Appendix 2

SERVICE SPECIFICATION – Infection Prevention and Control
St Helens, Halton & Warrington Boroughs

<table>
<thead>
<tr>
<th>Service</th>
<th>Infection Control Service to support Public Health and Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioner Lead</td>
<td>St Helens, Halton and Warrington Local Authorities in conjunction with Clinical Commissioning Groups and NHS England Merseyside &amp; Cheshire Area Teams</td>
</tr>
<tr>
<td>Service Provider Lead</td>
<td>Bridgewater Community NHS Trust</td>
</tr>
<tr>
<td>Period</td>
<td>October 2013 to March 2015</td>
</tr>
</tbody>
</table>

1 Aims

The aim of the integrated community infection prevention and control service is to prevent infections through provision of comprehensive high quality evidence-based infection control support in the community.

The focus of the service will be to reduce and sustain reductions in healthcare-associated infections. In particular, the service will support commissioners to achieve a reduction in the rate of C difficile infections, in line with national objectives and support the CCGs to deliver on the requirement for zero tolerance of avoidable MRSA bacteraemias.

2 Evidence Base

1. The service will be delivered in line with best practice guidance and evidence, including

- The MRSA Post Infection Review (PIR) Process
- Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices (DH 2008)
- Clostridium difficile; how to deal with the problem (DH/ HPA (now PHE) 2008)
- National specifications for cleanliness in Nursing and Residential care homes (NPSA 2010)
- National specifications for cleanliness in primary medical and dental practices (NPSA 2010)
- Infection: prevention and control of healthcare associated infections in primary and community care (NICE 2012)
- All current and any new DH guidance and technical memoranda related to the work programme.
- All Public Health England (PHE) protocols, guidance and policy related to the work programme
- NICE TB guidelines and Hard to reach groups.
- Other national, regional and local guidance and standards

Websites

- http://www.hpa.org.uk/HPA/Publications
- http://www.ips.uk.net/
- http://www.dh.gov.uk
- http://www.apic.org/AM/Template.cfm?Section=Practice
- http://www.pasa.nhs.uk/PASAweb
- http://www.npsa.nhs.uk/
3 Objectives

3.1 To promote prevention of infection through local targeted awareness raising and education activities amongst staff and organisations working in health and social care.

3.2 To reduce the burden of health and social care related infection within the health economy

3.3 To protect people from communicable diseases through robust follow up of cases in line with PHE guidelines.

3.4 To limit the spread of TB through a TB prevention, follow up and treatment service in Warrington.

3.5 To provide strategic support to the local Health Economy on infection prevention and control working collaboratively with the Local Authority Public Health Team, Director of Infection Prevention and Control in the CCGs, NHS England area teams and Public Health England.

4 Relationships and Accountability

The environment in which Infection Prevention and Control services are delivered has become more complex with NHS changes. The accountabilities are outlined below.

4.1 Each Provider of healthcare services is accountable for the safety and quality of the care that they deliver. This includes NHS Trusts, GP practices, Dental practices, Nursing and Residential care homes, private and voluntary sector providers of healthcare. This accountability is to their patients and to their commissioner.

4.2 NHS Commissioners are accountable to the public for the safety quality of the services that they commission:

4.3 NHS England is accountable, working with Clinical Commissioning Groups for the commissioning of high quality Primary Care Services including NHS commissioned GP, Dental, Pharmacy and Optometry Services. It also includes Prison Health Services, Immunisation and Screening Services.

4.4 Clinical Commissioning Groups are accountable for the quality of the community and hospital services that they commission. In addition they are accountable through the NHS for the delivery of reductions in Health Care Associated Infections.

4.5 Local Authority Directors of Public Health are accountable for the overall health of the local population and for commissioning infection prevention and control advice services to the health economy.

4.6 Public Health England is accountable for the prevention surveillance and management of infections in the local community working with a variety of partners to ensure the delivery of this. They provide expert advice and guidance.

4.7 The Infection Prevention and Control service (this service) is responsible for providing information, advice, support and assurance to commissioners and providers of healthcare services. The service is accountable to the Local Authority Director of Public Health who commissions the service. They work under the guidance of Public Health England. In their work with healthcare providers professional accountability for their work is to the Director of Infection Prevention and Control of the commissioning service- CCG or NHS England Area Team.
## 5 Expected outcomes

5.1 Reduction in the burden of Health Care Associated Infections, in particular MRSA and C Difficile
5.2 Reduction in risk associated with health and social care, through training, audits and implementation of best practice from root cause analysis.
5.3 Services have access to specialist advice and support.
5.4 Reduction in spread of infection and outbreaks.
5.5 Reduced prevalence and spread of TB in Warrington.

