Infection Prevention & Control
Annual Report for 2006/07

from:

**Director of Infection Prevention & Control:**
Mark Hemming - Lead Executive Nurse/ DIPC

**Infection Control Team:**
Dr Alison Johnson - Infection Control Doctor
Gill Hill – Lead Infection Prevention and Control Nurse
Emma Sneed – Community Infection Prevention and Control Nurse

**Agreed at:**
PCT Infection Control Committee 6/09/07
Integrated Governance Committee 18/10/07
PCT Board 22/11/07
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Appendix 1: Terms of Reference for the PCT Infection Control Committee

Appendix 2: Review of Infection Control Action Plan 2006/07

Appendix 3: Infection Control Arrangements

Appendix 4: Infection Control Workplan 2007-08
1. **INTRODUCTION**

1.1 This is the third Infection Prevention and Control Annual Report published by Herefordshire Primary Care Trust, as required by the national guidance on Infection Control outlined in “Winning Ways: working together to reduce healthcare associated infection in England (December 2003)”. The purpose of this report is to inform patients, the public, staff, the Trust Board and the Commissioners of the state of infection prevention and control within the Trust.

It describes the organisation of infection prevention and control and the resources available. The activities which contribute to infection prevention and control are provided by many departments within the Trust and infection prevention and control is recognised as everyone’s responsibility, certainly by the employees of the Trust and patients and visitors are encouraged to recognise their role too.

1.2 The PCT has a key role in implementing improvements in infection prevention and control as its role is to:

- Commission services from healthcare providers for its local population.
- Directly provide a range of community and specialist services.
- Have responsibility for independent contractors NHS contracted work within Primary Care: including general practice, dental practice, and optometry practice.

This report outlines the progress made to improve infection prevention and control systems throughout the PCT during the financial year 2006/07, as well as future plans to improve this important area of healthcare in the future.

2. **INFECTION CONTROL ARRANGEMENTS**

New Committee arrangements (from November 2004)

The PCT set up its own Infection Control Committee in November 2004. The Committee has formal Terms of Reference, which are provided at Appendix 1 and include representatives from all areas of directly provided services within the PCT, as well as Primary Care. Infection control expertise within the Committee is provided by a dedicated Community Infection Control Nurse alongside the HHT Infection Control Team and Infection Control Doctor, as well as medical and nursing representation from the Health Protection Agency.

Expert infection control support is acknowledged to reduce healthcare acquired infections and the following developments have taken place during this year:

**The Infection Control Team consists of the following:**

- Director of Infection Prevention and Control (DIPC) : Trish Jay/ Mark Hemming
- Infection Control Doctor (ICD): Dr Alison Johnson
- Lead Infection Prevention and Control Nurse: Gillian Hill – 0.8 WTE of which 0.25% is funded by the PCT
• Community Infection Prevention and Control Nurse: Emma Sneed – 1.0 WTE
• Infection Prevention and Control Nurse for HHT: Sandra Townsend – 0.8 WTE
• Administrative Support: Jill Williams – 0.3 WTE

The Medical Microbiologists in conjunction with colleagues at Worcester Acute Hospitals NHS Trust provide an out of hour’s infection control service.

The Infection Control Team is responsible for managing the programme of Infection Prevention and Control across Hereford Hospitals NHS Trust and Herefordshire Primary Care Trust.

3. **BUDGET ALLOCATION**

3.1 **Resources for infection prevention and control**
Resources for infection prevention and control are implicit within the PCT organisational arrangements with a specific emphasis for the following postholders within their role:
• Director of Clinical Development/Lead Executive Nurse is the formally appointed Director of Infection Prevention and Control.
• Director of Corporate Development – key lead for decontamination and hospital cleaning contract
• Modern Matrons within the community hospitals
• Senior nurses in all areas of the PCT
• Mandatory training team
• Heads of profession
• Estates staff
• And all members of staff who have direct contact with patients.

3.2 **Specific Resource Allocation**
The PCT has a Service Level Agreement for expert infection control advice, for the Directly Provided Services which is as follows:
• HHT Infection Control Team, 1.25wte Infection control nurses
• Microbiology services part of provision to directly provided services in Primary Care.
• Infection Control Doctor, 0.25 of a session per week.

*Primary Care services have not invested in any dedicated Infection Control Advice.*

There is also a Service Level Agreement with the Health Protection Agency (HPA). The PCT contributes to the funding of a Herefordshire & Worcestershire Health Protection Agency Team:
• 1 Team Leader
• 1.5 wte Consultants
• 1 wte Nurse Consultant
• 1 wte Nurse Specialist
• 1 wte information staff
• 1.5 wte administration and clerical staff
4. **INFECTION CONTROL REPORTING**

4.1 **Routine Reporting**
Infection control is a key agenda item on all Clinical Risk Committee meetings, which take place on a quarterly basis. Key areas from the Clinical Risk meeting are then reported to the Clinical Governance Committee from which a formal report goes to the Professional Executive Committee and the Trust Board. The Provider Board receives information on routine surveillance and any outbreaks.

Infection control issues are raised explicitly when there have been significant events, or changes to the service.

4.2. **Alert Organism Surveillance**
Alert organism surveillance is undertaken in all inpatient areas including:
- Hillside Intermediate Care Centre
- Stonebow Hospital
- Bromyard Community Hospital
- Leominster Community Hospital
- Ross Community Hospital

4.3 The Infection Control Team reports formally back to areas on key indicator organisms these being Methicillin Resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C diff). The following data for alert organism surveillance of MRSA captures both the data of patients who are asymptomatically colonised (bacteria is present) and those who have an infection with the organism that requires treatment. MRSA can be carried asymptomatically and therefore can form the normal flora of some people. The Department of Health targets for MRSA are focused upon MRSA bacteraemia (infection in the blood) surveillance and must not be used as a comparison to this data.

