

The Rapid Review Panel

A look back and a look forward



Establishment of the Rapid Review Panel

1. The Chief Medical Officer proposed in a report in December 2003 the establishment of a Rapid Review Panel.
2. Accepted by the Department of Health in July 2004.
3. First meeting of the Rapid Review Panel, August 2004

Rapid Review Panel Remit

To provide a prompt assessment of new and novel equipment, materials and other products or protocols that may be of value to the NHS in improving hospital infection control and reducing hospital acquired infections

**“What is feels like when you take up
the Chair of the RRP.”**

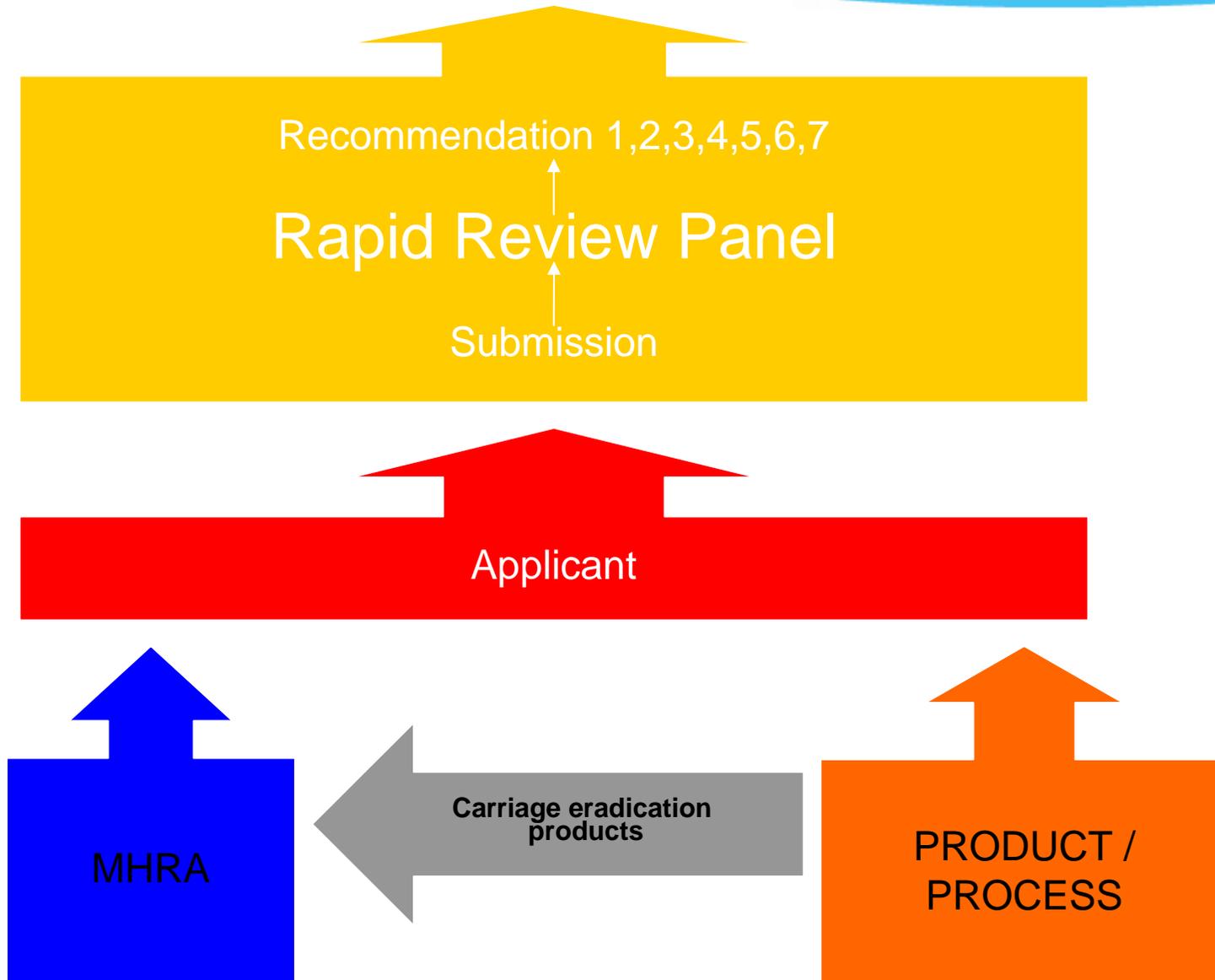


Panel Expertise

- Medical microbiology
- Infection control
 - Medical
 - Nursing
- Pharmacology
- Aerobiology
- Disinfection
- Decontamination

