Public Health England

Protecting and improving the nation's health

HCAI Data Capture System Stakeholder Engagement Forum: 25th February 2020

Attendees:

- Tom O'Leary (Head of Infection Prevention and Control at West Leicestershire CCG)
- Anita Watson (Infection Prevention Lead for South Warwickshire CCG)
- Michael Fleming (Department of Health and Social Care)
- Yvonne Doherty (NHS Derby and Derbyshire Clinical Commissioning Group)
- Alistair Harlow (Infection Prevention Nurse Consultant)
- Archie Atack (Infection Prevention Administration and Surveillance Analyst at Birmingham and Solihull CCG)
- Helen Bagnall (Epidemiological Scientist – Field Epidemiology West Midlands)
- Kelly Marshall (Senior Infection Control Nurse at The Hillingdon Hospitals NHS Foundation Trust)

PHE Mandatory Surveillance Team:

- Simon Thelwall
- Dimple Chudasama
- Russell Hope
- Olisa Nsonwu
- Jared Thomas

Welcome and Introduction

This session of the stakeholder engagement forum is to seek feedback on the mandatory surveillance of bacteraemia and *C. difficile* infections, making sure that we are meeting your needs for data analysis and for entering the cases, as well as looking for ways to improve the system for the users.

Minutes from last meeting

No comments/minutes were accepted as an accurate record.

1. **Actions from last meeting:**
    a. To update the paper forms to record BSI and CDI on the DCS – PHE team confirmed these are now available on the HCAI DCS help pages.

Feedback on annual epidemiological commentary

Annual commentary available on the GOV.UK website, covers each collection presenting standard breakdown of counts or rates by on set status by age and sex, region and trends over time.

A few comments were received, there was a request from a CCG user who would like to work out what their rates are for their organisation, another request from a user was that they would like to know the rates among those trusts that care for the patients in their area.

Member of the PHE team questioned how CCG's and trusts relate to the data put out?

User explained they look to use the information by triangulating the number of cases tested with their trusts. Mainly for CDI *and E.coli*. Another user requested percentages to be added to the graph on figure 6 within the AEC.

- **ACTION**: To add STPs as a column in annual tables to aggregate both counts and population denominator.

Updates to the DCS in progress

PHE team stated that updates to the data collection system will include:

- Data enrichment tab will be introduced which will display information about the GP practice to which a patient is registered which drives the CCG attribution for cases.
- The data upload wizard will be updated to make it easier to copy saved profiles, to re-use them and edit a profile that has been created to add an additional field.
- Offline line list downloads are in development which will generate an email to state that the download is being produced. Expectation is that this functionality is to be delivered around the next financial year after April.

- Aiming to introduce a process which certain records will be identified for further questions to be entered. To ensure a represented sample of records are completed for the risk factor data, records will be selected at random. Not limited to just the risk factor data for Gram-negative, expected to be used to select isolates of MSSA, providing a function to move to asking additional information of a represented sample rather than all cases. Which will hopefully reduce the burden of data collection.

- Represented sampling and question triggering will be ready for the next financial year.

Any other business

Users were asked via the Stakeholder event invite if they would like to add anything to the agenda and to raise any questions they have regarding the DCS.

- User mentions that they can't change the primary source of infection on *E.coli*, can only see the primary source when logged in as a local administrator.

Member of the PHE team explained that the user can use the role switcher at the top without having to log out.

- User asked if there is a primary source on MSSA?

Member of the PHE team clarified that *MSSA* and MRSA do not have a primary source tab however the primary source is covered on the source of bacteraemia tab. They also confirmed that the GNBSI's *(E.coli, Klebsiella* spp., and *P. aeruginosa*) have primary focus of bacteraemia.

- User expressed that whilst using the CCG data entry role on the DCS, they are unable to access risk factor data that acute trusts can enter. Suggested being able to amend demographic data, if required. PHE team advised to request a data entry role from the trust, as long as the information governance model is agreed locally.

