

OVERVIEW AND SCRUNITY COMMITTEE
16 DECEMBER 2015

Title of Report	Trafford Vaccine Fridge and cold chain management quality assurance Process
Purpose of the Report	To describe the assurance process in order to reassure OSC regarding the safe storage and management of vaccines in General practices in Trafford.
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TRAFFORD VACCINE FRIDGE AND COLD CHAIN MANAGEMENT QUALITY ASSURANCE PROCESS

1.0 INTRODUCTION AND BACKGROUND

- 1.1 Following two separate incidents regarding Vaccine Management in General Practice in Trafford, a robust process to assess the current status of vaccine management and to mitigate against future issues has been developed and implemented across Trafford.
- 1.2 There are a number of nationally determined resources which outline the requirements regarding effective Vaccine management in general practice. These include:
 - i. In 2006 The Department of Health published the 'The Green book' guidance which details information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK.
 - ii. Chapter 3 within the Green Book focuses upon the Storage, distribution and disposal of vaccines in health care settings.
 - iii. Public Health England (PHE) issue updates of the Green book to General Practice when available.
 - iv. CQC include Vaccine fridges and cold chain management within their inspections at GP practices
 - v. The National GP contract states that contractors shall ensure:
 - (a) *all vaccines are stored in accordance with the manufacturer's instructions; and*
 - (b) *all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that readings are taken on all working days.*
- 1.3 To support the existing national information and assessments outlined above, Trafford Council commission annual hygiene, cleanliness and infection prevention and control inspections to support Trafford general practices to meet standards within the 'Health and social care act (2008), code of practice for the prevention and control of infection and associated guidance'.
- 1.4 Whilst there is a National GP contractual requirement the CCG have observed through the recent closure a GP Practice that this requirement is not always fulfilled
- 1.5 This report will outline what arrangements are currently in place, the immediate assurance work which has taken place and the planned next steps

2.0 IMPLEMENTED ASSURANCE PROCESS October 2015

- 2.1 In order to provide assurance of the current status of Trafford vaccine fridges and mitigate against incidents relating to vaccine management the following steps have been implemented:
 - i) Trafford CCG facilitated a meeting 15 October 2015 in order to develop and implement a refined, triangulated process which would provide a baseline of the

quality of vaccine management within general practice. The meeting was attended by:

- NHS Trafford's Primary Care Quality manager,
 - NHS Trafford's Locality Lead Medicines Management Pharmacist,
 - Trafford Councils Director of Public Health,
 - NHSE Lancashire & Greater Manchester / PHE Clinical Screening and Immunisation Manager
 - Pennine Care Foundation Trusts (Trafford division) Modern Matron Infection control lead
- ii) The refinement and implementation of the audit relating to Vaccine management at all Trafford practices was agreed and mandated with immediate effect
- iii) Hygiene, cleanliness and infection prevention and control inspections were scheduled by the Modern Matron Infection control lead directly with all Trafford GP practices. All were to be completed during Q3 15/16
- iv) Each inspection lasted approximately 1.5 hrs. h and the Infection control (IC) inspector produced a report and supporting improvement plan for each practice following the visit. These were sent to the practice and CCG within 48 hrs. of inspection (See Appendix A for template)
- v) Where issues relating to vaccine fridge and cold chain supply were highlighted the IC Inspector telephoned the CCG Primary Care Quality lead or Locality Lead Medicines Management Pharmacist in order to report findings immediately
- vi) On receipt of the information the CCG representative contacted the Practice manager to discuss the issues reported and gain assurance the practice would address the issues immediately.
- vii) Where specialist advice was required following an inspection the IC Inspector contacted PHE directly or via the CCG
- viii) GP Practices were required to submit an improvement plan responding to Vaccine fridge issues to the CCG within 48hrs of their inspection and within 5 working days for all other Infection control issues
- ix) The NHS Trafford Primary Care Quality manager (PcQM) coordinated an assurance log and all improvement plans received by the PcQM were reviewed by the NHS Trafford Clinical Director for Quality and performance and deemed either as acceptable or requiring further assurance as necessary
- x) The log detailed where further assurance is required and the PcQM is responsible for contacting the Practices for a further updates.
- xi) Where PHEs advice and intervention was requested PHE liaised directly with the Practices to resolve any issues and filed a detailed report to the CCG with recommendations
- xii) The Assurance log is reported regularly at the PcQIG and through the CCGs governance process

3.0 AUDIT OUTCOMES

3.1 Below are the outcomes of the Vaccine Management audit:

Outcome	Number of Practice
Practice deemed 100% compliant with vaccine Fridge mgt	7
Practice required minor* improvement (completed and compliant within 48hrs of inspection)	19
Practice require minor* improvement (improvement plan received. further confirmation of actions undertaken within specified timeframe required)	4
Practice inspection scheduled in December 2015	5

*Best practice but not mandatory

4.0 NEXT STEPS

- 4.1 The CCG will continue to implement the outlined assurance during Q4 2015/16
- 4.2 It is proposed that the assurance process highlighted above will be embedded into the monitoring programme for general practice to assurance future compliance.
- 4.3 In light of the issues highlighted through this work there is a recommendation to the commissioner of Community Pharmacy to undertake a similar audit in pharmacies to ensure the necessary standards are being met.

4.0 SUMMARY

- 4.1 The Trafford CCG assurance process highlighted above seeks to ensure a standardised, evidence based process is undertaken throughout Trafford GP Practices.
- 4.2 Underpinned by a broad evidence base all practices receive an Infection Control Inspection commissioned by Trafford Council to ensure compliance with the Health and social care act (2008), code of practice for the prevention and control of infection and associated guidance.
- 4.3 A robust process to assess the current status of fridge management in general practice has been developed and is underway
- 4.4 Issues highlighted which may comprise compliance with the guidance are escalated to PHE for specialist advise where required and to the CCGs Clinical Director of Quality and performance
- 4.5 GP practices are responsible for delivering improvements against an approved practice specific plan within a given time frame.
- 4.6 The process is overseen by the Primary Care Quality Improvement Group, and in turn governed by the CCG Quality and Performance Committee with escalated triggers for area team involvement as appropriate.