

HCAI Mandatory Surveillance Stakeholder Engagement Forum: 16th May 2016

Background:

These notes are based upon the second 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).

Following discussion at the previous stakeholder meeting local NHS colleagues were also invited. Attendees represent those organisations that expressed an interest attending and whose representatives were available to participate.

Attendees Included:

- PHE HCAI Mandatory Surveillance
- Department of Health
- NHS England
- NHS Choices
- Barking, Havering and Redbridge University Hospitals
- King's College University Hospitals

The major aims of the group were as follows:

- Discussion of additional strategies for stakeholder engagement.
- Opinion of current routine mandatory surveillance outputs/publications.
- Future developments to routine mandatory surveillance outputs/publications.
- Discussion of other existing and/or proposed methodologies for disseminating outputs to stakeholders.

Discussion of Additional Strategies for Stakeholder Engagement

Specialist Users

Ongoing plans to arrange a similar stakeholder event/forum specifically for specialist groups were discussed. This meeting will be used to canvass opinion on existing outputs and future plans from the perspective of this important subset of users.

PHE have requested expressions of interest from a range of specialist groups. Unfortunately interest has not been as extensive as expected. PHE are currently working with interested parties to find a date suitable for all. Once the date and time has been set an agenda will be produced and confirmed with participants.

General Public

The general public remain the hardest group of users to engage. Although outputs are in the first instance considered to be for healthcare professionals, members of the public will often access data on a need to know/case-by-case basis.

A number of existing/proposed measures for engaging better with the general public were discussed:-

- The 'contact us' section included in all routine outputs has been reworded to make it clear to users that they can feedback and that all feedback (positive and negative) is encouraged/welcomed.
- Quarterly and annual outputs will be presented in a variety of additional formats. This will extend/enhance both the channels of availability and ease of interpretation of outputs/data. This includes:-
 - The inclusion of infographic outputs alongside key publications
 - The publication of 'Infection Maps' to accompany published data
 - The inclusion of mandatory surveillance data on PHE Fingertips.**NB: These outputs are discussed in further detail in the final section.**
- The group suggested that it would be worth attempting to glean more information on public opinion of the data/outputs via survey and/or questionnaire. This approach has however been investigated previously and yielded very little information. A compromise suggested by the group was to devise a very simple questionnaire to establish who uses mandatory HCAI surveillance outputs. This could then inform further work on who/how to engage moving forward. PHE will reconsider this option to see if it is feasible.
- PHE will also trawl through past email correspondence in an attempt to glean more information on exactly what is required by the public/lay users.

The group considered these to be appropriate and measured responses to gleaning the opinion of the general public.

Current Outputs/Future Developments

The group was given the opportunity to provide feedback and comments on the current range of outputs available via mandatory HCAI Surveillance. Opinion was also gleaned on how outputs could be improved moving forwards.

Monthly Data Tables

- The group indicated that there is still a requirement for data publication on a monthly basis. Local NHS representatives in particular felt the monthly tables to be a valuable output.

- There was some discussion surrounding the level of detail included in the MRSA bacteraemia PIR tables. Trust colleagues; however, felt that included information was all necessary and presented as clearly as possible.
- Local NHS representative indicated that they would be keen to see *E. coli* bacteraemia surveillance data 'apportioned' in a similar manner to the other organisms covered by mandatory surveillance. Acute Trust representatives indicated that this was already undertaken internally on their data. PHE are currently reviewing the case for this at a national level.

Quarterly Epidemiological Commentary

- The group were happy with the level of detail included in the Quarterly Epidemiological Commentary (QEC).
- NHS Trusts consider this report to be their most popular output as it enables them to benchmark performance against national data. The information also frequently feeds into their routine committee meetings.
- The QEC was described by some group members as 'routine'. Historically each publication included a 'special feature' that added value. User feedback however indicated that this feature in itself became too standardised and it was subsequently removed. PHE will investigate the possibility of reintroducing this feature on an ad-hoc basis as/when required (e.g. to discuss a finding/area of particular interest and/or concern).

Annual Data Tables and Associated Epidemiological Commentary

- The group indicated that the annual data tables continued to fulfil a need for publically available organisational level count/rate data. The tables are considered to be well designed.
- The group also indicated that the associated Annual Epidemiological Commentary (AEC) included useful second line analysis.
- Certain members of the group expressed a desire for the AEC to include additional information on the infections under surveillance. PHE will consider including such information in the summer 2017 commentary.

Discussion of Other Existing and/or Proposed Methodologies for Disseminating Outputs to Stakeholders

Alongside the existing outputs PHE is also working on a suite of supplementary approaches/methodologies for presenting mandatory surveillance data. It is believed that these outputs will ensure that the information is available/understandable to as wide a range of interested parties (including member of the public) as possible.

Each of these options was outlined briefly to the group and their opinions sought.

PHE Fingertips

PHE Fingertips is a user-friendly application that enables access to local data. It is ideal for both healthcare professional and the general public alike. Fingertips enables access to required data without the necessity of reading lengthy and in-depth reports. Much of the mandatory surveillance data is available in graphical format. This makes understanding key trends and/or geographical differences much clearer to a lay user.

<http://fingertips.phe.org.uk/search/HCAI>

N.B: The information on Fingertips will be a month in arrears because of the way Fingertips is uploaded. For example, publications uploaded at the start of April will be available on Fingertips in May.

Fingertips data had already been explored by some of the group. Most of the group felt that the routine publication of data in this manner was a useful addition to the range of outputs currently available as it made understanding the data and/or associated trends clear to a non-expert.

Infographics

At the Stakeholder Forum in November 2015 the possibility of incorporating infographics into future commentaries was explored. It was believed that this would make what is a detailed scientific document (designed for a professional user) more accessible to non-experts.

PHE are proposing to include four single page summary infographics (one for each organism currently under mandatory surveillance) in the forthcoming AEC scheduled for publication in July. The intention is that this supplementary information will provide a visual interpretation of the AEC; highlighting the key findings presented in the AEC.

The group were presented with a mock-up of an MRSA bacteraemia infographics sheet (mock-up attached) and their opinion on both the overall concept and proposed content was garnered.

There was a great amount of positive feedback and interest around the future use of such infographics.

- Feedback from the group indicated that the provision of information in such a format would be extremely popular with all stakeholders.
- NHS acute Trust representatives indicated that such a document would be well received by clinicians and commissioners. They also suggested that information presented in this manner would be of interest to their Trust Boards.

- Local NHS representatives also expressed an interest to link to these summary infographic documents from their organisational website as they saw this as being a very clear and concise way to convey important infection information.

Infection Maps

The group was informed on current development work that is underway to provide interactive infection maps alongside (or soon after) publication of the annual mandatory surveillance data.

These maps will provide graphical representation of infection counts and/or rates by either CCG or acute Trust. This information will be presented in the form of interactive maps where infection rates can be viewed by selected geography over time.

Based on the brief summary provided the group felt that such an approach seemed beneficial and would serve to further enhance accessibility and interoperability of the mandatory surveillance data.

PHE will continue to develop this output with a view to sharing with the group at future Stakeholder Engagement Forums.

Next meeting to be scheduled for September 2016