



CMO'S UPDATE 33

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IMPORTANT INFORMATION FOR DOCTORS FROM THE CHIEF MEDICAL OFFICER [AUGUST 2008](#)

Cleanyourhands Campaign

The Minister launched the regional 'cleanyourhands' campaign on Wednesday 25 June at the Mater Hospital in Belfast. The 'cleanyourhands' campaign has been developed by the National Patient Safety Agency and has been adapted for Northern Ireland. The campaign materials include posters for wards, signs to direct visitors to hand cleaning facilities, point of care prompts for staff, patient leaflets and a staff leaflets detailing hand cleaning procedures.

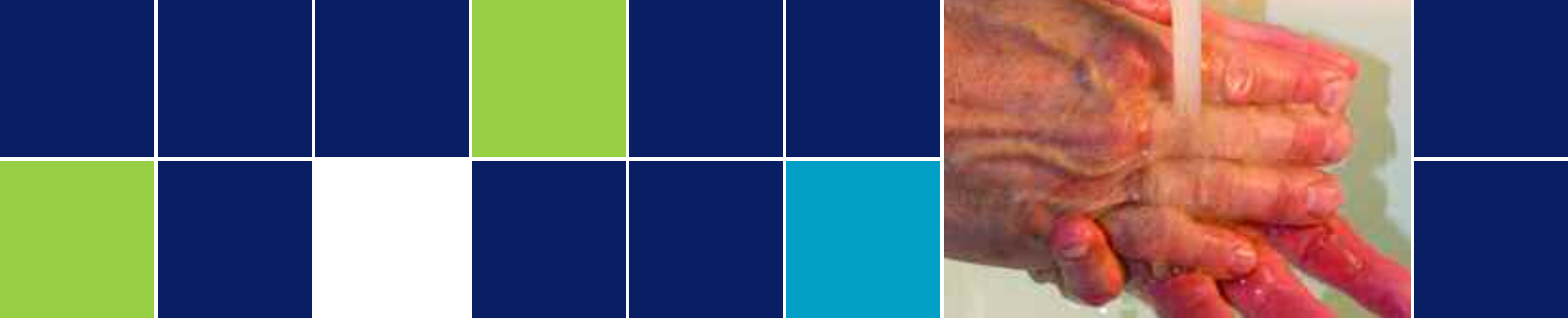


This regional campaign is part of the package to tackle Healthcare Associated Infections that the minister announced in January 2008, and is designed to reinforce the message that good hand hygiene is absolutely essential in the prevention of infection. Staff and visitors are reminded that the benefits of the simple act of cleaning your hands must not be underestimated in the prevention and control of infections.



Further Information

More details are available from www.dhsspsni.gov.uk/index/phealth/php/cleanyourhands.htm



DELIVERING THE BAMFORD VISION

NI Executive's response to the Bamford Review

About 250,000 adults in Northern Ireland consider themselves to have a mental health problem, including depression, and it is estimated that at least 45,000 children and young people have a moderate to severe mental health problem requiring services. Around 26,500 people in Northern Ireland have a learning disability, with half of these aged 0-10.

In response to concerns about the outdated services and legislation in place here, DHSPSS commissioned an independent review of the law, policy and services affecting people with a mental health problem or a learning disability, now referred to as the Bamford review.

The review produced a series of 10 reports between 2005 and 2007, which together represent a composite vision for radical reform and modernisation of mental health and learning disability law, policy and services.

Consultation on the NI Executive's response to the Bamford review, Delivering the Bamford Vision, is now under way. The document is available on the DHSSPS website www.dhsspsni.gov.uk. It sets out proposals to take the recommendations forward over the next 10-15 years. It is not a detailed response to every recommendation made by the Review, but gives broad strategic endorsement to the service and legislative reforms advocated by Bamford. A more detailed consultation on reforming the law will follow later.

The consultation will close on 3 October. A number of public events are planned over the period as well as some more focussed events for service users and carers. An easy read version of the document for people with a learning disability is also available.



MINDING YOUR HEAD

Suicide Awareness / Mental Health Promotion Campaign

The 'Minding your Head' public information campaign seeks to increase awareness of mental health issues, provide information on organisations that can offer support, encourage those who may need help early rather than letting things get out of control, and reduce the stigma associated with poor mental health.

The evaluation conducted following the first phase of 'Minding your Head', indicated a need for phase two of the campaign to focus on younger males.

Phase 2 of this campaign will run during the month of June and will feature television and radio advertisements as well as outdoor advertising and washroom posters and beer mats.

