NICE support for commissioning for infection prevention and control

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1 Introduction

Implementing the recommendations from NICE guidance and other NICE-accredited guidance is the best way to support improvements in the quality of care or services, in line with the statements and measures that comprise the NICE quality standards. This report:

- Highlights the key actions that clinical commissioning groups (CCGs), NHS England area teams, local authorities and their partners should take to improve infection prevention and control. The quality standard covers providers, in primary, secondary and community setting, including hospitals, general practices, dental clinics, health centres and care homes. Priority actions are outlined in table 1.
- Identifies opportunities for collaboration and integration at a regional and local level.
- Identifies the benefits and potential costs and savings from implementing the changes needed to achieve quality improvement.
- Directs commissioners and service providers to other tools that can help them implement NICE and NICE-accredited guidance.

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. The statements draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. For more information see NICE quality standards.
NHS England's [CCG outcomes indicator set](#) is part of a systematic approach to promoting quality improvement. The outcomes indicator set provides CCGs and health and wellbeing boards with comparative information on the quality of health services commissioned by CCGs and the associated health outcomes. The set includes indicators derived from NICE quality standards. By commissioning services in line with the quality standards, commissioners can contribute to improvements in health outcomes.

Commissioners can use the quality standards to improve services by including quality statements and measures in the service specification of the standard contract and establishing key performance indicators as part of tendering. They can also encourage improvements in provider performance by using quality standard measures in association with incentive payments such as the commissioning for quality and innovation (CQUIN) payment framework (examples can be found in the CQUIN picklist). NICE quality standards provide a baseline against which improvements can be measured and rewarded, enabling commissioners to address gaps in service provision, support best practice and encourage evidence-based care.

The quality standard covers the prevention and control of infection for people receiving healthcare in primary, community and secondary care settings. Settings include hospitals, general practices, dental clinics, health centres, care homes, the person’s own home, schools and prisons providing healthcare, and care delivered by the ambulance service and mental health services.

Commissioners should be aware that all health and adult social care organisations have a legal duty to implement the Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance. The Act describes the care activities that should only be carried out by providers that are registered with the Care Quality Commission, and sets out the requirements that these providers must meet to register. The Care Quality Commission is responsible for judging compliance with its [Essential standards of quality and safety](#), of which outcome 8 relates to cleanliness and infection control.
Commissioners should be aware that this quality standard could contribute to achieving the NHS Outcomes Framework 2014–15 (particularly Domain 1 – preventing people from dying prematurely).

This report on the infection prevention and control quality standard should be read alongside:

- Surgical site infection. NICE quality standard 49 (2013).
- Patient experience in adult NHS services. NICE quality standard 15 (2012)

Commissioners may also find the support for commissioning for NICE quality standard 49 on surgical site infection useful when commissioning for infection prevention and control.

2 Overview of infection prevention and control

Healthcare-associated infections arise across a wide range of clinical conditions and can affect people of all ages and in all healthcare, social care and community settings. They can exacerbate existing or underlying conditions, delay recovery and adversely affect quality of life. Healthcare-associated infections can occur in otherwise healthy people, especially if invasive procedures or devices are used. Healthcare workers, family members and carers are also at risk of acquiring infections when caring for people.

While there are some areas of good practice where only maintenance is needed, there are many areas where positive action is needed to achieve this quality standard.
2.1 **Epidemiology of healthcare-associated infections**

The cost to NHS hospitals of caring for people who acquire a healthcare-associated infection has been estimated at over £1 billion a year. The prevalence of healthcare-associated infections in hospitals in England in 2011 was 6.4%.\(^1\) Policy decisions, including organisational (NHS trust) targets to reduce methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and *Clostridium difficile* infection, has successfully reduced the incidence of these infections by more than 70% between 2007 and 2012\(^2\). MRSA and *Clostridium difficile* infection made up 0.1% and 0.4% of total healthcare-associated infections respectively in 2011. A National Audit Office report estimated that these reductions have saved the NHS between £45 and £59 million per annum\(^3\).

3 **Summary of commissioning and resource implications**

The cost of meeting the quality standard for [topic] depends on current local practice and the progress organisations have made in implementing NICE and NICE accredited guidance.

