Public Health England

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HCAI Mandatory Surveillance Stakeholder Engagement Forum: 26th February 2018

Background:

These notes are based upon the seventh 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, *Klebsiella* bacteraemia, *Pseudomonas aeruginosa* 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.

Invited attendees:

- PHE HCAI Mandatory Surveillance
- PHE Field Epidemiology Services (FES)
- Department of Health (DH)
- NHS Choices
- Rotherham
- Northampton General Hospital NHS Trust
- Lancashire County Council& NHS Morecambe Bay CCG
- Gateshead Health NHS Foundation Trust
- Sussex Community NHS Foundation Trust
- Coastal West Sussex Clinical Commissioning Group
- NEL Commissioning Support Unit

The major aims of the group are as follows:

- To canvass opinion of current routine mandatory HCAI surveillance outputs/publications. This forum specifically focusses on PHE national statistics outputs rather than data collection and system development per se.
- Future developments to routine mandatory surveillance outputs/publications.

Actions from the previous meeting (October 2017):

Action 1 – PHE to consider possibility of including rolling rates in routine monthly National Statistic outputs.

PHE outlined that the Fingertips monthly values are published by counts and 12 month rolling rates which smooths out fluctuations seen at a seasonal basis. Discussions going on regarding whether incorporating the rolling rates into the National outputs would be beneficial. Some users did suggest that the rolling rates would smooth out the data too much

Action 2 - PHE to set-up HCAI DCS functionality meeting in the New Year.
PHE confirmed that this meeting is yet to be arranged. We will do so soon and look forward to hearing feedback on current system and any suggestions on how it may be improved further.

Changes to the Post Infection Review (PIR)

PHE colleagues explained that with the emphasis more on the Gram-negative bacteraemias, to reduce the burden on the Trusts, NHS Improvement (NHSI) and NHS England (NHSE) have decided that from April 2018 not every Trust will be required to complete the PIR process for every MRSA case and only those Trusts and CCG's with the highest rates (namely the top 15%) would be mandated to complete the PIR process. Based on the 2016/17 data, this means 31 CCG's and 20 Trusts.
NHSI have produced a document providing guidance and listing those organisations. PHE colleagues reminded users that organisations breaching the rate on the fingertips website will also be expected to complete a review. PHE colleagues confirmed that for all April 2018 MRSA cases and onwards, the HCAI data capture system will no longer track the MRSA cases and users will not receive any email notifications.

CCG and Trusts were advised to direct all concerns to Linda Dempster at NHSE or send an email to the mandatory surveillance team, who will forward the queries on.

PHE colleagues described how monthly outputs will change to display the MRSA data in line with the other bacteraemias, by Hospital and Community onset. The group discussed the change in algorithm, users expressed concerns about how third party cases would be dealt with and were worried that they may lose important data relating to the local authority or wider, if the review is not mandated. PHE colleague's reassured users that the numbers are very similar, difference of 13% of trust apportioned cases are those that would be Community onset/third party.
PHE colleagues emphasised that all MRSA cases should still be subject to a form of review; this change is a reduction of the more formal review. It is still envisaged that Trusts should be discussing the cases with their commissioners. MRSA cases are still part of trust cases and their target remains 0 cases. Trusts will still need to make an argument as to why there should not be a financial penalty.

Changes to monthly outputs (MRSA and MSSA by onset)

PHE colleagues outlined that National Statistics outputs would be updated from 7th March 2018 to include MRSA and MSSA data by Hospital onset and Community onset cases.

The following tables have thus been added to the existing suite of outputs:-

- Table 5e:- MRSA bacteraemia: monthly data split by location of onset by trust
- Table 6c: MRSA bacteraemia : monthly data split by location of onset by CCG
- Table 7c:- MSSA bacteraemia: monthly data split by location of onset by NHS trust
- Table 8c:- MSSA bacteraemia: monthly data split by location of onset by CCG

The group did not have any comments with regards to the specific content.

Planned improvements for the DCS.

Support for Chrome browser

PHE colleagues confirmed that work is in progress to adapt the HCAI DCS to make it compatible to be used on the Google Chrome web browser.

SGSS integration

Second Generation Surveillance system (SGSS) is a database into which data from acute Trust laboratories is voluntarily entered. PHE is working on interrogating both the SGSS database and the HCAI DCS, this will mean that cases that should be included in the mandatory surveillance, will be easily identified.

PHE colleagues explained that the integration will mean that most episode detail fields will be populated via the linkage, slightly reducing the burden on the Trust. However, the patient admission cannot be populated. PHE intend to look into obtaining the admission data via the HES database. PHE colleagues explained that there are currently certain data quality/Caldicott issues which require addressing.

Any Other Business

Updated CDI algorithm:

The group queried timelines for CDI publication according to the updated algorithm categories. PHE colleagues confirmed that the data will be published in May 2018 using the new algorithm and categories, alongside with the current algorithm for FY2018/19. Users will have a year to become familiar with the new algorithm/presentation. Commissioners will also need time to address how they intend to use the data in terms of setting objectives. PHE confirmed that they may drop the old algorithm and publish solely using the new algorithm in 2019/20.

Rolling rates:

The group discussed the use of rolling rates for future publications, which is the average over the past 12 months prior to the current month. Unanimous decision was made that the problem with rolling rates is that they do not reflect what is happening at the current time. DH suggested using a seasonally adjusted figure.

Next meeting to be scheduled for July 2018.