

Response to the Consultation on:

The Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infection and related guidance, and

Prevention and control of infection in care homes

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Response to the Consultation on:

The Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infection and related guidance, and

Prevention and control of infection in care homes

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Contents

| | | |
|----|-----------------------------------|----|
| 1. | Introduction..... | 5 |
| 2. | Consultation process..... | 5 |
| 3. | Consultation responses..... | 6 |
| 4. | Department of Health reply..... | 14 |
| 5. | Conclusion..... | 15 |
| | Annex A: List of respondents..... | 16 |

1. Introduction

The Consultation outlined in this document sought views on *The Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infection and related guidance*. In addition, it sought views on an edited version of extant guidance¹ *Prevention and control of infection in care homes*, and an impact assessment.

2. Consultation process

The 12 week consultation began on 13 August 2009 when the documents were placed on the Department of Health website. The consultation invited comments on both publications and the impact assessment and sought views on content, style, navigation, suitability and usability. Further details can be found at:

www.dh.gov.uk/en/Consultations/Closedconsultations/DH_104114

In addition, during the consultation period, the Department held two stakeholder engagement days (6th and 12th October) to discuss any issues following release of the consultation documents.

A full list of respondents is at Annex A.

The consultation followed the 'Government Code of Practice on Consultation'. The full text of that Code of Practice is on the Better Regulation website at:

www.berr.gov.uk/whatwedo/bre/consultation-guidance/page44420.html

¹ *Infection Control Guidance for Care Homes*, Department of Health, June 2006

3. Consultation responses

A total of 78 responses were received from a wide range of sources including NHS bodies; local authority and independent homes; specialist infection control nurses or leads; administrators, managers and directors; heads of quality and infection control and academia.

A number of responders chose to reply against particular sections of the Code such as the compliance criteria or provide general comments rather than the specific consultation questions. The overall responses through either route were varied and too numerous to identify individually. The following therefore provides an overview.

Overview of the Consultation responses

Question 1

Is it clear where *The Code of Practice for the Prevention and Control of Infections (Code)* sits in relation to the overarching legislation of The Health and Social Care Act 2008?

Yes: 92% No: 5% N/A or No Comment: 3%

92% felt that it was clear where the Code sits in relation to the overarching legislation.

Question 2a

Are the terms used to describe those who deliver care in the health care and adult social care settings sufficiently clearly defined within Appendix 2: Definitions?

Yes: 75% No: 22% N/A or No Comment: 3%

75% felt that the terms used were sufficiently clearly defined.

Comments included:

- definitions were sometimes unclear or difficult to understand for some sectors;
- better differentiation required between different types of care homes and roles within; and
- more clarity required about the role of carers or volunteers.

Question 2b

Is the extent of their roles clear?

Yes: 73% No: 20% N/A or No Comment: 7%

73% felt that the extent of roles were clear.

Comments included:

- further clarity required around definitions and specific roles and responsibilities; and
- a clearer focus about improving communication between service users and providers.

Question 3

Is the language used throughout the new Code and its related guidance sufficiently clear and appropriate to those who will be implementing the Code of Practice?

Yes: 60% No: 37% N/A or No Comment: 3%

60% felt the language used throughout the Code was sufficiently clear and appropriate to those who would be implementing it.

Comments included:

- the Code was sometimes vague or slightly ambiguous between different sections;
- some of the language used or terms were difficult for some - too medically based;
- does not sit well with domiciliary care;
- did not acknowledge that some care homes are considered as people's own homes; and
- concept of proportionality was unclear and needed revising.

Question 4

Are there any areas where you feel complying with the Code will require a significant change of practice?

Yes: 60% No: 30% N/A or No Comment: 8% Not Sure: 2%

60% felt that there were areas where complying with the Code will require a significant change of practice.

Common themes highlighted by a number of respondents were:

- the provision of isolation facilities;
- ensuring policies are evidence based;
- cost, provision and quality of education and training;
- layout and practicalities of some care settings,
- hand washing facilities/gels and associated costs; and
- costs and provision of equipment.

Other points raised included:

- need to re-examine and clarify the descriptions of certain roles;
- access to and the provision of occupational health and 24-hour infection control advice;
- changes in practice around policy development, risk assessment and audit;
- issues around communication, management, leadership and individuals accountability;
- confusion about requirements for surveillance and reporting of infections; and
- clarification around specific roles of bodies, how the Code impacts on transport and ambulance services.

