Public Health England

Protecting and improving the nation's health

HCAI Mandatory Surveillance Stakeholder Engagement Forum: 9th February 2017

Background:

These notes are based upon the fourth meeting of the National Stakeholder group. Invited attendees were national level stakeholders with a key interest in the mandatory surveillance of key HCAIs (MRSA bacteraemia, MSSA bacteraemia, *E. coli* bacteraemia and *Clostridium difficile* infection).

NHS colleagues are also invited to ensure that local views/opinions are represented. NHS attendees represent those organisations that expressed an interest attending and whose representatives were available to participate.

Attendees Included:

- PHE HCAI Mandatory Surveillance
- PHE Field Epidemiology Services (FES)
- Department of Health (DH)
- NHS Improvement (NHSI)
- Lancashire County Council
- NHS South Kent Coast and Thanet Clinical Commissioning Group
- The Queen Victoria Hospital NHS Foundation Trust/ South East CSU
- The Pennine Acute Hospitals NHS Trust

The major aims of the group are as follows:

- Opinion of current routine mandatory surveillance outputs/publications.
- Future developments to routine mandatory surveillance outputs/publications
- Forthcoming changes to the CDI algorithm

Actions from the previous meeting (October 2016):

- PHE confirmed that the Specialist User group forum is currently arranged for March 2017.PHE will provide feedback to users at the next stakeholder forum.

- PHE acknowledge that some users are unaware when reports have been published. PHE are reviewing alternative models for the dissemination of information/outputs to stakeholders.

- Further to interest at the previous stakeholder event (October 2016) an infographic has been produced for the upcoming QEC. A draft version (attached) was well received by the group.
    - Positive feedback included:-

        - The infographic offers a clear simple representation of data. This is useful for board meetings and for interpretation by lay people/non specialist audiences.
        - The level of detail included was considered to be correct – the group felt that if too much information was included the infographic would have less impact.
    - Changes/updates to the proposed draft suggested by the group included:-
        - The inclusion of rates would be beneficial.
        - A link back to the main data collection organism would be useful.
        - Making it clear that the range included on the infographics allies rates – as the ranges are slightly misleading
          Using decimals for the MRSA infographics, as they are so small now that it is not particularly clear that the change is from 1.49 to 1.34
- Following discussion at the previous stakeholder event (October 2016) PHE agree the term 'Healthcare Associated' may be misleading within the proposed CDI algorithm updates. PHE will ensure the new category is relabelled 'Hospital Associated' in all future documentation.
- PHE will produce a rationale document for the proposed updates to the new CDI algorithm. This will include information on the frequency of publication. PHE will also ensure a co-ordinated approach with NHS improvement. Lines to commissioners will also be produced and circulated.

Feedback on Current Outputs/publications

The most recent mandatory surveillance publications were discussed by the group:

1. The Quarterly Epidemiological Commentary (QEC)- Published December 2016
2. Thirty-day all-cause fatality subsequent to MRSA, MSSA and *E. coli* bacteraemia and *C. difficile* infection– published January 2017

NB: group members again voiced concerns surrounding currently employed methodologies for communicating forthcoming publications/releases.

PHE reiterated that various strategies were currently under consideration:-

- PHE are currently liaising with IT colleagues to update the landing page of the HCAI Data Capture System as and when a publication has been released.
- PHE intend to use Granicus (formerly known as GovDelivery) as an alternative channel for notifying users of publications.
- NHS Improvement colleagues suggested using their Provider Bulletin to notify users of forthcoming changes to the system/outputs (e.g. *E.* coli and CDI).
    - **Action 1: PHE to liaise with NHS improvement colleagues regarding utilising the Provider Bulletin to notify users of forthcoming surveillance changes.**

1. Quarterly Epidemiological Commentary (QEC) – December 2016

- The group believes the QEC remains a useful output. The accompanying infographic was well received.
- PHE confirmed that the infographic will be published alongside the QEC on March 9th 2017.

