

NHSGG and CLYDE NEWSLETTER

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Hep C Community Outreach

Hepatitis C is a major health problem in NHS Greater Glasgow & Clyde that mainly affects people with a history of injecting drug use. Around two-thirds of hepatitis C infections remain undiagnosed, and many people who are aware of their status are not engaged with treatment and care services. Local data also show that about half of those referred to hospital fail to attend their outpatient appointments, which represents a waste of clinical resources and missed opportunities to provide clinical care.

In response, NHSGG&C and Glasgow Addiction Services developed the Hepatitis C Community Outreach project which provides testing, information, support and initial assessment in community settings to those 'at risk'. The project is delivered by three Clinical Nurse Specialists working across Community Addiction Teams, Shared Care clinics and hospital-based services in Glasgow. This pilot project has been in operation for two years and is currently being evaluated by Professor Avril Taylor (University of the West of Scotland).

The Scottish Government will shortly announce Phase II of the national Hepatitis C Action Plan. It is expected that this will require Health and Social Care services to work together on reducing undiagnosed infections and increasing the number of people receiving anti-viral treatment. The Public Health Protection Unit is keen to engage with Community Health Partnerships in developing a co-ordinated local response to address these needs.

The PHPU is holding an event for health and social care professionals to share findings from the outreach project and discuss how to further develop services for local populations. This event will be held on the afternoon of 14th February 2008 at the Beardmore Conference Centre, Clydebank. There are a limited number of places available which are prioritised for primary care staff. To reserve a place, please contact Pauline Hamilton at the PHPU by emailing pauline.hamilton@ggc.scot.nhs.uk or calling 0141 201 4888.

Immunisation resource pack

During January 2008, copies of the immunisation resource pack produced by PHPU were distributed to every practice, (including branch surgeries), health visitor, school nurse and CHCP lead nurse in NHSGG&C. If you haven't received a copy, or would like an extra copy, please contact PHPU on 201 4719 or email maureen.mclean@ggc.scot.nhs.uk.

Antiviral prescribing for flu

The Chief Medical Officer recently wrote reminding health professionals of the existing guidance on antiviral prescribing for seasonal influenza: "*Guidance on the use of zanamivir, oseltamivir and amantadine for the treatment of influenza*" produced by the National Institute for Clinical Excellence (NICE) and endorsed by NHS Quality Improvement Scotland (QIS).

The CMO letter recently sent out on 16th January 2008 stated that "...most recent surveillance information available indicates that influenza is circulating in the community at levels above the baseline (above the 50 consultations per 100,000 threshold) and therefore the use of antiviral medication for the prevention or treatment of flu in patients who are at higher risk of developing complications from the infection is now recommended, provided that patients can start treatment within 48 hours of the onset of symptoms. The use of such treatments should follow the recommendations in the NICE guidance".

<http://www.nice.org.uk/guidance/TA67>

<http://www.nice.org.uk/guidance/TA58>

Please note however, that in the NHSGG&C area the levels have been consistently low (<50 /100,000). During the week ending 27/01/08, the overall rate in Scotland dropped to 27 per 100,000 population.

People considered to be 'at-risk' are those in at least one of the following groups:

- aged 65 yrs or over
- chronic respiratory disease
- significant cardiovascular disease (excl. hypertension)
- chronic kidney disease
- diabetes mellitus
- immunosuppression
- certain neurological conditions (as set out in the CMO letter CMO 2007/4 of 30 March 2007)

It should also be emphasised that anti-viral drugs are not a substitute for vaccination which remains the most effective way of preventing illness from influenza. On the basis of the limited number of isolates that have been characterised so far, it is understood that the Influenza A component of this year's flu vaccine is a good match for the viruses circulating, but that the Influenza B component is a less good match. Nevertheless, staff are encouraged to continue vaccination in those 'at risk' groups where this has not already happened.

Vaccine audit in Primary Care

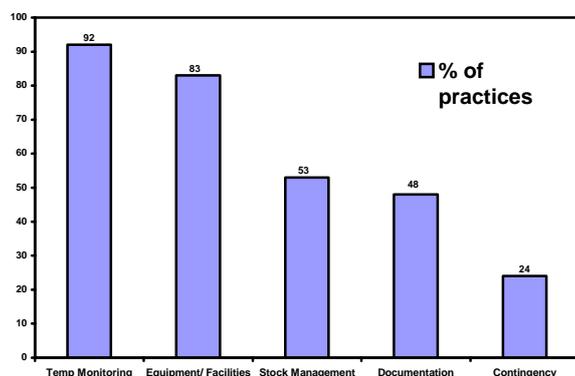
Subsequent to a vaccine incident in Grampian and a review of vaccine storage records in GP practices, a comprehensive audit of vaccine storage in all GP surgeries in NHSGGC was undertaken over the last 6 months.