Question 5

Would there be any advantages in having two distinct Codes (one for health care and one for adult social care)?

Yes: 38% No: 58% N/A or No Comment: 4%

58% felt that there would be no advantage in having two distinct Codes.

Comments included:

- not all the requirements in a single document are relevant in all areas due to different backgrounds and infrastructure. This could lead to lack of clarity, confusion or omissions;
- NHS hospitals do not need to know what needs to be met in social care and a single Code would make self-assessment difficult;
- all sectors work to the same principles and a single document would help to promote joined-up working between sectors and improve communication;
- two distinct Codes could lead to confusion - a single Code is far preferable; and
- clear emphasis and practice of proportionality is key.

Question 6a

Is the required level of proportionality sufficiently clear within the Code and its related guidance so that the standards already achieved within the NHS are maintained and improved?

Yes: 63% No: 20% N/A or No Comment: 13% Not Sure: 2% Partly: 2%

63% felt that the required level of proportionality was sufficiently clear within the Code and its related guidance so that the standards already achieved within the NHS are maintained and improved.

Comments included:

- unclear of the question or concept of proportionality and how it is applied;
- how the Code would interact with other policy priorities e.g. waiting times;
- specific worked examples would help; and
- the majority felt proportionality was clearly emphasised.

Question 6b

Is the required level of proportionality sufficiently clear within the Code and its related guidance so that all parts of the health care system, both independent and NHS, will need to achieve the same standards of care as outlined within the Code of Practice?

Yes: 62% No: 17% N/A or No Comment: 20% Partly: 1%

62% felt that the required level of proportionality was sufficiently clear within the Code.

Comments included:

- worked examples would help explain levels of proportionality;
- proportionality is open to interpretation;
- lack of experience in risk assessments;
- immunisation matters are better placed in the NHS; and
- need to balance infection control with other requirements of service users e.g. the homeliness of the environment.

Question 6c

Is the required level of proportionality sufficiently clear within the Code and its related guidance so that where care is delivered in either a residential environment or within the persons own home no undue burden is placed upon the provider of care?

Yes: 50% No: 43% N/A or No Comment: 7%

50% felt that the required level of proportionality was sufficiently clear within the Code.

Comments included:

- Code was unclear and weighted towards nursing homes;
- posed a new requirement or additional costs;
- limited provision of equipment, isolation facilities or access to specialist knowledge;
- lack of clarity about what relates to a patients home or is relevant to care homes;
- concern on getting the right level of consistency, adherence and proportionality; and
- Code was clear about local needs identifying the level of detail and complexity based on risk assessment.

Question 7

Do Table 1 (*The application of the Code or Practice to regulated activities*) and Table 3 (*Policies appropriate to regulated activities*) in Appendix 3 provide suitable guidance as to the application of the new Code and policies required to the different regulated activities?

Yes: 62% No: 28% N/A or No Comment: 10%

62% felt that Table 1 and Table 3 provide suitable guidance as to the application of the new Code and policies required to the different activities.

Comments included:

- some tables are too complex, ambiguous, not clear about what applied and where;
- language or use of acronyms confusing; and
- did not recognise different levels of risk for different settings.

Question 8

Does Table 2 in Appendix 3 give sufficient practical guidance for providers of care on the available sources of advice on infection prevention and control?

Yes: 53% No: 35% N/A or No Comment: 12%

53% felt that Table 2 gave sufficient practical guidance for providers of care on the available sources of advice.

Comments included:

- Table 2 was either confusing, inaccurate, too complicated or lacked clarity;
- acronyms did not help;

- need greater clarity and consistency in provision;
- access to advice for voluntary organisations needs consideration e.g. provision of learning and occupational health resources; and
- important to ensure all sources of advice were clearly known and understood at the local level.

Question 9a

Do you feel that the Code will reinforce the requirement of providers to offer immunisation to staff?

Yes: 65% No: 23% N/A or No Comment: 8% Not Sure: 4%

65% felt that the Code will reinforce the requirement of providers to offer immunisation to staff.

Comments included:

- some staff may have limited access to occupational health services which has possible cost implications;
- not clear where some social care staff fit e.g. in personal care;
- difficult for staff to identify what immunisations or screening applies and if compulsory; and
- Code would be useful in reinforcing the requirement for immunisations.

