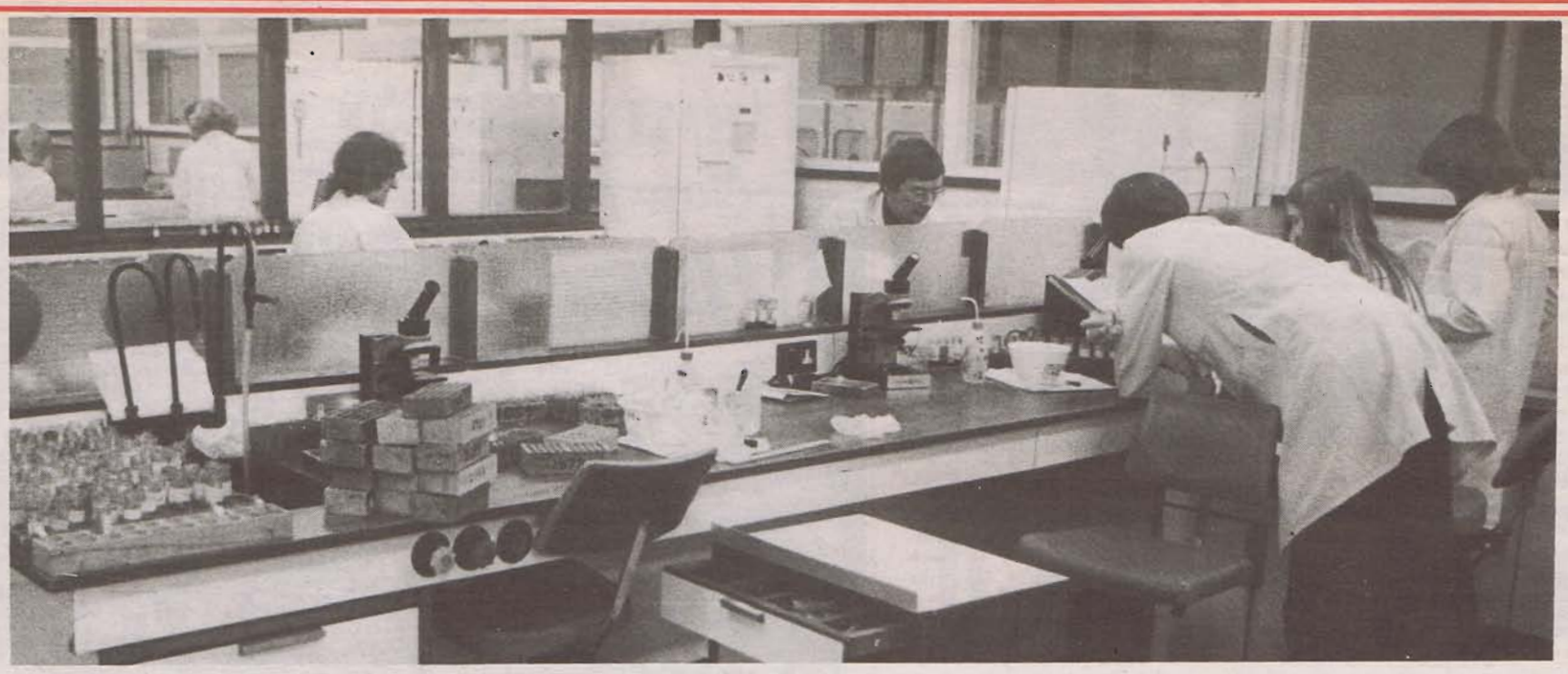

ANDREW WIARD (Report)

Laboratory facilities — inadequate to fight MRSA.

"Superbug" thrives on cuts

By OUR CORRESPONDENT

AN INTERNATIONAL conference of doctors and microbiologists fighting a deadly hospital "superbug" have been told that it could be stamped out of British hospitals — at a price.

But in a press conference at the conference of the Hospital Infection Society, British experts and Public Health Laboratory chiefs confessed that the NHS is pitifully under-resourced and under-staffed for the task.

The killer bug MRSA — full name Methicillin Resistant Staphylococcus Aureus (so named because normal antibiotics fail to kill it) — has been on the increase in Britian since first detected in 1981.

It can have a lethal impact, particularly where it infects deep post-surgical wounds and elderly or weakened patients. It can also cause havoc in big hospitals. In London one ward at Charing Cross Hospital, closed in April due to an outbreak of MRSA has only just reopened.

