

National Institute for Health and Care Excellence

NICE Quality Standards Consultation – Infection control

Closing date: 5pm – Tuesday 17 December 2013

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Please note: comments submitted on the draft quality standard are published on the NICE website.	
Would your organisation like to express an interest in endorsing this quality standard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
For information about endorsing quality standards please visit http://www.nice.org.uk/guidance/qualitystandards/indevelopment	

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Please provide comments on the draft quality standard on the form below, putting each new comment in a new row. When feeding back, please note the section you are commenting on (for example, section 1 Introduction). If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor). If your comment relates to the standard as a whole then please put 'general'.

In order to guide your comments, please refer to the general points for consideration on the NICE website as well as the specific questions detailed within the quality standard.

Please add rows as necessary.

Section	Comments
General	<p>The Royal Pharmaceutical Society (RPS) welcomes NICE Quality Standards on infection control and overall support the quality statements.</p> <p>We'd like to highlight that pharmacists, as key providers of care, already use appropriate measures to prevent and control infection within their organisations. Also as experts in medicines pharmacists can provide advice on the usage of medicines and appliances to support the proposed quality statements. They can additionally support in educating patients on infection control through the many interactions they have with patients in primary, community and secondary care settings.</p>
Quality Statement 2	<p>In response to the question about reference to an organisation's "board", we suggest that the definition of board is provided as this term may not be applicable to all pharmacy organisations. For example smaller independent community pharmacies will not have a board, however will have an owner or responsible pharmacist who may be accountable for infection prevention and control.</p>

Section	Comments
Quality Statement 3	<p>We suggest that further explanation of “direct contact and care” is provided as many pharmacists have direct face to face contact and care with patients in various setting and may not currently use hand decontamination procedures, for example, when supplying medication in a pharmacy over the counter or on prescription.</p>
General	<p>The RPS, as a professional body for pharmacists and pharmacy, would also like to submit the following comments from the Guild for Healthcare Pharmacists (who represent “pharmacists working in hospitals, primary care and other healthcare institutions for both the NHS and commercial healthcare providers throughout the UK”).</p> <p><i>We would like to express our general support for the principles provided in the paper, adding that:</i></p> <ul style="list-style-type: none"> • <i>The paper may have an impact on Guild members at the professional level regarding antimicrobial stewardship as they are the clinicians often leading this work, and also regarding hand washing procedures due to the increasing role of pharmacy staff having ‘hands on’ direct patient contact.</i> • <i>For secondary care the data source highlighted for antibiotic prescribing in the paper “that might be used” is epic2 (National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England Journal of Hospital Infection 65 (supplement1):S1–64). This may be an issue for accurate data gathering as although epic2 provided comprehensive recommendations for preventing HCAI in hospitals and other acute care settings based on the best currently available evidence, it went on to state “this is not always the best possible evidence and an agenda for further research was required”.</i>

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| | <ul style="list-style-type: none">• <i>Under the prescribing measures for secondary care, the document states that certain information should be recorded on the inpatient medication chart and in the patient notes. This is not possible for a number of organisations as they no longer use medication charts and instead use e-Prescribing and Administration (EPMA) but this is a failing in the system for some EPMA applications as there is no facility to add a soft 'review date' to a prescription.</i> |
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Closing date: Please forward this electronically by 5pm on **Tuesday 17 December 2013** at the very latest to QSconsultations@nice.org.uk

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.