## 6 Service Description

A detailed description of the areas the Service will cover is outlined below:

### 6.1 Infection Control Training

<table>
<thead>
<tr>
<th>The Service will provide infection control training to the level and frequency agreed in the work plan for the following groups:</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ GP staff</td>
</tr>
<tr>
<td>➢ Primary care dental surgeries</td>
</tr>
<tr>
<td>➢ Nursing and Residential Care home staff</td>
</tr>
<tr>
<td>➢ Optometrists</td>
</tr>
</tbody>
</table>

Study day for all staff who fall under commissioned services.

### 6.2 Health Care Acquired Infections Including MRSA & Clostridium Difficile

<table>
<thead>
<tr>
<th>The Service Provider will:</th>
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</thead>
<tbody>
<tr>
<td>➢ Carry out a root cause analysis on all reported community MSSA, MRSA and Clostridium Difficile infections.</td>
</tr>
<tr>
<td>➢ Facilitate the Post Infection Review process for MRSA bacteraemia and take forward any learning points. Discuss case with Director of Prevention and control at the CCG.</td>
</tr>
<tr>
<td>➢ Report on a monthly basis all HCAI cases to the Director Infection Prevention and Control (DIPC) at the CCG and Director of Public Health.</td>
</tr>
<tr>
<td>➢ Contribute to joint reviews with the Warrington and Halton Hospitals NHS Foundation Trust, St Helens and Knowsley NHS Trust and other CCGs or relevant NHS bodies may be required in cases of cross-boundary events/incidents.</td>
</tr>
<tr>
<td>➢ The service will provide expert advice to review panels should there be a dispute regarding a particular case.</td>
</tr>
<tr>
<td>➢ The Infection Control Team will complete the monthly HCAI Assurance Framework and submit it to the DIPC of the CCG.</td>
</tr>
<tr>
<td>➢ Create and update procedures to prevent and control these infections.</td>
</tr>
<tr>
<td>➢ Establish pro-active approaches to infection control to meet targets for these infections set by the Department of Health (DoH).</td>
</tr>
</tbody>
</table>

Monitor rates of infection and act on any sudden increases ensuring the Director of Governance at Bridgewater Community Healthcare Trust and the relevant Director of Public Health and CCG DIPC are informed through monitoring arrangements.

### 6.3 Tuberculosis- Warrington only

| Meet the standards required within the DoH action plan, the NICE TB guidance and the NICE hard to reach guidance. |

The Service will provide
- BCG clinics four times a month for neonates and high risk clients.
- New entrant screening clinics four times a month.
- Clinics for Tuberculosis (TB) patients and their contacts four times a month.
- Visits to patients with TB at home for the duration of their treatment. Enhanced case management may be required and direct observed therapy undertaken by TB nurse who will visit three times a week to give the patient their medication.
- Work with hard-to-reach groups to identify cases of TB, increase awareness of TB among professionals and the public, and reduce the risk of the emergence of further cases.
- Report all TB cases to Public Health England or via the ETS system, updating it on a regular basis, to ensure that the outcome for individual patients is properly recorded and monitored.
- TB nurse to attend the Public Health England TB cohort review to present all cases as requested.
- TB nurse to attend TB adult and paediatric clinic held monthly and liaise closely with TB consultants.
- Work with acute trust to provide TB advice and support and investigative procedures as requested.
- Support to prison services as required for prisoners under investigation or having TB treatment.
- Liaising with the TB lead at Public Health England on a regular basis.
- Investigating possible clusters of cases demonstrating similar sub-types of the micro-organism.
- Liaise with occupational health services regarding TB advice and support.

6.4 Contact Tracing for Notifiable Diseases

Under the direction of Public Health England the Service Provider will:
- Ensure all cases of notifiable diseases including Hepatitis A, Hepatitis B, Meningitis, Measles, Pertussis and Legionella, and any other less common communicable diseases, are followed up and offered appropriate prophylaxis or advice.
- Give advice to GPs and other health professionals, the client and family on infectious diseases and the way to manage them.
- Follow up any outbreaks of infectious disease giving advice and support and liaising with Public Health England.

