

Stakeholder Engagement: Stakeholder/User Interaction and Associated Responses/Actions

Public Health England, June 2016

This document collates evidence from the users of the mandatory HCAI surveillance statistics, on the way they use the statistics and their views on the provision of statistics. We have collated the information from systematic approaches such as stakeholder engagement meetings and from *ad hoc* interactions with users. This information is additional to the PHE organisational wide statement on user engagement:-

<https://www.gov.uk/government/publications/phe-official-statistics-user-engagement/phe-statement-on-user-engagement-for-official-statistics>

We will update this document as new evidence emerges.

1. Current Official Statistics Outputs – History and Current Stakeholder Perceptions

Mandatory HCAI Surveillance outputs are currently published according to the following schedule:-

- Monthly- Data Tables (counts only)
- Quarterly – Quarterly Epidemiological Commentary
- Annual – Data Tables (counts and rates) and associated Annual Epidemiological Commentary

Current outputs reflect the present and ongoing needs of stakeholders.

Monthly Data Tables

Monthly data tables were originally introduced shortly after a major stakeholder event held in 2009. This event included representation from across the NHS and wider health service.

Until this point in time data was produced/published on a quarterly basis. Users however indicated that more frequently published information was required due to the levels of MRSA bacteraemia and *Clostridium difficile* infection (CDI) observed across the English NHS at this point in time. It was felt that the provision of more timely information would assist in ongoing infection prevention/control efforts. After some discussion a monthly publication schedule was introduced. The availability of relevant infection data on a monthly basis satisfied the requirement for more timely data without sacrificing associated data quality.

We have recently liaised with both national and local stakeholders over whether monthly publication remains fit for purpose at our recent Stakeholder Engagement Forum in May 2016 (see below). Discussion indicates that the requirement for published information on a monthly basis

remains. Acute Trust colleagues in particular indicated that monthly tables remain a valuable output and are used to help keep the Trust board abreast of the current position on key infection

Quarterly Epidemiological Commentary (QEC)

The Quarterly Epidemiological Commentary (QEC) was originally introduced in response to criticism from stakeholders (NHS acute Trusts as data providers) that they submitted a wealth of information to the surveillance system (the HCAI Data Capture System (DCS)) but that very little was fed back/published on a routine basis. It was felt that the provision of such information improve the quality of information put into the public domain and enable users to better understand the national epidemiological picture.

Recent discussion at the Stakeholder Engagement Forum indicates that this document remains a useful and valuable output/publication. Local NHS users in particular indicated that this was a useful output and that its content frequently fed into routine committee meetings to assist in putting local infection issues/needs into context at a national level. The group furthermore indicated that they considered this output to contain the right level and breadth of routine information/data.

Annual Epidemiological Commentary (AEC) and Associated Data Tables

Historically the annual publication focussed on the data tables (organisational level counts and rates) and provided only a limited amount of high level commentary^{1,2,3,4}. Feedback from stakeholders indicated that additional information in the commentary would be beneficial and the commentary was extended accordingly. This revised commentary (the AEC) represents the most comprehensive output produced on a routine basis and affords the opportunity to undertake comprehensive epidemiological analysis. The AEC not only includes summary level trend data but also provides the opportunity to investigate areas of specific interest in more detail.

The implementation of the updated AEC in 2014 was heralded as a success with stakeholders. It was seen as offering significant added value to the surveillance data collected/published. At the recent Stakeholder Engagement Forum feedback indicated that the AEC remains popular with users and that it provides useful additional epidemiological analysis. Published information helps to frame local issues within the overall regional/national context. It also provides detailed epidemiological trends at a national level which in turn can be investigated and acted upon when necessary.

The annual data tables also continue to be well received. Discussion at the recent Stakeholder Engagement Forum indicated that acute Trust colleagues in particular continue to find the outputs useful as it enables benchmarking against regional/national peers.

1. http://webarchive.nationalarchives.gov.uk/20140505161920/http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1278944283762
2. http://webarchive.nationalarchives.gov.uk/20140505161920/http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317134991115
3. http://webarchive.nationalarchives.gov.uk/20140505161920/http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1278944283388
4. http://webarchive.nationalarchives.gov.uk/20140505161920/http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317139411592

2. Current Stakeholder Engagement Strategies & Associated Improvements to Mandatory HCAI Surveillance Outputs

There have been a wide range of strategies/initiatives implemented over recent months to either enhance/improve stakeholder engagement or to act upon user feedback that has been received.

