



SCOTTISH EXECUTIVE

Health Department

Dear Colleague

DECONTAMINATION – TREATMENT OF PATIENTS IN THE INDEPENDENT HEALTHCARE SECTOR

Background

1. [HDL \(2005\) 41](#) set out the arrangements that should apply for ensuring the quality of services delivered to NHS patients where these services are secured through independent sector providers.

Purpose

2. The purpose of this HDL is to alert NHS boards to the need to include in contracts with the independent healthcare sector for the surgical treatment of NHS patients, a clause on decontamination of reusable surgical instruments and other medical devices to protect patients from the risks of infection. This HDL should be read as an Addendum to HDL (2005) 41

Contractual Provision

3. NHS boards (including NSS NSD for Nationally Funded Services) entering into contracts with independent healthcare providers need to ensure that the standards for the decontamination of re-usable surgical instruments and other medical devices are appropriate for NHS patients.

- For procedures carried out in Scotland in Independent Hospitals, Private/Independent Clinics, Mobile Units (possibly coming from outwith Scotland), Demountable Units, High Street practitioners, etc the standards at all stages from decontamination to point of use and return to decontamination (eg standards for premises, transport, storage) must be compliant with the Glennie Technical Requirements as detailed in the 1st Report of the Sterile Services Provision Review Group published in August 2001 under cover of [HDL\(2001\)66](#). The Report is at

18 July 2006

Addresses

For action

Chief Executives: NHS Boards,
NHS National Services Scotland,
Scottish Ambulance Service and
State Hospitals Board for Scotland

For information

Chief Executive, NHS Quality
Improvement Scotland

Chief Executive, NHS Education for
Scotland

Directors of Finance, NHS Boards

Medical and Nursing Directors, NHS
Boards

Chief Administrative Dental Officer,
Dental Hospitals, NHS Boards

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<http://www.scotland.gov.uk/library3/health/sspr-00.asp>. Although not specified within the Glennie TRs, the reprocessing of endoscopes should comply with the terms of SHTM 2030 and the Scottish guidance produced by Health Protection Scotland at http://www.show.scot.nhs.uk/scieh/infectious/hai/decontamination/documents/301204_LIVE_Endoscopy%20Guidance.pdf.

- The Scottish Commission for the Regulation of Care (the Care Commission) regulates services registered under the [Regulation of Care \(Scotland\) Act 2001](#). Care Service providers must comply with the terms of the Act, the associated regulations and the appropriate National Care Standards which expect providers to have in place policies and procedures for the prevention and control of infection, reflecting relevant legislation and professional guidance.
- For procedures carried out under contract in the UK outwith Scotland in NHS facilities (including Foundation Hospitals), Independent Hospitals, Private/Independent Clinics, Mobile Units, Demountable Units, High Street practitioners, etc the standards at all stages of the decontamination process must be compliant with the standards set by the appropriate Health Department in that country (ie Department of Health in England and Wales and Department of Health, Social Services and Public Safety in Northern Ireland).
- For procedures carried out under contract outwith the UK (including holiday dialysis) the standards at all stages of the decontamination process and the infection control procedures must be compliant with the standards set by the appropriate standard setting body in that country. In cases where a Scottish resident is treated overseas and has his/her costs subsequently reimbursed by his/her home NHS board, the NHS board will not be deemed to have contracted for such treatment.

4. The same contractual provision will be included by SEHD in centrally negotiated contracts with independent healthcare providers.

Responsibility of NHS Boards

5. It is also the responsibility of NHS boards to monitor the decontamination standards and procedures of independent health care providers when providing NHS services to NHS patients and satisfy themselves that these standards are adequate.

6. As stated in the Annex to HDL (2005) 41, the remit of NHS QIS, includes, as part of its clinical governance processes, the review of the arrangements NHS boards have put in place to ensure the safety and effectiveness of the services they contract from the independent sector. To support the implementation of HDL (2005) 41, NHS QIS has issued material to NHS boards and this can be found at http://www.nhshealthquality.org/nhsqis/qis_display_projects.jsp?pContentID=2923&p_application=CCC&p_service=Content.show&. The guidance QIS issued included suggestions for a framework of 'minimum requirements' which NHS boards could include in contracts with independent sector providers, including a reference to infection control. This HDL strengthens that requirement with regard to decontamination.


Action

7. NHS Board Chief Executives should ensure that the necessary contracting and clinical governance arrangements are put in place.

Yours sincerely



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Director of Delivery