

## Healthcare Associated Infections – Britons will go a long way to avoid them

*A MindMetre research note on attitudes to HCAs, and the distances people are prepared to travel to be treated in a hospital with a good HCAI control record*

**Autumn/Winter 2014**

### Management Summary

In the new structure of the NHS, with acute clinical services commissioned by GP-managed Clinical Commissioning Groups (CCG), patient mobility has become a clear and present reality. Patients, in partnership with their GP, can choose to be treated at an Acute Trust of their choice, with the associated funds following the patient. CCGs are clearly charged with the mandate to 'improve patient outcomes', and so offering this level of patient choice is systemically built in to the new NHS structure. This is a major potential headache for Acute NHS Trusts, in that there is a possibility of them losing 'business' to other Trusts with a better reputation, whether for a clinical specialism or a safer overall environment.

In January 2014, MindMetre published research which showed the high propensity of UK citizens to sue a hospital if they contracted a Healthcare Associated Infection (HCAI), and argued that the consequential reputational damage was likely to encourage patients to look for an alternative provider of treatment.

This latest research from MindMetre now calibrates the likelihood of British citizens to insist on treatment at an alternative hospital if their local provider had a below average record of HCAI reduction.

The answer was definitive and clear. 76% of citizens say that if they learned that their hospital was a low performer on HCAI reduction, they would insist their GP referred them to a hospital with a better record. 83% would be happy to travel 20 miles to be treated in a hospital with a better HCAI reduction record than their local hospital. 62% would be happy to travel 50 miles for treatment, and 48% would be happy to travel 100 miles in the same situation.

This research note clearly demonstrates that Acute Trusts need to take their initiatives to reduce HCAs even more seriously if they are to avoid patients opting to be treated at a hospital with a better record, with funds following the patient.

## **Infection Rates – Momentum Slows – New Contenders**

In 2012, the UK's Health Protection Agency (HPA) published a report<sup>1</sup> revealing that while the best-known antibiotic-resistant 'superbug', MRSA, was falling in British hospitals, over 6% of English hospital patients still acquire some form of infection during their stay. New types of infections have also emerged over the last five years, with some not only being resistant to existing antibiotics, but also resistant to some newer antibiotics.

In 2014, Health Protection Scotland published its latest Healthcare Associated Infection Report<sup>2</sup>, revealing that reduction rates for C.difficile had levelled off. A similar picture of levelling off, though for MRSA infections, appears in the latest surveillance data from Public Health England<sup>3</sup>. In addition, the Scottish report notes, "Whilst there have been large reductions in the rates of MRSA bacteraemias since 2006, the rates of MSSA bacteraemias have remained largely unchanged." Emerging types of HCAI were noted in the report – particularly Carbapenemase-producing Enterobacteriaceae (CPE). As the report notes, "...one of the emerging concerns is CPE. Whilst reported carbapenemase-producing bacteria did not increase during 2013, the current state of epidemic spread in Scotland moved from sporadic spread to single hospital outbreaks." This echoes concerns in the 2012 HPA report.

The UK authorities' decision to specifically target MRSA and C. difficile reduction has undoubtedly been successful in the England, Wales and Scotland, and those successes should be recognised and celebrated; but it would appear that a broader set of initiatives directed at HCAs, and measures to prevent them, is required. This need is underlined by recent comments from the Prime Minister<sup>4</sup> and those made last year in a report from the Chief Medical Officer, who herself described the issue of antimicrobial resistance as "a ticking time-bomb."<sup>5</sup>

## **Reduction Methods**

The record of success to date in reducing specific targeted 'superbugs' (MRSA and C.difficile) provides positive proof that interventions can be very successful in reducing infection rates. To this end, it is worth re-iterating the UK Department of Health's recommended "high-impact interventions" which, when stringently implemented, are the key methods of battling HCAs. The HPA's advocated selection of critical disciplines in this regard are:

