

## **MEDIA RELEASE**

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# **NHS in the dark about full scale of hospital infections, report reveals**

### ***Medical Technology Group criticises NHS Trust complacency over healthcare-acquired infections***

Most NHS Trusts are unaware of the full scale, cost and impact of healthcare-acquired infections, such as sepsis and norovirus, a new report from the Medical Technology Group has revealed. It follows Prime Minister David Cameron's warning in July that resistance to antibiotics is "a very real and worrying threat".

Around six in ten NHS Trusts (58%) that responded to a Freedom of Information request fail to collate the total number of cases of five common infections, while around three-quarters (76%) keep no records at all of the number of associated deaths.

The vast majority (88%) of Trusts that responded are completely unaware of the financial burden or operational impact of healthcare-acquired infections. Just one Trust said that it measured the total number of extra nights that patients stay in hospital due to infections acquired in the course of their treatment.

The main findings of the report were:

- Six out of ten Trusts (58%) do not collate the total number of cases of sepsis; norovirus (known as the winter vomiting bug); urinary tract infections and blood infections caused by catheters; and pneumonia from ventilators (30% record some but not all them);
- Only 12% of Trusts recorded the total number of these five common types of infection;
- Three-quarters (76%) of Trusts do not collate the total number of deaths relating to these infections (just 18% record some but not all of them);
- Nearly nine out of ten Trusts (88%) that responded keep no records of the financial cost or operational impact of healthcare-acquired infections;
- Only one of 68 Trusts measured the total number of extra nights that patients stay in hospital each year as a result of healthcare-acquired infections;
- There is huge regional variation in the number of Infection Control staff per bed – from one member of staff for every 71 beds in London to one for every 161 in the East Midlands;
- Some Trusts have received instructions to reduce expenditure on infection, prevention and control in the last five years.

The MTG's report – *Infection Prevention and Control – Combatting a problem that has not gone away* - also found a surprisingly low number of infection and control business cases have been submitted in recent years, with the majority of Trusts (on average 76% over the past five years) failing to submit any at all. Nevertheless when they are submitted, most of them (86%) are effective.

Barbara Harpham, chair of the Medical Technology Group, said, "NHS Trusts are only required to report on infections such as MRSA and E.Coli. Rates of these types of infection have fallen in recent years, but the risk is that this leads us to believe the problem has gone away.

"There is complacency across the NHS about other healthcare-acquired infections. At a time when anti-microbial resistance is growing and more resistant strains are coming through, this is ludicrous.

"We must also put an end to the perverse situation where NHS Trusts are reimbursed when they treat patients who acquire an infection in that Trust's hospital. If Trusts are hit financially, it will force them to take infection control more seriously."

The Medical Technology Group has set out five recommendations relating to healthcare-acquired infections:

1. NHS Trusts must be required to record the total number of cases and associated deaths from sepsis; catheter-associated urinary tract infections; catheter-related blood infections; ventilator-associated pneumonia; and norovirus.
2. Trusts must be required to record the total number of nights patients stay longer in hospital each month owing to a healthcare-acquired infection.
3. Trusts should receive no financial reimbursement for readmissions and bed days relating to a healthcare-acquired infection that was acquired within the Trust itself. This will end the situation where Trusts financially benefit from health-acquired infections and better align financial incentives with the goal of lower infection rates.
4. Device surveillance should be mandatory for all hospital wards.
5. The Government should develop a strategy for using technology for infection prevention and control, and engage with industry on solutions for this.

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A full copy of the report can be downloaded here: <http://www.mtg.org.uk/bulletins/infection-prevention-and-control-combating-problem-has-not-gone-away>

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## Notes for editors

- 76 NHS Trusts responded to a Freedom of Information request from the Medical Technology Group between March and July 2014.
- Healthcare-acquired infections remain a real problem. Estimates have found that surgical site infections extend hospital stays by 10 days and healthcare-acquired infections generally extend hospital stays by over 11 days. The median additional cost attributable to each surgical site infection has been put at £5,239.
- Two winters ago, the Health Protection Agency estimated that there were more than 1 million cases of norovirus in England and Wales - with only one in 288 recorded.
- Catheter-associated bacteraemic UTIs (CAUTIs) are the most common example of healthcare associated infection, accounting for over 30% of infections. CAUTIs can develop into life threatening conditions. 1%-4% of patients with a CAUTI will develop bacteraemia (the presence of bacteria in the blood) which has a mortality rate between 13% and 30%.
- Seven NHS Trusts reported that they had received instructions to reduce expenditure on infection, prevention and control in the last five years: West Middlesex; University Hospital Southampton; Torbay & South Devon; Plymouth; Northumbria; Doncaster & Bassetlaw; and Barnsley.
- In July 2014, Prime Minister, David Cameron, said, "Resistance to antibiotics is now a very real and worrying threat, as bacteria mutate to become immune to their effects. With some 25,000 people a year already dying from infections resistant to antibiotic drugs in Europe alone, this is not some distant threat but something happening right now. If we fail to act, we are looking at an almost unthinkable scenario where antibiotics no longer work and we are cast back into the dark ages of medicine where treatable infections and injuries will kill once again".
- Dame Sally Davies, Chief Medical Officer for England, has said: "The soaring number of antibiotic-resistant infections poses such a great threat to society that in 20 years' time we could be taken back to a 19th century environment where everyday infections kill us as a result of routine operations".

## About the Medical Technology Group

The Medical Technology Group (MTG) is a coalition of patient groups, research charities and medical device manufacturers working to make medical technologies available to everyone who needs them. Uptake of medical technology in the UK is not as good as it should be, given its great potential to provide value for money to the NHS, patients and taxpayers. The MTG believes that patients and clinicians need better information about medical technologies so that they can make informed choices about their medical care. <http://www.mtg.org.uk/>