6.5 Infection Control Audits

The Service Provider will undertake a planned programme of audits. This will include regular checks of infection control practices as well as the fitness of a premises in which to provide care. The frequency of the audits will be based on a risk assessment and agreed in the annual work plan.

There will be situations where the Team will be asked to investigate premises as a result of concerns raised by a member of the public etc. Unannounced audits may be required if there are serious safety concerns.

Audit reports will be sent to the appropriate commissioner (LA, CCG or NHS England). The provider will need to agree an action plan with their commissioner. Any premises of concern need to be visited and re-audited to ensure appropriate remedial steps are taken. Any serious concern needs to be raised with the commissioning Director of Infection Prevention and Control or DPH within 24 hours. Services to be audited include:
- Audit of GP Surgeries.
- Nursing and Residential Care Homes
- Prison Health Care
- Reviews of dental practices—self-assessment HTM01-05 audits and return to commissioners. Any practices scoring below acceptable threshold or with concerns to receive a visit from the Infection Control Team to ensure issues are addressed.

### 6.6 Policies & Procedures

The Service Provider will:

- Produce all infection control policies and procedures for their service and make them available on the intranet.
- Update the policies as necessary.
- Produce new policies and procedures as required following DOH guidance.
- Audit the use of the procedures.

### 6.7 Health Protection Forum meetings

The Service Provider will contribute to the relevant Health Protection Forum meetings in the three boroughs involving stakeholders from CCGs, LAs and healthcare providers. They will also contribute to the relevant Health Economy Infection Control Committees.

### 6.8 Operational Role

The Service Provider will:

- Produce an Infection Control Annual Report and Work Plan for the year in conjunction with the Directors of Public Health for each borough Health Protection Forum.
- Support clinical services, including Nursing and Residential Care Homes, General Practices, Dental Practices, as well as the Local Authority establishments, to comply with the standards required for registration with the Care Quality Commission.
- Work closely with the Public Health Departments and Commissioners offering support and advice.
- Provide appropriate support/input as required in any emergency situations and pandemics as part of an overarching public health duty of services.

### 6.9 Advice on new builds and refurbishments

The Service Provider will:

Give infection control advice to the Commissioners on any new builds or refurbishments ensuring consideration is made that any alterations will comply with NHS & local government performance requirements.

### 6.10 Auditing and working with Warrington and Halton & St Helens & Knowsley Hospitals NHS Trusts

The Service Provider will:

- Audit a selection of hospital wards and departments, using the Infection Prevention Society Audit Tool, and feedback to the Director of Public Health as agreed in the work plan.
- Work with Hospital Infection Control colleagues on the management of infection control incidents across the health economy, and work with these colleagues to monitor hospital compliance with the Health and Social Care Act 2008.

Attend the relevant hospital infection control meetings.

### 6.11 Work with Public Health England

The Service Provider will:

Work with colleagues based with Public Health England to:
Resolve and manage outbreaks of infection in the community.

Follow up any contacts of cases of infectious disease such as Meningitis, Measles, Hepatitis B, Legionella, Hepatitis A and Norovirus, and any other unusual infectious diseases.

Assist with the monitoring or investigation of schools and other premises as required during incidents involving local services and agencies.

Work closely with the Environmental Health Officers in the event of an outbreak or food borne illness.

In the case of a pandemic, provide the local links to the national planning and coordination infrastructure in conjunction with the Director of Public Health in the local Borough.

6.12 Communications with professionals and the public

The Service Provider will:

- Produce advice for the general public, using a number of different media, such as through dissemination of appropriate leaflets and detailed information on NHS websites.
- Provide telephone advice to both professionals and the public, through an advertised telephone number, with message recording facility out of hours, so that calls can be returned within 24 hours (except at weekends and Bank holidays).
- Provide advice for Borough Council staff to enable them to specify clearly in appropriate documentation any requirements relevant to Infection Prevention and Control.
- Support the Director of Public Health with health protection advice and support.

Take part in National campaigns by provision of information/stands/displays.

6.13 Achieving the requirements of the Health and Social Care Act 2008 & 2010

The Service Provider will:

Work with colleagues based within the three Borough councils to

- Support them with compliance with the requirements of the Health and Social Care Act 2008 and 2010.
- Work closely with the Care Quality Commission and update with any concerns.

