

Hull CCG Clostridium *difficile* Action plan 2013/14

Action	Lead	Key Milestones and Dates	Progress (RAG)
To communicate HCAI status between care settings			
To develop and implement an alert system on the prescribing software message to alert GPs to patients who have had a previous diagnosis of C diff.	Jackie Lyon/Natasha Suffill	Systems review & circulation of Key messages to be completed by June 2013 .	Circulate Key Messages to GPs on adding alerts. Clinical audit tool available for Vision clinical system.
To develop process to allow alerts on System One which relate to read codes for date capture and reporting.	Primary Care Infection Control Team	ICT to develop System One template to allow information to be shared with GP in real time. July 2013	
Implementation of the CDI card to patients who are GDH/ PCR positive and those who are GDH/toxin positive.	Sarah Smyth/Primary Care Infection Control Team	Scoping exercise to be completed and report submitted to the CCG Quality & Performance Group Jan 2013 . Costing exercise for materials to be completed Feb 2013 . Develop local process in partnership with local stakeholders March 2013 . Documentation to be agreed by all parties May 2013 . Stakeholder consultation May 2013 . Go live June 2013 .	Scoping exercise completed and report submitted to Q&PG Feb 2013. Preferred option agreed and work commenced.
To reduce the prescribing of high risk antibiotics			
To maintain Quinolone prescribing rate in-line with England National Average throughout 2013/14.	Jackie Lyon/Natasha Suffill	Target level of national average 0.70 items per 1000 weighted patient population (antibiotic Star-Pu) by March 2014 Baseline Q2 2012 0.68 items per 1000 weighted patient population (antibiotic Star-	

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		<p>Pu)</p> <p>Quinolone prescribing will be monitored as an indicator for the Medicines Management Local Enhanced Service (LES) for 2013/14. A financial incentive will be rewarded to GP practices who prescribe below the CCG average. Monitored quarterly starting June 2013</p>	
<p>To review the prescribing of Co-amoxiclav prescribing in Hull.</p>	<p>Jackie Lyon/ Natasha Suffill</p>	<p>To increase the ratio of amoxicillin to Co-amoxiclav items in Hull 7.12 in line with the Yorkshire & Humber average 8.0 based on April –Sept 2012 data March 2014</p> <p>Audit indications for which Co-amoxiclav has been prescribed Sept 2013</p> <p>Action plan to be drawn up by prescribers where inappropriate prescribing evident Dec 2013</p>	
<p>GP High prescribers of Quinolones & Co-amoxiclav to be identified. Remedial action to be taken to reduce inappropriate prescribing.</p>		<p>Identify high prescribers (defined as prescribing above the England average of 0.70 items items per 1000 weighted patient population (antibiotic Star-Pu) June 2013</p> <p>Prescribers to be notified of high prescribing and a review of prescribing to be submitted to the MMT Sept 2013</p> <p>Action plan to be drawn up by prescribers where inappropriate prescribing evident Dec 2013</p>	
<p>Non medical prescribers of Quinolones/Co-amoxiclav to be identified. Remedial action to be taken to reduce inappropriate prescribing.</p>		<p>Obtain prescribing data Sept 2013</p> <p>Audit prescribing for appropriateness and guideline adherence Dec 2013</p> <p>Action plan to be drawn up where inappropriate prescribing evident Dec 2013</p>	

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To review the prescribing of high risk drugs in the OOH setting.		Obtain OOH prescribing data for Quinolones and Co-amoxiclav June 2013 . Audit prescribing for appropriateness and guideline adherence Sept 2013 . Action Plan to be drawn up by service clinical lead where inappropriate prescribing evident Dec 2013	
Review antimicrobial prescribing for Diverticulitis to aid appropriate antimicrobial prescribing for this specific condition.	Jackie Lyon/ Natasha Suffill	Audits to be completed but need to establish from data percentage of prescribing for Diverticulitis and present this to Q&PC to agree further actions June 2013 .	
Training and Education			
To provide education and training on C.diff for general practice via various means.	Sarah Smyth / Primary Care Infection Control Team	To undertake a further two C.diff PTL events December 2013 .	Dates are planned for May 2013 and September 2013.
Review Quinolone/Co-amoxiclav prescribing for indications not included in the HERPC Antibiotic Guidelines.	Jackie Lyon/ Natasha Suffill	Use audit to identify Top 5 indications for prescribing Quinolone antibiotics/Co-amoxiclav in primary care that do not appear in the local antibiotic guidelines June 2013 Seek advice from HEY Microbiology to produce guidance for GPs/NMPs August 2013 MMT to circulate to GP practices Nov 2013	
Robust Contract Monitoring of Providers			
Request Infection Control Strategies/ action plans & CDI plans for 2013-14 from all acute/community providers to review appropriateness of actions in reducing HCAI	Sarah Smyth	Via CMB/ Quality Contract meetings 2013	Added to work plans- HEY, CHCP and Humber

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Implementation of HCAI self assessment when released from DH.	Sarah Smyth	March 2013 – via contracts with Providers	Part of 13/14 contracts
To communicate lessons learnt from all investigations and reviews			
Undertake a review to identify the number of C.diff cases who suffer with COPD and review antimicrobial prescribing for the 'Just in case' boxes.	Jo Raper/Natasha Suffill	A report to be submitted to the C.diff review meeting June 2013 .	Review of patients commenced, draft report to be completed May 2013 .
To communicate to GP practices lessons learnt from monthly reviews of RCAs in relation to C.diff on a quarterly basis.	Sarah Smyth	To report exceptions if not occurring	Email cascade moved to quarterly
To undertake a review of C.diff cases taking into account co-morbidity, relapse, antibiotic prescribing and educational impact.	Jo Raper	Review to be undertaken utilising data from Sept 2011 to Aug 2013, report to be submitted to the Q&PG Sept 2013 .	