A Stakeholder Engagement Forum⁵ was convened/held in November 2015. The first meeting was welcomed by stakeholders as a resounding success and a second meeting was subsequently held in May 2016⁶. The meeting includes representation from a range of national stakeholders and has been used to shape the stakeholder engagement agenda and associated outputs/changes moving forwards. These stakeholder engagement meetings will be held on a quarterly basis with discussion then informing the cycle of developments for the following three month period.

2.1 Stakeholder Representation

At the initial meeting a requirement to include local NHS representation (acute Trust and Clinical Commissioning Group colleagues) was identified. This was to enable/ensure appropriate representation from across the NHS. Local NHS colleagues were invited and attended the subsequent Stakeholder Engagement Forum and their inclusion has proved extremely beneficial. Their inclusion has also enabled feedback directly from service providers which in turn ensures that outputs are suitably aligned with the needs of the frontline health service. Local NHS colleagues have provided us with valuable feedback on both the current range of outputs and forthcoming developments. Their feedback on the current range of monthly, quarterly and annual outputs has proved especially useful as it has demonstrated that a demand for the outputs at their current level and in their current format remains (see section 1.). Based upon feedback from the first Stakeholder Engagement Forum steps have also been taken to arrange a meeting with specialist groups with an interest in HCAI (e.g. MRSA Action, CDI Support, Sepsis UK). This will extend our systematic engagement to the voluntary sector and help to form a view from patient representatives. The intention is that the meeting agenda will follow a similar format to the original Stakeholder Engagement Forum. Discussion is currently ongoing with interested parties in order to establish a suitable date for late summer of 2016.

2.2 'Contact Us' Line on Outputs

A 'Contact Us' line has been included in all mandatory HCAI surveillance outputs for some time. Further to discussion at the recent Stakeholder Engagement Forum in May 2016 the associated wording has been updated to reflect our active commitment to seek and use feedback.

All outputs now include the following updated text:-

'We are always striving to ensure that routine outputs meet user need as much as possible. If you have any suggestions for changes and/or additions please email mandatory.surveillance@phe.gov.uk'

5. <https://app.box.com/s/ybhh179hqfca3uki4f8hutrxqscm5j>

6. <https://app.box.com/s/tpk07drv26i35qsm6bz9in2557wc3lb9>

2.3 Infographics

The first stakeholder event indicated that infographics may be an appropriate methodology for conveying summary level information and improving accessibility of the mandatory HCAI surveillance data to a non-professional audience.

Following this initial meeting a mock up infographics sheet (based upon financial year 2014/15 MRSA bacteraemia data) was produced and presented at the second Stakeholder Engagement Forum in May 2016 in order to provide the opportunity for comment/[potential improvement (draft attached).

The proposed style and content was extremely well received by the group. Acute Trust representatives in particular felt that an output of this nature would address a currently unmet need within their organisation. Representatives felt that the availability of information as infographics would assist in communication with both their Boards and clinicians. Members of the group further suggested that they would be keen to link to such material from their website in order to provide a high level overview of key infections at national level adding significant value to the current suite of mandatory HCAI surveillance outputs.

Given the overwhelming positive feedback for the inclusion of infographics alongside routine outputs the intention is to include four single A4 pages (one per organism) in the annual publication scheduled for publication in July 2016. These infographics can then either be viewed as standalone or supplementary to the larger annual publication depending on user requirements/need.

3. Alternative Methodologies for the Presentation of Mandatory HCAI Surveillance Data

Discussion at the recent Stakeholder Engagement Forums indicated that many of the mandatory surveillance outputs were fairly technical/scientific and that data should be made more accessible. Various steps have subsequently been taken to ensure that data is accessible to as wide a range of users/stakeholders as possible.

In line with the above point concerning infographics it has been suggested that representing data in summary format may be beneficial. Making data available in a number of different formats ensures that users are able to access the data in the format most appropriate for their needs and/or level of background knowledge.

Following on from these discussions significant inroads have now been made into extending data availability and presentation.

3.1 'My NHS'

As of March 2016 the decision was made to submit data to 'My NHS' on a monthly basis. One of the features on the site is the 'shopwindow' which highlights selected official statistics as they're published – data appear at exactly the same time as they are released.

Headline data/messages and an associated graph are provided to 'My NHS'. This information then appears on the highlights page.

