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## MRSA Status and Strategies in the UK

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This article outlines the current UK strategy for combating MRSA at a national and local level.

The prevalence of Methicillin Resistant Staphylococcus Aureus (MRSA) colonisation and infection within the UK is amongst the highest in Europe (www.earss.rivm. nl). To obtain a meaningful picture of the situation across the UK, the Government made reporting of all MRSA positive blood cultures mandatory from April 2001. Since then rates per 1000 acute bed-days have been published annually for each hospital trust. This data is a reasonable surrogate for all MRSA infections within a healthcare establishment. This scheme has revealed widely varying rates across the country, but rates are generally highest in the south, particularly in London. Not surprisingly, teaching hospitals have higher rates than general hospitals. Details of actual rates and a summary report of the first four years of this scheme are available on line.

*www.dh.gov.uk/ assetRoot/04/11/40/15/04114015.pdf and www.hpa.org.uk/infections/topics_az/staphylo/MRSA_four_year.pdf*

Despite this data being in the public domain and pressure from the Department of Health (DH), the overall rate has not changed significantly over the past four years, although a number of individual hospitals have improved. This is not surprising as control of MRSA is inextricably linked to control of infection generally and this has remained a low priority compared to waiting list and financial targets. However, this situation is beginning to change. Pressure from the media, patients, relatives and the wider public has resulted in infection control being seen as an increasingly important issue. The advent of 'patient choice' and the 'Freedom of Information Act' has increased this pressure further.

The UK DH has produced a number of documents and campaigns reiterating its commitment to reducing MRSA and healthcare associated infection in general and advising hospitals on the actions they should take. The major documents/ campaigns are listed in table 1. Each document has a slightly different emphasis, but many threads in common; the recurring themes are listed in table 2. Some of these documents are mere policy statements, whilst others lay out more specific goals. The current major operational document is the 'Saving Lives' programme. This is based on the action-bundle approach whereby a number of actions need to be introduced simultaneously rather than a piecemeal approach. The Programme contains a selfassessment and action-planning tool, which generates a balanced scorecard.

In addition to self-assessment, external assessors are to continue to address infection control with a more detailed focus than in the past. The two major assessors are the Healthcare Commission and the Clinical Negligence Scheme for Trusts. In relation to MRSA in particular, hospitals have been set a target for reducing the number of episodes of MRSA bacteraemia by 50% by March 2008. To attain this, hospitals have been advised to aim for a 20% reduction on the 2004-5 MRSA numbers each year for the next three years. Finally, the DH is developing a Code of Practice entitled 'Action on Health Care Associated Infection in England' to which trusts will be expected to adhere. A draft of this document was likely to be published during 2005 (www.dh.gov.uk/assetRoot/ 04/11/53/06/ 04115306.pdf).

Implementing the national strategy at a local level will inevitably differ depending on the size and complexity of the hospital concerned. No extra central funding has been made available for this issue and therefore hospitals will need to find the funding from existing budgets. The main strategies under consideration are listed in table 3.

In summary, controlling MRSA has moved up the agenda both nationally and locally. However, given the current extent of MRSA colonisation and infection, the aforementioned strategies will need to be applied consistently for a number of years if significant and permanent inroads are to be made.

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*See also Dr G. Bellingan's viewpoint on MRSA management in intensive care practice on page 40.*

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