The key message communicated through the various elements of the campaign is: **Don't cover up your problems. Take the first step and talk to someone.**

This new advert has been developed by the HPA in consultation with colleagues in the National Office of Suicide Prevention in the Republic of Ireland.





IMPROVING STROKE SERVICES

Stroke can strike anyone, any age, anytime. Today in Northern Ireland around 4000 people each year have their lives and the lives of their families dramatically changed by stroke. A significant number of these could be avoided by simple lifestyle changes. More exercise, less alcohol and more attention to diet can make a major difference. Cutting down or cutting out smoking will make the most significant lifestyle contribution to a reduction in stroke and the enormous personal impact that it brings.

The DHSSPS have issued recommendations seek to make improvements in the key areas of prevention; treatment and rehabilitation of stroke patients in a modern health service setting. The accompanying 7 standards outline the levels which we must aspire to, covering:

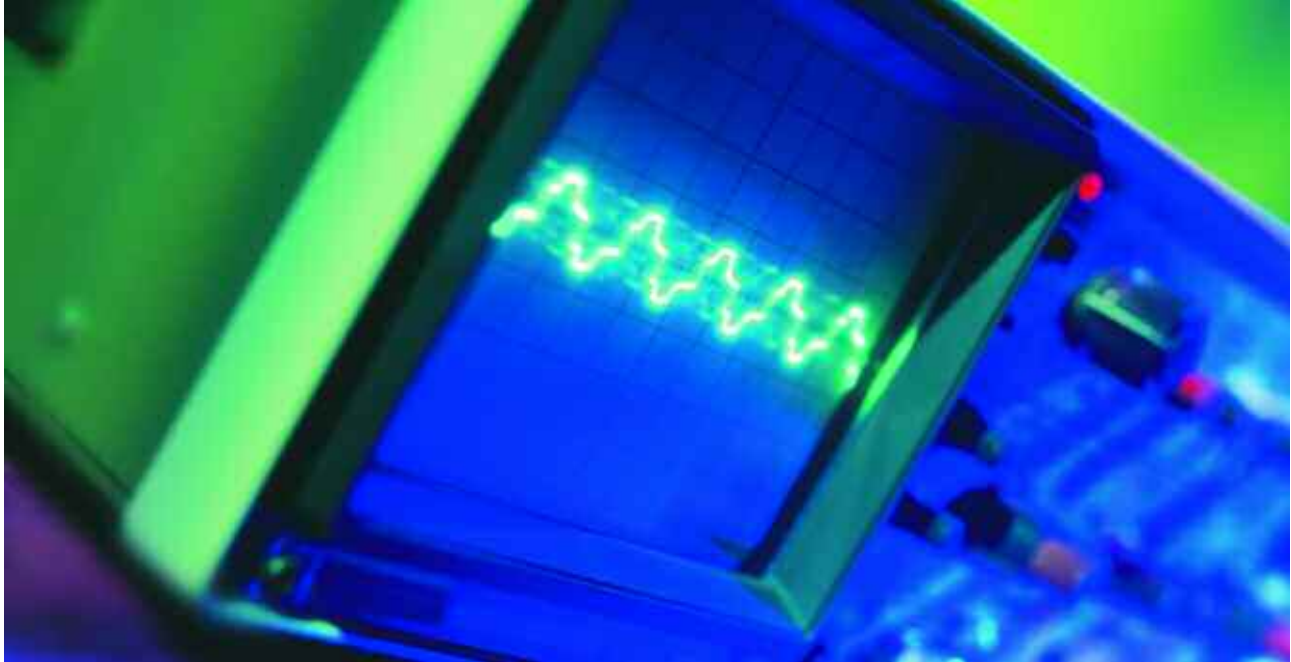
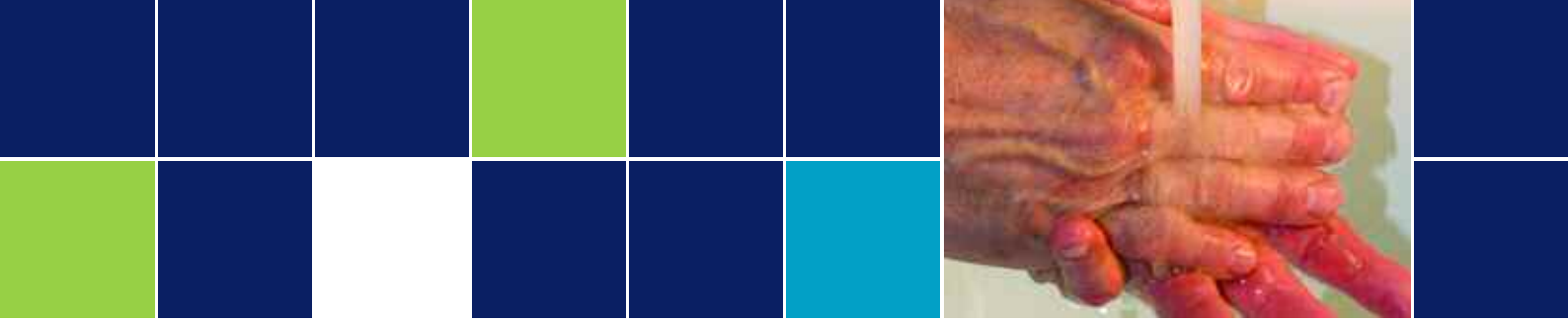
- Organisation of Stroke Services
- Acute Stroke Care and Hospital Based Rehabilitation
- Secondary Prevention
- Discharge Planning
- Community-Based Care
- Palliative Care
- Communication with Patients and Carers

