



Key Messages from the Third Sector Round Table on Preventing and Controlling Infection in Community Settings

6th August 2019

Attendees

Margaret Campbell - Revive MS Support
Alison Christie – Coalition of Care Providers Scotland (CCPS)
Lorraine Cunningham - Cornerstone
Alan Eagleson - Terrence Higgins Trust Scotland
Margaret Graham McDonald – Healthcare Improvement Scotland (public partner)
Kate Harley - Health Protection Scotland
Jennifer MacDonald - Health Protection Scotland (HPS) Lisa Ritchie - Health Protection Scotland (hosting)
Ayesha Mir - The Ripple Project
Joyce Murray - Care Inspectorate
Fiona Pirrie - East Ayrshire Carers Centre
Claire Stevens – Voluntary Health Scotland (VHS)
Maria Vize - Hansel
Heather Wallace - Health Protection Scotland
Kiren Zubairi – Voluntary Health Scotland (VHS)

Introduction

This round table aimed to provide an opportunity for third sector organisations to discuss the health protection issues they encounter in their work, find out more about the support and resources Health Protection Scotland (HPS) can offer, and share good policies and practice. The round table also set out to explore whether the NHS Scotland National Infection Prevention and Control Manual is a useful resource for the third sector. In light of the development of Public Health Scotland, the meeting also acted as a catalyst for the development of cross-sectoral partnership working and information sharing.

The meeting began with introductions around the room and organisations discussing their interests in attending.

Lisa Ritchie - HPS: Recognised that the development of the Infection and Prevention Guidance and work of HPS has focused a lot on Health Care Professionals but that this is now changing to include work and engagement with the community and voluntary sectors.

Kate Harley – Associate Director, HPS, met Claire Stevens through the Protecting Health Commission, one of the Commissions charged with the development of Public Health Scotland (PHS), and today's round table is one outcome of HPS forging a relationship with VHS. Echoed the view that HPS is very health professional focussed, and supported the aims of cross-sectoral working that the meeting had. HPS already works with diverse sectors, police, academia, SEPA and prisons. Kate provided an overview of HPS, stating that this was the 50th year of a Health Protection body in Scotland, which started because of a contaminated tin of corned beef that resulted in 500 people in Aberdeen having to be quarantined due to typhoid. HPS are reactive as well as proactive and conduct a range of activities such as analysing over 25,000 health reports on a daily basis to search for the spread of infectious disease, immunisation, Hepatitis C, air and water quality as well as soil contamination. HPS also share information with the World Health Organisation and across Europe to help control and prevent the outbreak of infectious diseases.

Public Health Scotland will be formed by the merger of Health Protection Scotland, NHS Health Scotland and Information and Statistics Division. Up to a third of HPS staff may now move into a newly proposed Centre of Excellence for Infection Control in the built environment. Unclear as yet how such a centre for excellence would sit in relation to PHS.

Alison Christie – Coalition for Care Providers Scotland: Works on a range of workforce issues including good infection control practice in the workplace. Interested in good practice models and the development of the NHS Scotland National Infection Prevention and Control Manual or similar for use by the sector.

Ayesha Mir - The Ripple Project: is the food and development officer and her role aims to improve health and reduce isolation through food. A big part of her role is about preparing food which has a lot of hazards for infection Control. Lisa Ritchie commented: whilst the regulation of food production is external to HPS, if there is a health protection incident involving food, then HPS would support.

Joyce Murray - Care Inspectorate: Interested in sharing her experience of the care sector and learning about how the manual for Infection Control can be adapted and translated for settings outside of the health sector.

Alan Eagleson - Terrence Higgins Trust Scotland: HIV charity that is involved in a lot of community based testing which includes self-testing and one prick tests. They provide a range of services for people who are living with or at risk of HIV and Hepatitis. They also deliver information in schools and are involved in projects with NHS Ayrshire and Arran to identify people with complex needs and support them in preventative work.

Margaret Campbell - Revive MS Support: a condition specific organisation based in Govan but can take clients and referrals from all over Scotland. They have a team of 25 clinical staff who provide support to over 400 clients on a weekly basis. They have a total of around 2,500 clients with MS who they support with lifeline services.

Fiona Pirrie - East Ayrshire Carers Centre: Support carers from as young as 5 and have over 1,500 carers on their register and support around 200 people a week. They offer a range of services from employment support and a café to helping people understand the diagnosis of the person they are caring for. They see a lot of issues around hospital discharge and patients coming home with infections. They would like to raise awareness amongst carers of how best to care for patients under these circumstances and would like to see training for carers and the general public that is accessible.

Margaret Graham McDonald – a public partner for Health Improvement Scotland: She is also a representative of a Scottish Government person-centred care group and has personal experience of her mother going into surgery and being discharged with MRSA.

Maria Vize – Hansel: a leading health and social care provider in Ayrshire: is their health and safety advisor for residential care and people living in the community with multiple conditions and complex needs. Her role is to source, use and review best practice Health Protection guidance, find gaps, share best practice and identify areas for improvement.