<https://www.nhs.uk/Service-Search/performance/search>

The page includes a prominent “We want your feedback” panel that allows the reader to comment immediately in a user friendly form. Liaison is currently underway with relevant colleagues at HSCIC (site owners). If any pertinent feedback is received it will be made available to stakeholders/users at future Stakeholder Engagement Forums.

NB: data in the ‘Shopwindow’ is only included for a short time following data publication. Screen shots relating to the last inclusion have been provided in appendix 1.

Publication here and in this manner ensures that the monthly data is available in an understandable format at headline/summary level. This enables a lay-user to interpret and summarise what could otherwise be considered a technical/scientific dataset.

3.2 PHE Fingertips

Mandatory HCAI Surveillance has been included/published via PHE Fingertips since April 2016.

PHE Fingertips is a publicly-accessible website that presents users with a wide range of data collected by PHE in an accessible manner. Data are grouped into ‘profiles’ and subgrouped into ‘domains’.

Data collected by the mandatory surveillance of bacteraemia and CDI is presented in the Health Care Associated Infection domain of the AMR local indicators profile. Data are presented by year, quarter and month giving counts and rates of infection for each of the four collections (MRSA, MSSA, *E. coli* and CDI). Fingertips enables comparison between local areas (CCG and acute Trusts) and in a variety of visualisations (maps, time trends, scatterplots and others). The site includes a “contact us” button to facilitate feedback.

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

The inclusion of the mandatory HCAI surveillance data on PHE Fingertips was discussed at the recent Stakeholder Engagement Forum. The group felt that the presentation of data in this manner made a useful addition to the suite of surveillance outputs as it enabled visualisation of the data and associated trends.

3.3 Infection Maps

Given the emphasis on visual representation of mandatory surveillance data in recent stakeholder engagement there is currently developmental work underway to provide/include interactive infection maps alongside (or soon after) publication of annual data.

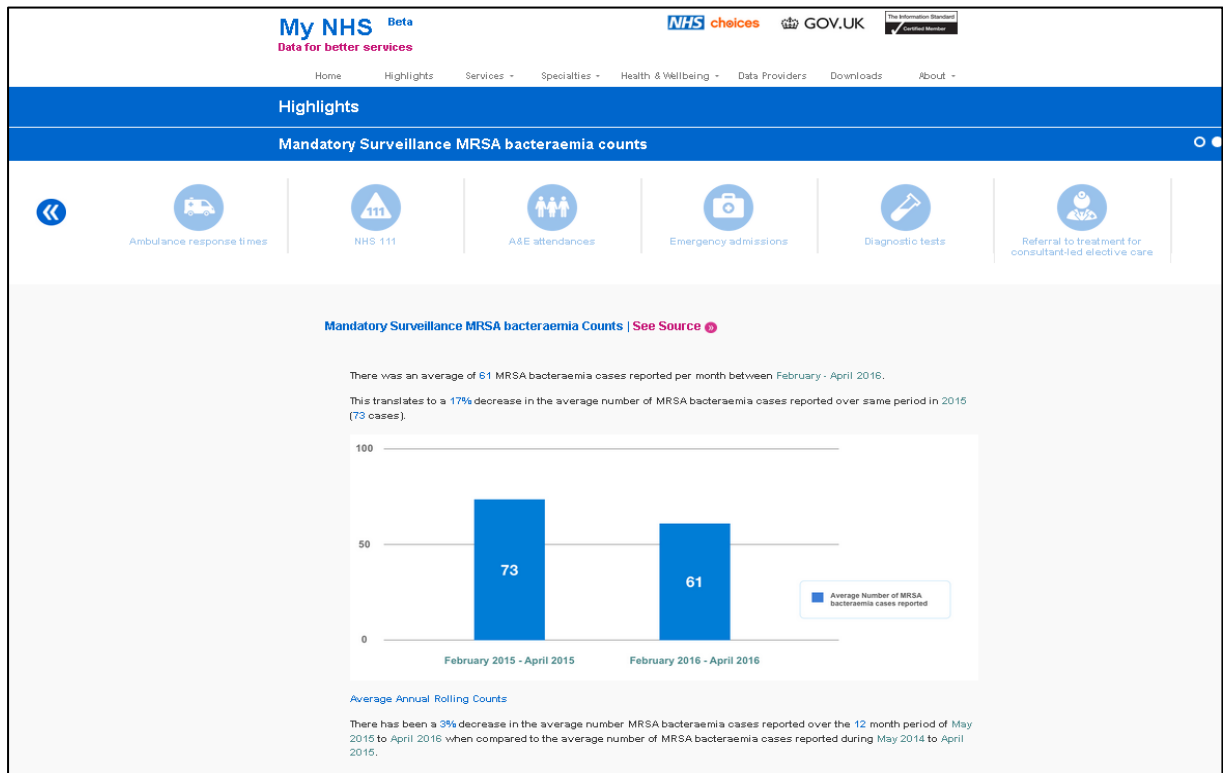
These maps will provide graphical representation of infection counts and/or rates by either CCG or acute Trust. This information will be presented in the form of interactive maps where infection rates can be viewed by selected geography over time.

