

St Luke's Surgery

Annual IPC Statement

April 2024-March 2025

Purpose

This annual infection Prevention Control (IPC) statement is written at the close of each working year at the end of March. It is in alignment with the requirements of the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance. The recommendations within this act will apply to registered providers of all health care in England and so the code will therefore be applied in a proportionate way, to St Luke's surgery.

Throughout this statement, IPC should be interpreted as including cleanliness. Effective IPC must be part of everyday practice and be applied consistently by everyone. Here at St Luke's, we endeavour to ensure that good management and organisational processes are in place so that high standards of IPC are developed and maintained within the surgery.

The IPC statement can always be found on the Surgery website.

1. Systems to manage infection.

- a) IPC Training - All staff on commencement of their employment during the last year have received IPC induction training using an online provider. They also have undergone in-house 'handwashing' and 'spill kit' training from the IPC Lead. This involves explaining firstly, the correct handwashing 12 steps and checking the effectiveness of the technique using an ultraviolet light within a hand inspection cabinet. Spill kit training encompasses the correct procedure for dealing with and the cleaning of any surfaces or equipment because of there being any contamination from either vomit or faeces/urine or blood spills within the surgery.

It was our aim that all surgery staff during this last year completed an e-learning IPC module. Also, each had an assessment on their hand washing technique and received 'spill kit' training. This was overseen by the IPC lead.

The recommended training for IPC leads is that of completing skills for health infection prevention and control modules 1 and 2 accessed by the Surrey Training Hub. This has been completed by the IPC lead.

The IPC Lead has attended the quarterly forums run by the Surrey Heartlands Integrated Care Board (ICB) which have helped keep her updated in accordance with the National IPC Manual. They helped build her knowledge base so that this could be implemented into

clinical practice. They also helped her professionally by developing her understanding of the importance of IPC so that she could seek to encourage and support her colleagues to comply with IPC standards.

- b) Risk Assessments - are carried out so that any risk is minimised to be as low as reasonably practicable. Additionally, a risk assessment which can identify best practice can be established and then followed. In the last year the following risk assessments were carried out and reviewed
- Flu 'Drive through' day at Guildford Cathedral site in October 2024
 - COSHH – Care of substances that are hazardous to health.
 - Water safety

2. Clean Environments

- a) The IPC audits for the last year were completed on 14/05/2024 and 28/11/2024. Their purpose was to provide a method with aid of a checklist so that the Practice can benchmark standards then identify areas in which they are not being met and finally act on the results to improve policies, protocols, and systems across the surgery. The audit checklist was divided into sections under the following headings:
- Staff education and training.
 - Hand hygiene.
 - Consultation and treatment rooms.
 - Personal protective equipment.
 - Prevention, and management of needlestick and sharps injuries.
 - Specimen handling.
 - Medical devices.
 - Waste handling and disposal.

The result of these were as follows the May '24 = 98.3% and the November 2024 = 97.6%. Some examples of actions that resulted from the audits were as follows:

- Reminding staff to be meticulous in the correct usage of the different coloured sharps bins in their clinical rooms.
- A sharps bin received from a patient was found in a clinical room. Sharps bins are not to be received from patients. Gps were reminded to only prescribe 5 litre sharps bins to Patients so that they can then arrange to have their sharps bins collected from their homes by Guildford Borough Council waste incineration management. A thorough checking in all clinical rooms was undertaken, such that appropriate coloured lidded sharps bins were present, fully labelled, and ready for use, mounted on the wall out of reach of children.
- It was recognised that there needs to be a recycling bin kept in the dirty utility room so that the nurses have easier access to one of these for all cardboard and plastic recycling.

The Waste Management company called Anenta, has continued to be our waste disposal management company over this last year.

This past year, the Surgery changed the cleaning company that is responsible for keeping our premises clean. We continue to be in close liaison with this new cleaning company, called Glencross, to encourage this thorough cleaning with regard to IPC.