Panel Expertise

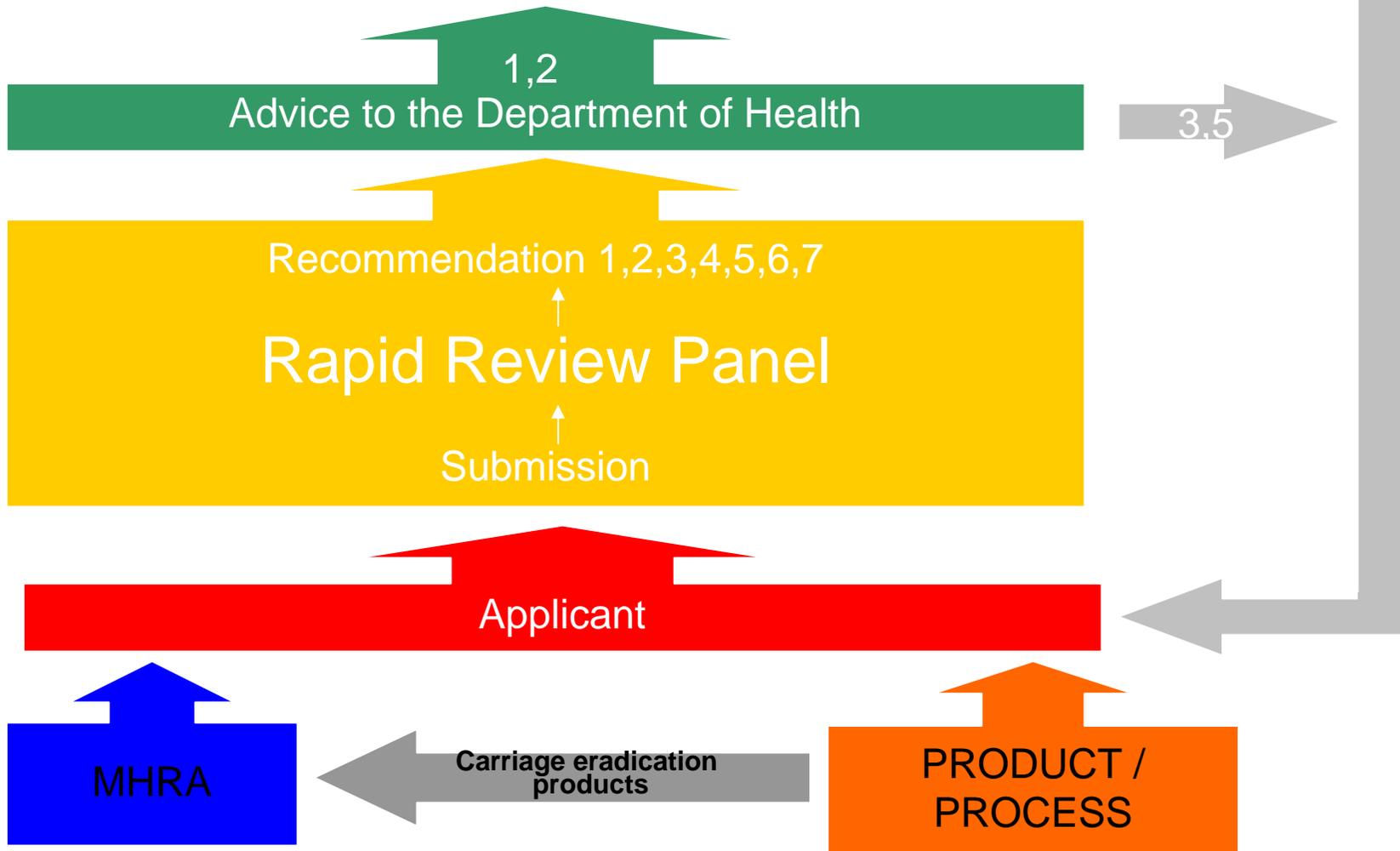
- Design
- [Behaviour]