- The group felt that analysis of the *E.coli* bacteraemia risk factor data would be of interest. It was however acknowledged that these data are collected on a voluntary basis - completeness will vary by organisation and meaning that the overall position may not be truly representative.
- PHE proposed reintroducing the special feature component of the QEC. The Group agreed that this would add value to the QEC.
    - **Action 2. PHE team to look into the re-introduction on a special/feature section in the QEC. This will be included on an ad-hoc basis depending on relevance and associated data completeness.**

2. 30-day all-cause Fatality report- January 2017

- Overall the report was well received by the group. There were however some concerns about accessibility for a lay-user.

The group suggested:

- Summarising the report in bullet points.
- Including an infographic similar to that included for the QEC.

Group members queried whether data could be presented at PHE centre level as well as by NHS region. PHE agreed to investigate presenting the data at alternative geographies. There was however some concern about small numbers at lower level geographies.

- **Action 3. PHE to investigate feasibility of presenting mortality data at PHE centre level in future publications.**

Future Developments:

Update to the proposed changes to the CDI Algorithm.

PHE reiterated the proposed changes to the CDI algorithm:

- Changing the number of days (reducing days from 3 to 2)
- Addition of a prior within trust interactions element – bringing the PHE definition in line with the ECDC definition. Cases will be categorised according to interactions. PHE explained that this change is as requested by the Advisory Committee on Antimicrobial Resistance & Healthcare Associated Infection (ARHAI).

During the last meeting users were largely in favour but there was some concern regarding:-

- Public reporting
- Performance management
- Speed of the introduction of the change.

PHE confirmed that:

- The updated surveillance algorithm would be run alongside the existing algorithm for at least 12 months. Performance management/assessment and formal assessment will continue to be undertaken on the basis of existing definitions/methodology. This will enable time to establish and quality-assure the new/updated algorithm.
- The timeline for the formal introduction of the new CDI algorithm has yet to be to be agreed/confirmed. For the immediate future surveillance and performance management will continue to be undertaken in line with the existing algorithm.
- The HCAI DCS is currently being updated to accommodate the algorithm updates. The intention is that the collection of prior ‘within Trust’ healthcare interaction information will

be mandatory from April 2017. Analysis will be conducted on the new data and will be fed back to users, comparing it to the current data.

- The term 'within Trust' referred to prior admissions to the same Trust within either the previous four or twelve weeks). On the whole the group felt that this was information that acute Trust colleagues should be able to easily locate.

- It was clarified that this information would be gleaned vie two simple yes/no questions:-
    - Has the patient been an inpatient in your Trust in the past 4 weeks?
    - Has the patient been an inpatient in your Trust in the past 12 weeks?
- PHE group clarified that ongoing HCAI DCS/Hospital Episode Statistics (HES) linkage would be used to quality assure the self-reported Trust data reported via the HCAI DCS. Both information reported via the HCAI DCS and the HCAI DCS/HES linkage will be published.
    - **Action 4. PHE to formally notify users of proposed/forthcoming changes to the CDI algorithm and HCAI DCS as soon as possible.**

AOB

Forthcoming changes to the *E.coli* bacteraemia questions

PHE/NHSI outlined that in line with the recent Government announcement to halve Gram-negative healthcare associated bloodstream infections by 2020, there is a need to enrich the existing *E. coli* bacteraemia dataset as much as possible. PHE are in the process of overhauling the *E.coli* b data collection.

Updates include:-

- Trust apportioning of *E .coli* bacteraemia data in line with other bacteraemia - timeline to be confirmed.
- Revisiting *E. coli* bacteraemia risk factors and streamlining data entry to make it more user friendly (e.g. adding links between source and contributing factors).

NHSI expanded on this and stated that they have been liaising with PHE colleagues to identify which fields need to be made mandatory in the *E. coli* bacteraemia dataset to support the Government ambition. NHSI reassured users that these changes would not be onerous on Trusts.

The Group suggested that once *E.coli* bacteraemia is apportioned in published data it will help Trusts/CCG's to focus attention.

The group were advised that Trust apportioned (hospital onset) data is already available via fingertips.

NHSI informed the group that PHE/NHS are preparing a communication explaining the 2017/18 Quality Premium in detail to CCG's and providing advice on which risk factors to focus on.

The intention is also to start mandatory reporting of Klebsiella and pseudomonas from April 2017. These organisms constitute the next largest groups of gram negative bacteraemias and their reduction will play a large part in meeting the 2020 reduction target. The group welcomed this news.

Next meeting to be scheduled for May 2017.