



BRITISH GERIATRICS SOCIETY  
SPECIALIST MEDICAL SOCIETY FOR HEALTH IN OLD AGE

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Patron: H.R.H. The Prince of Wales

Submission by the British Geriatrics Society to the Department of Health on:

**CHANGES TO ARRANGEMENTS FOR REGULATING NHS BODIES IN RELATION TO  
HEALTHCARE ASSOCIATED INFECTIONS FOR 2009/10**

The Society is delighted to be given the opportunity to contribute to this debate.

**REGULATION OF REGULATED ACTIVITIES**

In broad terms, it describes the scope of the regulation, but not in detail, e.g. when referring to 'appropriate standards' it must be assumed these relate to everything in the Code of Practice. Assuming this, it appears to state what it sets out to regulate.

**CODE OF PRACTICE – DOES IT ENABLE THE CQC TO FAIRLY JUDGE WHETHER AN  
ORGANISATION IS COMPLYING WITH THE REGULATIONS?**

The Code of Practice lists the areas for which a policy or procedure should be in place. In many instances, there is no detail about the content of these. There could be quite wide interpretation.

Whilst the British Geriatrics Society accepts the importance of appropriate and adequate infection control policies and procedures the evidence base upon which this should be regulated should have sound scientific validity. There are many proposed areas included in the scope of regulation, but some seem very open to interpretation, for example, an appropriate dress code policy means different things in different places. However, if the regulation is to be 'fairly' enforced, minimising the range of interpretation would be helpful as would identifying the evidence base for such recommendations. For example, the British Geriatrics Society is not aware of any evidence to support the 'bare below the elbows' dress code, whereas we are aware that there is a wealth of evidence identifying that infection rates are lower in well staffed, spacious units with an effective antibiotic policy. Therefore, the regulation of this area must be weighted in favour of policies and practices which are of proven efficacy.

As older people are often those most likely to be affected, for example by C Difficile, some reference should be made to this. With respect to older people specifically the potential impact of infection control measures in relation to their impact on transfers of care and isolation can not be under-estimated on increased risk of delirium; prolonged lengths of stay; greater risk of requiring long-term institutional care, and greater risk of falls. In addition, these infection control measures must be linked to Policies for Privacy and Dignity and Deprivation of Liberty.

**DO YOU AGREE WITH THE PROPOSALS TO MAKE REGULATIONS RELATING TO  
ENFORCEMENT?**

If our comments as outlined above are taken into consideration then the majority of the proposals look reasonable, some of the financial ones are small and for a large organisation may be relatively insignificant?

However, when it is proposed to suspend the provision of a service, should there not be a risk assessment to determine the relative disbenefits to patients of suspending a service, or continuing whilst review takes place? An extreme example might be the closure of an A&E department?

Professor Peter Crome MD PhD FRCP FFPM  
President  
For and on behalf of British Geriatrics Society  
20<sup>th</sup> October 2008

## **The British Geriatrics Society**

The British Geriatrics Society (BGS) is the only professional association, in the United Kingdom, for doctors practising geriatric medicine. The 2,500 members worldwide are consultants in geriatric medicine, the psychiatry of old age, public health medicine, general practitioners, nurses, allied health professionals, and scientists engaged in the research of age-related disease. The Society offers specialist medical expertise in the whole range of health care needs of older people, from acute hospital care to high quality long-term care in the community.

### **Geriatric Medicine**

Geriatric Medicine (Geriatrics) is that branch of general medicine concerned with the clinical, preventive, remedial and social aspects of illness of older people. Their high morbidity rates, different patterns of disease presentation, slower response to treatment and requirements for social support, call for special medical skills. The purpose is to restore an ill and disabled person to a level of maximum ability and, wherever possible, return the person to an independent life at home.