- Hand-washing, either with soap & water or alcohol hand gel
- Use of protective clothing, e.g. disposable gloves
- Regular and thorough cleaning of premises and equipment
- Rapid identification and isolation of patients with antibiotic or antimicrobial-resistant infections, to prevent wider infection spread
- More appropriate and effective use of antibiotics, e.g. only use the most effective antibiotic at the right dose, and only them when judged medically necessary

## **Identifying Infections and Using Antibiotics Appropriately**

In terms of 'identification', the experience with MRSA reduction has shown that mandatory active screening of patients on admission has proved extremely effective. Spotting infected parties and treating them rapidly, with the most appropriate antibiotic, and isolated from uninfected patients, is clearly a key strategy in HCAI reduction, with a commitment to its continuance in the Department of Health Operating Framework ("The zero tolerance approach to all avoidable HCAs will continue"). Active screening for both elective and non-elective cases has been mandatory in England and Wales since 2010. Around this time, some pioneering Trusts also introduced rapid screening for other associated infections<sup>6</sup>, such as MSSA. However, screening programmes routines are not yet addressing emergent HCAs, a good proportion of which are presenting antibiotic-resistance.

Much is made in the world of acute healthcare of the (perceived) over-propensity of GPs to prescribe antibiotics at the primary care level, thereby fuelling the rise of antibiotic resistance in the primary care environment over which the acute sector has no control. Worryingly, the Health Protection Scotland reports note that although "there has been continued progress towards reduction in the use of the 4Cs" (broad-spectrum antimicrobials associated with a high risk of CDI, including clindamycin, co-amoxiclav, cephalosporins and ciprofloxacin); "there has been a 3% increase in the use of all antibiotics in primary care."<sup>7</sup> Public perception of this problem is actually quite high, with MindMetre's research showing that 71% of British citizens believe that GPs are still prescribing too many antibiotics to their patients, and therefore encouraging antibiotic-resistance in hospital.

At all events, combating the rise of new forms of HCAI benefits from rapid identification of a strain's particular antibiotic-resistance, in order to reduce the level of 'trial and error' in treating dangerously infected patients, consistent with the discipline noted above about "more appropriate and effective use of antibiotics." However, the technology and techniques used to actively screen and rapidly identify the most appropriate antibiotic may need to be applied to a wider range of potential infections, given the rise reported by the HPA in infections that are neither MRSA nor C. difficile<sup>8</sup>.

## **HCAI Reduction - What Level of Priority? – What Financial Effects on Acute Trusts?**

Many priorities lay claim to NHS funds, and in the discussion of any one single issue, perspective has to be gained to understand, in this instance, where HCAI reduction sits in the taxpayers mind relative to other burning healthcare requirements. MindMetre's latest research fieldwork has given an element to the context of HCAI reduction.

The headline finding from the research is that 96% of British citizens believe eradicating **all** HCAs should be an NHS top ten priority. Positioning HCAI reduction amongst other perceived priority healthcare activities revealed that British citizens believe eradicating HCAs is more

important than "better sharing of patient information" (76%) and "reducing waiting times" (68%), and of roughly equal importance to "increasing the nurse:patient ratio" and "researching new cures and treatments".

However, for NHS Trusts to make even more effort to reduce HCAs, over and above other spending priorities, there has to be a very strong business case. A MindMetre report released in early 2014 argued that the high propensity of British people to sue an Acute Trust if they were badly infected with an HCAI, would have a damaging effect on the Trust's reputation, and that this reputational damage was likely to inspire patients and their GPs to seek treatment elsewhere. With funds following the patient, the economic impact of reputational damage could be very serious for an Acute Trust.

Our new research, presented in this short paper, serves to underline the seriousness of reputational damage resulting from a substandard record on HCAI reduction. Conversely, these statistics could also be interpreted as underlining the power of a glowing HCAI reduction record to attract more patients, and the funds that accompany them, thereby enabling expansion of a Trust's work and capabilities.

The key research finding revealed that 76% of British citizens say that if they learned that their hospital was a low performer on HCAI reduction, they would insist their GP referred them to a hospital with a better record. Given the recent developments in wider publication of a variety of hospital safety performance statistics<sup>9</sup>, the impact of widespread patient defection from their local provider could seriously upset that Trust's economic model.