To support these improvements the Minister has allocated £2million, £3million, £9million over the next three years and £9million recurrently from year four towards enhancing stroke services. This money will be used to strengthen the infrastructure, staffing and training and generally improve the range of treatment, care and support available to stroke sufferers, their families and carers

Further Information

DHSSPS, Secondary Care Directorate

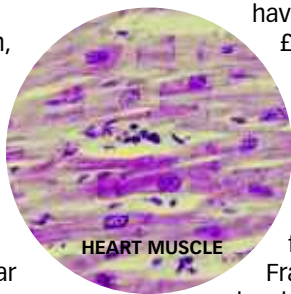
Annexe 1 Room 1, Castle Buildings, Stormont, Belfast, BT4 3SQ, Telephone: 028 90 523419



THE CARDIOVASCULAR HEALTH AND WELLBEING SERVICE FRAMEWORK

The Cardiovascular Health and Wellbeing Service Framework was launched for public consultation on 17 June 2008.

It sets out standards in respect of the prevention, assessment, diagnosis, treatment, care and rehabilitation of individuals and communities who currently have, or are at greater risk of developing, cardiovascular disease.



In 2005 over 4,600 people in Northern Ireland died from cardiovascular disease. Many of the diseases that affect the cardiovascular system have a similar causes and risk factors. This framework has been developed to provide an integrated approach to transform the quality of service for people who have been diagnosed or

are at risk from cardiovascular disease.

In order to ensure that the framework is effective, DHSSPS have allocated a total of £12million over the next three years and then £7million recurrently from year four.

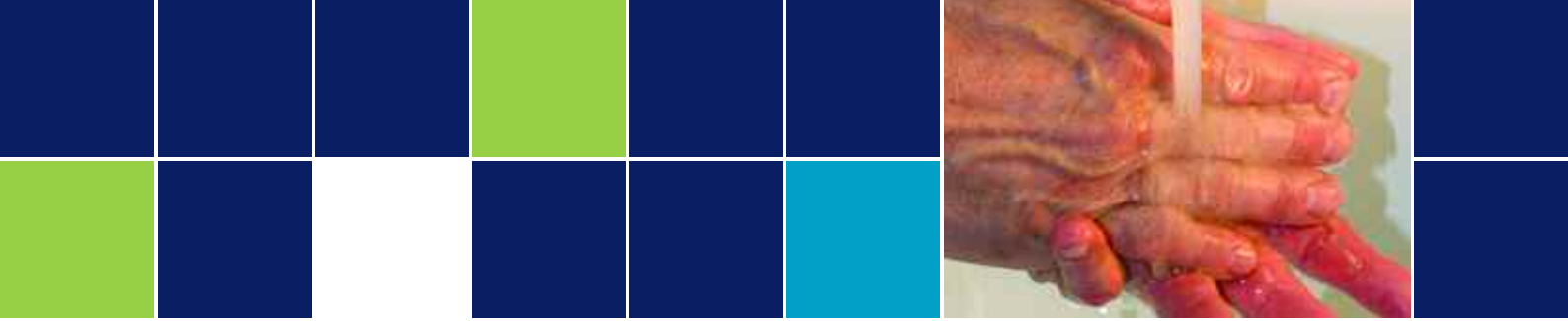
The Cardiovascular Service Framework is the first of a series of Service Frameworks to be developed in Northern Ireland. Other Frameworks under development are Respiratory Health and Wellbeing, Cancer Treatment and Care, Mental Health, Learning Disability. The Minister has also agreed that work should commence on the development of a Service Framework for Children's Health and Wellbeing and a Service Framework for Older People's Health and Wellbeing

Further Information

The consultation document and consultation questionnaire can be found at the following link; <http://www.dhsspsni.gov.uk/showconsultations?txtid=30036>

The development of service frameworks is being lead by the Safety, Quality and Standards Directorate. Further information on all the frameworks that are currently being developed can be found at the Service Frameworks website, <http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-standards/sqsd-standards-service-frameworks.htm>.

