



City of Doncaster Council

Meeting Minutes

Meeting: Health Protection Assurance Group
Date/Time: Wednesday 19th July 2023
Venue: Microsoft Teams Virtual Meeting
Attendees: Dr Victor Joseph, City of Doncaster Council (Chair)
 Christine Tomes, RDaSH
 Sally Spridgeon-Davison, NHS Nottingham and Nottinghamshire ICB
 Sarah Gill, NHS England & NHS Improvement | North East & Yorkshire
 Dr Ken Agwuh, DBTH
 Emma Gordon, City of Doncaster Council
 June Chambers, UK Health Security Agency
 Sally Gardiner, City of Doncaster Council (Note Taker)

Items for Discussion		Lead
1	Welcome and Apologies Apologies received from Andrea Ibbeson, Nick Wellington, Sarah Atkinson, Helen Conroy and Mim Boyack. The group were welcomed and introductions took place.	
	2 Declaration of Interest None were declared.	
3	COVID Incident Rates and Log Victor updated in absence of Policy and Insight Change (PIC) team member. Still receive Care Home Situation report, currently only 1 or 2 cases, so seems quiet. Wider system again nothing significant to pick up. Nationally the rate is low, single figures so good news. Christine updated that it's quiet, 1 patient only at RDASH. Not actively looking now for COVID, especially on physical health wards, but prompt actions of colleagues, doing the surveillance and isolation helps minimise risks to other patients.	
	Victor explained that deaths from covid seem to be high this year compared to last year, although not picked up covid as an issue at moment locally which is being looked at by health protection taskforce. June confirmed correct that covid is being put on death certificates although this may not have been the contributing factor in some cases. Ken advised not actively reporting; and not updating data as used to, so he was surprised of this 1 case in Intensive Care Unit (ICU) today.	

4	<p>Minutes of Last Meeting and Matters Arising</p> <p>No outstanding actions from the last meeting. Sexual health action was noted. Minutes were agreed as a true and accurate record.</p> <p>Victor clarified with Christine about receiving the RDaSH monitoring report. She confirmed that this meeting coincides with their assurance meetings which approve the reports for sharing. She confirmed that their annual report is being approved today and can be shared with the group as a post meeting action. Action: Christine to send annual report to Sally.</p> <p>Victor suggested where reports are not available for the meetings that a bulleted update could be provide where there are any current issues that need to be shared, or lessons learnt. Action: Christine will report this back to her line manager to check ok.</p>	
5	<p>Health Protection Assurance and Monitoring Reports</p> <p>Infection, Prevention and Control</p> <p>Care Homes Report noted.</p> <p>DBTH Ken updated on their report. Noted standard key objectives, specifically mentioned MRSA Bacteraemia cases are on track To minimise cases of Clostridium Difficile (CDI). To keep within trajectory of 42 cases. This is not going right way but got time to get back on track, 22 cases currently, just had 5 cases in dialysis unit 2 weeks ago; called and held outbreak control meeting.</p> <p>Increase screening for Carbapenemase Producing Enterobacteriaceae (CPE) based on new national guidelines; this has led to picking up more cases, particularly overseas visits to Greece and Egypt.</p> <p>Prevent/reduce Nosocomial COVID-19 cases - 1 mentioned earlier, we will be looking more into data now.</p> <p>Continue COVID reactive work in response to changing context – post covid work – postponement of surgery in low-risk patients</p> <p>Respond to any emerging infections – links to bed linens, E-coli blood stream infections recently published keeping close eye.</p> <p>Working collaboratively with partners to try and address the MRSA cases within the intravenous drug users (IVDU) population. No new cases so far this year; pleased to say – last year 9 cases – June said also down to aspire work helping as well Ventilation work is ongoing and Recruitment to the team was noted.</p> <p>Victor suggested improvements in rates of other infections could be down to covid related measure around cleaning etc.</p>	

GRE (Glycopeptide Resistant Enterococcus)¹ outbreak in Orthopaedics – 14 patients affected – samples sent, Ken asked June about sending samples– can we get a reference lab number. June said yes can get this. June to action outside of this meeting. Work is still required to increase CPE screening.