Table 1 summarises the priority commissioning actions and potential resource implications for commissioners working towards achieving this quality standard. See section 4 for more detail on commissioning and resource implications.

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\(^3\) National Audit Office (2009) *Reducing healthcare associated infections in hospitals in England*
Table 1 Priority commissioning actions, provider implications and potential resource implications for infection prevention and control

<table>
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<th>Quality improvement area</th>
<th>Commissioning implications</th>
<th>Provider implications</th>
<th>Resource implications</th>
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| Antimicrobial stewardship (quality statement 1) | NHS England and CCGs should seek assurance that:  
- a local formulary for antibiotic prescribing, covering all settings, is in place  
- providers monitor prescribing against the formulary  
- access to local training for medicines prescribers is available. This could be included in local CQUIN targets. | All healthcare providers should use a local formulary for antibiotic prescribing. Providers should monitor prescribing against the formulary. Access to local training for medicine prescribers should be available. | No significant costs are anticipated. But future costs of healthcare-associated infections could be reduced. |
| Organisational responsibility (quality statement 2) | NHS England, CCGs and local authorities working with health and social care providers should have appropriate strategies for the prevention and control of healthcare-associated infections with clear responsibilities. | Health and social care providers working with NHS England, CCGs and local authorities should have appropriate strategies for the prevention and control of healthcare-associated infections. | No significant costs anticipated. |
| Hand decontamination (quality statement 3) | NHS England, CCGs and local authorities should seek assurance that effective hand decontamination is in place within health and social care providers. This may involve providers undertaking spot checks of local hand decontamination practice and reporting back on findings. | Health and social care providers should have effective hand decontamination in place; this could include working with NHS England, CCGs and local authorities. | No significant costs anticipated. But future costs of healthcare-associated infections could be reduced. |
| Urinary catheters, vascular access devices and enteral feeding: infection control and | NHS England and CCGs should seek assurance that:  
- where appropriate, people with a urinary catheter, vascular access device or enteral feeding tube and their carers have | Where appropriate, providers should:  
- offer people with a urinary catheter, vascular access device or enteral feeding tube and their carers education and | No significant costs anticipated. But future costs of healthcare-associated infections could be |
education (quality statements 4–6) | been offered education and support in management of the devices to help avoid infection • providers follow NICE guidance on the safe insertion and maintenance of urinary catheters and vascular access devices and their removal as soon as they are no longer needed. 

NHS England and CCGs may ask healthcare and social care providers (for example, hospitals, community services and care homes) to provide monitoring information on infection rates related to urinary catheters, enteral feeding tubes and vascular access devices.

support in the management of the devices • follow NICE guidance on the safe insertion and maintenance of urinary catheters and vascular access devices and their removal as soon as they are no longer needed • monitor rates of infection related to urinary catheters, enteral feeding tubes and vascular access devices.

CCG, Clinical Commissioning Groups; CQUIN, commissioning for quality and innovation

| 4 Commissioning and resource implications |

This section considers the commissioning implications and potential resource impact of implementing the recommendations to achieve the NICE quality standard for infection prevention and control.

| 4.1 Antimicrobial stewardship |

**Quality statement 1: Antimicrobial stewardship**

People are prescribed antibiotics in accordance with local antibiotic formularies as part of antimicrobial stewardship

To improve practice, the National Institute for Health and Care Excellence (NICE) is developing guidance on antimicrobial stewardship, reducing mortality and morbidity from healthcare associated infections and advice to
the public about Antimicrobial Resistance (AMR), the use of antimicrobials and the importance of infection prevention. This guidance should be read with this quality standard when it has been published.

CCGs should ask their medicines management function to develop a local formulary for antibiotic prescribing if this is not already current practice. They should work with NHS England area teams when developing the formulary. Use of the formulary can be incentivised on a local basis using CQUINs (examples of CQUINs are available from NHS medicines resources). The formulary should:

- Indicate the broad-spectrum antibiotics that can be considered for managing common infections.
- Indicate which antibiotics can be prescribed only on the advice of a medical microbiologist or physician responsible for the control of infectious diseases.
- Cover all settings, as identified in the NICE quality standard, where antibiotics may be prescribed, including general practice, community settings, hospitals.