Key considerations

- How will the product contribute to reducing HCAs?
- Is the product innovative/new?
- In use safety data
- Why is this product more effective than similar products “Me too!”?
- What data have been presented to support the claims within the application?
- Not Cost





Recommendations

1. Basic research and development, validation and recent in use evaluations have shown benefits that should be available to NHS bodies to include as appropriate in their cleaning, hygiene or infection control protocols. (10)

Recommendations

2. Basic research and development has been completed and the product may have potential value; in use evaluations/trials are now needed in an NHS clinical setting. (33)

- As part of the HCAI Technology Innovation Programme, technologies which have gained an RRP Recommendation 1 are being placed in up to 8 Showcase Hospitals around the country for periods up to six months during which time a detailed evaluation of their in-use and economic features along with adoption characteristics is undertaken.

Recommendations

3. A potentially useful new concept but insufficiently validated; more research and development is required before it is ready for evaluation in practice. (59)

Recommendations

4. Unlikely to be of benefit OR not a significant improvement on equipment/materials/products already available which may contribute to reducing health care associated infection; no further consideration needed. (50)

5. Insufficient clarity/evidence presented to enable full review of the product. (98)

Recommendations

6. An already well established product that does not merit further consideration by the Panel. (18)
 7. The product is not sufficiently related to infection control procedures to merit consideration by the Panel. (9)
-
8. N/A (9)

Introduce (1)	10 (3.5%)
Trial in use (2)	33 (11.5%)
More evidence (3)	59 (20.6%)
No better or worse (4)	50 (17.5%)
Insufficient evidence (5)	98 (34.3%)
No way (6/7)	36 (12.6%)
	<hr/>
	286
	<hr/>

<u>Product Type</u>	<u>No Received</u>	<u>1</u>	<u>2</u>
Cleaning/disinfectant	83	3	9
Surface coatings	30	-	-
Fabrics	10	-	1
Hand cleansing	25	1	7
Air decontamination	35	-	3
Other	<u>103</u>	<u>6</u>	<u>13</u>
	286	10	33

<u>Product Type</u>	<u>No Received</u>	<u>3</u>	<u>4, 6, 7</u>
Cleaning/disinfectant	83	14	25
Surface coatings	30	12	5
Fabrics	10	1	5
Hand cleansing	25	3	2
Air decontamination	35	10	9
Other	<u>103</u>	<u>19</u>	<u>40</u>
	286	59	86

<u>Product Type</u>	<u>No Received</u>	<u>5</u>
Cleaning/disinfectant	83	32
Surface coatings	30	13
Fabrics	10	3
Hand cleansing	25	12
Air decontamination	35	13
Other	<u>103</u>	<u>25</u>
	286	98

The first three category 1s

- Bardex 1C silver alloy hydrocel catheter
- Chloraprep topical antiseptic
- Dermamed skin protectant

We find it surprising that the RRP has identified silver-coated alloy catheters “as useful”.

The battle against HCAI should be fought with the golden weapons of evidence-based conclusions, rather than hasty silver recommendations.

J. Hosp. Infect. **60**: 381 (2005)



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REVIEW

Evidence for the use of silver-alloy-coated urethral catheters

K. Davenport*, F.X. Keeley

Bristol Urological Institute, Bristol, UK

Available online 3 June 2005

KEYWORDS

Catheter; Catheter-associated urinary tract infection (CAUTI); Silver alloy

Summary Catheter-associated urinary tract infections (CAUTIs) are a common occurrence and are associated with increased patient morbidity and mortality. In addition, they delay patient discharge from hospital, substantially increase hospital costs and promote the emergence of resistant organisms. Any intervention resulting in a decrease in the incidence of CAUTIs would have a significant impact on patient quality of life and hospital costs. By reviewing the current literature, it can be seen that the use of silver-alloy-coated hydrogel catheters can reduce CAUTIs by up to 45%. Despite reducing CAUTIs in most hospital situations, the greatest reduction is seen in postoperative patients, intensive care unit patients and burns patients.

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Introduction

Catheter-associated urinary tract infections (CAUTIs) account for approximately 40% of all hospital-acquired infections.¹⁻³ Approximately 25% of patients admitted to hospital will require urethral catheterization,⁴ and there are similar numbers of patients in residential homes with long-term indwelling catheters.⁵ Up to half of the patients requiring an indwelling urethral catheter

for five days or more will develop bacteriuria or funguria.