Question 9b

Do you think this will lead to increased vaccine uptake?

Yes: 37% No: 32% N/A or No Comment: 20% Not Sure: 11%

37% felt that offering immunisation would lead to increased vaccine uptake.

Comments included:

- take up is patchy within social care;
- NHS vaccination uptake will only increase if it is compulsory;
- take up might vary depending upon what specific protection was being provided e.g. for blood-borne virus, seasonal flu etc.; and
- costs and availability of occupational health services.

Question 10a

Does the Impact Assessment accurately represent the costs of and benefits associated with implementing the Code and its related guidance?

If No, what other areas should be considered? Please specify with examples

Yes: 32% No: 28% N/A or No Comment: 28% Not Sure or Unclear: 12%

32% felt that the Impact Assessment accurately represented the costs of and benefits associated with implementing the Code and its related guidance.

Comments included:

- NHS financial flow arrangements make it difficult to offset cost in one area by benefit in another;
- cost benefit assumptions are speculative;

- difficult to judge what the costs will actually be;
- impact assessment underestimates costs on immunisation and increased requirement/access to occupational health services;
- no consideration on how independent sector providers will access occupational health services or infection control expertise and whether it is chargeable;
- suggested implementation time and costs was unrealistic and should be increased; and
- smaller providers at a disadvantage.

Question 10b

Do you have any relevant data that may help us improve our economic assessments?

Yes: 10% No: 67% N/A or No Comment: 20% Not Sure or Unclear: 3%

67% did not have any relevant data. Of the 10% who indicated they did have data, only one supplied data.

Question 11

Are there any proposals contained in the Code and its related guidance that might have an adverse impact on race, disability, gender, sexual orientation, religion or belief, or age equality for you or for service users?

Yes: 10% No: 78% N/A or No Comment: 10% Not Sure or Unclear: 2%

78% felt there were no proposals that might have an adverse impact on race, disability, gender, sexual orientation, religion or belief, or age equality.

Comments included:

- whether information leaflets and resources could be available in other languages or formats.

Prevention and control of infection in care homes

Question 12

Will this practical information for care homes help you deliver your service by acting as a 'how to manual'?

If No, what additional information would you find useful

Yes: 63% No: 13% N/A or No Comment: 22% Partly: 2%

63% felt this practical information for care homes would help them deliver their service.

Comments included:

- need more user-friendly practical pull-out leaflets;
- suggested amendments to make it more widely understood by all levels;
- lack of consistency with the Code in places; and
- some training issues need further consideration.

Question 13

Does this practical information provide an appropriate level of detail?

If No, please give examples of what is required.

Yes: 67% No: 13% N/A or No Comment: 18% Not Sure: 2%

67% felt that the practical information provided an appropriate level of detail.

Comments included:

- greater detail needed in some areas, e.g. on prescribing antibiotics;
- confidentiality issues when passing information;
- remove acronyms and shorten the document; and
- request detailed case studies and more detail on clinical governance and audit.

Question 14a

Are the templates in this practical information for care homes useful?

Yes: 77% No: 3% N/A or No Comment: 18% Not Sure or Unclear: 2%

77% felt that the templates were useful, although one or two suggested adjustment to correspond with the various types of social care organisation.

Question 14b

Are there additional templates that would be useful?

If Yes, please specify

Yes: 33% No: 35% N/A or No Comment: 28% Not Sure: 4%

33% indicated that some additional templates may be useful.

Comments included:

- WHO 5 moments of hand hygiene;
- a simple guide for carers; and
- audit tools.

Question 15

What else in this practical information for care homes would be useful?

A wide variety of suggestions were put forward including:

- access to e-learning tools;
- cleaning schedules;
- a more practical resource for front line staff; and
- down-loadable leaflets about specific diseases.

General comments

Do you have any other comments you would like to make in relation to this consultation?

There was a good deal of positive comments that the current level of details was about right and flexible enough to allow for local interpretation.

Suggestions included:

- appropriate use of service user information and how it needs to link to other guidance;

- transition arrangements and corresponding impact of the Code; and
- greater emphasis needed on a wider range of infections outside MRSA and *C. difficile*.