4.3.1 **MRSA**

Hereford Primary Care Trust
MRSA cases per month
April 2006 - March 2007
CHAI - Community Hospital Acquired Infection (>48hrs)
IAE - Infection Acquired Elsewhere (<48hrs)

<table>
<thead>
<tr>
<th>Date</th>
<th>No of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>10</td>
</tr>
<tr>
<td>May</td>
<td>8</td>
</tr>
<tr>
<td>June</td>
<td>6</td>
</tr>
<tr>
<td>July</td>
<td>4</td>
</tr>
<tr>
<td>August</td>
<td>2</td>
</tr>
<tr>
<td>September</td>
<td>2</td>
</tr>
<tr>
<td>October</td>
<td>2</td>
</tr>
<tr>
<td>November</td>
<td>2</td>
</tr>
<tr>
<td>December</td>
<td>2</td>
</tr>
<tr>
<td>2007</td>
<td>2</td>
</tr>
<tr>
<td>January</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>2</td>
</tr>
</tbody>
</table>

- **Trust total**
- **CHAI**
- **IAE**
*Methicillin Resistant Staphylococcus aureus* (MRSA) is a bacterium resistant to a number of antibiotics that may cause skin, wound or blood infections. Saving Lives\(^1\) recommends that a decolonisation regime is commenced as soon as a patient is identified. This comprises the use of an antibacterial wash/shampoo daily, a daily application of an antimicrobial powder and the application of a nasal cream three times a day for five days. The purpose of decolonisation is to reduce the risk of a patient developing an MRSA infection during their own treatment / surgery and reducing the risk of transmission of MRSA from one patient to another by means of direct or indirect contact.

Decolonisation is only 50 – 60% effective for long term clearance however as soon as the procedure is implemented the presence and shedding of MRSA is reduced significantly and the risk of the patient infecting themselves or transmitting MRSA to another patient is greatly reduced.

When a patient is identified as MRSA positive, because they have an MRSA infection or they have been identified as an asymptomatic carrier (colonised) by screening, they should, when possible, be isolated. Within Herefordshire's in-patient areas such as the community hospitals or intermediate care centre, patients identified as having MRSA are isolated.

In total 29 new cases of MRSA have been identified from April 2006 to March 2007 compared to 34 cases in the previous 12 months. This is an 18% reduction.

### 4.3.2 Clostridium difficile (C diff)

*Clostridium difficile* is a bacterial infection which results in symptoms that range from mild diarrhoea to life-threatening pseudomembranous colitis. Clostridium difficile continues to be the most common infectious cause of antibiotic associated diarrhoea and colitis. It is a healthcare associated intestinal infection
that mostly affects the older people with other underlying diseases, and who have had prolonged antibiotic therapy.

*Clostridium difficile* is an anaerobic bacterium that produces spores that can survive in the environment for a long time. Its usual habitat is the large intestine and can be found in low numbers in less than 5% of the healthy population. It is normally kept in check by the ‘healthy ‘flora of the intestine. When the healthy flora of the intestine is killed off by antibiotics the clostridium bacteria takes over multiplying in the intestine and produces toxins.

In total 23 new cases *Clostridium difficile* have been identified from April 2006 to March 2007 compared to 26 cases in the previous 12 months. This is an 11% reduction.

Patients identified as having *Clostridium difficile* are isolated until their symptoms resolve and stringent infection control measures implemented.

### 4.4 Outbreak Reports

The IPCT recognises and responds to significant episodes, incidents and outbreaks of infectious conditions every year. Not all turn out to be outbreaks or due to cross infection however, the IPCT have to be alert to all potential outbreaks and investigate them accordingly.

Over the period April 2006 – March 2007 Herefordshire Primary Care Trust experienced a number of outbreaks of viral gastroenteritis / Norovirus (confirmed). A total of 123 patients and 96 staff were affected. Wards were closed for 141 days in total.

**Summary of Hospital/ Unit Closure April 2006 to April 2007**

<table>
<thead>
<tr>
<th>Ward / Unit / Community</th>
<th>Closed</th>
<th>Opened</th>
<th>Days closed</th>
<th>Patients affected</th>
<th>Staff affected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2006</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hillside</td>
<td>6.04.06</td>
<td>18.04.06</td>
<td>12</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Hillside</td>
<td>19.08.06</td>
<td>2.09.06</td>
<td>14</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Leominster</td>
<td>20.09.06</td>
<td>3.10.06</td>
<td>13</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Leominster</td>
<td>16.11.06</td>
<td>5.12.06</td>
<td>18</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td><strong>2007</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cantilupe (Stonebow)</td>
<td>15.1.07</td>
<td>2.02.07</td>
<td>19</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Jenny Lind (Stonebow)</td>
<td>22.01.07</td>
<td>5.02.07</td>
<td>14</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Mortimer (Stonebow)</td>
<td>22.01.07</td>
<td>31.01.07</td>
<td>9</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Leominster</td>
<td>6.02.07</td>
<td>16.02.07</td>
<td>10</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Hillside</td>
<td>21.02.07</td>
<td>26.02.07</td>
<td>5</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Ross (Peregrine / Merlin)</td>
<td>28.02.07</td>
<td>19.03.07</td>
<td>19</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Leominster</td>
<td>7.03.07</td>
<td>15.03.07</td>
<td>8</td>
<td>10</td>
<td>4</td>
</tr>
</tbody>
</table>

An outbreak is defined as a situation when more than two patients in a ward area have symptoms of diarrhoea and or vomiting. Hospital outbreaks often
lead to ward closure with the consequence of major disruption in hospital activity; this is generally the only effective way to control an outbreak.

These outbreaks were reviewed and several issues were highlighted and changes in practice were implemented relating to early notification of symptomatic patients and /or staff, the importance of cascading information, a detailed deep clean protocol, uniforms, curtain and carpet cleaning.