A CAUTI is defined as the new appearance of bacteriuria or funguria with a count of greater than 10³ colony-forming units per millilitre (cfu/mL).⁶

Many methods have been used in an attempt to decrease the incidence of CAUTIs. Bacteria have been shown to colonize and form a biofilm along the internal and/or external surfaces of indwelling catheters and, therefore, hydrophilic substances, antibiotics, heparin, silver oxide and silver alloy have all been applied to the catheter surface as a preventative measure. Hydrogel coating alone reduces the risk of developing bacteriuria compared with standard latex urethral (Foley)

* Corresponding author. Address: Lithotripsy Unit, Southmead Hospital, Westbury-on-Trym, Bristol BS10 5NB, UK. Tel.: +44 0117 959 5175; fax: +44 0117 959 6069.
E-mail address: drkimdav@aol.com

Bioquell - **Hydrogen** Peroxide Vapour System

- **December 2004 - Recommendation 2**
- The key question is whether the ability of Bioquell hydrogen peroxide vapour to kill environmental micro-organisms will translate into reduced numbers of healthcare associated infections.

- **As part of the Showcase Hospitals programme, the Bioquell HPV service was introduced for 4 months in selected NHS hospitals with the aim of establishing**
 - how far it could be used to disinfect side-rooms in the time between a patient being discharged and a new patient being admitted
 - how many rooms and wards could realistically be disinfected in a given time
 - how far it could provide productivity markers to demonstrate value for money
 - whether it was flexible enough

- whether it would fit in with hospital routines and departmental needs
- whether it could provide an overnight disinfection/delivery service for specific hospital wide equipment
- whether it could provide a ward-based equipment disinfection service. For example, could a storeroom or bathroom be used to disinfect ward equipment overnight or during the day?
- whether it could be used effectively in situations requiring a rapid response

- There was overwhelming support for the use of the Bioquell system. 99% of staff said that they would recommend it to colleagues. 94% of patients were not inconvenienced – indeed 74% were not aware that disinfection was taking place.

- **September 2007 – Recommendation 1**
- Bioquell HPV decontamination has been deployed in UK hospitals and the in-use evaluations presented have shown benefits in controlling outbreaks.
- Hydrogen peroxide vapour is only appropriate for enclosed rooms/units that can be emptied of patients/staff and sealed for the period of decontamination.

Examples of Innovative and also Strange

- Nanoparticle spears
- Virtual keyboards
- Locking out
- Garden shed products
- ATP
- Design bugs out

Some Experiences

1. Share price movement
2. Scientific misconduct
3. Con
4. Controversy
5. Threat of litigation
6. Complaints to Ministers

“The RRP is considering making use of the varnish We have started talking to the RRP and we are making very good progress”

Local Press Dec 2004

“A further recent ground breaking technology was , which became the first cleaning system to be approved for use by the Government’s Rapid Review Programme”

Industrial safety talk July 2005

GOVERNMENT WON'T LET US KILL OFF MRSA

THE Government is blocking hospitals from using 69 new products proven to kill MRSA.

They include air purifying systems and simple cleaning agents, and are being used all around the

EXCLUSIVE by ADELE WATERS

world — but not in the UK.

Red tape, tests and cost analyses have held up their use in Britain's NHS hospitals despite an official "rapid review panel".

After 16 months, it has not given the green light to a single product. Some inventions

still awaiting approval were passed safe months ago in the US, Germany, Australia and Russia and are used there.

Phillip Hall, of Kent firm Microgenix, has an air filter system that is 99.99 per cent effective in killing airborne MRSA.

He said the approval process was "like wading through treacle" and revealed: "I've sold

more to Russian hospitals and prisons than to the NHS."

Tory health supremo Andrew Lansley accused Labour of "neglect". He said: "Five thousand die of hospital infections each year. Labour's failure to act is a disgrace."

But Health Minister Norman Warner said: "You need proper evaluation and that takes time."



It works... Phillip with filter

Dragged to prison

KINKY Mark Bullen was jailed after mimicking Little Britain's rubbish telly transvestite Emily Howard and trying on a wedding dress.

