

# HCAI Mandatory Surveillance Stakeholder Engagement Forum: 27<sup>th</sup> November 2015

## Background:

These notes are based upon the first 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).

Invited attendees included:

- Public Health England
- Department of Health
- NHS England
- NHS Choices
- Care Quality Commission

The major aims of this group were as follows:-

- 1) Identification of additional stakeholders.
- 2) Potential methodologies for engaging with these stakeholders.
- 3) Opinion of current routine mandatory surveillance outputs/publications.
- 4) Future developments to routine mandatory surveillance outputs/publications.

The intention is that this meeting will be held on a quarterly basis moving forwards.

## Additional Stakeholders and Potential Engagement Strategies

### **National Level Stakeholders**

Other organisations that may benefit from representation at future HCAI Mandatory Surveillance Stakeholder meetings were identified as follows:

- British Infection Association
- Royal College of Nursing
- Hospital Infection Society
- Infection Prevention Society (formerly Infection Control Nurses Association)
- NHS Improvement (NB: this organisation comes into existence April 2016 - currently falls under the Trust Development Authority and Monitor).

### **Local Stakeholders**

Local NHS representation engagement was identified as a requirement. One or two local representatives (e.g. NHS Trusts, CCGs etc.) should be invited/added to the attendance list for future stakeholder meetings.

Potential engagement mechanisms were considered:

- CCGs:
  - Some CCGs have set up local surveillance groups – PHE will attempt to liaise with these groups moving forwards.
- Acute Trusts:
  - Engagement with Infection Control Teams.

- Engagement with Trust boards/managers.

If a large number of organisations express an interest then a separate group may be required.

The possibility of organising a large scale mandatory surveillance/infection control focus day was considered. There are however resource issues surrounding the organisation of such an event. There are also concerns regarding how such a large scale event could be kept focussed given such disparate attendees.

### **Specialist Groups**

Specialist groups with whom to engage with moving forward were identified as follows:

- MRSA Action
- CDI Support
- Sepsis UK

**NB: these are the specific organisations discussed at the stakeholder engagement forum. We will endeavour to identify and engage with other organisations moving forward.**

Potential methodologies for engaging with specialist groups are as follows:-

- Face to face meeting between PHE and relevant specialist groups.
  - This would ensure that the requirements of a range of groups could be explored in detail.
  - Important to ensure that the agenda is focussed and that the parameters of the meeting are clearly defined in advance.
- Feedback obtained via questionnaire.
  - There were concerns about receiving limited responses via questionnaire.
  - There were also concerns regarding how to ensure that a questionnaire adequately gleaned opinion. A questionnaire would need to be fit for purpose and there were concerns that it would not be possible to devise a 'one size fits all' questionnaire for a diverse range of specialist groups.
- "Contact us" line included in outputs/reports or via a box on the relevant gov.uk web pages.
  - This would enable both specialist groups and member of the public to provide feedback as/when required.
  - This would be a 'user friendly' option as it enables free text responses – responders are not limited in the same way that they would be if they were responding via a questionnaire.

Discussion indicated that a combination of the first and third of these options would be preferable and more likely to yield required information.

### **Other Stakeholders**

- Devolved administrations
  - PHE routinely meet with the devolved administrations to discuss HCAI surveillance via a number of groups:
    - UK & Ireland HCAI Surveillance Group
    - Pan Celtic Group
  - MRSA and CDI figures discussed in these meetings but to date PHE have not asked for feedback on our outputs.

- Moving forward the intention is to include this in future discussion with relevant colleagues from across the UK.

### **Current Outputs/Future Developments**

- Certain Publications were considered to be fairly technical. Data should be more accessible to the general public.
  - PHE are currently looking into/developing mapping tools which will make visual interpretation of data easier for a layperson.
  - PHE to look into implementing some infographic outputs designed for use by the general public. Suggested strategies for further investigation were as follows:
    - A summary page per organism detailing key information regarding the particular infection, e.g. background information, key data etc. in visual form.
    - The merits of providing infographic information to accompany press releases were considered. This would enable data to be picked up more easily by national press thus engaging the general public to a greater extent.
- The Quarterly Epidemiological Commentary (QEC)
  - The QEC is felt to be purely functional.
  - Historically there was a special feature every quarter, alongside the standard commentary. These were initially well received but after a few publications interest waned.
  - There is a requirement for PHE to provide regular commentary on statistics and trends. It is sensible to try and engage the key audience as much as possible with this publication. Ideas for improvement include:
    - Local examples of practices that have reduced infections.
    - Remove tables and only include graphs/graphics in the QEC. The data behind the graphics could then be made available as a separate document for those who are specifically interested in the data.
- The Annual Epidemiological Commentary (AEC)
  - The AEC was felt to be more engaging than the QEC but potentially daunting/inaccessible.
  - The AEC was overhauled for 2013/14 publication, with further amendments made for 2014/15 publication.
  - An abridged/summary sheet for each organism (perhaps containing infographics) will be added.
- Monthly tables
  - The removal of blank lines every fifth line would make it easier for analyses to be performed (NB: this change had been implemented in advance of the HCAI Mandatory Surveillance Stakeholder Meeting).
  - A number of other changes are already scheduled for implementation in early 2016:
    - Acute Trusts will be highlighted in the relevant data table if they have not signed-off data for 3 months or more.
    - Most recent 3 months of data will be considered as “provisional” data which is liable to change and highlighted as such.
    - Any changes to data more than 3 months old will be highlighted to indicate changes to individual values between months.

**Next meeting to be scheduled for April 2016.**