5. **HAND HYGIENE PROGRAMME**

5.1 The Primary Care Trust appreciates the importance of effective hand hygiene. The importance of an effective hand hygiene programme, in order to prevent and control infection is well publicised. The programme is multifaceted, including a dedicated hand hygiene policy reinforced through education and available in clinical areas and available on the Intranet, the provision of appropriate handwashing facilities and availability of alcohol hand rub at point of patient care, formal and informal education and monitoring and feedback through audit.

The PCT is awaiting the national launch of the NPSA’s ‘Clean your hands campaign’. This will be rolled out across the Trust in 2007/08 to ensure that all areas have access to the resources, and build on existing hand hygiene practices.

5.2 Hand Hygiene Audit

Hand hygiene audits are carried out across the Trust as part of the rolling programme of audit. They are audited using the Infection Control Nurses Association tool for monitoring infection control standards (2004). The level of hand hygiene was established at a full compliance level of 88%, however this demonstrates that there is further work to do in order to achieve a higher compliance score.

6. **AUDIT PROGRAMME**

6.1 A rolling programme of audit has been developed across PCT provider services that include:

- In patient areas – yearly
  (Stonebow, Ross Community Hospital, Leominster Community Hospital, Bromyard Community Hospital, Hillside, 1 Ledbury Rd)
- Kitchens – yearly
- Specialist areas – every 2 years
  (Podiatry, Physiotherapy, Occupational therapy, Dental, Mental Health Services, Children’s services, Community Nurses, Specialist nurses).

6.2 Areas are scored from minimal compliance to fully compliant. All areas audited receive a written report which highlights areas of action required and includes written documentation which needs to returned to the Infection Prevention and Control Team once all changes/improvements have been actioned. Areas of
minimal and partial compliance are re-audited within 3 months following initial audit unless otherwise stated. The specific areas include:

- Hand Hygiene
- The Environment
- Patient Equipment
- Waste management
- Sharps management
- Linen management
- Personal protective equipment
- Decontamination
- Kitchens
- Isolation
- Clinical practices – enteral feeding
  - urinary catheters
  - vaccine storage/transport

6.3 The aim of these audits is to provide objective data on compliance within the Department of Health Initiatives. The tool used is recognised nationally and comprises of evidence based criteria. It was devised by the West Midlands Infection Control Nurse Association and funded by the Department of Health. These audits are designed to highlight areas of potential risk and enable discussion to take place regarding them, it can also be used as a focus for education and identifies areas where Infection Control practice may need improvement. This audit forms the starting point for the improvements which the Infection Control Team fully support and assist with.

Audits are scored:
Compliance - 85% and above
Partial compliance - 76% - 84%
Minimal compliance - 75% and below

6.4 All areas audited have received scoring of 75% and above. Areas receiving a score of partial compliance have been re-audited within a three months period to ensure that essential changes have been implemented. Audit data is reviewed quarterly at the Infection Control Committee to review findings and monitor actions required.

7. DECONTAMINATION IN PRIMARY CARE

7.1 Directly Provided Services

Drivers for change - in 1999 a national survey undertaken by NHS estates identified the need for access to compliant decontamination services throughout all NHS organizations. Subsequent legislation, Council Directive 93/42/EEC, was introduced requiring that all decontamination facilities must be fully compliant by March 31\textsuperscript{st} 2007.

These changes affect all areas currently decontaminating reusable devices.
Modernising Decontamination in Primary Care (Provider Services)

Assessments have been undertaken, of current decontamination practices within Hereford Primary Care Trust. These have included Dental Access Centres, Podiatry, Sexual Health / Family Planning and Podiatric Surgery. Assessments have audited:

- Sites/ environment
- Equipment
- Procedures
- Instrumentation
- Staff
- Training

This determined the following results compared to the 2003 audit, where the ratios are scored, 15 areas were audited in 2003 and 14 in 2006 as 1 area was no longer undertaking decontamination procedures:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Non Compliance 2003</th>
<th>Non compliance 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Room</td>
<td>3/15</td>
<td>3/14</td>
</tr>
<tr>
<td>Deep Sink</td>
<td>3/15</td>
<td>0/14</td>
</tr>
<tr>
<td>Hand wash Basin</td>
<td>4/15</td>
<td>2/14</td>
</tr>
<tr>
<td>Ultra sonic cleaner</td>
<td>0/15</td>
<td>0/14</td>
</tr>
<tr>
<td>Automatic log</td>
<td>0/15</td>
<td>0/14</td>
</tr>
</tbody>
</table>

This demonstrates that compliance has improved. Areas of non compliance have been risk assessed to ensure practice is safe, however it has been acknowledged that improvements in the overall standards are required. These areas are being addressed through the Capital improvement programme.

Other issues that were picked up by the audit, which are being addressed are as follows:
- Formal Training for all staff decontaminating instruments is being arranged by the Infection Prevention and Control Nurse
- This will include reinforcement of requirements in relation to the protective clothing required
- Training will remind staff of the process for using the ultrasonic cleaners.
- Training will reinforce the procedure for manual cleaning

A decontamination steering group has been set up to review work / audits undertaken by infection control to formulate an action plan for Provider Services. The action plan looks at individual areas, reviews the options available, addresses key issues and looks at ways forward to achieve compliance within an acceptable time frame. The action plan is being monitored quarterly via the Infection Control Committee.
8. **CLEANING SERVICES**

8.1 **Contract**
The PCT contract was reviewed and renewed with Sodexho our previous contractor, for its cleaning / catering services. The new contract commenced on the 5th February 2007 and is based on the National Cleaning Standards.

