

# Hospital infection rates in England out of control

Zosia Kmietowicz *London*

The NHS in England could save an estimated £150m (\$240m) and many hundreds of lives by tightening hygiene rules in hospitals and investing in infection control, according to the spending watchdog the National Audit Office. The money could then be ploughed back into patient care.

At least 100 000 cases of hospital acquired infections occur each year in England, with an estimated 5000 deaths, all of which cost the NHS in the region of £1bn annually, states the report.

Better education of staff on the spread of infection, improved surveillance of patients who have had major surgery, and the involvement of senior clinicians and management in the control of infection could reduce this burden by 15%, Sir John Bourn, head of the National Audit Office, told parliament.

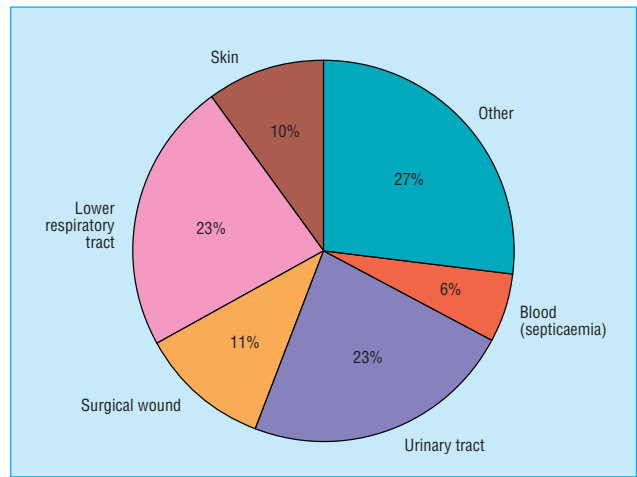
At any one time 9% of patients in hospital are being treated for an infection they acquired there. Yet one in five trusts do not have an infection control programme, 40% are

dissatisfied with their isolation facilities, and 60% have no defined budget.

Despite guidance from the Department of Health that chief executives should take overall responsibility for ensuring effective infection control, there is little evidence of their involvement. More than half were not aware of the resources spent on hospital acquired infection or the number of cases, says the report.

"Hospital infections are a huge problem for the NHS," said Sir John. "They prolong patients' stay in hospital and, in worst cases, cause permanent disability and even death. By implementing the [National Audit Office's] recommendations, the NHS could make real improvements in the quality of care for patients and free up significant additional resources," he added.

Among other recommendations, he said that hospitals should join the nosocomial infection national surveillance scheme, which collects statistics on infection rates to allow local



Main sites of hospital acquired infection in England

comparisons to be made.

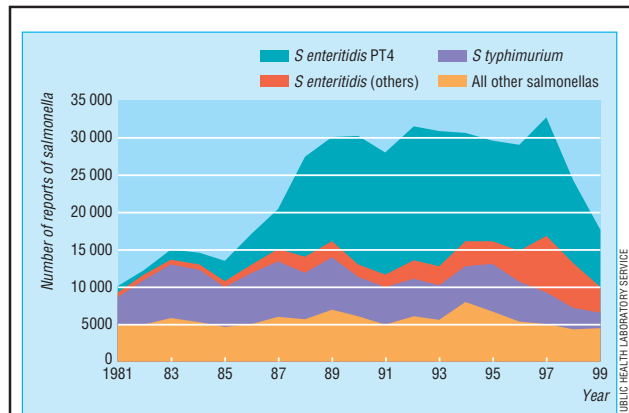
More research on appropriate staffing levels is also warranted. In some areas a single infection control nurse is expected to cover over 1000 beds—a number described by the report as "unacceptably high."

Moreover, despite a recommendation by the Royal College of Pathologists that the ratio of infection control doctors to beds should be 1:1000, only 46 trusts out of the 219 studied by the report reached that standard.

David Davis MP, chairman of

the Public Accounts Committee, commented: "There is clear evidence that in many cases investing more in infection control—for example, by funding more infection control nurses—would save both cash and lives. There would also be a dramatic improvement in the quality of care for many other patients." □

*The Management and Control of Hospital Acquired Infection in Acute NHS Trusts in England* is available through the National Audit Office's home page ([www.nao.gov.uk](http://www.nao.gov.uk)).



Salmonella infections in England and Wales have dropped to their lowest recorded level since 1986, according to the latest report by the Communicable Disease Centre. There were 17 000 salmonella infections reported in 1999, down 27% from 1998. A spokesman for the Public Health Laboratory Service said that there had been a 50% drop in salmonella infections in the past two years and this was very significant. He continued: "There are a number of factors likely to be behind the reduction. For example, there have been a number of initiatives to increase public awareness and promote better hygiene during food preparation. Also, the industry has been making efforts to control the problem—for example, by vaccinating chickens against salmonella." He added that over the next few months the Public Health Laboratory Service would be trying to ascertain the exact reasons for the dramatic fall in salmonella infections.

# Donors and relatives must place no conditions on organ use

Linda Beecham *BMJ*

Patients and relatives will be unable to impose any conditions on the use of donated organs under new rules due to be introduced by the UK government. The previous health secretary, Frank Dobson, ordered an inquiry in July 1999 after a transplant coordinator agreed to a family's request that the organs of a dead relative be given to a white person.

The inquiry's report says that the dead man's kidneys and liver were "wrongly accepted and wrongly passed through the system." It criticises senior staff in the UK transplant service and the Department of Health for failing to act to stop the practice when details emerged. The report concluded: "To attach any condition to a donation is unacceptable because it offends

against the fundamental principle that organs are donated altruistically, and should go to patients in the greatest need."

All NHS staff will shortly receive guidance reminding them that organs offered under racist conditions must be refused. Under the new guidelines, relatives will be unable to stipulate that the organs should go, for example, to a child or a non-smoker. The Department of Health is also to review how transplant services can best be modernised. The UK Transplant Support Services Authority, which coordinates transplants, will be renamed UK Transplantation and asked to procure more organs. More than 6000 people were waiting for a transplant in 1999, and only 212 operations were carried out. □