Because it tends to appear as an additional complication in patients already seriously ill, there is smetimes a problem of detecting MRSA, and disagreement about the extent to which it has spread.

PHLS official figures recorded 62 cases in 29 hospitals in England and Wales in 1986; 12 of these patients died. However a working party at the Royal Free Hospital suggests that MRSA may be more widespread: it may have been the main cause of death in 10 cases in NE Thames region alone, and "a contributory cause in over 50 others."

Especially worrying for Londoners is the fact that 21 of the 29 MRSA-affected hospitals, accounting for all but a handful of the reported cases, are in the South East of England.

More worrying still is the fact that the cash-starved NHS has neither the trained staff nor the resources to implement the measures which have been shown to control the bug in Australia.

Dr Christiansen from the Royal Perth Hospital in Western Australia pointed out that they were able to count on three specially-trained infection-control nurses for every 1,000 beds. In the USA the figure is even higher — 4 per 1,000.

Yet in Britain, big health districts have at best only *one* infection-control nurse per 1,000 beds: many have none at all.

In 1986 a survey showed only 177 infection-control nurses in the whole country, an average of one per 850 acute beds — ignoring the dangers of infection in big long-stay hospitals. A hard-pressed group of only 300 specialist doctors take on the task of controlling infection in all our hospitals.

Other problems, too, make it more difficult for the NHS to fight MRSA. While Australian specialists were able to "freeze" a whole ward, screen all patients and staff, transfer infected patients to an isolation unit and then steam clean the whole ward and its equipment, a doctor in the Conference was quick to point out that these measures are impossible in situations where hospitals are already bursting at the seams.

Dr Christiansen also pointed out that danger spots to watch in the fight against MRSA are old fittings, dusty areas, and any surfaces touched by patients. Yet these are also the problem areas hit by the continuing run-down of NHS maintenance and the reduced cleaning standards since competitive tendering in today's cash-limit NHS.

The Royal Free working party drew attention to a number of real problems in fighting MRSA in Britain:

- Inadequate isolation facilities;
- Lack of awareness by clinicians;
- Frequency of patient transfers within and between hospitals;
- Lack of nursing staff and laboratory time.

But perhaps the least quantified danger of spreading the bug — which can be "carried" by an otherwise perfectly healthy person, only to infect someone more vulnerable — is through the ever-increasing use of agency nursing staff to fill vacancies in NHS hospitals.

While regular nurses are screened before they take up a hospital post, agency staff are for the most part neither screened nor in any way regulated by the NHS: they may work in a number of hospitals in a short space of time.

Experts agreed with *Health Emergency* that this shifting population of casual employees represents a major problem in the control of infections like MRSA.

In this respect, too, the increased incidence of MRSA seems to follow the pattern of cuts in NHS funding.

The NHS: how long has it got?

Healt

By JOHN LISTER

WITHOUT even the pretence of a fight, NHS General Managers have given up on the NHS.

They have responded to the new tough climate since the election not by demanding proper funding of the NHS, but by seeking ways of building links with the private medical firms.

This is the conclusion many health campaigners will draw from the decision by this year's conference of the Institute of Health Service Management to conduct a study into alternative sources of funding for the NHS.

The IHSM presumption is that there is no future prospect of the health service at-

Between two s

Elderly fal

care

By HUGH LOWE

HEALTH Emergency has described community care as "a gap where a service ought to be."

In the last ten years or so there has been a dramatic load-shedding operation by the NHS; particularly in respect of elderly and psychiatric in-patients. Some of the load has gone to community care; but a great deal has gone to residential care *outside* the NHS.

In spite of an increasing population of elderly the number of NHS geriatric beds has declined slightly in the ten years 1974 to 1984; even more remarkably the bed occupancy time per patient has almost halved. There is no medical miracle which would account for this.

On the other hand there has been a dramatic increase in the number of residents in homes for the elderly: from 130,000 in 1974 to nearly 250,00 today.

A similar picture emerges from these statistics for psychiatric patients over the same period: the number of psychiatric beds fell, average stay per patient approximately halved — but the number of places in homes and hostels for the mentally handicapped and disabled *doubled*.

The total of all these residential places in homes and hostels now rivals the number of NHS beds.

In the case of homes for the elderly, the expansion has all taken place in the private sector; there seems to have been no increase at all in local authority homes, although they are responsible for overseeing standards.

One might wonder what this transfer of health care from one place to another achieves.

First and most obvious is that outside the NHS all care is means tested. The statistics from the DHSS, local