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The Scottish Government

NHS Board Chief Executives
NHS Board Nurse Directors
NHS Board HAI Executive Leads
NHS Board MRSA Project Managers

c.c. NHS Board Directors of Finance
NHS Board Medical Directors
NHS Board Infection Control Managers
HAI Taskforce members

Our ref: F3604568
23 February 2011

Dear Colleague,

MRSA SCREENING

I wrote to you on 16 February 2011 about ongoing funding for key HAI posts and confirmed that further detail on MRSA Screening policy requirements would follow. The purpose of this letter is to provide that detail.

Following completion of special studies established to consider the effectiveness of nasal swabbing as a screening tool and discharge testing for MRSA in Scottish hospitals, the MRSA National Programme Board has recommended that minimum screening practice across NHSScotland should take the form of a three question Clinical Risk Assessment that is applied to patients on admission or pre-admission. Those with one or more positive answers to the three questions asked ((i) has the patient previously been identified as MRSA positive; (ii) was the patient admitted from somewhere other than their own home; and (iii) does the patient have a wound or device present) will proceed to nasal and perineal swab based screening. This two-stage approach should identify around 10% of patients for nasal/perineal swab-based screening and pre-emptive management. The detection rate of true MRSA colonisation using this revised approach is very similar to that found using universal nasal swab screening.

The MRSA National Programme Board also recommended that all patients in five high impact specialties (renal, cardiothoracic, vascular, intensive care and orthopaedics) be screened as a matter of course using nasal and perineal swabs, given the limitations that exist in identifying all potential MRSA positive cases through CRA alone, combined with the specialties where MRSA infection would have a high impact on patients mortality. The study reports are being published today on the Health Protection Scotland (HPS) website; and will be available from 09.30am[1].

[1] http://www.hps.scot.nhs.uk/haiic/sshaip/mrsascreeningprogramme.aspx

The MRSA National Programme Board recommendations were considered and endorsed by the HAI Taskforce; and the Cabinet Secretary for Health & Well Being has also accepted them in full. Given that to be the case, the following is proposed in terms of next steps:-

- HPS will develop an operating protocol along with key performance indicators, which will be shared with the National Rollout team **on 2nd March 2011**. This will set out what is required of NHS Boards to meet the revised minimum MRSA Screening policy requirement.

- All NHS Boards will be asked to ensure local delivery against the operating protocol **by end March 2012.**

- MRSA screening practice should form part of individual NHS Boards local integrated approach to improving the quality of person centred, safe and effective patient care. Discussion is currently taking place with service leads about how that is achieved through existing programmes such as Leading Better Care. A timeframe will be agreed with you; but we envisage this planning process to be **completed no later than end May 2011.**

- Transitional funding for 2011/12 will be provided based on spend levels to support MRSA screening activity in 2010/11. This will ensure continued support for NHS Board MRSA Screening Project Manager (PM) and additional posts during the 2011/12 transitional year; and we anticipate that local implementation plans will be developed by the PM in partnership with their NHS Board Nurse Director.

- We will be asking HPS to continue, in the short term, to facilitate a national roll-out group that will provide Boards with a platform to share their approaches to local implementation and to air any issues of concern. We will agree the remit for this group with HPS, and ensure this is shared with each of your project management leads as soon as possible.

Finally, the cost modelling that has been undertaken by SGHD and HPS confirms that the revised minimum policy approach of CRA, plus swabbing of patients being treated in high impact specialties, will come at a significantly reduced cost when compared to universal screening using a single nasal swab; and will provide similar detection rates of true MRSA colonisation.

We therefore expect that funding allocations you will receive, based on 2010/11 spend levels, should incentivise an early transition to the revised minimum policy approach, particularly given the opportunity for savings to be made for reinvestment at local level. We will share your local financial modelling data with your PM; and meantime will work to determine the value of your 2011/12 allocation, based on your actual costs for supporting MRSA screening in 2010/11.

Kind regards

R Moore

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Chief Nursing Officer