The curtains in each consulting room surrounding the couches are disposable and have been changed every 6 months and the last change was completed by 18th March 2025.

Any reusable equipment has a policy in place so that it is correctly cleaned after use such as ear suction and irrigation equipment and the Spirometry, doppler and ECG machines for example.

- b) Infection transmission incidents (significant Events) involve both examples of 'good' and 'poor' practice. Significant events are regularly discussed at one of our weekly multidisciplinary clinical meetings attended by GPs, Practice Nurses, and management. For each significant event that may occur, a specific form is completed by the person(s) involved, it is then reflected upon and discussed at one of these regular meetings, so that areas of learning and improvement can be identified.

In the past year there has been one significant event relating to that of IPC. There have been zero complaints regarding cleanliness.

3. Antimicrobial Use

It is important that those who prescribe within the surgery do not overuse antimicrobial medications. We have a policy regarding the appropriate and inappropriate use of antimicrobials which all GPs aim to work towards in their day-to-day practice. The Policy is to use the National Institute of Clinical Excellence (NICE), the British National Formulary (BNF) and the Clinical Knowledge Summaries (CKS) antibiotic guidelines accessed via the Royal College of General Practitioners (RCGP) target toolkit found at this link www.rcgp.org.uk/targetantibiotics

All GP's can access the innovative resource online that is the Surrey Prescribing Advisory Database (PAD). This provides guidance and key information on medicines use within Surrey.

4. Information on infections

Over this last year, we have sought to provide suitable, accurate information on infections to patients. This was done in a number of ways: the sending of individual texts as appropriate, explaining information about the eligibility for pneumonia and shingles and the relatively new RSV (Respiratory Syncytial Virus) vaccinations in our regular Surgery newsletter and producing 'information flyers' available for patients to take in the patient corridors.

Measles rise - We have continued to clearly signpost that any patients arriving to the surgery with a rash are to wait in either their car or outside of the surgery and not enter the waiting room to prevent the possible spread of infection.

Respiratory infections - Posters have continued to be displayed on the doors of the surgery suggesting that any patient with a respiratory infection consider wearing a mask.

5. Isolation Facilities

To help limit the spread of infection within the surgery between patients, there is a new Isolation Policy. The Isolation room situated on the lower ground floor and clearly labelled as such, can be directly accessed by the patient straight from the lower car park, on being called by the GP. This removes the possibility of the patient needing to enter a waiting room and being near to other patients.

6. Policies

We have a comprehensive suite of IPC policies and protocols in place.

Part of the IPC lead's role is to annually review all the IPC related surgery policies as per current advice, guidance, and legislation changes and this has been done.

The IPC related policies and procedures which have been written, updated, or reviewed in the last year include, but are not limited, to:

- Infection Prevention Control Policy
- Isolation Policy
- Hazardous/Clinical waste Management Policy
- Policies relating to infection prevention and control are available to all staff and are reviewed and updated annually. Additionally, all policies are amended on an ongoing basis as per current advice, guidance and legislation changes.

7. Occupational Health

Heals Medical services has continued to be our Occupational Health provider over this last year.

We have ensured that all new members of staff are up to date with their routine immunisations and have adequate protection regarding occupational immunisations as per guidance from the Green book, a resource that has the latest information on vaccines and vaccination procedures for all the vaccine preventable infectious diseases that may occur in the UK.

Responsibility

Infection Prevention control is regarded as highly important and we as a Practice seek to maintain high standards for IPC. It is the responsibility of all staff members at St Luke's Surgery to be familiar with this statement and their roles and responsibilities under it.

Infection Prevention and Control (IPC) Team

Lead: Suzanne Green, Lead Practice Nurse

Co-leads: Dr Elizabeth Charlwood GP Partner and Rachael Dilley Deputy Practice Manager

Review The IPC lead is responsible for reviewing and producing this annual statement. It will be updated on or before April 2026 and can always be viewed on the surgery website.

Suzanne Green

March 2025