Blood culture contamination rates 5.2% - analysis of cases over past year demonstrate nursing staff as having higher number of contaminants. Animation video in progress. Training department reviewing whether individuals have been assessed. Superficial infections identified in Breast surgery – improvement work under way.

RDaSH

Christine said they're looking at their resilience plans; interesting to hear updates particularly on measles from others.

Surveillance Report

June updated, noted:-
1 covid case in May.

IGAS and IGAS Septicaemia rates finally coming down which is really good and now down to level expected.

Influenza A Avian had 1 case, had 3 positive farm workers, none in Doncaster.

Measles this one is not a positive confirmed case, notified by GP but no testing; although there has been 1 case this weekend but not in Doncaster. If they receive a report of a case they have to record it.

Expect cases across to be calmer as schools close for summer holidays, then from October expect to see the usual food poisoning, emphysema, scarlet fever cases to go up again.

Ken asked June about covid reporting, how are you notified now? He explained that on his inspection today they have 1 covid case in intensive care unit, the person had only had one vaccination. June advised there is no need to notify now but we will record if notified. June mentioned covid cases in Bradford and Leeds, the cases came from 1 person in Bradford, 2 linked cases in Leeds but don't know where first case from; first case was travel related in Spain, 1 case this weekend.

Emma advised nothing to add except numbers are what's expected this time of year, regarding the salmonella cases there had been no common factors in cases reported.

Gap analysis paper

June explained that her colleague Andy Irvin did this as a kind of a project to see what's missing as part of a collaboration. This came out of the covid emergency.

¹ Enterococcus is a bacterium which is carried harmlessly in the gut. GRE are types of Enterococcus which are resistant to the Glycopeptide type of antibiotics (vancomycin, teicoplanin)
City of Doncaster Council

<p>Basically what's out there and what missing. Action: All members to review document and provide any comments, eg what their organisation does if not on the plan; missing points; good ideas or not, omissions.</p> <p>Victor said there are some gaps which have been addressed through services like swabbing. Also TB not had to do large scale testing or screening but we were tested before covid on TB in schools and hospitals; screening lessons learned was to do something in house as tests ended up in northern Ireland; not been able to test this yet if we had a case.</p> <p>Action: Sarah confirmed she'd look at it regarding vaccinations and feedback.</p> <p>June talked about the hotels housing asylum seekers where there've been outbreaks of diphtheria, issues around administering antibiotics/testing/vaccinations, although not had any in South Yorkshire; due to the nature of disbursement of them they likely will get missed, noted children assessed but not adults and most diphtheria has been adults – so can be easily missed; found out though antibiotic uptake was good but vaccination rates were poor, could have been down to confusion of purpose of it and covid vaccination was been done at same time; need to bear in mind these people aren't used to having vaccinations, this will be the case for the influenza vaccination going forward. Victor mentioned the Scabies outbreak in hotels, treatment logistics were an issue, around finding clothes, it also highlighted a funding issue; there was some prior arrangement before covid in that the LA/NHSE/CCG would split costs if huge but lead commissioner would manage it if not, so maybe future thing to test us not as big as covid was going forward.</p> <p>Noted NHSE and ICB will be one and then the LA so 2 not 3 organisations, how do we manage if we do have a major emergency to pool resources. June said if MRSA had been bigger that would have been an issue, so trial runs to see how would step those up.</p> <p>Victor mentioned antivirals for avian flu, formalise pathway if need antivirals, currently 1 local pharmacy is going to work this out and there are S Yorkshire discussions so for example if Doncaster had a case we would know who to signpost patient to. June mentioned they are looking at getting 3 or 4 pharmacies in South Yorkshire so the onus doesn't fall on just one; this has been a nightmare for North Yorkshire.</p> <p>Screening, Vaccination & Immunisation Sarah updated – PowerPoint attached refers.</p> <p> HP Board Powerpoint.pptx</p> <p>Bowel screening Age extension continues to 56-58 year olds No concerns -</p> <p>Breast screening Uptake has dropped, not brilliant, need support to increase uptake, noted reward offer in October.</p> <p>Cervical screening Offered to staff at Trust Survey just been sent out; feedback from the Flying Scotsman received already, suggests</p>	<p>ALL</p> <p>SG</p>
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women can't get through to get appointments and appointment times wanted; hopefully use this information to improve attendance.

