Public Health England

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HCAI Data Capture System Stakeholder Engagement Forum: 28th February 2019

Attendees:

- Bhavesh Patel (NHS Digital)
- Aimee Joyce (Northumbria Healthcare NHS Foundation Trust)
- Sally Webster (Southern Derbyshire CCG)
- Ryan George (Manchester University Hospitals Trust)
- Linda Dempster (NHS IMPROVEMENT - T1520)
- Michael Fleming (Department of Health and Social Care)

PHE Mandatory Surveillance Team:

- Simon Thelwall
- Dimple Chudasama
- Shreya Lakhani

Welcome and Introduction

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 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

Actioned to seek feedback on what could be improved with the DCS. PHE haven't managed to action this yet but there are changes that are due to occur in April and that PHE will not be seeking wider engagement outside of the BAAS and the Information Standard.

Actioned to introduce a new risk factor question, requested by a Pat Cattini; of whether a patient had undergone chemotherapy. The intention is to introduce this question on the Gram-Negative Blood Stream Infections (GNBSI) risk factors from April.

Changes to monthly and annual tables

PHE discussed how they would move away from using the wide table in which data was arranged so that each time point went across an excel page to a long format table, in which organisations and time points are arranged down an excel table.

PHE have developed the inclusion of a pivot table in the monthly and annual tables which will be auto populated by the data that has been circulated in the monthly tables. PHE believe that this will make it much easier to analyse and manipulate data from the monthly and annual data tables.

Changes to the HCAI DCS coming in April

Using SGSS to populate cases on the DCS

PHE are working towards taking a direct feed from SGSS (Second Generation Surveillance System) which is a PHE voluntary database of microbiology results and will use that to populate cases on the DCS. PHE described how patient data can be mapped between laboratory and the reporting organisation to automatically create cases on the DCS, for trusts where PHE currently have a good agreement between SGSS and data on the DCS. PHE claim that this will save stakeholders time entering data. They clarified that this will not generate complete cases, as SGSS takes its feed from laboratory information systems; therefore, it will not have all the details PHE need to populate cases. Trusts will be given an option to opt to this method of reporting data. PHE will be contacting trusts shortly about this.

Stakeholders were concerned that this will cause a break in the time series due to data being populated in a different way to the way it has been populated in the past, causing an increase or decrease in cases reported by the trust. PHE reassured stakeholders that there will not be an increase in cases reported by the trust because of this change, as PHE routinely compare the data between the DCS and SGSS and contact trusts to enquire why cases found on SGSS and not on the HCAI DCS; have not be included on the mandatory surveillance system. PHE say they will also keep an eye on whether there are any sudden drastic changes in participating trusts of this scheme.

SGSS is timely. It is possible that there are cases that are not on SGSS. So, although SGSS can be used to populate the DCS, trusts will be able to add cases as per the manual route also.

PHE will carry out an exercise to determine which reporting laboratory corresponds with which reporting trust because the information on SGSS is reported by the lab and PHE require NHS trusts to report to the HCAI DCS. PHE colleague explained that It may be that one lab provides service to multiple trusts. This makes it difficult to ascertain which

trust should be reporting a case. But in the case where there is a single laboratory to a single trust the reporting of cases will be made much easier.

Changes are being made to the CDI apportioning

Currently on the HCAI DCS, CDI cases are separated out into hospital onset and community onset categorise. PHE have been reporting CDI cases by prior healthcare exposure in the monthly tables by splitting them to 4 categories:

- Hospital Onset – Healthcare Associated
- Community Onset – Healthcare Associated
- Community Onset – Undetermined Association
- Community Onset – Community Associated

In April, PHE will provide a function on the DSC System where 'Counts and rates' can be produced by these separations rather than the simple binary Hospital Onset and Community Onset categories. Further information may be found on CDI update document on the HCAI DCS website

Stakeholders expressed concerned about the denominator issue on the DCS for COHA cases and whether this had been sorted out by PHE.

ACTION: PHE to have further discussions on how to solve the denominator issue on the DCS in relation to the COHA (Community Onset – Healthcare Associated) cases.

The data prior healthcare admissions for C. difficile cases will change

PHE colleague explained that currently, the 'Prior Healthcare' questions ask whether a patient has been admitted in the past 3 months. When yes has been selected, it triggers 2 further questions. This will be simplified in April to be more like the data collection for GNBSI where the same question will trigger a date picker field. This will mean that users can enter data in relation to when the patient was last discharged from the reporting trust. PHE hope this will hopefully make the data easier to enter and the two questions asked clearer.

Changes to the QMLR collection

A voluntary field will be introduced in the QMLR data to cover ureteral screening for **Carbapenemase Producing Enterobacteriaceae** (CPE) organisms, whether CPE screening is being performed and how many swabs and stool samples were tested for CPE. This will support the ongoing surveillance of CPE.

Request for changes to case-capture screen

Stakeholders interested in knowing whether there are any plans to include the GP Code on the HCAI DCS system. PHE explained that while this is technically possible and acknowledge this would be useful for CCG's, this change would raise a lot of technical issues behind the scenes of the HCAI DCS and is a substantial change. PHE will look at the budget for developing the DCS in the coming financial year and prioritise what changes are needed. They will take stakeholders feedback onboard.

AOB

DH stakeholder highlighted a problem with the Counts and rates reporting on the Data Capture System on the DCS. Stakeholders raise the need to put a warning message on the DCS of this problem as this has been wrong for quite a while.

ACTION: PHE to circulate an example of the format of pivot tables used going forward for the monthly and annual data tables. If anyone has any questions or feedback on this please can you send them to the Mandatory.Surveillance email (Mandatory.Surveillance@phe.gov.uk) address at PHE.

Next meeting to be scheduled for: TBC