CCGs and NHS England area teams should:

- Ensure that the formulary is made available, in a suitable format, to all prescribers (including independent and supplementary prescribers).
- Agree how prescribing will be monitored against the formulary, including the role of medicines optimisation teams and hospital pharmacy teams. Where compliance issues are identified, these should be discussed with the provider organisation, and a plan agreed to improve prescribing.
  Commissioners may wish to refer to comparator prescribing data available from the NHS Business Services Authority information services portal.

CCG and/or public health infection control teams should:

- Ensure that there is access to local training on antimicrobial prescribing for medicines prescribers and dispensers. Tools such as the Department of Health’s start smart then focus in hospitals, and the Royal College of
General Practitioners’ TARGET antibiotics toolkit and the Medical Research Council’s STAR educational programme in primary care settings, may be useful⁴.

- Monitor local antimicrobial resistance patterns and ensure that this information is communicated regularly to prescribers and those involved with handling medicines.

NHS England and CCGs should ensure that providers of microbiology services:

- Can analyse clinical specimens as soon as possible, and within a maximum of 24 hours
- Offer easily accessible advice to prescribers, for example through a phone hotline
- Include relevant antibiotic prescribing advice on patient microbiology culture reports, if there is evidence of a bacterial infection.

No significant costs are anticipated in achieving this statement. However, there may be costs if the aims of this statement are not achieved. When people need additional stays in hospital, the provider will incur the costs up to the trim point⁵. There may be additional costs for providers in primary care if the aims of the statement are not achieved. Implementing this statement could free capacity that CCGs could use to reduce waiting times or for other services.

Commissioners and others may wish to refer to the Department of Health’s UK five year antimicrobial resistance strategy 2013 to 2018, which includes case studies for commissioners of antimicrobial stewardship programmes in hospitals and Quality, Innovation, Productivity and Prevention (QIPP) programmes to reduce the overall use of antibiotics.

⁴ Department of Health (2013)

⁵ A defined length of stay for each HRG. Technically defined as the upper quartile length of stay for the HRG plus 1.5 times the inter-quartile range of length of stay.
4.2 Organisational responsibility

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<th>Quality statement 2: Organisational responsibility</th>
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<td>Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems.</td>
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It is essential that organisations and agencies work together to coordinate strategies for infection prevention and control across a local area. It is equally important to share information across organisations in order to meet responsibilities for establishing the current position on infection control.

It is essential that organisations work together at a local level in order to deliver a local strategy on infection control across all agencies.

Prevention and control of healthcare-associated infections: quality improvement guide (NICE public health guidance 36) sets out what this means for NHS trusts, and is equally applicable for other providers who are delivering healthcare interventions where there is a risk of healthcare-associated infections. It states ‘Boards are proactive in ensuring continuous quality improvement by leading on, and regularly monitoring compliance with, all relevant infection prevention and control objectives, policies and procedures’.

NICE public health guidance 36 highlights that this can be evidenced by ensuring that:

- The board is up-to-date with, and has a working knowledge and understanding of, infection prevention and control.
- The board has an agreed set of key performance indicators for infection prevention and control, which includes compliance with antibiotic prescribing policy.
• The agreed key performance indicators are used by the board to monitor the trust’s infection prevention and control performance.
• The trust's aims and objectives for infection prevention and control are included in the board's 'Balanced score card'.

Further details on evidence that can be used by commissioners (NHS England area teams, CCGs and local authorities) to ensure that people receive healthcare from organisations where accountable leadership, multi-agency working and surveillance systems are part of a strategy for continuous improvement in infection prevention and control are available in NICE public health guidance 36.

Commissioners (NHS England area teams, CCGs and local authorities) should seek assurance, or evidence, of:

• Support for, and participation in, joint working initiatives beyond mandatory or contractual requirements, to reduce healthcare-associated infections locally.
• An adequately resourced surveillance system with specific, locally defined objectives and priorities for preventing and managing healthcare-associated infections.