7 Scope & Operational model

7.1 Accessibility/Acceptability

The service provider will be expected to access a variety of health and social care premises as well as – on occasion – private residences across the areas of coverage. For the purposes of this specification, this will mean residential settings, dental practices, general practices, prisons and other premises as required.

The Service Provider shall not discriminate between Service Users, and shall provide the appropriate assistance for Service Users, who do not speak, read or write English, or who have communication difficulties.

7.2 Quality Standards

The Service will be delivered with due care and diligence by staff with the appropriate qualifications and experience, Infection control qualification. They also have a wide experience, skills and competencies to perform the duties required of them and be appropriately supervised managerially and professionally to provide a comprehensive service. They will be supported by
clerical support.

The Service Provider shall endeavour to ensure suitable arrangements will be in place/sufficient resources are available to cover anticipated and actual peaks in demand for services and periods of leave, such as absences or holidays within our current resources.

Service Provider Staff will be provided with suitable training and developmental opportunities.

All activities should be underpinned by mechanisms and materials to increase capability of staff and residents around self-care in infection prevention and control.

7.3 Whole System Relationships

Systems should be established to ensure that the service links collaboratively with all stakeholders across the health and social care economy to ensure a seamless service for all residents. The team will support professional forums for providers.

7.4 Interdependencies

The team will liaise with a number of stakeholders across St Helens, Warrington and Halton including:

- Directors of Infection Prevention and Control (DIPC) Clinical Commissioning Groups (CCGs) providing professional accountability
- Directors of Public Health and their teams as public health leaders and commissioners of the service
- Public Health England Centre Cheshire and Merseyside (PHE)
- NHS Commissioning Board – Cheshire Area Team & Merseyside Area Team
- Information Analysts – Commissioning Support Services
- Primary Care staff within GP and Dental Practices
- Nursing and Residential Care Home Managers and staff
- Bridgewater Community Health Staff
- Local Acute Trusts
- Domiciliary Care Providers
- School Health Teams
- Nursery Managers
- Homelessness Nurse and hostel staff as needed
- Prison Health Staff
- Health and Social Care Commissioners

8 Referral, Access and Acceptance Criteria

8.1 Geographic coverage/boundaries

The areas covered the resident and GP registered populations of St Helens, Halton and Warrington.

8.2 Location(s) of Service Delivery

Premises wherein primary and prison health are delivered, areas where social care is provided and the patient's home.

8.3 Days/Hours of operation

Monday to Friday 7.45am – 4.45pm The team will work flexibly in order to meet the requirements of the specification.
At night and on the weekend, infection control advice and support will be given via Public Health England on-call system.

8.4 Referral criteria & sources

- There is a defined referral pathway for outbreaks and for contact tracing of specific infections.
- Follow agreed PHE protocols for control and management of infectious diseases and outbreaks.

8.5 Referral route - Telephone, fax, email

8.6 Exclusion Criteria

Services not commissioned by Local Authorities and CCGs in St Helens, Warrington and Halton and NHS England –Cheshire and Merseyside Area Teams.

8.7 Response time and prioritisation

- Contact tracing must receive immediate attention.
- Outbreaks (including 2 or more cases in the same place at the same time or 1 case of particular infections eg. scabies) will receive priority and be responded to the same working day.
- Ad hoc advice may be required immediately.

9 Discharge Criteria and Planning

Support will be given by the service to ensure appropriate use of beds across health and social care.

There will be at least daily review of all patients affected by outbreaks and infections requiring isolation, in local Nursing and Residential care homes. There will be a requirement to project dates for re-opening of Nursing and Residential care homes, subject to daily revision.