8.2 **Monitoring Arrangements**
Monitoring is carried out via a monthly cycle, whereby sites are checked using the national NHS Clean Hospitals monitoring framework. These inspections are carried out by the Matron for each site or their senior nominee (or Locality Manager’s nominee at non-hospital sites), alongside the Sodexho Manager covering the PCT. The results of those visits, expressed as % scores, are then reviewed in bimonthly meetings between Sodexho management, the PCT’s Director of Corporate Development and Risk Manager. Remedial actions are identified and tracked. Written reports are provided for each monitoring meeting, including any specific comments made by Matrons as part of the inspections. Cleanliness arrangements are monitored quarterly via the Infection Control committee.

8.3 **Patient Environment Action Teams 2007 (PEAT)**
The PEAT self assessment form has been revised for 2007. The main changes are:
- Deletion of the general cleanliness, infection control and safety and security sections;
- A revised food section;
- A revised privacy and dignity section.

The PCT PEAT assessments have achieved the following scores in the 2006/07 PEAT round:

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Environment</th>
<th>Food</th>
<th>Privacy &amp; Dignity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bromyard</td>
<td>Good</td>
<td>5 (Excellent)</td>
<td>5 (Excellent)</td>
</tr>
<tr>
<td>Hillside</td>
<td>Good</td>
<td>5 (Excellent)</td>
<td>5 (Excellent)</td>
</tr>
<tr>
<td>Leominster</td>
<td>Good</td>
<td>5 (Excellent)</td>
<td>5 (Excellent)</td>
</tr>
<tr>
<td>Ross</td>
<td>Good</td>
<td>5 (Excellent)</td>
<td>5 (Excellent)</td>
</tr>
<tr>
<td>Stonebow</td>
<td>Good</td>
<td>5 (Excellent)</td>
<td>4 (Good)</td>
</tr>
</tbody>
</table>

These results reflect the high standard maintained by both the PCT and Sodexho staff. The increase in scores in the food section are as a result of the menus which have been introduced following the new Hotel Services contract. Within the Cleanliness/Environment section the standard of cleaning at the sites is very good but there are some maintenance issues which impact on the environment elements which will need to be addressed in order to raise the scores for 2008. This is monitored by the Cleanliness, Environment and Nutrition Group.

8.4 **Clinical Responsibility**
Modern Matrons have clinical responsibility for cleanliness, which is reflected in their close day-to-day liaison with Sodexho staff and managers, their personal
role in monitoring and their close involvement in the PEAT assessment process.

8.5 **Satisfaction Measures**

Links are in place between the PCT and Sodexho via Sodexho’s membership of the PCT’s Cleanliness, Environment and Nutrition Group and its Health and Safety Steering Group, which provide a forum for raising any problems over service delivery. The Complaints Manager provides to the Director of Corporate Development any complaints involving cleanliness, so these can be addressed as appropriate.

9. **Education & Staff Training**

9.1 One of the principle functions of the infection prevention and control service is to inform all front line staff of the standards expected of them. As an organisation we are signed up to the principle that the prevention and control of infection is the responsibility of all, facilitated through a comprehensive programme of education both formal and informal throughout the Trust.

9.2 **Induction Training**

All new staff to the Trust receives infection control education on induction. This incorporates an overview of local policies, risk reduction and contact information for accessing infection control advice. A total number of 170 PCT staff has received infection control training during induction 1/04/06 – 31/03/07. 237 booked training giving an attendance rate of 73%.

9.3 **Update Training**

As policies change and practices progress it is essential that all Trust staff receive regular educational updates. This is achieved formally through mandatory annual infection control teaching sessions. Update sessions are no longer organised through the Training Centre at Rotherwas but are now organised, booked and delivered by the Infection Control Nurse at various localities across the County. At present this appears to be working very well with most sessions being well attended. All dates are available on the infection control intranet site and can be booked via email or by telephone. From April 2006 until end October 2006 infection control update training was delivered at the Training Department alongside Moving and Handling. Between 3/04/06 – 18/10/06 17 sessions were held at Rotherwas Training Department. 199 staff booked training, 21 cancelled (10%), 28 DNA (14%) and 151 attended (76%). From November 2006, when the delivery of training changed, to the end March 2007, 25 sessions were held at various localities across the County. The Infection Control Nurse now organises and manages all infection control update training across Herefordshire PCT. 184 staff booked update training. 153 attended training giving an attendance rate of 83%. In total 304 members of staff have received their mandatory annual infection control update.

9.4 **Specialist Education**

Recognising the importance infection control has to play in many areas of practice within the Trust, the Infection Control Team deliver training as part of specialised programmes of education. This included sessions on intravenous
bolus, cannulation, hand hygiene, blood borne viruses, decontamination, pandemic flu and urinary catheterisation.

9.5 Pandemic Flu
Training sessions have been delivered across the County in conjunction with the Health Protection Agency on Pandemic flu and infection control measures. The sessions were primarily aimed at Heads of Profession, Lead Nurses, Team Leads and Matrons. GPs, Practice Managers and Practice Nurses were also invited to these sessions and many attended. A booklet devised by the Infection Control Nurses and Microbiology was given to all attendees. Attendance of these sessions was poor. In total 66 staff attended; 55 from the PCT, 14 of which were GP’s and 11 from the Acute Trust.

9.6 NHS eLearning
'Reducing infection is everyone’s business’. NHS elearning is a free on-line programme aimed at all health and social care related staff, both clinical and non-clinical. It is designed to raise awareness of the key procedures needed to help reduce infection. The training stresses that everyone can contribute to reducing infection and therefore it is everyone’s business, thus supporting the Saving Lives/ Essential Steps delivery programme.

The infection control NHS elearning facility has been actively promoted and monitored. Elearning is promoted at all mandatory training sessions. Information has also been issued by global email, via the intranet site, infection control notice boards and via the dedicated Infection Control Newsletter. The Infection Control Nurse Monitors and reports to the Infection Control Committee numbers of staff using this valuable resource. A total of 85 staff have registered and undertaken 267 modules in total.