4. Department of Health reply

We are grateful for all responses received and would like to take this opportunity to thank those who contributed.

The content of the Code is essentially unchanged; we have simply restructured the information to clarify how it applies to the different providing sectors. It does not introduce new requirements but reminds providers of existing commitments and guidance. For example, health and safety legislation under the *Health and Safety at Work etc. Act 1974* already requires employers to pay for necessary vaccinations. Decisions on immunisation should be based on a risk assessment and relevant guidance.

In terms of assessing the impact, we added further hours to staff training costs, which increased the total. However, this did not affect the overall finding in both the consultation stage impact assessment and revised impact assessment that the opportunity costs will be outweighed by the benefits to service users in terms of improved quality and infection reduction.

Overall, the responses received have been used to improve the clarity and content of both documents with specific areas being addressed as follows:

- As most respondents favoured a single Code, we proceeded on that basis.
- The introduction to the Code has been revised and reworked to ensure greater clarity.
- A new appendix has been added to clarify interpretation for providers of social care by giving specific worked examples.
- Definitions have been amended and clarified where possible.
- The immunisation section has been amended and we will work with colleagues who produce the Green Book to try to address comments where applicable.
- Other appendices have been re-worked to help to clarify interpretation and proportionality.
- All tables have been revised to improve understanding and to facilitate decisions for local determination based on local circumstances.
- Outside this consultation, the Department had already made plans to commissioned quality improvement tools to assist in demonstrating compliance with the Code, which are planned to be available later in the year.

5. Conclusion

Following the consultation, the new Code was published in electronic format on 16 December 2009 and is available on the Department of Health (DH) website at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288

Printed hard-copies are available to order from www.orderline.dh.gov.uk or via the DH orderline 0300 123 1002.

The Code was published ahead of this consultation response document to help the NHS meet the Care Quality Commission's timetable for registration. The Impact Assessment is available at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288

A practical resource on infection prevention and control for care homes will be available in the spring and will include a new simple guide for care home staff.

Annex A: List of respondents

Ambulance Service Network
Anchor Trust
Association for Perioperative Practice
Association of Directors of Adult Social Services
Barchester Healthcare
British Geriatrics Society
British Medical Association
BUPA Care Services
Care Quality Commission
Cheshire and Wirral Partnership NHS Foundation Trust
Cheshire East Council
Christian Science Homes
City of Sunderland Council
Cumbria Care - Adult & Cultural Services
Department of Health Advisory Committee (ARHAI)
Durham County Council
East Riding of Yorkshire Council
English Community Care Association
Forum of Private Business
Guardian Care Centre
Health and Safety Executive
Health Protection Agency
Health Protection Agency NE
Heathfield Horsham Ltd
Infection Prevention Society
Kent County Council
Lancashire County Council
Leeds Community Healthcare
Leicestershire County Council
Marches Care Ltd
Marie Curie Cancer Care
Medicines and Healthcare products Regulatory Agency
National Aids Trust
National Care Association
National Care Forum
National Information Governance Board for Health and Social Care
National Patient Safety Agency
NHS Confederation
NHS Dudley
NHS East Sussex Community Health Services
NHS Haringey
NHS Leicestershire County and Rutland IPC Practitioners Group
NHS Lincolnshire
NHS Manchester
NHS North of Tyne HCAI Reduction Partnership
NHS Oxfordshire
NHS Sheffield
NHS South of Tyne and Wear
NHS Stoke on Trent
NHS Wandsworth Community Services

NHS Western Cheshire
North East Ambulance Service NHS Trust
North Yorkshire County Council
Northumbria University
Nottinghamshire Care Association
Nottinghamshire County LINK
Oakhaven Residential Care Home
Oxfordshire County Council
Private individual
Registered Nursing Home Association
Royal College of Nursing
Royal College of Physicians
Sanofi Pasteur
Shakti Nursing Home
Shropshire County and Telford and Wrekin PCT's
Skills for Care
St John Ambulance
Sue Ryder Care
Suffolk Mental Health Partnership NHS Trust
Taunton and Somerset NHS Trust
The Aylsham Manor Residential Home
The Salvation Army
Voluntary Organisations Disability Group
Walsingham Social Care Team
Water UK
West Berkshire Council
Whitmore Vale Housing Association
Worcestershire Acute Hospitals NHS Trust