The general concept was discussed in recent Stakeholder Engagement Forums and was well received. Access to timely mandatory HCAI surveillance data on timely basis was considered to be beneficial.

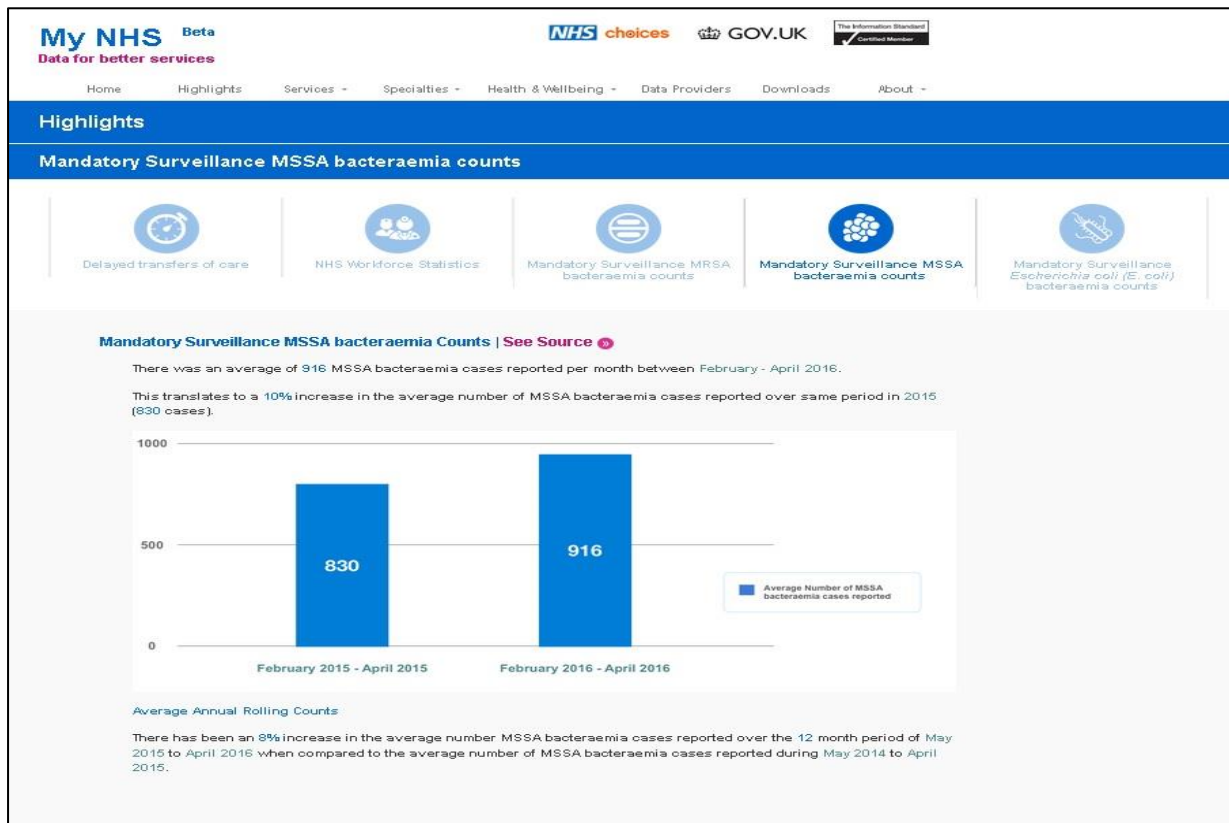
It is hoped that this developmental work will be finalised in time for release of the infection maps soon after the publication of the annual mandatory surveillance data on 7th July 2016.

4. Appendix 1: 'My NHS Shopwindow' data – Screenshots from June 2016 Publication

4.1 MRSA bacteraemia



4.2 MSSA bacteraemia



4.3 *C. difficile* Infection



4.4 *E. coli* bacteraemia