However, how far would they be prepared to go? Received wisdom in the healthcare profession tends to state that people hate going any real distance for acute treatment, as it takes them far from family, friends and carers. Our latest research suggests that this is only the case for certain segments of the population. When surveyed about the distance they would be prepared to go to avoid concerns about HCAs, respondents stated that:

- 83% would be happy to travel 20 miles to be treated in a hospital with a better HCAI reduction record than their local hospital
- 62% would be happy to travel 50miles to be treated in a hospital with a better HCAI reduction record than their local hospital
- 48% would be happy to travel 100 miles to be treated in a hospital with a better HCAI reduction record than their local hospital

## **Conclusions**

Based on these findings, concerns about HCAs appear to be a powerful factor in patients' choice of where to be treated. This, again, raises a warning flag to NHS management that the resourcing of HCAI reduction is not a trivial matter, and ignoring the issue (or not giving it

enough emphasis) stands to potentially have a major impact on an Acute Trust's finances in the new NHS commissioning structure.

In recent years the NHS has witnessed a radical new approach to healthcare management, with poor standards of patient care having led to NHS Acute Trusts being taken over or being (partially) closed.

Reform of UK Acute Trusts is in progress, and competition between Acute Trusts has been enabled. This makes the control of HCAs all the more urgent. The Health and Social Care Act 2012 requires CCGs to ensure good practice, to promote and protect patient choice, and to improve services for patients. A hospital that is not seen to be striving to reduce HCAs, or is showing a rate above that of peer institutions (even those relatively distant from the patient's home – as shown in this report) is likely to see reduced commissioning from CCGs over time. Sending patients to an acute care institution with a high HCAI count can hardly be seen as consonant with the CCG's, and the individual GP's statutory duties.

## Research Methodology

Fieldwork was conducted by MindMetre Research between May and July 2014, in person and via online questionnaires, amongst a nationally representative sample of 2,003 British citizens (age, gender, region, social class). Margin of error: - +/- 1.78%

## About MindMetre

MindMetre Research is a leading consumer and business analyst. The organisation has been investigating and publishing on trends in a number of fields and sectors since the late-1990s, particularly healthcare, web technology, financial services and marketing. MindMetre research programmes are regularly conducted across the globe, embracing geographies from the Americas to the Far East. In the healthcare sector, MindMetre is particularly known for its series on healthcare financing, beginning in the early 2000s. For further information go to:

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<sup>1</sup> HPA, *English National Point Prevalence Survey on Healthcare-associated Infections and Antimicrobial Use, 2011: preliminary data*

<sup>2</sup> Health Protection Scotland, *Healthcare Associated Infection Annual Report 2013*, published May 2014

<sup>3</sup> HPA, *Quarterly Epidemiological Commentary: Mandatory MRSA, MSSA and E. coli bacteraemia, and C. difficile infection data (up to January–March 2014)*

<sup>4</sup> BBC News, *Antibiotic resistance: Cameron warns of medical 'dark ages'*, 2 Jul 2014

<sup>5</sup> NHS Choices, *Superbug threat is ticking time-bomb*, 11 Mar 2013

<sup>6</sup> See, for instance, *Blackpool, Fylde and Wyre Hospitals, Blackpool Hospitals first in the UK to screen for superbug MSSA*, 30 Jul 2010

<sup>7</sup> Health Protection Scotland, *Information Services Division. Report on Antimicrobial Use and Resistance in Humans in 2012. Information Services Division 2014 [cited 2014 Apr 8]; Available from: URL: <https://isdscotland.scot.nhs.uk/Health-Topics/Prescribing-and-Medicines/Publications/2014-01-28/2014-01-28-SAPG-2012-Report.pdf?23431032897>*

<sup>8</sup> European Centre for Disease Prevention and Control, *Surveillance Report 2012*

<sup>9</sup> <http://www.nhs.uk/safety/search/>