9.7 Informal Education
The infection control team deliver informal education through a number of ways including, awareness weeks, community hospital (site) training, posters, information leaflets and telephone advice. The Team are committed to provide tailored, meaningful, up to date education to all staff across the Trust to ensure that the prevention and control of infection for patients, staff and the environment remains top priority for all.

10. The Health Act (Hygiene Code) 2006

10.1 The Health Act 2006, issued on October 1st 2006, outlines a code of Practice for the Prevention and Control of Healthcare Associated Infections (HCAI). The code places prevention and control of HCAI at the heart of the activities of the NHS, embedding its application into everyday practice and to be applied consistently by everyone. The code implies equal obligation for healthcare providers in the independent and voluntary sectors. It is anticipated that compliance with the code will be monitored by the Healthcare Commission.
The code of practice outlines the 11 duties required for each health care organisation, in our case Hereford Primary Care Trust. The primary objective is to ensure that patients / clients are cared for in a clean environment with the risks of HCAI minimised as much as possible. It builds on other key initiatives such as ‘Winning ways’, ‘Saving Lives’ and ‘Essential Steps to Safe Clean Care’.

The code ensures that good practice is embedded into everyday practice across the patient’s journey. Within Herefordshire’s inpatient units at Bromyard, Ross and Leominster Community Hospitals, Stonebow Unit and Hillside Intermediate Care Centre each of the provisions of the code applies. The code also imposes requirements on NHS Trusts in respect of healthcare services that Trusts obtain from other sources. The PCT should satisfy itself that when commissioning services the contractors have appropriate systems in place to keep patients, visitors and staff free from HCAI.

From April 2007, the Health Act empowers the Health Care Commission to demand that NHS organisations comply with the Standards outlined within the Code. The Hygiene Code is presented under 3 headings:

1. Management, organisation and the environment
2. Clinical care protocols
3. Healthcare workers

The application of the code widens the scope of the duty of infection control teams (ICT) and Trusts generally. Trusts will have to ensure that they show compliance with the code by providing evidence of compliance or an action plan towards compliance. As for independent contractors such as GP’s and Dentists, the PCT when commissioning services should satisfy itself that such contractors have appropriate systems in place.

Hereford PCT has provided a position statement in relation to this key Department of Health document that states;

Herefordshire PCT recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this trust. Any areas requiring further development have been identified and an appropriate action plan formulated

Failure to observe the code could result in an improvement notice being issued. If the improvement notice is then not met enforcement action may be taken through the intervention powers of the Secretary of State.

11. Essential Steps to Safe Clean Care

This is a programme sponsored by the Department of Health as is aimed mainly at non acute healthcare delivery within the community. It was designed by the
NHS Institute for Innovation and Improvement within the context of ‘Saving Lives’. Essential Steps aims to provide a framework to support local organisations’ use of best practice to prevent and manage the spread of infections and ultimately improve patient and service user safety. The framework is composed of a number of interlinked tools and products. The idea is that organisations determine for themselves which of the elements they wish to use once they have assessed their current position.

The self assessment tool consists of seven key challenges and provides a framework to assist organisations in embedding good infection prevention and control throughout the health and social care setting. Three key essential steps are identified. These are;

- Preventing the spread of infection
- Urinary catheter care
- Enteral feeding

Hereford PCT has been happy to sign up to this valuable initiative pledging a commitment to providing safe, clean care. The initial assessment on seven key challenges has been performed and audits are underway within the three key areas.

12. **PLANS FOR 2007/08**

It is essential that the PCT continues to build upon its achievements in Infection Control practice across its services. The following outlines specific areas that will be addressed within the 2007 – 2008 work plan alongside the continued development of the service. The detailed work plan is attached in Appendix 3. This action plan will be monitored quarterly through the Infection Control Committee.
INFECTION CONTROL COMMITTEE

TERMS OF REFERENCE

1. Purpose

To ensure that there are robust arrangements for infection prevention and control in place across all services in the Primary Care Trust, in line with the recent publication ‘Winning Ways: Working together to reduce healthcare associated infection in England’ (December 2003).

The Committee’s role is to:

- Ensure commitment from senior managers and clinical leaders in the PCT to infection prevention and control;
- Monitor the Service Level Agreement for Infection Control support from Hereford Hospitals Trust;
- Oversee implementation and monitoring of local Infection Control Polices & Procedures;
- Make healthcare associated infection a local indicator of the quality and safety of patient care;
- Apply the measures known to be effective in reducing the risks of healthcare associated infection;
- Ensure training and education programmes are implemented for all staff on this area of practice;
- Enable the provision of high quality information for the public and patients, as well as clinical teams
- Produce an annual report on healthcare associated infection in the PCT.

2. Terms of Reference

In addition to the tasks of the Committee outlined above specific areas of action will be implemented and monitored by the Committee.

2.1. Organisational Arrangements

- Ensure the development, implementation and monitoring of infection control policies and procedures to support infection prevention and control
- Review reports on Infection Control training undertaken by all staff in the organisation
- Monitor the Infection Control support provided as part of the Service Level Agreement with HHT Infection Control Team
- Agree an Annual Work Plan and monitor its implementation
- Produce an Annual Report
- Work pro-actively with HHT Infection Control Committee, and the Health Protection Agency to ensure consistency of practice across Herefordshire
2.2. Active Surveillance & Investigation

- Ensure compliance with any mandatory system of surveillance healthcare associated infections e.g. MRSA, surgical site infections, Clostridium difficile associated disease, serious incidents, associated with infection and infections after discharge from hospital.
- Ensure that the techniques of ‘root cause analysis’ are applied for healthcare associated infection outbreaks
- Ensure that serious outbreaks of infection in healthcare settings will also now be reported to the Health Protection Agency and the SHA.

