

Your LINK for improving health and social care

www.thekentlink.co.uk



Annual Health Check: Kent LINK commentary

Introduction

The Kent Local Involvement Network (LINK) was established under the Local Government and Public Involvement in Health Act 2007 with a view to:

- “(a) promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services;
- (b) enabling people to monitor.....the commissioning and provision of local care services;
- (c) obtaining the views of people about their needs for, and their experiences of, local care services; and
- (d) making views such as are mentioned in paragraph (c) known, and reports and recommendations about how local care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services.”

The LINK is an independent legal entity and is accountable to its local population and, through its Annual Report, to the Secretary of State for Health. The LINK’s remit covers not only health issues but also social care services (particularly Adult Services).

The Kent County Council contracts with an ‘arms length’ body (the Host), currently Kent & Medway Networks Ltd, to provide funding and support for the LINK. The contractual arrangements made by the Council are a way of providing independence for the LINK.

The LINK’s relationship with the Health Overview and Scrutiny Committee (HOSC) is a legal one in as much as the LINK can refer matters relating to health and social care services to the Committee who are required to acknowledge receipt and to keep the LINK informed of the committee’s actions. Possibly, another important role for the HOSC is to make sure its Council’s Executive/Cabinet are taking LINKs seriously by assisting in its work to engage with local people and groups in relation to health and wellbeing and social care issues.

The LINK’s approach to the Annual Health Check

In October last year the Health Care Commission approached the embryonic Kent LINK with a view to it submitting a third party commentary on Kent and Medway NHS Trusts’ declarations as part of their Annual Health Check for the period April 2008 to March 2009. It was recognised that as the LINK had not been operational for the period under review it may not be in a position to fully contribute to this year’s health check process. In view of this the LINK agreed to build on the legacy it had inherited from the former

Patient and Public Involvement Forums (PPIFs) and, in addition, to seek the views of the community and voluntary sector in Kent to produce a third party commentary.

Hospital Hygiene and Infection Control - Legacy from the PPIFs

Hospital acquired infections (predominantly caused by methicillin resistant *Staphylococcus aureas*, MRSA, and *Clostridium difficile*) are the concern of hospitals throughout the Country. It is not surprising that the Public and Patient Involvement Forums through Kent were involved in hospital hygiene surveys and studies. The urgency and need for this work was highlighted by the serious outbreak of *Clostridium difficile* in West Kent. When the West Kent Hospitals PPIF reported in 2008 they drew attention to the complexity of infection control pointing out that improvements in infection control are 'unlikely to be capable of resolution by changes in management alone'. Both West and East Kent Hospital Forums instigated surveys and inspections of various aspects of hospital hygiene. Bathrooms toilets and related facilities were included as was the use of hand applied alcohol dispensers and disinfectants. The legacy documents of all of the Kent Hospital and PCT Forums rated hospital hygiene as very important and recommended that work should be continued by the Kent LINK. Two major issues were highlighted:-

1. Whilst recognising that the use of hand cleaning fluids is important, surveys by PPIF in Kent has shown that the dispensers are used by about 50% of people that pass them. Infection control teams recognise the importance of these dispensers but place a much greater emphasis on their use between beds rather than at hospital and ward entrances or in corridors. If this is accepted, then the use of numerous dispensers around a hospital is both confusing for the public and an unnecessary expense. It is reported that a very low percentage of people entering hospitals carry MRSA (figures between 2-6% have been quoted). At the lowest quoted level this is still 20 people for every 1000 that enter. This figure represents a very tangible risk and in view of this it was the East Kent PPIF view that emphasis should be put on hand cleaning at hospital entrances. If necessary the dispensers should be supervised during peak periods of the day to make certain that all entering and leaving used them properly. A rationalisation of the use of dispensers throughout hospitals could then be made restricting them to entrances, between beds and a few other strategic places. So far this suggestion has not been implemented.
2. Kent hospitals follow a policy of disinfection after infection rather than before. This is apparently a national policy. In the UK disinfection is detergent based whereas in the USA it is disinfectant based (Wilcox and Rawley, Hospital disinfectants and spore formation by *Clostridium difficile*. Lancet, 356, 1324, 2000). Kent hospitals rely on the efficacy of microfibre cloths and detergents restricting the use of the disinfectant chlorine to areas where there is a high risk of the presence of MRSA or *C.difficile* . Following the East Kent PPIF investigation, it has now become routine for commodes and toilets to be disinfected. Is this the case throughout Kent? The East Kent PPIF was of the opinion that the hospitals disinfectant policy should be reconsidered (together with the general use of antibiotics) in order to continue to improve hospital hygiene.

Hospital Hygiene and Infection Control – collecting other views

In addition to building on the legacy work of the PPIFs the LINK is currently collecting evidence from Kent LINK participants and from a range of community and voluntary sector organisations across Kent that could be used as a proxy for users of health care services in the County.

Conclusion

The Kent LINK will produce a third party commentary for each NHS Trust and Primary Care Trust by mid-April 2009. This will include the legacy of the former Patient and Public Involvement Forums in this area which could provide a measure of benchmarking against which users' current experience of health care in Kent can be assessed.

*KMN, Unit 24 Folkestone Enterprise Centre,
Shearway Road, Folkestone, Kent, CT19 4RH
Tel: 01303 297050
E-mail: info@kmn-ltd.co.uk
Office Hours: Monday – Friday 8:30 am – 4:00 pm (Answerphone available out of office hours)*