

## Post Scrutiny - Executive Response

**In Respect of:** Scrutiny Review of Clostridium Difficile Infection

**Date:** 4 July 2012

**Executive Member:** Councillor Lynn Travis (Adult Services)

**Partnership:** Health and Well-Being Board

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
-----------------	-----------------------	--------------------	---------------------	---------------------

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
<p>1) Health practitioners should ensure the right antibiotics, if necessary are used to treat infections to reduce the over prescribing of antibiotics.</p>	<p>Accepted</p>	<p>Regular monitoring is undertaken to monitor antibiotic prescribing compliance. Infection Control team identify outliers and discuss and correct practices.</p> <p>Audit tools are utilised to promote best infection control practise and adherence to the antibiotic guidelines both within the acute sector and in primary care.</p> <p>The aim of the Tameside and Glossop District Infection Control Committee (DICC) is to govern practice in all matters relating to infection prevention and control in order to ensure safe, effective and evidence based practice in accordance with national and local guidance and contributes to the delivery of key national targets in accordance with the health economy's performance management framework. It meets every two months to monitor the Strategic Plan for HCAI reduction.</p>	<p>District Infection Control Committee (DICC)</p> <p>Dr Anna Moloney, Peter Howarth, Dr Mahmood</p>	<p>Ongoing</p>

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
2) Further education is needed for prescribers to ensure the correct antibiotics are used to treat CDI.	Accepted	<p>A Communications plan is being implemented and newsletter issued. Medicines Management have developed prescribing protocols.</p> <p>The DICC will oversee education, training and development of staff across the economy and monitor a Strategic Plan for HCAI reduction.</p>	DICC	April 2012 and ongoing
3) Prescribing guidelines should be updated to reflect the understanding that once the infection has been treated the course of antibiotics can be stopped.	Accepted	Medicines Management have updated the guidelines 'The management of Infections in Primary Care' in Jan 2012 to incorporate the recommendation.	Peter Howarth, Medicines Management	Jan 2012
4) Consideration should be taken to changing antibiotic labelling to reflect that antibiotics do not need to be taken for the full term of the course if the infection has cleared.	Accepted	Medicine Management Committee to influence a change in current labelling practice. Authority for this decision resides with DH.	John Doldon, Peter Howarth, Medicines Management Committee	July 2012

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
<p>5) Prescribing guidelines and advice provided by the antibiotic pharmacist needs to be implemented across the PCT and the Foundation Trust.</p>	<p>Accepted</p>	<p>Prescribing guidelines and advice are readily available.</p> <p>High risk antibiotic prescribing and total antibiotic prescribing monitoring will continue to be assessed by the PCT Prescribing Team and the acute trust AMT.</p> <p>The Community Antibiotic Pharmacist will continue to support best practice and target outliers by practise visits and reporting non adherent practices to the Medicine Management Committee. Similar weekly audits are conducted in the acute trust.</p> <p>The main focus must remain on ensuring all prescribers adhere to prescribing guidelines and risk assess each high risk situation; aberrant prescribing practices must be resolved quickly; disciplinary procedures will need to be followed for persistent poor practice within primary and secondary care. This is being addressed by all relevant partners led by the Directors of Infection Prevention and Control and Clinical Leaders.</p>	<p>DICC</p> <p>Peter Howarth, Medicines Management</p>	<p>Ongoing</p>

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
6) All GP surgeries should strive to reduce the levels of CDI by working hard to achieve the targets set for reducing CDI.	Accepted	An action plan matrix has been circulated for completion by outlying practices. Antibiotic stewardship has been covered at Locality Workshops with GPs. Governance on practice adherence to action plans will be monitored through the PCT's Medicine Management Committee.	Medicine Management Committee  Peter Howarth	Ongoing
7) Health practitioners should promote further, the use of the risk list for antibiotic prescribing and where risks are identified consult the antibiotic pharmacist for advice where necessary.	Accepted	High risk antibiotic prescribing and total antibiotic prescribing monitoring will continue to be assessed by the PCT Prescribing Team for general practitioners. The Community Antibiotic Pharmacist will continue to support best practice and target outliers by practise visits and reporting non adherent practices to the Medicine Management Committee. Similar weekly audits are conducted in the acute trust for hospital clinicians.	DICC  Peter Howarth, Dr Doldon Medicines Management	Ongoing

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
8) The antibiotic leaflet should be promoted widely across Tameside.	Accepted	<p>The implementation of a communications plan is an important action in the Strategic Plan for HCAI reduction in Tameside.</p> <p>Publicity Campaign has been launched via a newsletter and in general practice and with the public - The message is about only taking antibiotics when necessary.</p> <p>NHS Tameside and Glossop are currently liaising with NHS GM to work on developing a GM comms campaign with ICE social marketing.</p>	Dr Anna Moloney/ Dr John Doldon/Alison Whelan	<p>Comms newsletter launched March 2012</p> <p>Leaflet recirculated via GP newsletter May/June 2012</p> <p>Comms plan ongoing</p>

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
<p>9) Patients should be encouraged to stop taking antibiotics if appropriate.</p>	<p>Accepted</p>	<p>See response for recommendation 8.</p> <p>Health and social care commissioners will continue to use a variety of communication, education including the Green Card Project for patients at high risk of C.difficile.</p> <p><a href="http://www.northwest.nhs.uk/document/uploads/cdiff/Card%20mailer.pdf">http://www.northwest.nhs.uk/document/uploads/cdiff/Card%20mailer.pdf</a></p> <p>This has enabled patients to become pro-active in informing practitioners of CDI. Number of cards distributed is monitored.</p>	<p>Dr Anna Moloney/ Dr John Doldon</p>	<p>Ongoing</p>

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
<p>10) Support for antibiotic policy should be provided throughout the whole of Tameside's health community.</p>	<p>Accepted</p>	<p>Recommendation will be driven through Medicines Management Committee and DICC. The aim of the Tameside and Glossop Infection Control Committee is to govern practice in all matters relating to infection prevention and control in order to ensure safe, effective and evidence based practice in accordance with national and local guidance and contribute to the delivery of key national targets in accordance with the health economy's performance management framework</p> <p>In addition a Whole Health Economy Root Cause Analysis Panel meets every 2 months. The Clinical Leads for Infection from Tameside Hospital FT and Community also meet fortnightly to go through all RCAs so the primary and secondary care elements of the patients journey can be analysed in relation to cases for C.Difficile and whether it was avoidable or unavoidable.</p> <p>We are monitored weekly for C. diff by the NHS North west ( just numbers of infection). As we have been a national outlier on CDI we also have fortnightly teleconferences involving NHS Northwest.</p>	<p>Peter Howarth/ Dr John Doldon/ Dr Anna Moloney</p> <p>Medicine Management Committee and DICC</p>	<p>Ongoing</p>