A salesgirl found bald bespectacled Pullen, 32, naked and pleasuring himself in a changing room in Eastbourne, Sussex.

He claimed the tight dress made it seem he was touching himself — but admitted indecent exposure at Hove Crown Court and got nine months' jail.

CIGS' 7YR HITCH

Smoking knocks seven years off a woman's life and six years off a man's, UK research shows.



WE SAY YOU SHOULD BE ABLE TO PAY JUST THE BANK OF

“I learned that, of the (miserable) £3M set aside for MRSA research by John Reid (Health Minister), the Panel has itself gone through £1.5M.”

Correspondence April 2005

“I confirm that the company is the manufacturer of the product or has been authorised by the manufacturer to sign this disclaimer.”

Endorsement exclusion

Subject to the right to quote the opinion of the RRP in its marketing material, the company shall not use the evaluation as an endorsement or recommendation of the product.

...es innovation

key note address from Kay East, chief health professions officer of the Department of Health (12.30). There will also be focused seminars such as that of Lucy Gymer of Maldon and South Chelmsford Primary Care Trust who will present on: 'A National Framework for support worker education and development' (14.30) and Tony Hunter, president of the Association of Directors of Social Services who will speak on: 'The implications of the Green Paper on adult social care' (15.30). Later seminars will cover subjects such as 'How to turn research ideas into a credible reality with the help of research governance' (25 May, 11.30) and 'Evidence based sling assessment' (25 May, 12.30).

Like previous years, the exhibition will feature several zones dedicated to particular care and technology specialties. There will therefore be CareExpo, Kidequip, Pressure care and Management, Moving and Handling, and a Therapy Weekly Careers Zone.

Last year's event featured 330 exhibitors – a 20% increase on 2003 – attracting more than 11,000 visitors. Emma Yandell, head of Rehab Events for Emap Healthcare says: "Research has shown us that 93% of visitors come to look for new products and the show will reflect that as much as possible, ensuring that visitors find the products they are looking for." She adds that the event has evolved in response to visitor needs. "For example, the new dedicated Moving and Handling Equipment Zone was borne out of a high visitor response for these products, to ensure that they can be easily located, while also offering interactive demonstrations and daily workshops."

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ing development



warning of a patient's deterioration – enabling timely intervention – but it is intended that BioSign also maintains a full audit trail from the time the alarm sounds to the time the patient is treated."



Matthew Walls

RRP endorses clean air unit



Cleanroom H13 air purification unit

The Health Protection Agency (HPA) convened Rapid Review Panel (RRP) has granted a 'recommendation 2' grading to the Cleanroom H13 air purification unit from Air Science.

Jono Wells, Air Science's sales manager says the recommendation is key to product development: "The importance of airborne infection and clean air within medical environments is set to be pushed further up the government's medical agenda within this, and coming, years. The RRP's assessment of this product is crucial in order to boost the medical profession's awareness of the benefits and true capabilities of the unit." Welcoming the recommendation, Wells says: "It confirms the Air Science Cleanroom H13 units' ability to remove airborne micro-organisms and contaminants. Clinical trials are currently underway to confirm the cleaner's ability to reduce airborne infections in a clinical setting."

The RRP was convened at the request of the Department of Health with the remit of providing a prompt assessment of new and novel equipment, material and other products or protocols that may be of value to the NHS in reducing healthcare acquired infections. Recommendation 2 is an acknowledgment that basic research and development has been completed and that the product may have potential value, paving the way for further trials in an NHS clinical setting. A panel spokesperson says the technology may have both clinical and cost benefits: "This is a small, portable unit designed to purify air by filtration. The system reduces the count of airborne micro-organisms by 3 to 4 logs."

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Done and Looking Ahead

- Improve the receiving 'landscape'
- Improve the quality of submissions
- Improve the quality of feed-back
- Improve guidance
- Improve feed-back loop to RRP

Still to resolve

1. How long after a product has received R1 would another new product in the same 'class' be R1 or 4?
2. How to prevent companies providing solutions where there is no problem.

Highest Impact Intervention Is
GOOD INFECTION CONTROL
PRACTICE

- Hand hygiene
- Personal protective equipment
- Aseptic technique

Rapid Review Panel

- http://www.hpa.org.uk/infections/topics_az/rapid_review/default.htm