Alternatively, you can contact John Maguire, Services Framework Support, at john.maguire@dhsspsni.gov.uk or on extension 28283.



CONSULTATION on the future of Tobacco Control

The Health Minister, Michael McGimpsey, MLA, has agreed that a consultation document on the future of tobacco control, prepared by the Department of Health in London, should be issued in Northern Ireland. The consultation, addresses issues that have relevance across the UK, including the need to protect children and young people and the importance of helping smokers to quit.

The document specifically invites views from people in Northern

Ireland on controlling advertising and the display of tobacco products in retail environments and limiting young people's access to tobacco products. Tobacco advertising in the United Kingdom is governed by the Tobacco Advertising and Promotion Act 2002. The Tobacco Advertising and Promotion (Point of Sale) Regulations (2004) also extend to Northern Ireland.

A review of the DHSSPS Five Year Tobacco Action Plan is due to begin later this year and responses to the

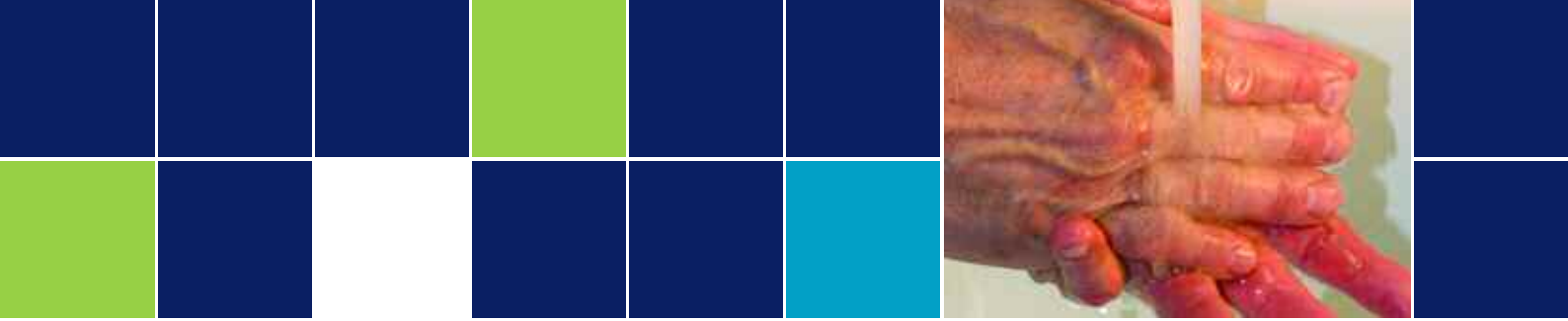
consultation from Northern Ireland interests will undoubtedly provide useful information on the future development of the Plan.

Further Information

The consultation exercise ends on 8 September 2008 and details of how to respond are available on the Department of Health's website at:

www.dh.gov.uk/en/index.htm.



