Implementing the National Decontamination Programme in the UK

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What is it?

A two-stage process of raising the standard of the decontamination of re-usable medical devices within the UK

Stage 1, 1999-2001

“...this investment will underpin a major overhaul to provide the NHS with the most up-to-date decontamination services”

*UK Minister of Health*

£200,000,000 funding made available
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Stage 2, 2003 – present

“The design an delivery of a long-term sustainable solution beyond the £200m allocated in Stage 1”

“stage 1 funds would not be sufficient to bring all Sterile Service sites to a sustainable & improved standard”

Why was this necessary?

What was wrong with Sterile Services in 2000?

What about decontamination outside Sterile Services?

History

1  Outbreak of BSE
2  Did this effect humans?
3  Identification in patients of vCJD
4  Assumption that BSE was cause
5  Realisation that vCJD could be spread by inadequately decontaminated instruments
6  What is the solution?
7  How well is decontamination being performed?
What is the solution for vCJD?

1. 6 sterilization cycles or 1 at 134°C for 18 minutes
2. This is doubted by further research
3. Single-use devices?
4. New sterilization process?
5. Remove protein in washer disinfector?

What is the solution for vCJD?

- How well is decontamination being performed and does this meet the new requirements for the washer disinfector
- Need to inspect, assess, review, recommend and provide requisite funding
- NB separate procedures in Scotland, Wales & NI


A detailed inspection of a sample of public and private sector sites of decontamination ranging from a university teaching hospital to a single-practitioner dental practice

A full and detailed 195-page report
Snapshot survey

- Politically sensitive
- Paralleled in Scotland – equally critical report published
- England report “buried”, but basis for new, comprehensive inspection

Phase 1

- Assess all Sterile Service Departments and local decontamination within Acute Trusts to determine prioritisation for funding
- Formalised auditing documentation
- “Traffic light” survey report

Phase 1 implementation

- Trusts NOT given funding
- Spent by DH on their behalf based on Trust’s Business Case
- PaSA agency for purchase
- Standard specifications, C14, C30
- Additional building work required also funded
Phase 1, progress

• Promises of extension to Primary Care
• Approximately half of the money spent
• Phase 1 stopped
• No application to Primary Care

Phase 2

• Introduction of Decontamination Team
• Production of 198 page Strategy including …
  • …“The Way Ahead”
    - adoption of highest European Standards
    - an inspection regime
    - a mixed economy
    - a level playing field NHS/Commercial
    - new-style partnership between NHS and commercial providers

Phase 2: “a mixed economy”

• Intermediate investment - central or local
• PFI – existing
• Outsourced services - existing
• Contractual joint venture – Trusts combining to seek partner in private sector or elsewhere
Phases 1 and 2 are very different

- Change from internal renovation to external provision
- Change from internal funding to mutual financial benefit
- Procurement by Trusts (with help and advice from Decontamination Team)

Number of SSD expected

Strategy included 11 options ranging from “do nothing” to “clusters” of Trusts

Financial projections for 2 cluster options: 50 and 100 units within England

Phase 2: Strategy

7.5 Future work

7.5.1 National / Local

...consideration also needs to be given on how both PCTs and other private sector customers are engaged in this programme…
Implementation

- Pathfinder project
- Subsequent waves of cluster projects

Progress

- Slow, delayed, Pathfinder only just a pathfinder
- Much discussion on involvement of PCTs and, if so, how much workload?

Advice to PCTs

- Initially none
- Verbal statements of need to comply with Medical Devices Directive
- Finally, written advice in 2004 (re-published 2005):
  "Main principles to be considered when setting up decontamination service for PCTs"

2 Where do you want to be?
   Full compliance with the National Strategy by 31st March 2007

4 What are the options available?
   i centralise to an accredited SSD
   ii use only single-use devices
   iii undertake decontamination locally to all applicable standards
   iv a combination of these
“Main principles to be considered when setting up decontamination service for PCTs”

5.3 The key features of HBN13 should be followed i.e.
- Washroom segregated from clean area with pass-through
- Automated WD validated to HTM 2030
- Dedicated wash-hand basin
- Clean area with controlled environment for sterilizing
- Benchtop sterilize validated to HTM 2010
- All staff trained with individual records

Continued…

…continued

- Tracking and traceability eg details of WD & sterilizer cycles for invasive instruments
- Ongoing costs of maintaining a compliant decontamination service
- Framework agreements with PaSA for sterilizer and WD purchase
- To fully comply you will need a “mini” SSD: all decontamination must be done away from patient treatment areas

Does this advice to PCTs apply to all decontamination sites?

- Treatment areas
- General medical practices
- Podiatry
- General dental practices?
  – See A12, Infection control in dentistry
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Progress to date, Acute sector

• Collaborative groups formed
• Pathfinder and early projects ordered
• Further projects being negotiated
• Some delay in implementation

Interim

• Some recipients of Phase 1 funding will close
• Some departments not given Phase 1 funding continuing to function for longer than expected (ie beyond 01/04/07)
• Collaborative group “frustration”?

Progress to date, PCTs

• Little progress
• Each PCT has to consider their options
• Equal applicability to dental & non-dental?
• Is the wheel being re-invented in a number of shapes?

Interim

• No change, much non-compliance
• Possibility of different standard with Dental

Scotland

• Already a tradition of centralisation
• Glennie report
• First “supercentre” in Glasgow is NHS department
Wales
- A retention of existing in-service structure
- All SSDs fully compliant to MDD

Northern Ireland
Similar to Scotland – new "supercentre
Retention of in-service departments

Thank you

The Next Few Teleclasses

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<tr>
<td>September 20</td>
<td>(South Pacific Teleclass) SARS in Singapore – What Can We Learn... with Dr. Chris Wynne, New Zealand</td>
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<tr>
<td>October 5</td>
<td>Neonatal Sepsis, A 2006 Update... with Dr. Anne Matlow, Hospital for Sick Children</td>
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<td>October 12</td>
<td>The Changing Role of Infection Prevention and Control as Documented by the CBIC Practice Analysis... with members of the CBIC Board</td>
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<td>November 21</td>
<td>Catheter Associated Urinary Tract Infections... with Lauren Tew, UTI Expert Extraordinaire</td>
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