Lorraine Cunningham – Cornerstone: provide support for people with a range of issues. Involved in health risk assessments, infection control and food hygiene. She was interested in how to manage concerns about hygiene in people's homes.

Health Protection Scotland

Lisa Ritchie provided an overview of the role of HPS and how the third sector can engage with them. Lisa explained that one of the roles of HPS is to plan for, prepare for, detect and manage infection incidents.

She asked if anyone had been in communication with HPS – Terrence Higgins had tried to contact regarding potential cases of Hepatitis, but had found it difficult to do so and understand who to contact and how.

HPS facilitate a Scottish Health Protection Network which is stakeholder led but may not currently have third sector representation. The network covers HP topic areas; there is not one solely on infection prevention and control. It is important to have representation from community and voluntary sector in these networks as often they are the organisations working directly/providing support to individuals with health conditions in their own homes, etc.

Lisa explained that Abigail Mullings from HPS leads the Community Antimicrobial Resistance and HAI Programme of work in the ARHAI Group at HPS. And that she could be a good contact for third sector organisations. Abigail's has been working with the prison service, care homes and schools. . HPS is keen to produce operating procedures and standards in a common language that everyone can understand.

Discussion

Maria Vize – in health you have standards and a code of practice that exemplifies best practice that you are to replicate or do better than. However, care does not have anything like this and each care provider is trying to do their own thing with no approved guidance.

Alison Christie – Care providers in the third sector are really diverse so it is hard to get a one-size fits all policy or best practice guide.

National Infection Prevention Control Manual

The content of the [National Infection Prevention Control Manual](#) is agreed by consensus with Key stakeholders. The majority of the current members of the Steering Group are from the NHS however, there is also representation from care homes (including those run by private and independent sectors) and primary care. There is currently no third sector representation.

The Manual is a 'living' document and is updated in the real time. A Consensus Group of representatives from across the 14 NHS boards bring issues to the knowledge of the steering group/HPS who then aim to seek and agree on IPC guidance where required.

The manual was published in 2013; previous to this there had been model policies based on which the 14 territorial boards would devise local policies. The manual has three different sections: a practice guide for care staff; literature reviews (evidence that supports the content of the manual); and implementation resources.

There is associated training materials which has been developed by NHS Education Scotland. A tool called [E-bug](#), developed by Public Health England for primary and secondary school children is a useful training tool in the basics of infection prevention and hygiene.

The World Health Organisation also has a [5 moments for hand hygiene in care](#) tool which is also useful.

Discussion

Lisa Ritchie asked participants what resources were available within the third sector and what can HPS do to make the manual more accessible and useful to the sector?

Alan Eagleson – agreed that having a living manual and guidance is really important. It would be useful to have central, pooled knowledge available specifically for the third sector but recognised this would be hard to maintain and keep up to date.

Joyce Murray - spoke about the importance that the Care Inspectorate places on social care providers to notify HPS whenever there is an outbreak. Whether this always happens or not is a mixed picture but the Care Inspectorate can regularly share information with HPS on what the notifiable infections are.

Maria Vize – raised the issue of how inaccessible and hard to find the manual is. She had done a Google search on infection prevention/control resources and the manual didn't turn up in the search results. She has to find answers to very specific issues; for example, the cleaning of minibuses and the type and grade of materials that are needed to do this. Having information like this that is standard would be really useful. She also raised the issue that guidance within her own sector doesn't always clearly differentiate between what is good practice based on evidence and what is opinion.

Fiona Pirrie – could immediately see that the E Bug resource could be useful to her organisation's work with children and young people.

Margaret Campbell – would be interested in running a seminar on this for her organisation's clients and carers.

Some participants raised important points about accurate and accessible information. For example, information such as 9E catheter management – where would third sector providers go to get information about this? Many carers and patients require this information and the sector needs to make sure that the guidance or information we give is accurate.

It is also important to define infection control: capitalise on the fact that people understand personal hygiene and hand hygiene and will respond to that. The issue of pets in the home was raised as a sensitive issue. A number of participants highlighted the fact that third sector involvement with people at a community level outweighs the NHS in terms of the number of people seen, so it is important for the third sector to be aligned with Health Protection. Participants agreed that the language of infection prevention and control was unfamiliar, difficult and needed translating for a third sector audience. The Manual as it stands would be

overwhelming and alienating for a third sector audience because of its size and complexity. It would be useful to identify some very specific resources within it (e.g. a 'top 10') that the third sector could be signposted to, by way of introduction to the Manual as a whole.

Alison Christie – CCPS would be against mandatory guidance for third sector social care providers.

Next Steps

Agreed that a useful next step would be to map existing infection control information within the third sector, where this information is kept, how it is used, where there are gaps in information, and whether and how existing information could be aligned to the Manual. Maria Vaze, Fiona Pirrie and Margaret Campbell volunteered to join a small 'next steps' action group with HPS, CCPS and VHS to explore this further.

All participants present agreed to their contact details (emails) being shared with everyone who had participated today.

For further information contact:

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