ODS, but it appears that the geographical level maybe removed, and the relationship will instead move straight from GPS to ICBs but UKHSA will confirm that to the users in advance. The attendees were then given the opportunity to ask questions. One of the attendees wondered if there were any intentions to report data on a place-based level as well as at the ICS level. **ON** indicated that apart from ICS that it will be ICB sub locations, which are effectively CCGs, and that these would remain until April 2023. There hasn't been any further discussion on this matter since then. From the perspective of the DCS, any place-based reporting level must be agreed and used by all ICSs. It wouldn't be manageable if different ICSs used different ones however, it is something we can talk closer to the time, and if we can reach an agreement amongst the ICSs on how that place-based location will be maintained, we'll see how we can incorporate it into the DCS. **ON** stated that in general, if the site is supported by the ODS, it is always easier and more feasible since it has the codes and knows where it belongs in the organisational hierarchy. It is possible to maintain a place-based reporting level without these NHS digital supported codes but there will need to be some level of agreement between all ICSs.

3.1 HCAI surveillance update

3.1.1 **Presentation**

- **Olisaeloka Nsonwu (ON)** gave a presentation which provided an update on the recent increase in CDI since June 2021. It included slides on:

1. Quarterly incidence rates of CDI from April 2007 to December 2021
2. Counts of CDI cases from January 2015 to February 2022
3. 12-month rolling counts & rates of CDI by month from January 2019 – February 2022
4. CDI and bloodstream infections: percent change since calendar year 2012 in 12-month rolling totals. December 2012 to February 2022
5. Counts of CDI by location of onset from January 2016 to February 2022
6. 12-month rolling counts of CDI by location of onset from January 2016 to February 2022
7. 12-month rolling counts of CDI by UKHSA regions from January 2019 to December 2019 to February 2022
8. 12-month rolling rates of CDI by UKHSA regions from January 2019 to February 2022

9. Quarterly CDI counts by age and sex for the period January to December 2021
   CDI incidence rate of cases reported over time
10. Summary

- **ACTION:**
  UKHSA will share the presentation with all attendees following the meeting.

3.1.2 **Recent reports and publications**

- **Quarterly HCAI report: ON** informed the attendees that the Quarterly Epidemiology Commentary was published on 7th April by UKHSA.
- **Yvette Reece** from Leeds Teaching Hospitals NHS Trust stated that the reports published by UKHSA are valuable to her trust. She uses them as comparisons and includes them in some of the reports they produced by her trust. Other guests were urged to contribute feedback and suggestions on the reports to improve them and make them more useful to the audience receiving them**.**
- **Ryan George** from Manchester University NHS Foundation Trust wondered if it was possible to combine all gram-negative blood steam infections into one metric from the DCS in the future. **ON** responded that we present the gram-negative infections data separately in the reports so that anyone reading the report may combine it themselves, rather than posting everything and losing the user's ability to look at it differently. One of the reasons it's important to examine them separately is because of differences in their epidemiology. **ON** suggested that the team will consider how we may publish them together in the future without duplicating data, even if it just to provide a summary of all gram-negative organisms without going into depth about each one. **RG** wondered whether the DCS could be designed so that the user could generate a single report for all the gram negatives rather than having to run three separate reports to collect them all. **ON** informed that this is not a straightforward modification and will require software developers adding new features. **ON** stated that he will address it with the UKHSA team**.**
- **Ami Butler** from NHS Kernow CCG wondered if the question on the DCS about antibiotic use up to 28 days prior to the specimen could be changed from 7 days to 28 days for CDI cases? **ON** stated that he will have to investigate it, particularly with regards to the CDI, because there is more than likely a reason why they are different in the first place. Those questions were agreed upon after collaboration with various parties, so he will have to work out how to find the rationale for the difference in the first place.
- **Upcoming Annual HCAI report: ON** discussed the upcoming annual reports, which are like the quarterly reports but is published much later in the year. It has more thorough breakdowns, and commentary on the data collections and the previous reports published in the past are available online. Attendees were asked to submit feedback and suggestions on the reports to improve them and make them more useful to the audience who would be receiving them.