Diabetic eye screening

Good uptake; patients at low risk of developing diabetic retinopathy are to be offered screening at 24-month intervals, rather than 12 month as recommended by UKNSC this will start in October.

AAA

Little low on uptake, working to promote service.

Vaccinations

Influenza - South Yorkshire Winter Vaccination Operational Delivery Group underway meet on a monthly basis to improve uptake; pregnant women network –looking at putting messages in weight management service and lung health checks and family hubs.

2/3 year olds – school service asked them to offer to 2/3s.

Adult vaccinations

From September 2023 a significant change to the shingles programme is being implemented to move from the current 1 dose offer of Zostavax to 2 dose Shingrix vaccine as recommended by JCVI

Childhood Immunisations

Work with system 1 to improve offer; targeted offer; work with gypsy traveller community. Thinking about offering vaccinations via the Health bus.

Measles

Family Hub Start for life programme action plan- is this including vaccinations? Sarah asked if this is happening in Doncaster.

June said we have used health bus in past for gypsy/travellers, consecutive outbreaks of measles and one co-infected with mumps at same time, had school nurses and was quite successful. Sarah confirmed working on a video and want to know who is available.

Action Sarah needs to speak to Saima Nazir/Carrie Wardle in Public Health, Sally will send Sarah their details. SG

June said the gypsy/travellers will be travelling over summer particularly to Spain where there have been cases and so could bring back measles.

Victor asked 'should we wait for cases to pop up in all areas or start doing something now?' Sarah said better to have plans in place and be prepared if an outbreak. She said there is a S Yorks group for measles, we can then have a Doncaster focus workplan.

Victor asked if it is possible to get uptake of screening by ethnicity data, this was raised at Minorities Partnership Group.

Sarah difficult to do for all screenings, cervical can, breast only if information is shared from GPs. Victor asked about childhood immunisation, Sarah said she'd tried to speak to child health.

	<p>Action: Victor to provide Sarah with what information he needs. Noted South East area is doing it, so can be done, just need to find out who and how. Sarah said North PCN looking at what ethnicity information is captured, not all information is captured. Victor asked her to check with Cathy Wakefield/Phil Kirby. Action: Sarah to check.</p> <p>Victor explained to target the gypsy/travellers community it would be helpful to have the ethnicity data to know what it looks like. Victor asked about flu vaccination take up for home schooled children, how are they addressed. Sarah explained they offered it at community clinics or through health bus, noted every half term she gets an update on the uptake of all children. Victor asked about the community pharmacy role, he said they'd offered to do mop up of those missed children; Sarah said this had been discussed at the flu vaccinations meetings, but wasn't routinely offered to children by pharmacies; she said if there is an appetite for it to happen then she can take that to the next flu group meeting. Action: Victor will liaise with pharmacy/primary care grp.</p> <p>June said they'd found a lot say they are British even though they're not, based on the fact they are living here so say they're British. June asked about Screening in prisons, noted AAA and diabetic are all ok, also just had data for bowel screening in prisons. 3 out of 5 have good uptake. Visits are planned for September. Noted high turnover of prisoners in Doncaster prison as many just on remand.</p> <p>Group discussed university activity on vaccinations and take up.</p>	<p>VJ</p> <p>SG</p> <p>VJ</p>
6	<p>Standing Agenda Items</p> <p>No update.</p>	
7	<p>Key Updates from Meetings</p> <p>TB Steering Group Met about paediatric pathways issue, very useful meeting to clarify issues and ensure appointments are offered timely; discussed what happens if need to see a consultant as there is only 1 and they're not available, noted can refer to Sheffield children hospital now.</p> <p>TB Cluster meeting Some ongoing work being done outside of meeting, workplace settings, comms to groups awareness on TB.</p> <p>TB Strategic Group There is a separate cohort review meeting; June said the chair had been on long term sick but back and so actions will now get picked up.</p>	
8	<p>Any Other Business</p> <p>Sarah advised BCG vaccinations to babies before 24 days old, target is to vaccinate 80% by 2018, in last 2 months hit over 80% so achieved the target.</p>	

10	Dates and Times of Next Meeting	
	Wednesday 18 th October, 2:00-3:30pm	