PHE team explained that CCG data entry should have the ability to amend risk factor data for Gram-negative bacteraemia, but this is not the case for other bacteraemia's.

- User described how whilst using the counts or rates report they are unable to group the CDI data by HOHA and COHA or COIA and COCA, they expressed that it would be useful to group the two categories jointly.

PHE team explained that one of the combinations is available via the limit report to option 'Healthcare Associated' on the counts or rates reports. This information may also be obtained via the monthly tables on GOV.uk, where users have the option to select both categories.

User queried how would the data be presented once the CCG's merge in April?

PHE team explained that the extracts for the annual commentary will be taken between April 15th – 20th , the intention is that the CCG's will be merged after this date on the DCS and the new CCG's will have all the cases that were attributed to the old CCG's under the new CCG name.

User queried why they were required to enter risk factor data when the data is not fully complete or consistent.

PHE responded by explaining that the risk factor data would be used locally to look at the risk factors for the user's organisation. But also, the reason for why PHE are introducing the represented sampling for further data entry to get a represented sampling from across the country.

User was interested in knowing if any outpatient cases qualified as prior trust exposure.

PHE explained that for the onset hospital status, A&E and outpatient are not included in the prior trust exposure. They clarified that if a patient's attendance to hospital is to be entered into the hospital episode statistics admitted patients care then it should be considered a prior trust exposure which will be down to local users to determine. They also confirmed that Day patients and patients on dialysis are also considered prior trust exposure.

User requested further clarification on the prior trust exposure definition, particularly in how it is applied for people attending hospitals for chemotherapy which is not an admission but an attendance.

PHE advised users to class them in the same way they would for reporting to the hospital episode statistics

User stated whether patients are admitted or not, depends on how the trust is paid providing care. They mentioned hospital attendances they report are by bed stay for an overnight stay which is classed as an admission.

PHE team explained that following analysis of hospital episode statistics data. Whether the cases are recorded as overnight admission or a day admission or a regular attender admission it was found that patients are categorised differently across different hospitals which is why PHE capture them all.

An example was given where if one trust was to exclude regular attenders, then a different trust may book those patients as day patients.

Team agreed that the patient categories need to be consistently applied. PHE advised that users referred to the guidance within the hospital episode statistics which outlines the overnight stays, regular attenders etc.

User questioned whether according to the prior trust exposure algorithm, patients who have been in community hospitals would be counted as COCA or COHA.

PHE team explained that the prior trust exposure only refers to prior admission to the reporting acute trust. Following analysis of the HES data this was a pragmatic choice, as prior acute trust admissions captures a high proportion of trust interactions.

User commented PHE need to be clear on advice as financial penalties are relying on numbers.
PHE explained that the same guidance has been provided in the NHS data dictionary as has HES reporting, on page 7 of the clarification of the prior trust exposure document.

User mentions the document for page 8 on section 3 if you have not included the regular information, will there be a deadline for the data to be updated by.

PHE currently does not have a date by which the data should be uploaded. NHS-I and NHS-E have been provided with the information on the objectives and they are currently preparing them.

User queried whether there is an option to have a direct interface to LIMS- unfortunately DCS cannot as there are different versions across the country. However, the data upload wizard could possibly support an extract from LIMS. The DCS database manager could facilitate this and users were advised to contact the PHE team if interested.

User questioned whether there is an option to remove organisms from surveillance. PHE team explained that this decision would be made by DHSC, NHS-I and NHS-E. PHE team are however always looking at ways to reduce the burden of the data collection.

User queried CPE bacteraemia surveillance, which is covered by ERS. PHE explained that this has been paused for now. The intention is to capture any CPE positive information via the LIMS, SGSS feed. A different mechanism will need to be discussed regarding the enhanced surveillance.
User stated that it would be useful to view the resistance data at a national level.

User asked whether bacteraemia's will have the new prior trust exposure categories available on the DCS by April. PHE confirmed this to be correct and that the HOHA category will directly correspond with the previous hospital-onset category, unlike the CDI HOHA category.

Next meeting to be scheduled for: TBC