4.1 Upcoming HCAI DCS projects

4.1.1 **Random sampling**

- **ON** advised that the random sampling aims to reduce the reporting burden on the acute Trusts. This feature will essentially allow the data collection system to pick a random sample of cases and ask for additional questions to be answered. For example, take *E.coli* cases and ask a specific group, such as a certain trust or set of trusts. If it's from a certain patient category, such as all males over a certain age, request that only those questions triggered the additional questions. This random sampling project was placed on hold during the pandemic because of resource constraints. It has now been resumed and our software developers are working on it.

4.1.2 **Automated data imports – LIMS to HCAI DCS**

- UKHSA is working on implementing an automated data pipeline process to incorporate data from the hospital's LIMS system into the DCS. So that data from the LIMS system is extracted, infection episodes are processed, and cases are automatically created in DCS. The concept is that cases will be created automatically, and users will only need to fill in the information that can't be found in the LIMS systems.

5.1 Questions/ items from the Stakeholders

1 As per the previous stakeholder event, is there any potential to move away from the 3 days from admission as an indicator for classifying organisms as Hospital onset?
ON advised that the answer to this query is no, unfortunately. The CDC and ECDC definitions are based on this definition, which is widely accepted. It has been used by surveillance programme for quite some time.

2 2. Any update on CPEs being added to surveillance?
ON stated this this is something with which our ICU team is primarily involved, and it is proceeding as planned. People will have begun signing up for it, and data entry will begin on 19th April. There haven't been any major obstacles in that regard.

4. When the new objectives came out for the gram-negative bloodstream infections, they included community onset healthcare acquired cases, but a lot of the reports that we receive don't include those. They're just the hospital-onset healthcare-associated gram negative bloodstream infection. So, it's just a bit of clarity around which of those we're going to be using moving forward. And if you'd recommend that we started to include that community onset healthcare associated infections locally in our trust for our internal surveillance?
ON stated that it truly depends on the purpose of the report that is being created. If the purpose of this report is to evaluate your trusts against the target, the recommendation would be to produce it using both HOHA and COHA categories, because that is what the targets are based on, at least for the trusts. At the very least, the national team at UKHSA tries to provide the different categories for all the reports so that they can be summed if necessary. A separate category is also created for the total of HOHA and COHA.

5. A user asked regarding attribution and allocations, stating that it's difficult to justify when a patient has only been on the ward for 36 hours, but the case is assigned to them.
ON indicated that the rules are pragmatic and based on commonly accepted definitions. It is impossible to track the passage of time, which is why everything is done by the date. Being able to implement an alternative that tracks the time not days is not something that can be done on a national basis with the DCS.

6. With transition over to the new ICNet v7, we would like to build into our processes the HCAI data upload including any new PHE / Gov updates. This will include work around our Gram-negative reduction plan and the updates at a regional and local level. We will also form part of the South West regional hydration programme to reduce gram negative organisms and would like to look opportunities to understand the effectiveness of our initiatives to improve patient outcome / experience and HCAI reduction rates?
   ON said that in principle, any information entered on the DCS should be accessible to users and advised the user to send an email to the mandatory surveillance mailbox, and we will assist you in determining why this occurred.

7. NHS Contract target thresholds.
   Multiple base hospital sites within same Trust.
   Ease of reporting / identifying trends and themes - other than line listing. The user also requested that a session be organised to demonstrate users how to efficiently use the DCS reporting feature to collect local level data.
   ON explained that when it comes to the NHS Contract target thresholds, that in the past, if a merger occurred after a contract is announced, the targets the organisations involved are summed together. We will require the confirmation from NHS England if the same strategy is adopted this time. **ON** further recommended the user to provide an example of a case in which they were unable to extract information from the DCS using the line listings report, and we would be happy to investigate. In terms of DCS reporting and logging after the merger, **ON** stated that the datasets for both organisations would be combined. Those having RBZ accounts will need to re-register for a RH8 account.

8. Case Capturing specifics and Full engagement with HCAI DCS Mandatory Surveillance.
   The user said that they have experienced sporadic problems logging into the system and being thrown out in the middle of a session. The user also requested access to the training videos to make it easier for them to navigate through the DCS.
   ON stated that we have user guides which can be very helpful to new users. He also mentioned that UKHSA have worked on assembling tutorial videos that may have previously been posted on YouTube. ON stated that if the videos are available then we will provide a link to the user. ON also requested that the user submit any technical issues to the mandatory surveillance team, which we will investigate.

6.1 AOB

- ❖ Nothing to report.

7.1 Date for next meeting: TBC