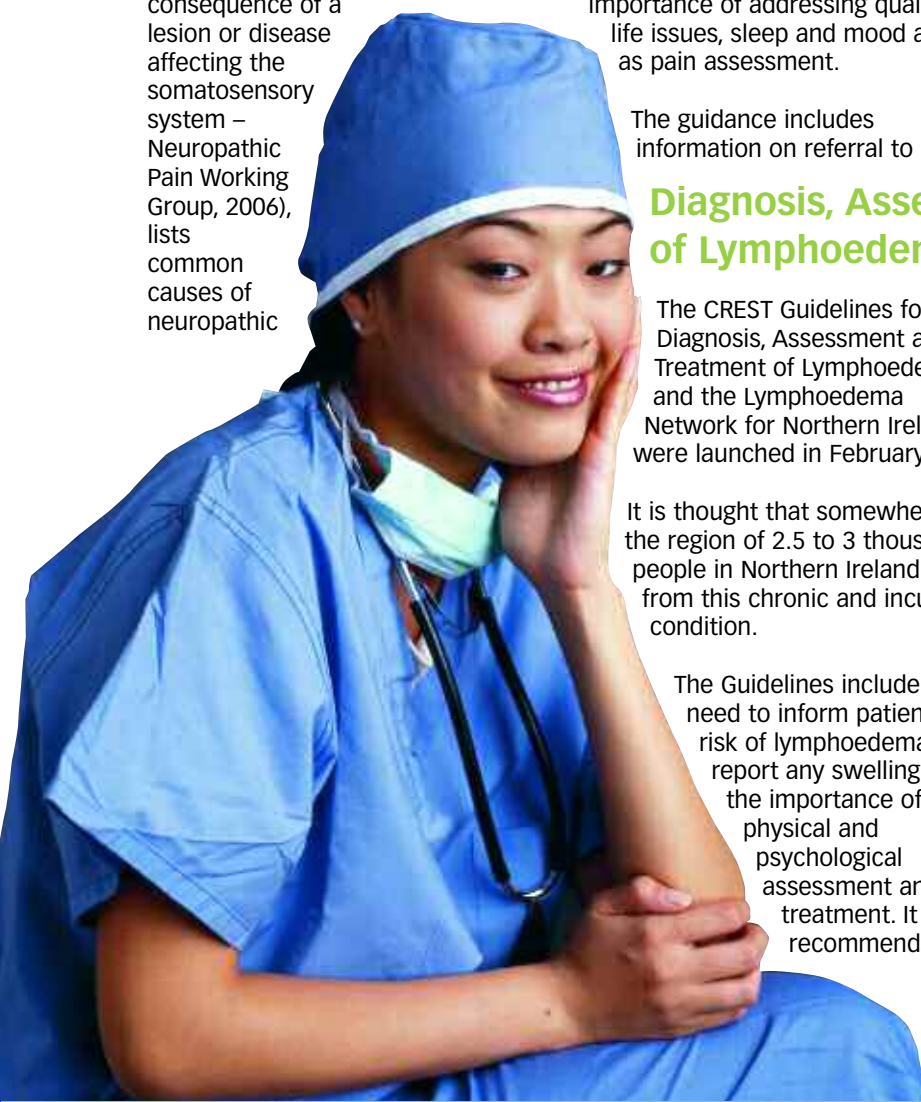


CREST GUIDELINES LAUNCHED

Management of Neuropathic Pain

The CREST Guidelines on the Management of Neuropathic Pain were launched in April 2008.

Northern Ireland has the highest prevalence of chronic pain in the United Kingdom with 19% of the population suffering. For this reason the Guideline Development Group, under the Chairmanship of Dr Pamela Bell, decided that this guidance should be directed, not at experts in the field, but at those who see patients in community and primary care settings. To this end, the guidance defines neuropathic pain (Pain arising as a direct consequence of a lesion or disease affecting the somatosensory system – Neuropathic Pain Working Group, 2006), lists common causes of neuropathic



GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

pain and provides examples of simple tools that may assist diagnosis.

Initial treatment options include non-pharmacological interventions, such as physiotherapy, occupational therapy and clinical psychology, as well as options for first line drug treatments. Advice on assessment at follow-up visits stresses the importance of addressing quality of life issues, sleep and mood as well as pain assessment.

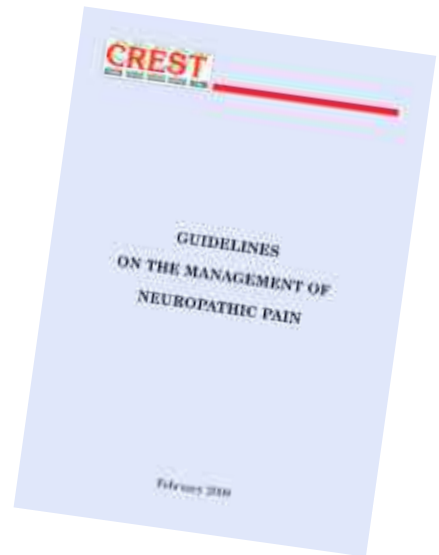
The guidance includes information on referral to

Diagnosis, Assessment and Treatment of Lymphoedema

The CREST Guidelines for the Diagnosis, Assessment and Treatment of Lymphoedema and the Lymphoedema Network for Northern Ireland were launched in February 2008.

It is thought that somewhere in the region of 2.5 to 3 thousand people in Northern Ireland suffer from this chronic and incurable condition.

The Guidelines include the need to inform patients at risk of lymphoedema to report any swelling and the importance of physical and psychological assessment and treatment. It recommends the



specialist pain clinics and outlines the various treatments (pharmacological, interventional and pain management programmes) that may be offered.