2.3. Reducing Infection from use of catheters, tubes, cannula, instruments and other devices

- Ensure that the PCT has policies for the management of the above, appropriate education and training of clinical staff managing such devices is undertaken, and there is formal monitoring of compliance with polices

2.4. Reducing Reservoirs of Infection

- Audit that infected patients in inpatient units are appropriately isolated
- Ensure Infection Control Team advise on all new capital developments

2.5. High Standards of Hygiene in Clinical Practice

- Receive formal monitoring report on:
  - Cleanliness of units
  - Hand hygiene compliance across all areas of practice

2.6. Prudent use of Antibiotics

- Receive reports from the Prescribing Team on the use of antibiotics in primary care, and provide recommendations for consideration to the Prescribing Committee
- Receive reports from HHT Pharmacy Department on antibiotic use in Community Hospitals

3. Membership

Director of Infection Control (PCT Lead Executive Nurse)
Lead Specialist Nurse for Infection Control (HHT)
Community Specialist Nurse for Infection Control (HHT)
Health Protection Agency Consultant
Health Protection Agency Nurse Consultant
Infection Control Doctor / Consultant Microbiologist
Provider Services Clinician from in-patient services
Provider Services Clinician from mental health services (added in Oct 04)
Provider Services Clinician from out patient services (added in Oct 04)
Provider Services Clinician from community services
Practice Nurse
Representative from the Clinical Professional Forum
General Practitioner
Clinical Governance Dental Practitioner
Management Representative from Primary Care
Clinical Governance and Development Manager
4. Committee meetings

The Committee will meet every three months.

6. Accountability

The PCT Infection Control Committee will be accountable to the PCT Clinical Risk Committee, which then reports to the Clinical Governance Committee directly to the Professional Executive Committee.

The PCT Infection Control Committee will also have joint meetings every six months with Hereford Hospitals Trust Infection Control Committee, to ensure consistency of approach to infection prevention and control across Herefordshire.

Agreed at Infection Control Committee 6th September 2007
Agreed at Clinical Risk Committee –
Appendix 2

REVIEW OF INFECTION CONTROL ACTION PLAN 2006/07

An Infection Control Workplan was agreed at the Infection Control Committee in May 2006. This outlines the key areas of developments achieved for the financial year 2006 / 2007:

1 Policies and Guidelines
   The existing policies have been reviewed this year, and new policies introduced including:
   - Multi-resistant Gram negative bacteria
   - Enteral feeding

2 Education
   Specific Infection Control events have been held over the year including:
   - Hand Hygiene awareness
   - Spring Clean Week

These events help increase awareness in all staff of Infection Control issues and raise the profile of the Infection Control Team.

The mandatory update training sessions have been altered during the year. Infection control now organise, book and deliver the update sessions to all staff at various sites across the trust rather than during an update day held at the Training Centre. The Infection Control Nurse is now responsible for maintaining an electronic record of all staff that have attended training sessions by using the AT learning Tool (an electronic national data base).

The infection control NHS elearning facility has been actively promoted and monitored. This is a free on-line training package available to clinical and non-clinical staff. Elearning is promoted at all mandatory training sessions. Information has also been issued by global email, via the intranet site, infection control notice boards and via the dedicated Infection Control Newsletter.

3 Waste

   The Infection Control Team has worked with the Estates Department to implement changes as necessary, and provide guidance and information for staff regarding these national changes. Waste and waste management has been audited as part of the programme of audit.

4 Integrated Community Equipment Stores (ICES)
   Work is ongoing to review the service in the ICES Steering Group. This aims to
improve the present service to the PCT in order to encourage staff to access the ICES and relinquish locally owned equipment so that it can be decontaminated, maintained and transported by ICES.

5 **Hand Hygiene**

The Hand Hygiene Policy is available as a hard copy and electronically on the intranet. A hand hygiene week was held in September 2006 across the Trust. The ICN attended a conference held by the National Patient Safety Agency to look at ways to launch the cleanyourhands campaign into the community. The audit of hand hygiene practices forms part of the programme of audit and the importance of effective hand hygiene practices is reinforced during all educational sessions.

6 **Saving Lives**

The Department of Health launched the ‘Saving Lives’ campaign in 2005. This is a delivery programme with the aim of reducing MRSA bacteraemias by 50% by the target date of 2008. It is recognised that not all infections are preventable, however by ensuring that a consistent practice approach is adhered to in healthcare there are a percentage of cases which can be prevented. The campaign is structured around the review and implementation of best practice related to five high impact interventions, these are:

1. Reducing the risk of microbial contamination
2. Central venous catheter care
3. Preventing surgical site infection
4. Care of ventilated patients
5. Urinary catheter care

The programme is aimed particularly at an acute hospital setting but has real benefits for all healthcare settings. As Saving Lives was primarily developed for Acute Trusts there are elements of the High Impact Interventions that are not relevant in primary and community care, therefore the interventions have been locally adapted to meet the practice needs of Herefordshire Primary Care Trust. A Saving Lives Steering Group has met to discuss the implementation of this programme across the Trust and members have audited present practice using the observational tool within the interventions framework.

Ongoing work has taken place on the implementation of the Saving Lives initiative, to reduce healthcare associated infection (HAI), in the following areas:

Following audit of the 5 high impact interventions certain key actions were identified.

- A dressing pack containing a single use disposable plastic has been introduced to aid those working within the community.
- September 18th to 22nd was hand hygiene awareness week, reinforcing the importance of effective hand hygiene.
- Catheter insertion and care were 100% compliant. Associated policies, developed by the Continence Nurse Specialists have been approved and introduced.

7 **Surveillance**

The Infection Control Team has provided ongoing monthly alert organism surveillance for all inpatient areas. The Infection Control Team has reported
formally back to areas on key indicator organisms these being Methicillin Resistant Staphylococcus Aureus (MRSA) and *Clostridium difficile* (Cdiff). The reports are issued on a monthly basis to the clinical areas, DIPC and Matrons.