A steering group and project team were established to monitor the project, undertake the practice visits and review any practices referred for further support.

Following the visits, practices were provided with individualised feedback reports and asked to return a signed copy if the recommendations were accepted.

All practices (270 main surgeries plus 39 branch surgeries) participated. The bar chart below outlines the frequency with which improvements were required.

Advice given/recommendations for improvement



Where necessary, follow-up was arranged (e.g. further submission of temperature records after improvements had been implemented) and this was required in half of the practices. In a small number of practices (9%) further review was required. The steering group was satisfied that there were no circumstances where revaccination was necessary.

The key learning points from the project were that practices required further education and support in relation to:

- the purchasing, maintenance and calibration of suitable fridge and temperature-monitoring equipment
- the suitable positioning and storage of vaccines within the fridge compartment,
- the need to ensure staff understand the importance of, and the process for, temperature-recording including action taken in the event of abnormal temperatures
- training provision for all staff involved in vaccine storage and handling (clinical and non-clinical)
- ensuring that validated cool boxes are used when transporting vaccines outside of the practice

The report makes recommendations to develop best practice in NHSGGC to ensure satisfactory storage of vaccines which requires additional resource but may be cost-saving in avoiding future storage incidents. The report's findings will be further discussed with all stakeholders in NHSGGC, including CHCPs, to agree how best to take forward these recommendations. The full report is available on request from Liz McGovern, Specialist in Pharmaceutical Public Health on 201 4777.

Norovirus and hospitals

GPs will be aware that Norovirus has been very prevalent in recent months, both locally and nationally. Based on provisional data for 2007 Health Protection Scotland (HPS) calculates that in Scotland in December 2007 reports were "five times higher than would have been expected historically"¹. HPS also stated there has been a 150% increase in outbreaks reported in Scotland in the 4th quarter of 2007 compared with the same period the previous year¹. Whilst cases are anticipated over the winter months NHSGGC has experienced a higher number of cases than usual and these have occurred earlier in the season than expected. To provide information for the public, a Webcast has been made available on the NHSGGC website at <http://www.nhs.gov.uk/content/> since Friday 11th January 2008. The Webcast includes the following advice :

- There is no specific treatment for Norovirus and patients should drink plenty of fluid and take symptomatic relief as required
- The need for good personal hygiene including regular handwashing
- Affected cases should stay at home and should not prepare food for others until 48 hours after their symptoms have subsided

Between November 2007 and the present time all hospitals in NHSGGC have been affected by Norovirus. Currently 9 hospital wards remain closed in the NHSGGC area. Due to the semi-enclosed nature of the environment, wards are particularly prone to outbreaks if an affected case is admitted. Whilst the areas that have been affected are largely medical wards there have also been closures in other clinical areas, including surgical and psychiatric wards. It is hoped that this information will be of use to GPs in managing some of their cases in the community.

¹ HPS Website. Weekly Report - Update on Norovirus
09 January 2008
<http://www.hps.scot.nhs.uk/ewr/article.aspx>

New PGD for preschool booster

The PHPU recently advised all immunisation, and other relevant staff, of a change in the pre-school vaccine for children born between 04/04/03 and 03/09/05. This cohort is the target of the *Haem. Influenzae* Type B (Hib) Catch-up Vaccination Programme which started on 5th Nov 2007 and is set to continue until 3rd March 2009. The vaccine currently being used is *Infanrix-IPV+Hib*TM. However, the DoH has advised that for pre-school boosting in this group of children, *Pediacel*TM should be used once stocks of *Infanrix-IPV+Hib*TM are exhausted. A Patient Group Direction (PGD) for boosting with *Pediacel*TM has been issued via the usual routes. Please note that each nurse involved in immunising this preschool group must sign the new PGD. Call the PHPU on 201 4917 with any enquiries.

If you would like to comment on any aspect of this newsletter please contact Marie Laurie on 201 4933 or at marie.laurie@ggc.scot.nhs.uk