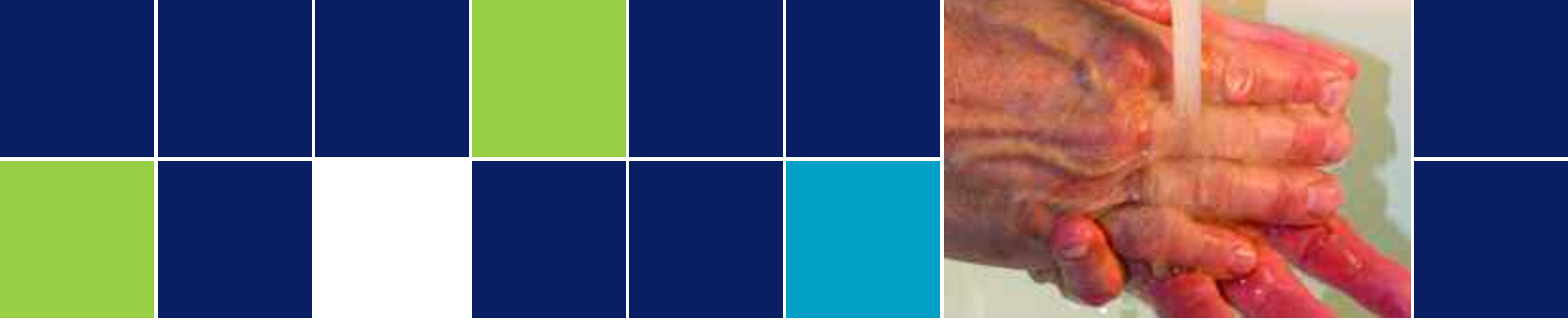
development of multi disciplinary lymphoedema teams.

The network will help in the development of new and more accessible diagnosis, assessment and treatment services across Northern Ireland, more involvement of service users in the planning and development of services and improved research into lymphoedema.

Further Information

Copies of CREST Guidelines may be obtained from Joseph Feeney, CREST Secretariat, Room D1, Castle Buildings, Stormont, Belfast, BT4 3SQ.

Alternatively you may visit the CREST website at www.crestni.org.uk or the GAIN website at: <http://www.gain-ni.org>



HUMAN PAPILOMAVIRUS (HPV) VACCINE ADDED

into the Childhood Immunisation Programme

Each year in Northern Ireland approximately 80 new cases of cervical cancer are diagnosed, resulting in 30 - 40 deaths per annum. Cervical cancer is the second most common form of cancer in young women worldwide.

There is a known link between cervical cancer and infection with human papillomavirus (HPV), with this virus causing 99 per cent of invasive cervical cancer. Highly effective vaccines are now available that protect against the two high-risk HPV types, 16 and 18, that cause over 70% of cervical cancers.

Following advice received from the Joint Committee on Vaccination and

Immunisation (JCVI), the HPV immunisation will be offered routinely to all 12 to 13 year old girls to protect them against their future risk of cervical cancer. This new immunisation programme will be implemented in September 2008 and will be a school-based programme, as recommended.

The Health and Social Care Trusts, Boards and other organisations are currently planning the implementation of the programme, including a campaign by the Health Promotion Agency to encourage take-up of the vaccine. The programme involves each girl receiving three doses of the vaccination over a six month period.

In addition to the routine programme, a catch up campaign will start from the beginning of the 2009/2010 school year for all girls aged up to 18 years. This will run for two years.

It is important to note that the national cervical screening programme remains essential to the prevention of cervical cancer, and will remain unchanged following the introduction of HPV immunisation. It is vital to ensure that cervical screening rates remain high. Immunisation will not protect against all the HPV types that cause cervical cancer.

CLOSTRIDIUM DIFFICILE

Increasing numbers

CDSC(NI) has now published the *C. difficile* data for the last quarter of 2007. The total number of *C. difficile* reports from inpatients decreased by 8.1% in 2007 compared to 2006, in contrast to the community figures which have increased by 36.7% in 2007 when compared to 2006. There is a need to address *C. difficile* in the community. A key strand in our efforts to control *C. difficile* in the community is to ensure optimal practice in prescribing of antibiotics by General Practitioners. There are local guidelines for GPs on antibiotic prescribing

Ribotype 027

Following the finding of Ribotype 027 in Northern Trust, all Trusts need to have increased vigilance for any indication that 027 might be driving the increase in incidence of *C. difficile*.

