Public Health England

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HCAI Mandatory Surveillance Stakeholder Engagement Forum: 31st October 2017

Background:

These notes are based upon the sixth 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 Improvement (NHSI)
- East & West Berkshire CCGs
- Kernow Clinical Commissioning Group
- Lewisham and Greenwich NHS Trust
- Manchester University Hospitals NHS Trust
- Mid Essex Clinical Commissioning Group
- North Kent CCG's (incorporating NHS Swale and NHS Dartford, Gravesham and Swanley Clinical Commissioning Group
- South Kent Coast CCG
- University Hospitals Coventry & Warwickshire NHS Trust

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 (June 2017):

Action 1 – Users to provide PHE with suggestions for potential special features for QEC.

No suggestions have been provided to date. PHE colleagues reiterated that they were keen for any suggestions and that the invitation remains open.

Gram-negative surveillance updates (*E. coli*, *Klebsiella* spp. and *Pseudomonas aeruginosa* bacteraemia)

PHE colleagues outlined that National Statistics outputs would be updated from 4th October 2017 to include additional Gram-negative outputs. These outputs have been updated to support the government's ambition to halve the number of healthcare associated Gram-negative bloodstream infections by 2020/21.

Updates include the inclusion of two additional Gram-negative outputs (*Klebsiella* spp. and *Pseudomonas aeruginosa* bacteraemia) and the additional breakdown of cases by hospital/community onset for E. coli bacteraemia data (NB: the new Klebsiella and *Pseudomonas aeruginosa* outputs also include this breakdown).

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

- Table 11:- *E. coli* bacteraemia: monthly data split by location of onset by NHS trust
- Table 12:- *E. coli* bacteraemia: monthly data split by location of onset by community
- Table 13:- *Klebsiella* spp bacteraemia: monthly data split by location of onset by NHS trust
- Table 14:- *Klebsiella* spp bacteraemia: monthly data split by location of onset by community
- Table 15:- *P. aeruginosa* bacteraemia: monthly data split by location of onset by NHS trust
- Table 16:- *P. aeruginosa* bacteraemia: monthly data split by location of onset by community

Although the group were aware of the new outputs they did not have any comments with regards to the specific content.

PHE stated that they will look into raising the profile of these new out puts. Although announcements are already sent to known users via Granicus (automated Government dissemination system) they will also look into notifying users via the HCAI DCS homepage as/when publications occur.

Proposed updates to National Statistic outputs:-

1. **Implementation of rolling rates**

PHE outlined that rolling rates had recently been added to the routine Fingertip outputs **.** PHE explained that they were considering adding rolling rates to the routine monthly National Statistics outputs and were seeking feedback from the group:-

On the whole the group seemed receptive to the inclusion rolling rates in the suite of monthly National Statistics outputs. It was agreed that rolling rate information was useful at organisational level as it smooths for any monthly/seasonal trend in the data.

- **ACTION: PHE to consider possibility of including rolling rates in routine monthly National Statistic outputs.**

2. **Changes to structure of routine outputs**

Currently, the monthly tables are presented in wide format whereby a single row represents an organisation and then columns provide month-measure combinations, where measure could be a count of all cases, or trust apportioned cases or some other measure of the count of cases.

In contrast, long tables have a row per organisation-time point-measure combination. In long tables there is a single column for containing the count of cases. PHE believe that structuring the data in this manner is easier to produce and easier to manipulate by the end user.

The proposed updates to the structure of the data tables were well received by the group. Many group members felt that it would assist in:-

- Importing the data into other packages for (e.g. Stata or R) for further analysis.
- Populating automated local/national systems.
- Enable easier pivoting of organisational level data.

Some concern was expressed that the revised data format may prove harder to interpret for lay users as the proposed new layout does not enable a single organisation's time series to be viewed without further manipulation. PHE suggested producing supplementary user guides e.g. "how to use pivot tables" to support users who are not familiar with data manipulation.

PHE reassured the group that both formats would be published for a period of at least six months in order to enable users to familiarise themselves with the updated format. One of the pre-requisite of the National statistics designation is that published data is be accessible to all and published in an appropriate format.

The group discussed further advantages of moving to publication of data in long rather than wide format:-

- It would be possible to include more historical data within the tables. Historically the number of data periods covered was limited to stop the table from becoming too wide.
- It would also prove possible to include denominators and rolling rates as additional columns in monthly outputs. This would again overcome current issues in terms of the number of columns that can be included in a wide table.

Any Other Business

Updated CDI algorithm:-

The group queried timelines for CDI presentation/publication according to the updated algorithm categories.

PHE reiterated that that the original plan was to present the data according to the new categories from this financial year (FY 2017/18). However, discussion at previous stakeholder events indicated that NHS stakeholders had some concern about switchover to this revised algorithm this FY (2017/18). Targets for this FY continue to be based upon the previous algorithm and NHS acute trust users in particular were keen for data to continue being presented in line with this.

PHE outlined that an analysis comparing reported HCAI DCS prior healthcare interaction data with relevant HES data would be undertaken shortly. This analysis will be used to reaffirm previous assumptions. This work will initially be a one off publication with a view to moving to more routine publication in time.

NHS Improvement (NHSI) confirmed that they will be meeting with PHE to discuss CDI targets/assignment for next year. NHSI outlined the intention to shift associated terminology from a focus on performance management to one of patient improvement. NHS users expressed satisfaction in the new/updated terminology used to describe hospital and community onset cases for Gram-negative outputs and suggested a similar update for the other organisms under surveillance.

Gram-negative Updates:-

NHS Trust colleagues expressed that they would be interested in viewing the recently introduced Gram-negative (*Klebsiella* spp. and *Pseudomonas aeruginosa* bacteraemia) data by age and speciality.

PHE confirmed that the coming Quarterly Epidemiological Commentary (QEC) will report all data collections by main treatment speciality at a national level. It was also noted that the last QEC showed data by speciality. PHE also confirmed that all reports are published with supplementary tables containing the underlying data.

The group discussed the role of Gram-negative surveillance within the wider mandatory HCAI framework. PHE confirmed that all surveillance remained a high priority even though the quality premium specifically focusses on Gram-negative surveillance. NHSI confirmed that MSSA and *E.coli* have now been included in the single oversight frameworks, and included in the work with CQC which will look at the wider patient safety aspects. It was discussed that a majority of the sources for MSSA and MRSA are skin soft tissue and that this should investigated. NHSI confirmed that CQC will now be investigating all four (MRSA, CDI, MSSA and *E.coli*) data collections rather than the 2.

PHE asked group to express interest in whether a separate meeting designed specifically to deal with the functionality of the HCAI data capture system would be useful.

- **Action**: - PHE to set-up HCAI DCS functionality meeting in the New Year.

Next meeting to be scheduled for February 2017.