Depending on current local circumstances, no significant costs are anticipated from achieving this statement. The objective is for existing services to work together efficiently and effectively. However, there may be set-up costs for linking local information systems together and for designing and agreeing local protocols for multi-agency working and surveillance systems. The responsibilities of individual organisations should be clearly defined.

Commissioners and others may wish to refer to the following NICE implementation tools for Prevention and control of healthcare-associated infections: quality improvement guide (NICE public health guidance 36):

• podcast
• learning and development resource for trust boards
4.3  **Hand decontamination**

**Quality statement 3: Hand decontamination**

People receive healthcare from healthcare workers\(^6\) who decontaminate their hands immediately before and after every episode of direct contact or care.

Hand decontamination (the use of handrub or handwashing to reduce the number of bacteria on the hands) is considered to have a high impact on outcomes that are important to patients. Although hand hygiene has improved over recent years, remaining misconceptions about this standard principle of infection control are reported and good practice is still not universal.

NHS England, CCGs and local authorities may wish to ask providers’ infection control teams to undertake unannounced visits to areas within the organisation to monitor local hand decontamination practice and report their findings to the appropriate health economy or social care infection control committee. Reporting arrangements should be defined in the appropriate organisational strategy.

No significant costs are anticipated from achieving this statement, and costs of future healthcare-associated infections could be reduced.

4.4  **Urinary catheters vascular access devices and enteral feeding: infection control and education**

**Quality statement 4: Urinary catheters**

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\(^6\) Healthcare worker is defined in *Infection: prevention and control of healthcare-associated infections in primary and community care* (NICE clinical guideline 139) as ‘Any person employed by the health service, social services, a local authority or an agency to provide care for a sick, disabled or elderly person’. 
People who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed.

**Quality statement 5: Vascular access devices**

People who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed.

**Quality statement 6: Educating people about infection prevention and control**

People with a urinary catheter, vascular access device or enteral feeding tube, and their family members or carers (as appropriate), are educated about the safe management of the device or equipment, including techniques to prevent infection.

For all hospital, community or home-care providers that help people with the management of urinary catheters, vascular access devices or enteral feeding, NHS England area teams, CCGs and local authorities should:

- Seek assurance that patients and their carers are offered education about the safe management of the device, including techniques to prevent infection. This includes leaflets giving supporting information, and information on who to contact if they are concerned.
- Consider asking providers to ensure that all people have a named nurse who shares responsibility for the long-term care of the device and can provide any advice or support needed.
- Specify that providers follow NICE guidance on the safe insertion and maintenance of urinary catheters and vascular access devices and their removal as soon as they are no longer needed.
• Seek assurance that providers are monitoring infections rates in relation to urinary catheters and vascular access devices, and if necessary, request further information about areas of concern (for example, a specific audit when infection rates appear to be higher than anticipated).

The **NHS safety thermometer** gives specific advice to teams on measuring urine infections (in patients with a urinary catheter) during their working day, for example at shift handover or during ward rounds. It outlines a step-by-step process to help organisations understand their data, and to use it to set improvement goals and measure improvement over time. Commissioners may wish to consider working with providers on a catheter-avoidance strategy.

No significant costs are anticipated from achieving this statement, and costs of future healthcare-associated infections could be reduced.

### 5 Other useful resources

#### 5.1 Policy documents

• Department of Health (2013) [UK five year antimicrobial resistance strategy 2013 to 2018](#)

• Department of Health Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) (2011) [Antimicrobial stewardship 'Start smart – then focus': guidance for antimicrobial stewardship in hospitals (England)](#)

#### 5.2 Useful resources

• World Health Organization (2014). [Save lives: clean your hands](#)

• Royal College of Nursing (2013) [Infection prevention and control commissioning toolkit](#)

#### 5.3 NICE pathways

• [Prevention and control of healthcare-associated infections](#)
• To improve practice, the National Institute for Health and Care Excellence (NICE) is developing guidance on antimicrobial stewardship, reducing mortality and morbidity from healthcare associated infections, and advice to the public about AMR, the use of antimicrobials and the importance of infection prevention.

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