- Early diagnosis prevents complications and saves lives. Stool samples should be taken and tested within 18 hours of symptoms or admission of a symptomatic patient.
- Infected patients must be isolated in a side room. If side room capacity is exceeded, cohort nursing in a bay or an isolation ward should be considered.
- All *C. difficile* isolates are now being sent for ribotyping to the Health Protection Agency's reference laboratory in Cardiff.

Additional funding 2008-2011

Additional £9m will be invested in patient safety including infection control. These include:

- Single rooms for new hospitals to improve hygiene and privacy and a move, where practical, to single room accommodation in future major refurbishments.
- A rolling programme of unannounced hygiene inspections of all hospitals;

- Restrictions on hospital visiting – with flexibility for seriously ill patients, the elderly and children;
- The introduction of a dress code for all health care staff;
- A regional hand hygiene campaign to encourage health care staff and the visitors to wash their hands;
- MRSA screening for high risk patients;

- Additional funding to set up rapid response cleaning teams at all hospitals;
- New departmental group established to work with Trusts to closely monitor performance on infection control measures;
- Quarterly publication of Trusts' infection control performance;
- Funding for a pharmacist in each Trust area to work with clinical staff to promote safer prescribing of antibiotics.





NICE GUIDANCE

endorsed for Northern Ireland during 2008

National Institute for Health and Clinical Excellence (NICE) issues Technology Appraisals (TA) for individual therapies, Clinical Guidelines (CG) on the wider management of conditions and Public Health Intervention Guidelines (PH) on health protection and health promotion.

From January to July 2008, 17 Technology Appraisals, 10 Clinical Guidelines and 3 Public Health Intervention Guidelines have been endorsed for Northern Ireland.

All the guidelines can be found at www.dhsspsni.gov.uk

Clinical Guidelines

- CG 57 Atopic Eczema in Children
- CG 56 -Head Injury
- CG 53 - Chronic Fatigue Syndrome/Myalgic Encephalomyelitis
- CG 49 - Faecal Incontinence
- CG 48 - MI: Secondary Prevention
- CG 47 - Feverish Illness in Children
- CG 37 - Routine Postnatal care of Women and their Babies
- CG23 - Depression (amended)
- CG 22 - Anxiety (amended)
- CG 20 - Epilepsy in Children and Adults

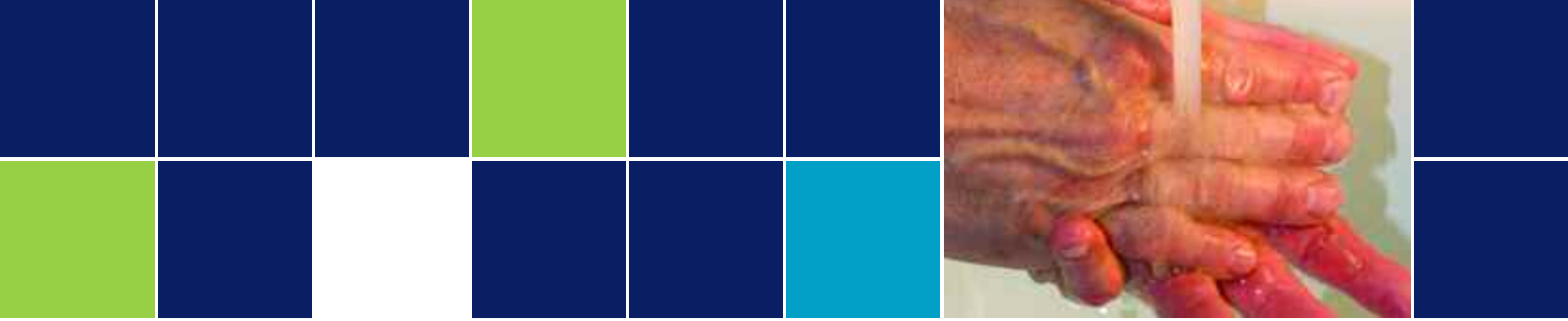
Technology Appraisals

- TA 136 Structural Neuroimaging in first onset Atypical Psychosis
- TA 135 - Pemetrexed Disodium for the Treatment of Malignant Pleural Mesothelioma
- TA 134 Infliximab for the treatment of Adults with psoriasis

