

Dear

Thank you for your Freedom of Information request concerning Antibiotic prescribing and C.difficile Questionnaire.

The Trust can provide the following information:

Please see attachment

If you have any queries about this response please contact the information governance manager at foi@homerton.nhs.uk , in the first instance. If, following that, you still have any concerns, you may contact the Information Commissioner either by letter, FOI/EIR Complaints resolution, Wycliffe House, Water Lane, Wilmslow, Cheshire SM9 5AF, or by email www.informationcommissioner.gov.uk to take them further.

Copyright Statement

The material provided is subject to the HUHFT's copyright unless otherwise indicated. Unless expressly indicated on the material to the contrary, it may be reproduced free of charge in any format or medium, provided it is reproduced accurately and not used in a misleading manner. Where any of the copyright items are being re-published or copied to others, you must identify the source of the material and acknowledge the copyright status. Permission to reproduce material does not extend to any material accessed through the Publication Scheme that is the copyright of third parties. You must obtain authorisation to reproduce such material from the copyright holders concerned.

Yours sincerely

James Cook
Information Governance Administrator

Matthew Hall
Information Governance Manager (Deputy Caldicott Guardian)

We are carrying out a short survey to understand common practices and variations in all London hospitals regarding antibiotic prescribing and incidence of *C.difficile*.

Under the Freedom of Information Act 2000 we seek the following information within your NHS Trust/NHS Foundation Trust:

1. How many cases of Clostridium Difficile Infections were attributed to your trust for the period April 2012 – March 2013? 13

2. How many cases of Clostridium Difficile Infections were considered as community acquired for the period April 2012 – March 2013? Non-attributable 10

3. How many stool samples in total tested toxin positive for the period April 2012 – March 2013? 23

4. What tests do you use to confirm *Clostridium difficile* Infection (CDI) in your trust?

Glutamate dehydrogenase (GDH) x
Clostridium difficile toxin detection EIA x
Cell cytotoxicity assay
Polymerase chain reaction x
Other (please state):

Tick this box if you use a two-step algorithm testing system

If you use other than a 2-stage algorithm, please specify the testing system you use:
We do GDh as a screening test, if the result is positive we do PCR and if that is positive we do toxin. This started in April 2013. Prior to that we used 2 stage – GDH and toxin.

5. Which positive results do you report as attributable to the trust?

All EIA positive results from in-patients x
EIA positive results from in-patients and compatible clinical features of CDI
All PCR positive results from inpatients
PCR positive results from inpatients and compatible clinical features of CDI
Other (including PMC on histology/colonoscopy – please specify):
We report as per DH/PHE instruction

6. Do you have a separate isolation ward for patients with *C.difficile*?

Yes No X

7. Do you have a weekly Multi Disciplinary Meeting/Ward round for patients with *C.difficile*?

Yes X No

8. If yes to question 7, who takes part in the MDT? Please tick all that apply:

Medical Microbiologist X Infection Control nurse X Abx pharmacist

Gastroenterologist X Patient's clinician as required Other: (Please specify):

Do you include patients who are colonised with *C.difficile* without overt infection?

Yes No

9. Are your antimicrobials recommendations a guideline or a policy?

Antimicrobials Guidelines Antimicrobials Policy X

10. Which of the following drugs are considered "restricted antibiotics" in your trust? (Please tick all that apply)

Co-amoxiclav
Tazobactam/piperacillin
Cephalosporins x
Carbapenems x
Clindamycin x
Fluorquinolones x
Temocillin x
Aztreonam x
Cloramphenicol x
Other, please state:

11. Do you have a separate antibiotics policy for elderly people?

Yes No X

12. If yes to question 11, what is your age cut off? N/A

13. In your antibiotics guidelines, what is your first choice for Community Acquired Pneumonia?

First choice: amoxicillin+clarithromycin / benzylpenicillin+clarithromycin if CURB 65 of 3 or above
Penicillin allergic patient: clarithromycin / teicoplanin+clarithromycin if CURB 65 of 3 or above
Elderly people (if applicable):

14. In your antibiotics guidelines, what is your first choice for Hospital Acquired Pneumonia?

First choice: piperacillin/tazobactam
Penicillin allergic patient: teicoplanin + gentamicin
Elderly people (if applicable):

15. In your antibiotics guidelines, what is your first choice for Urinary Sepsis?

First choice: piperacillin/tazobactam + gentamicin if severe
Penicillin allergic patient: discuss with Microbiology
Elderly people (if applicable):

Does it change in case of deranged renal function?

Yes No x

If yes, please specify:

16. How do microbiology referrals occur in your trust? (Please tick all that apply)

Bleep system	<input checked="" type="checkbox"/>	Pharmacist referrals	<input type="checkbox"/>
Mobile phone	<input type="checkbox"/>	Clinical teams referrals	<input checked="" type="checkbox"/>
Daily ward rounds	<input checked="" type="checkbox"/>	Electronic referrals	<input type="checkbox"/>
Nurses referral	<input type="checkbox"/>	Other: please state	<input type="checkbox"/>

17. Do you have an Electronic prescribing system?

Yes No

18. Do you have your antibiotics guidelines available as a mobile app?

Yes No

We thank you in advance for your participation and we would be grateful if you could also send us an electronic copy of your general antibiotics guidelines (PDF or word files).

If the decision is made to withhold some of this data using exemptions in the Data Protection Act, please inform us of that fact and cite the exemptions used. If you need any clarification then please do not hesitate to contact us.

I would be grateful if you could confirm in writing that you have received this request, and we look forward to hearing from you within the 20-working day statutory time period. Let us know if you envisage a longer period to reply to our questions.

Please complete this questionnaire and return to: