

Annual statement on compliance with IPC practice (including cleanliness) for General Practice

Purpose of the 'Annual statement'

The *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* requires the Infection Prevention and Control (IPC) Lead to produce an annual statement. This statement should be made available for anyone who wishes to see it, including patients and regulatory authorities and should also be published on the General Practice website.

Introduction

This Annual statement has been drawn up on 30/12/2024 in accordance with the requirement of the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* for Church Langley Medical Practice.

It summarises:

1. Infection transmission incidents and actions taken
2. IPC audits undertaken and subsequent actions implemented
3. Risk assessments undertaken and any actions taken for prevention and control of infection
4. Staff training
5. Review and update of IPC policies, procedures and guidelines
6. Antimicrobial prescribing and stewardship

This statement has been drawn up by:

Name: Joanna Knight

Infection Prevent and Control (IPC) Lead

1. Infection transmission incidents

Provide details of infection transmission incidents (which may involve examples of good practice as well as challenging events/complaints), how they were investigated, any lessons learnt and changes made as a result to facilitate future improvements.

Since I have undertaken the role of lead infection control nurse in July 2024, we have had one complaint RE Infection control procedures, this was a patient concerned that a member of staff had not washed their hands, this was investigated, recorded, discussed at a meeting and fed back to the patient that the staff member had used hand sanitiser as per policy, this was

because her hands were not visibly dirty, the patient may not have noticed this happening as members of the public are often used to seeing us visibly wash our hands, this is a policy change in favour of alcohol rub, if the situation is suitable for such its use. We now try and show patients we are using the alcohol rub more visibly to them, to try and improve patient experience.

As a practice we have had the whole of the clinical area flooring, which was carpeted, replaced with wipeable laminate style flooring complying with infection control standards, this has greatly improved our adherence to policies and standards of cleanliness, in turn this has improved patient safety.

This year we have also had all the sinks on the nurse corridor replaced with mixer taps and blocked over fills to adhere by infection control standards and recommendations, the other side of the building is being implemented next year, the minor ops room has had a complete refurbishment and refit in October 2024 bringing it up to a high-quality standard of treatment room.

Acute meningitis: 1
Food Poisoning: 2
Infectious bloody diarrhoea: 1
Invasive group A streptococcal disease: 1
Measles: 1
Scarlet fever: 9
Tuberculosis: 1
Whooping cough: 2

2. IPC Audits and actions

Provide an overview of IPC audit programme as well as examples of good practice and actions taken to address suboptimal compliance.

Hand hygiene audits are conducted monthly on all staff members, feedback is given directly to staff. PPE audits are conducted monthly on staff on a rolling basis, feedback is given directly to staff. Aseptic Technique is audited annually, any points noted on any of the audits are put into an action plan with dates and expected outcomes for points to be achieved by. Anything not achieved to a satisfactory standard is escalated.

We complete a quarterly audit called "Infection Prevention Control Checklist" found in our policy. We also perform the Standard Infection Control Precautions Audit (SICP's) in line with the requirements set out in the Health and Social care Act 2008 and Dept of Health and Social Care 2022, this is a large audit performed annually. The latest results from the audit in December 2024 was green for SICP's 1, 2, 3, 4, 5, 8, 9 and 10. We were amber in SICP's 6 and 7, these points have been put into an action plan and are already being improved and acted upon.

Audit findings are shared in either emails or clinical meetings and action points are discussed where applicable. The domestic cleaning staff perform annual audits in line with National Standards of Healthcare Cleanliness using a cleaning score audit score sheet, results of these are shared with the IPC lead and practice manager.

A cold chain Audit has been completed.

3. Risk Assessments

Provide details of IPC related risk assessments carried out and actions taken to prevent and control infection.

At Church Langley Medical Practice we take part in regular risk assessments across the year, to keep our patients and staff safe and to keep in line with infection prevention and control policies and government legislations, these risk assessments are rolling, and a register is maintained, appropriate action has been taken. The risk assessment includes but aren't limited to COSHH, Clinical waste, Legionella, medical gasses, staff immunisations, use of tourniquets, hand gel dispenser in the reception area, Fire safety, PPE, and sharps injury.

4. Staff training

Provide details of IPC induction training, annual updates and any other IPC related training.

All staff have mandatory Infection Control Training on induction to Church Langley Medical Practice. All staff can participate in risk assessments where relevant, and staff are also encouraged to report significant events when they happen, and staff attend review meetings or read the minutes circulated via email and staff are encouraged to reflect on outcomes using the reflection form found on the shared drive. Annual refresher training using practice index is due thereafter for all staff for infection control training.

85% of the clinical staff have completed their annual infection prevention and control update training via Practice Index. With the remaining 2 people scheduled to undertake

94% of non-clinical staff have completed their annual infection prevention and control update training via Practice Index. 1 person is scheduled to undertake their remaining course in January.

The infection control lead has attended a two-day infection control course this year for lead practitioners and has implemented several changes with the support of a very reactive and supportive Practice Manager and Partner team. The infection control link nurse is currently on a university course so is unable to attend a physical update this year, but she is up to date with her online training.

5. IPC Policies, procedures and guidance

Provide details of all policy reviews and updates, together with details of how changes have been implemented.

I have updated and incorporated the Infection Control Handbook to our practice policy portfolio, I have updated the practices Infection Control policy, I have incorporated the 27 GP IPC policies for GP practice found at www.infectionpreventioncontrol.co.uk into our policies via links embedded into the handbook. I have written and uploaded a cleaning schedule to practice index incorporating the 1-6 Functional Risk Categories. I have a meeting scheduled with the operations lead to create an annual template for the compliance grid to comply with Infection Control requirements and show evidence of our procedures we have in place to protect infection control measures. Staff immunisation policy has been updated. The CQC MythBusters will be consulted and checked throughout the year to ensure we are up to date with compliance. All policies relating to infection prevention and control are available to all staff, policies are reviewed and updated annually, additionally, all policies are amended on an ongoing basis as per current advice, guidance and legislation changes.

6. Antimicrobial prescribing and stewardship

Provide details of all activities undertaken to promote and improve antimicrobial prescribing and stewardship.

At Church Langley Medical Practice we have an antibiotic champion, we have regular meetings including slide shows of statistics taken from the ECF prescribing dashboard, and guidance is given to clinicians on up-to-date anti biotic prescribing issues, processes, and preferences. The latest statistics for compliance was 0.969% for total antibacterial drugs based on a rolling 12-month data (threshold 0.871 or below) and 5.57% of broad-spectrum antibacterial prescribing (as a % of total antibacterial prescribing) based on 12 month rolling date with a threshold of equal or less than 10%.

Forward plan/Quality improvement plan

Issue	Actions	Date for completion	Person responsible	Progress
Compliance grid needs to be created	Meeting scheduled for 7 th January 2025	End of Spring 2025	Jo Knight	Infancy
Update policies / ensure cohesion	Input into compliance grid	As above	Jo Knight	Can be initiated once grid in place

Forward plan/Quality improvement plan review date:

Quarterly – March 2025

IPC statement and Forward plan/Quality improvement plan for presentation to

The practice manager and partners, General Practice Government Group and to be shared on our website

On

31st December 2024

Harrogate and District NHS Foundation Trust, Community Infection Prevention and Control
www.infectionpreventioncontrol.co.uk March 2024