- TA 133 - Omalizumab for severe persistent Allergic Asthma
- TA 132 - Ezetimibe for the Treatment of Hypercholesterolaemia
- TA 131 Inhaled Corticosteroids for the treatment of chronic Asthma in Children Under the Age of 12 Years
- TA 130 Adalimumab, Etanercept and Infliximab for the treatment of Rheumatoid Arthritis
- TA 129 - Multiple Myeloma - Bortezomib Monotherapy
- TA 128 - Stapled Haemorrhoidopexy for the treatment of Haemorrhoids
- TA 127 - Multiple Sclerosis - Natalizumab
- TA 126 - Rituximab for Rheumatoid Arthritis (refractory)
- TA 125 - Adalimumab for the treatment of Psoriatic Arthritis
- TA 124 - Pemetrexed for Non-small Cell Lung Cancer
- TA 123 - Varenicline for Smoking Cessation
- TA 121 - Carmustine Implants and Temolozomide for Glioma
- TA 120 - Heart Failure - Cardiac Resynchronisation
- TA 102 Parent-Training/Education Programmes in the management of Children with conduct Disorders

Public Health Intervention Guidelines

- PH 5 - Workplace Smoking
- PH 4 - Substance Misuse
- PH 6 - Behaviour Change



CMO'S ANNUAL REPORT

In his annual report for 2007, Dr Michael McBride highlights the problem of under-age drinking and asks are we all to blame for the rise of the so called blue bag generation: "Young people are growing up in a modern, complex world. They are exposed to television and adverts glamorising alcohol. And they watch adults speak about alcohol and they notice how adults behave when they drink too much.

"We all have a responsibility to ensure that young people know the facts about alcohol and the consequences it can have. We are all quick to point the finger at others, the places where young people can buy alcohol even though they are under-age, at people who buy alcohol for young people, at the police and at parents – at everyone except ourselves.

"Research has shown that by the age of 16, four out of five teenagers have had a drink. We need to help young people learn about alcohol and to know how to drink safely and sensibly."

The annual report highlights the importance of getting children involved in taking exercise, the introduction of the vaccine for Human Papilloma Virus (HPV) which is known to cause cervical cancer and how to deal with medical emergencies such as meningitis and nut allergies.

Dr McBride also focuses on the importance of good mental health: "Our suicide rates remain above the UK average. The 'Lifeline' crisis response telephone helpline has been set up. It is a free counselling service available 24 hours a day to anyone regardless of age across Northern Ireland who are in crisis or at risk of suicide. The number to call is 0808 808 8000. 'Lifeline' is staffed by trained counsellors who can

provide immediate help over the phone line or refer people to other appropriate services."

The Chief Medical Officer reflected on the introduction of the smoking ban in Northern Ireland: "This was a very positive step to help people quit smoking. In the last twelve months over 19,000 people set a 'quit date'. This is very good news and will make a major contribution to reducing the number of premature deaths from heart disease and cancer. Smoking is the greatest cause of preventable illness and premature death. Almost 80% of adult smokers here say they started smoking when they were teenagers. That is why it is so important to discourage young people from smoking."



DRESS CODE

Policy

DHSSPS has introduced a new regional dress code policy intended to support the *Changing Culture: An Action Plan for the Prevention and Control of Healthcare Associated Infections in Northern Ireland*. Priority is given to those issues which promote health and safety, security and infection prevention and control.

Clinical staff who do not wear a uniform should not wear any loose clothing such as unsecured ties, draped scarves or similar items.

Clinical staff who wear a uniform should where possible change into and out of uniform at the workplace. Staff who are permitted to wear a clinical uniform to and from work should have it covered completely when travelling.

Staff should not go shopping or socializing in uniform or undertake similar activities in public.

Staff must change as soon as is practical if uniform or clothes become visibly soiled or contaminated with blood or body fluids.

Where Trusts have appropriate changing facilities and provide a staff laundry service these should be used or where staff launder their own uniforms, written instructions must be provided which reflect current best practice guidelines. A clean uniform should be worn for each shift. A sufficient supply of uniforms for the recommended laundry practice should be provided.



All staff working in clinical areas should secure long hair.

Wear short sleeves or roll the sleeves to elbow length before carrying out clinical procedures

Wrist or hand jewellery must not be worn by clinical staff when carrying out clinical procedures. (a single plain band ring is acceptable)
Wrist watches must be removed before performing surgical hand hygiene

Clinical staff should keep finger nails short and clean.
Clinical staff must not wear false nails or nail varnish for direct patient care

Wear clear identifiers; uniform and/or, name or identity badge.

Foot wear, worn in the clinical areas should be suitable for purpose and comply with the relevant health and safety requirements

FOR FURTHER DETAILS ON ANY ITEM IN CMO'S UPDATE CONTACT

CMO's Team e-mail: cmo@dhsspsni.gov.uk tel: 028 9052 2359
or visit CMO's webpage at: <http://www.dhsspsni.gov.uk/index/phealth.htm>