8 **Audit**

The rolling programme of audit has continued across the Trust. In patient areas and main kitchens are visited annually and specialist areas / services are audited every 2 years.

9 **Monitoring Hospital Hygiene**

Hospital hygiene has been monitored in a number of ways:
- Formal audit,
- PEAT audit,
- Health and Safety Steering Group,
- Cleanliness and Nutrition Group,
- Close working relationship with Sodexho to raise awareness on the importance of cleaning highlighting any immediate issues, review and support any changes /improvements necessary.

10 **Decontamination**

Local decontamination processes have been reviewed within Dental, Podiatry and Sexual Health Services. This has been a vital assessment to ensure that all decontamination processes comply with national guidelines. National guidance states that reusable medical equipment will be decontaminated between uses, in a suitable environment, using the appropriate facilities and will be stored correctly to negate the risk of cross infection. Bench top steam sterilisers and other relevant equipment must be used and maintained in accordance with current guidelines (HTM 2010, HTM 2030, MDA DB 2002 (06)).

A decontamination group has been formed.
Herefordshire Primary Care Trust
Infection Control Arrangements

Clinical Risk Committee
reporting to
Clinical Governance Committee

HHT Infection Control Committee
• Via a Service Level Agreement

PCT Infection Control Committee
Appointed Director of Infection,
Prevention & Control

Health Protection Agency
• Outlined in a Service Level Agreement

Commissioned Services
Monitoring of contracts

Provider Services
Service Level Agreement
with HHT Infection Control Team

Primary Care Services
• Microbiology service
• Identified need for more formal infection control support
INFECTION CONTROL WORKPLAN 
2007 - 2008

The Community Infection Control Nurse, Emma Sneed is a member of the Infection Control Team based at the County Hospital, Hereford which consists of Consultant Microbiologist, Alison Johnson, Lead Infection Control Nurse, Gillian Hill and Infection Control Nurse, Sandra Townsend.

The following document outlines the Community Infection Control Work plan for the directly managed services for 2007 - 08.
INFECTION CONTROL WORKPLAN 2007/08

The following objectives have been set for 2007/08. This is in addition to the specifications within the service level agreement.

<table>
<thead>
<tr>
<th>Action to be Addressed</th>
<th>Action Required</th>
<th>Lead Responsible</th>
<th>Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infection Control Team/ development of service</strong></td>
<td>1. Infection Control Nurse to complete Infection Control degree</td>
<td>ICN</td>
<td>NOV 2007</td>
</tr>
<tr>
<td></td>
<td>2. Continue to support and promote development of the infection control service</td>
<td>ICN/DIPC</td>
<td></td>
</tr>
<tr>
<td><strong>Audit</strong></td>
<td>1. Maintain the audit programme April 2007 – March 2008</td>
<td>ICN</td>
<td>August 2007</td>
</tr>
<tr>
<td></td>
<td>2. Review audit actions at Infection Control Committee</td>
<td>ICN/ Matrons</td>
<td>Sept 2007</td>
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<td></td>
<td>3. Ensure all specialties / areas have been audited in line with the audit plan</td>
<td>IPCC</td>
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<td></td>
<td>4. Ensure actions identified out of audits are effectively devolved to Unit Managers – monitor progress.</td>
<td></td>
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<tr>
<td><strong>IT</strong></td>
<td>1. Explore the possible installation and implementation of ICNet.</td>
<td>ICN/ Lead ICN</td>
<td>July 2007</td>
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<tr>
<td></td>
<td>2. Develop business case for projector for teaching purposes.</td>
<td>ICN</td>
<td>June 2007</td>
</tr>
<tr>
<td><strong>Surveillance</strong></td>
<td>1. Introduce traffic light charts in patient areas for Clostridium difficile and MRSA Surveillance data reporting.</td>
<td>ICN</td>
<td>June 2007</td>
</tr>
<tr>
<td></td>
<td>2. Participate in the process of RCA for community acquired MRSA bacteraemias.</td>
<td>ICN</td>
<td>Aug 2007</td>
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<tr>
<td></td>
<td>3. Provide further detailed surveillance on positive</td>
<td>ICN/ICD</td>
<td></td>
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</tbody>
</table>
community isolates of *Clostridium difficile*.

<table>
<thead>
<tr>
<th>Education</th>
<th>ICN</th>
<th>June 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Promote DH elearning if / when IT problems resolved.</td>
<td>ICN / Lead</td>
<td>Aug 2007</td>
</tr>
<tr>
<td>2. Explore the introduction of ward/unit computer screensaver.</td>
<td>ICN / Lead</td>
<td>Feb 2008</td>
</tr>
<tr>
<td>3. Explore introduction of link nurses</td>
<td>ICN</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. Continue providing educational input into mandatory training Sessions</td>
<td>ICN</td>
<td>Nov 2007</td>
</tr>
<tr>
<td>5. Provide infection control education for specialist courses/training sessions</td>
<td>ICN</td>
<td></td>
</tr>
<tr>
<td>6. Investigate where possible ways in which factual information relating to health care associated infection can be presented to the general public.</td>
<td>ICN / DIPC</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Essential Steps to Safe Clean Care</th>
<th>ICN / Matrons Lead DN</th>
<th>Aug 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Standardisation of dressing packs for community staff use - apron, sterile gloves, sterile field, and waste bag.</td>
<td>ICN / Lead DN</td>
<td>Sept 2007</td>
</tr>
<tr>
<td>3. Embedding new asepsis policy with competencies</td>
<td>ICN / Lead DN</td>
<td>July 2007</td>
</tr>
<tr>
<td>4. Introduce <em>Asepsis</em> good practice credit card</td>
<td>ICN / Lead DN</td>
<td>Sept 2007</td>
</tr>
<tr>
<td>5. Development of poster outlining appropriate use of gloves.</td>
<td>ICN / Lead DN</td>
<td>Nov 2007</td>
</tr>
<tr>
<td>6. Assist in the development of a Catheterization Policy</td>
<td>ICN / Lead DN</td>
<td>June 2007</td>
</tr>
<tr>
<td>7. Explore the possibility of Pre-connect catheters being available on drug tariff and availability for community staff.</td>
<td>ICN / Lead DN</td>
<td>July 2007</td>
</tr>
<tr>
<td>9. Standardisation of systems available in community hospitals /inpatient areas for catheterization and management.</td>
<td>ICN / Lead DN</td>
<td>Nov 2007</td>
</tr>
<tr>
<td>10. Implementation of new enteral feeding policy</td>
<td>ICN / Lead DN</td>
<td>July 2007</td>
</tr>
<tr>
<td>11. Embedding new enteral feeding policy into practice</td>
<td>ICN / Lead DN</td>
<td>July 2007</td>
</tr>
<tr>
<td>12. Introduction of BAXA syringes - administration of</td>
<td>ICN / Lead DN</td>
<td>July 2007</td>
</tr>
</tbody>
</table>
medication oral / enteral.

