



Dear Colleague

I'm writing this as our Trust waits for the report following a new style inspection visit from Sir Mike Richard's Care Quality Commission team. Some of you may already have been visited and many more will be on the list for 2014. Infection control is likely to be high on the agenda for the inspection teams, especially with many acute Trusts missing their *C difficile* thresholds for 2013-14. Many expert bodies, including the British Infection Association, have questioned the utility of the current performance management tools for healthcare associated infections. Despite the very serious threat posed by antimicrobial resistance (and in particular multi-resistant Gram negative bacteria), most local and national targets remain focused on MRSA and *C difficile* infections. The BIA has been actively working to promote professional and public awareness of the risks of increasing resistance, and the importance of good antimicrobial stewardship, and is seeking to influence national policy through representation on a number of consultative and advisory groups. (We are currently updating the list of official BIA representation on all groups associated with standards, training, policy, etc, and will circulate this soon.)

If infection professionals are to be successful in getting their message across it is important that the various representative bodies work together and speak with a common voice. There has been surprisingly little contact between the professional societies in the past, and so we have had organisations pursuing similar aims without much interaction or coordination. I recently attended the first meeting between the leaders of the British Society for Antimicrobial Chemotherapy, The Healthcare Infection Society, the Infection Prevention Society, and the British Infection Association, to discuss how these groups can work together more closely. We are starting with some joint work on guideline production, and all those present were very keen that this should be the first step to more collaborative working. While each of the societies has its own particular role and remit there is considerable overlap both in purpose and membership, and there is much to be gained from a common approach.

The infection societies do come together once a year for the Federation of Infection Societies meeting, and it is the BIA's turn to host the event in 2014. The conference is being held from 24th - 26th November at the Harrogate International Centre, which is a great venue in a lovely setting, with good transport links from most parts of the country. The programme is already largely complete, and promises to be both educational and informative, with a strong clinical theme. The British HIV Association is supporting BIA in putting together one of the days, and this promises to be a good opportunity to catch up on latest developments in HIV and viral hepatitis. I hope that many of you will put the dates in your diary and take advantage of early registration rates when these open.

## BIA 2014 - Spring Newsletter

The British Infection Association has been in existence nearly 5 years now, but it has taken longer than expected to get all of the administrative details of the merger between the British Infection Society and the Association of Medical Microbiologists sorted out. I know that a few people have continued to have problems with membership subscriptions, and Council has been working hard with the secretariat at Hartley Taylor to get the membership list and bank details sorted out. We are just about there, but if you are still having problems please let Hartley Taylor know. We are also working to make sure that the website is kept up to date, and provides all the information and links that you need (including seamless access to the Journal of Infection). On the subject of the Journal, it continues to go from strength to strength under the editorship of Rob Read. The Impact Factor has risen to over 4, reflecting the increasing amount of high quality original papers being published. The Journal is now available via an iPad App (free to BIA members); see the website for details.

Two of the main roles of the BIA are to support high quality research into infection, and to provide a forum for presenting such research. Thanks largely to the sustained income from the Journal we are able to offer an increasing number of grants, ranging from small travel and 'start up' awards up to a prestigious 3 year research award made jointly with the MRC. We are continuing to expand our portfolio of grants, and I would encourage members to apply for awards to support development of an academic career. Recipients of BIA (and other) grants are able to present their work at the BIA Spring meeting (which is this year stretching the definition of the season by happening on June 13th). Over the past couple of years the quality of research papers submitted for consideration has been very high, and along with the overseas and domestic keynote speakers, and the popular clinical lessons slots, is an excellent reason to come to the meeting. We have decided to continue to make registration for the meeting free in order to encourage the maximum number of people to attend, and I hope to see many of you there again.

Commissioning and funding of infection services remains a contentious issue for many. Despite the obvious need for high quality laboratory and clinical infection services, and for specialist infection control expertise, it is often difficult to promote a business case for a specialty that does not readily fit in to the 'tariff' model. It is proving difficult to attract any more central funding for infectious diseases through NHS England specialised commissioning, while the future funding of laboratory microbiology services continues to be the subject of controversy in many areas of the country. The BIA is part of a collaborative group with other pathology specialist societies (under the aegis of the RCPATH), providing clinical advice to policy makers on the best way forward for commissioning laboratory medicine. The Association is also contributing to work led by the RCPATH on strengthening the Joint Working Group for Quality Assessment (in response to the Barnes report).

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One particular area of clinical infection that is causing a major headache for commissioners is hepatitis C infection. The development of highly effective new antiviral drugs is obviously a huge step forward for patient care, but funding and delivering these treatments will be both expensive and complex. There is a strong case for making hepatitis C management a centrally commissioned specialised service in order to ensure equity of access and universal standards of care, and to avoid 'postcode prescribing'. A proposal to this effect is going to the NHS England Clinical Policy Advisory Group for consideration. In the meantime BIA is involved as a stakeholder in NICE appraisals of the first wave of new hepatitis C antivirals.

As I hope that this brief letter shows, the British Infection Association is working hard to fulfil its objectives of promoting research and education, and informing professionals, public, and policymakers. However I know that we have not been as good as we could have at telling the members of the Association what is going on, nor at involving you in dialogue about what we are doing. As part of the effort to improve this aspect of our work we are planning to invest in improving our website, and are also planning to dip our collective toes into the sea of social media. This has been discussed on a number of occasions at BIA Council, and it is fair to say that not everyone present has been a Twitter or Facebook enthusiast. However other professional societies have found these and other digital media very useful in engaging with members, public, and professionals. If you have thoughts on this (or indeed anything else in my email) please let me know via [president@britishinfection.org](mailto:president@britishinfection.org) (or write me a letter!).

Finally, if you would like to become more involved in what the BIA is doing, why not put your name forward as a prospective Council member? A number of posts (both consultant and trainee) are coming up for election in May: nominations were opened last month for 6 posts, but so far we have had interest in only some of these and we are extending the deadline. Details are on the website; please keep an eye out for further information.

Best wishes

Yours faithfully



Peter Moss

President, British Infection Association