10 Quality and Performance indicators

The service and specification contents are reviewed quarterly and annually by commissioner and provider to ensure that the spec meets current health needs, aims to reduce health inequalities and is executed within the identified budget.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Method</th>
<th>Level</th>
<th>Reporting mechanism</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service User Experience</td>
<td>Professional service user questionnaire</td>
<td>40% response rate and &gt;80% satisfied</td>
<td>Annual report</td>
<td>Review of service if indicated after discussion with commissioners</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Root cause analyses are undertaken on the following: -MRSA bacteraemia</td>
<td>100% of applicable cases will be managed in accordance with agreed PIR processes and within 7 working days</td>
<td>Monthly report against work plan</td>
<td>Review of service if indicated after discussion with commissioners</td>
</tr>
<tr>
<td></td>
<td>-C difficile cases</td>
<td>100% of community cases have a root cause analysis completed</td>
<td>PIRs (post infection reviews) are only required</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Performance Indicators</td>
<td>Threshold</td>
<td>Method of measurement</td>
<td></td>
</tr>
<tr>
<td>----------</td>
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<td></td>
</tr>
<tr>
<td>MSSA bacteraemia</td>
<td>100% of community cases have a root cause analysis completed</td>
<td></td>
<td>on MRSA bacteraemias (DOH)</td>
<td></td>
</tr>
<tr>
<td>Patients diagnosed with repeat infections will receive priority for investigation</td>
<td>100% relevant patients</td>
<td></td>
<td>Monthly report against work plan</td>
<td></td>
</tr>
<tr>
<td>All patients diagnosed with C-A C diff to receive information and offer of support</td>
<td>90% patients</td>
<td></td>
<td>Monthly report against plan</td>
<td></td>
</tr>
<tr>
<td>Arrangements will be made with local trusts to provide IC team contact details to all patients who test positive for MRSA prior to elective admission.</td>
<td>Development of SOP with local trusts</td>
<td></td>
<td>Submission of SOP and monthly report against plan</td>
<td></td>
</tr>
<tr>
<td>Improving Productivity</td>
<td>Delivery on the spec within given resources</td>
<td></td>
<td>Annual report against work plan</td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td>Listed in spec</td>
<td></td>
<td>Monthly report against work plan</td>
<td></td>
</tr>
<tr>
<td>Quality of Service</td>
<td>Outcomes are met</td>
<td></td>
<td>Annual report against work plan</td>
<td></td>
</tr>
</tbody>
</table>

### Activity

Activity will be agreed in the annual work plan. For 2013/14 the activity is as follows:

<table>
<thead>
<tr>
<th>Activity Performance Indicators</th>
<th>Threshold</th>
<th>Method of measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forward plan developed against the specification</td>
<td>Plan in place</td>
<td>Review of plan</td>
</tr>
<tr>
<td>Quarterly reports against the work plan</td>
<td>Quarterly submission</td>
<td>Review of progress</td>
</tr>
<tr>
<td>All nursing homes will be audited with priority placed on those homes with scores below 85% on previous audit.</td>
<td>100% of nursing homes</td>
<td>Quarterly report against plan</td>
</tr>
<tr>
<td>All GP practices will be audited</td>
<td>100% premises will be audited and a report and action plan completed for each.</td>
<td>Quarterly report against plan</td>
</tr>
<tr>
<td>All GP practices scoring less than 85 % on</td>
<td>100% of relevant GP practices</td>
<td>Quarterly report against plan</td>
</tr>
</tbody>
</table>
previous audit will be re-audited.

All dental practices will be visited and feedback provided on progress with self-audit (in accordance with HTM 01-05) 100% of dental practices Quarterly report against plan

Staff from each Nursing and Residential care home have been trained in infection control (500 in total). Minimum 400 staff Quarterly report against plan

A system of link nurses and champions will be established within GP practices At least 60% of practices Quarterly report against plan

A system of IC link nurses and champions will be established in nursing homes. At least 60% of nursing homes Quarterly report against plan

A system of IC link nurses and champions will be established in primary care dental practices. At least 60% of practices

Prison health provision – outside of Liverpool Community health – will be fully audited. Full audit of both prison healthcare premises Quarterly report against plan

### 12 Price

<table>
<thead>
<tr>
<th></th>
<th>Health Economy Infection Prevention &amp; Control Service</th>
<th>TB Service</th>
<th>Expected Annual Contract Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warrington</td>
<td>£134,895</td>
<td>£31,181</td>
<td>£166,076</td>
</tr>
<tr>
<td>St Helens</td>
<td>£116,618</td>
<td></td>
<td>£116,618</td>
</tr>
<tr>
<td>Halton</td>
<td>£83,242</td>
<td></td>
<td>£83,242</td>
</tr>
<tr>
<td>3 Borough total for service</td>
<td>£334,755</td>
<td></td>
<td>£365,936</td>
</tr>
</tbody>
</table>

Funding for this service will be released on actual spend. The service providers must ensure the allocation of funding is fully utilised and this will be monitored on a quarterly basis with the commissioner.