| **Cleanliness** | Ensure and maintain a key role in the development of the hospital cleanliness programme including:
| | 1. Membership of Cleanliness and Nutrition Group
| | 3. Think clean day
| | 4. Monitoring action against infection control audits. |
| **Decontamination** | Support and monitor implementation of decontamination initiatives including:
| | 1. Audit
| | 3. Development of an action plan by group to ensure compliance with national initiatives
| | 4. Assess availability of training for staff performing local decontamination. Provide training annually
| | 5. Explore equipment upgrade in Endoscopy
| | 6. Water sampling / monitoring in Endoscopy |
| **Hygiene Code / Health Act 2006** | Monitor and ensure compliance of Hygiene Code 2006
| | 1. Consultation with ICTs on cleaning protocols.
| | 2. Identify clear definition of specific roles and responsibilities for cleaning
| | 3. Audit of practice required – isolation
<p>| | 4. Assist in the review and Introduction of safe needle |</p>
<table>
<thead>
<tr>
<th>Devices alongside Occupational Health</th>
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<tbody>
<tr>
<td>5. Assist in identifying an Infection control lead in each area</td>
</tr>
<tr>
<td>6. Ensure IC is included in reporting to committee’s</td>
</tr>
<tr>
<td>- Clinical Risk</td>
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<tr>
<td>- Provider Board</td>
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<tr>
<td>- Integrated Clinical Governance</td>
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<tr>
<td>7. Assist in the Introduction of joint monitoring systems across inpatient sites</td>
</tr>
<tr>
<td>8. Assist Sodexho with the process of fully reviewing SLA’s in all sites</td>
</tr>
<tr>
<td>9. Full implementation of essential steps</td>
</tr>
<tr>
<td>10 Assist in the development and implementation of a PCT bed management policy</td>
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<tr>
<td><strong>ICN</strong></td>
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<td><strong>June 2007</strong></td>
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<td><strong>July 2007</strong></td>
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<td><strong>June 2007</strong></td>
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<td><strong>Nov 2007</strong></td>
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<td><strong>Sept 2007</strong></td>
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<tr>
<th>Hand Hygiene</th>
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<tbody>
<tr>
<td>1. Implement Clean your hands campaign.</td>
</tr>
<tr>
<td>2. Participate in national initiatives to raise awareness of infection control eg hand hygiene awareness, food hygiene weeks.</td>
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<tr>
<td><strong>ICN</strong></td>
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<td><strong>Sept 2007</strong></td>
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<td><strong>ICN</strong></td>
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<td><strong>Sept 2007</strong></td>
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<tr>
<th>Policies and Guidelines</th>
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<tbody>
<tr>
<td>1. Review of present policies and update as necessary.</td>
</tr>
<tr>
<td>2. The development of specific policies;</td>
</tr>
<tr>
<td>- Dental</td>
</tr>
<tr>
<td>- Physiotherapy / Occupational Therapy</td>
</tr>
<tr>
<td>3. Assist in the development of a PCT Uniform policy</td>
</tr>
<tr>
<td>4. Assist in the development of a PCT food hygiene policy</td>
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<tr>
<td><strong>ICN/ICD/Lead ICN</strong></td>
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<td><strong>Nov 2007</strong></td>
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<td><strong>Jan 2008</strong></td>
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<td><strong>Aug 2007</strong></td>
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<td><strong>Aug 2007</strong></td>
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<td><strong>Sept 2007</strong></td>
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<td><strong>July 2007</strong></td>
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<tr>
<th>Integrated Community</th>
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<tbody>
<tr>
<td>Membership to the ICES steering group;</td>
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</table>

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Page 27 of 28
| Equipment Store (ICES) | 1. Identify issues relating to infection control and work with ICES to help resolve these issues  
2. Re audit of ICES  
3. Input into the ICES business Workplan  
4. Provide training on infection control for ICES staff | ICN | Aug 2007  
Sept 2007  
ICN  
ICN  
ICN  
July 2007  
July 2007 |
| Management of Waste | 1. Assist in Countywide waste bin audit alongside Estates to ensure correct provision of waste receptacles in inpatient areas.  
2. Embedding new waste management policy  
3. Audit | ICN | Sept 2007  
Sept 2007  
ICN  
Feb 2008 |

References

1 Department of Health (2005) Saving Lives: A Delivery Programme to Reduce Healthcare Associated Infection Including MRSA’s
3 Department of Health (2004) NHS Healthcare Cleaning Model
5 Department of Health (2006) Essential Steps to Safe Clean Care Reducing Healthcare Associated infections in Primary Care Trusts; Mental Health Trusts; learning Disability; Independent Healthcare; Care Homes; Hospices; GP Practices and Ambulance Services