Health and Social Services Committee

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Date: Wednesday 5 October 2005
Venue: Committee Rooms 3&4, National Assembly for Wales
Title: Healthcare Acquired Infections: Evidence from the Board of Community Health Councils in Wales

We welcome the opportunity to reflect the patients views to the Committee.

Community Health Councils across Wales have picked up many instances of patients contracting serious infections which have shown up after hospital treatment and the consequences of these infections make harrowing reading.

We recognise that it is possible to identify a wide range of infections and that some are more serious than others, and more difficult to treat. We also recognise that many infections are brought into hospitals from outside, and that stephalococcus bugs colonise a great many of us without any obvious adverse effect.

What we wish to represent to you is the range of issues identified by CHCs in their contacts with patients and their observations of hospitals in practice. We believe that greater awareness and concern about control of infection has caused there to be significant improvements in the recent past and we understand that the position in Wales is generally better than the position in England, but we strongly believe that greater effort is needed and more can be done.

The Issues are as follows:

1. Patients are very frightened by the press coverage of MRSA in particular and other infections.

Hospitals are portrayed as dangerous places to be, so that at a time when patients are at their most vulnerable, while waiting for their operations, they have this very real worry to add to their distress. This cannot help to prepare them for the necessary treatment. An authoritative national information leaflet and standard screening procedures would help in this regard. This should highlight how patients and visitors can protect themselves in the best way possible. Trusts should also have a contact number to discuss issues of infection in relation to their individual procedures/treatments. The leaflet should give factual information on what infections are, how they can be transmitted and what treatments are available. While the prognosis will depend on individual cases, patients must be aware that infections are not, in the majority of cases, a death sentence.

2. Different Trusts have significantly different records in dealing with Healthcare Acquired Infections. We have noticed that:

- some have larger Control of Infection Teams
- some actively screen incoming patients for MRSA before surgery
- some are much more open about their approach to HAIs
- some have useful leaflets which will help to reassure patients

These are examples of characteristics which in our view contribute to more successful control of infection and patient reassurance.

We have also noticed:

- Nurses or assistants and doctors moving from patient to patient without hand-washing in between
- Poor cleaning techniques where the wrong equipment is used in the wrong place, or a cleaner will wipe many surfaces with the same cloth without refreshing it in between, or superficial cleaning without attention to coverage of the surface to be cleaned.
- Water jugs being collected from bed-sides, refilled and distributed again to other bed-sides.
- Nursing staff going home in their uniforms and not changing in the hospital due to lack of facilities.

These are examples of poor practice which can be improved and will contribute to greater hygiene and infection control.

3. Patients who contract an infection are often not told about it and neither are their relatives While such information is likely to raise anxiety levels, it is even worse if this information is found out by chance afterwards. The impression of a defensive NHS unable to control infections is made much worse in that case, thus reducing patient confidence even more.

When the information is provided, it is equally important to tell people how to deal with the situation to avoid panic. eg A man in a panic because he had been told his wife had MRSA and he was frightened to touch his children and grand-children in case he passed it on.

4. Patient mobility is a potential problem. Patients leaving wards to go to the canteen or to smoke, patients moving from bed to bed to chat to other patients, patients helping other patients with eating meals or walking to the toilet are all examples of situations where there is potential for cross- infection. Ensuring that information is available on how to deal with this is an important issue.

5. Most hospitals have facilities for visitors to wash their hands or use alcohol gels when they come to see their relatives, but observation shows that not all visitors use these facilities.

6. Hospitals working with very high bed utilisation rates are inevitably under pressure and it is then that procedures are overlooked and corners cut. It is our view that this is counterproductive and ultimately results in inefficient use of resources as patients with infections stay in hospital longer. It was accepted that 85% bed utilisation was an optimum target figure for effective working. This would be helped if more patients can be treated away from hospital in the community.

7. Infection control measures in nursing homes should be as good as the standards used in hospitals. The frequent transit of patients between them demands it.

8. Hospitals should declare their infection statistics at their Board Meetings at least every six months and in a format prescribed by the Assembly Government which should be user-friendly and understandable.

9. Best practice should be identified and copied. Recently two representatives of Cardiff CHC visited a hospital in Holland where they have only had two cases of patients with MRSA in the last eighteen months. A report of their account of the visit is attached and in our view it makes interesting reading. In particular, it suggests that some of the preventative measures that are in place in Wales at present are inherently ineffective! What it shows is that Trusts are not engaging effectively with the healthcare infection strategy already in place and the accountability structures need to be applied in practice. The Welsh Assembly Government should do more to enforce the strategy. While targets are not yet an option, it needs to be publicly demonstrated that Trusts are engaging with the strategy at ward level.

10. The problems faced by the Ambulance Trust cannot be overlooked. The requirement to clean the Ambulance between patients and the standard to which this is achieved are real problems to a service which is constantly under pressure to perform to rigorous performance targets for emergency vehicles in particular. The same issues occur for Patient Transport vehicles but they are complicated by the multiple occupancy of such vehicles.

11. Some CHCs have been allowed to be represented on Trust Infection Control Committees and this is a move that we are pleased to see, although we would wish that it was more generally applicable.

12. Some hospitals have pre-screening of patients in place and others do not. There must be a definitive view on the value of this.

13. Some hospitals have better facilities for barrier nursing than others. The job of controlling infection is made more difficult if the patient is in an open ward.

14. We support the cleaner hospitals campaign, but we fear that the current constraints on NHS spending may have a negative effect if the Cleaning Staff numbers are allowed to reduce.

Conclusion

CHCs in Wales have done a lot of work on this subject.

In Gwent a few years ago we placed an advert in the local paper asking for people with experiences of MRSA to tell us their stories. We would normally have expected a handful of people to come forward but in that case we had fifty-two. The outcome of that piece of work was a very focused discussion with the Gwent Trust and we note that their infection control record is quite favourable considering the pressure that they work under.

We have also contributed recently to the joint report with WIHSC entitled "Give us useful information" which was completed in May 2005.

We experience frustration at the secrecy that surrounds this subject. While we accept that it is a cause of concern to patients and that some information has been unreasonably distorted I the press and media, it is made worse by the lack of open-ness that still prevails in the provision of reliable and understandable information for the public. We are aware through our membership of the Assembly`s Healthcare Associated Infections Working Group that work is going on to overcome this, but in the meantime there is still real alarm among patients who face a stay in hospital.

It is a subject which will continue to concern patients and which needs the sort of care and attention to detail that has been lavished on it in Holland in dealing with MRSA

Delegation to the Committee
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r K.T. Rajan, Cardiff CHC
Mr. Peter Johns, Director of the Board of CHCs in Wales
23 September 2005