

**BRITISH INFECTION ASSOCIATION  
CLINICAL SERVICES COMMITTEE  
(Microbiology, Virology & Infectious Diseases)**

**The meeting of the Clinical Services Committee of the BIA held at  
10.00 – 12.00 on Thursday 22<sup>nd</sup> April, 2021  
Microsoft Teams Meeting**

**Minutes  
Meeting 1 of 4**

**Attending**

Natasha Ratnaraja	West Midlands – CSC Chair	NR
Anna Checkley	CS ID London	AC
David Partridge	South Yorkshire	DP
Kavita Sethi	Yorkshire & Humber	KS
Cecelia Jukka	North West	CJ
Michael Perry	Wales	MP
Naomi Thompson	East Midlands	NT
Samuel Moses	Virology Network	SM
Shabnam Iyer	Thames Valley	SI
Jumoke Sule	East of England	JSu
Liz Sherwood	South West England	LSh
Laura Smith	BIA Secretariat	LSm

**Apologies**

Bridget Atkins	BIA Manpower & Training	BA
Sawsan Awad	East Midlands	SA
Susie Jerwood	West Sussex	SJ
Philippa Moore	South West England	PM
Rishi Dhillon	Wales	RD
Bharat Patel	East Midlands	BP
Nelun Perera	East Midlands	NP
Nikunj Mahida	Infection Prevention & Control	NM
Breida Boyle	Ireland	BB
David Tate	North East	DT
James Clayton	Surrey	JC
Julie Samuel	North East	JSa
Jumoke Sule	East of England	JSu
Mitul Patel	West Midlands	MP
Paschalis Vergidis	North West	PV
Sarah Wyllie	South West England	SW
Judith Timms	Virology Network	JT

**Natasha Ratnaraja** welcomed everyone to the meeting.

**21/1/1 Apologies for absence**

Apologies noted above.

**21/1/2 Review of previous minutes**

Action: LS to send out C-diff quick check guide – sent, send a copy to Michael Perry

Action: Send Survey for Covid Response to CSC members – sent

Minutes agreed.

It has been a hard year, but things have been going on in the background. Updates to give – this year there will be lots going on and it will be more collaborative.

## 21/2/3 Matters Arising

### 1. Survey for Covid Response

Can results be shared with the CSC group once available

**Action: DP to share results with the group**

### 2. Infection quick reference guides

IQRGs will be a range of visual easy access flow charts. Envisaged these would sign post to the correct testing and relevant other guidance. They will book end SMIs.

Make available in an app, acute medics use Microguide. RCP to co-badge and advantage is that SMI are NICE accredited.

These will be authored by members of BIA, to be shared out with consultants / trainee working together on them and then they will go out for consultation within BIA and other relevant groups.

Next one to complete is Sepsis for July, in line with SMI development

Gastroenteritis / Pneumonia written, awaiting SMIs

Gastro IQRG has taken a while, but we are getting this in line with SMI and getting it right.

Including clinical aspects as front door staff don't refer to SMIs

Intent is to do these in line with SMI production rate – do we have resilience and time committed for this?

SMI pace was slowed down by Covid, but intention is to have more people involved with IQRGs and have several in progress at the same time.

### 3. Infection Standards Document

Document to capture standards for infection service – core elements of an infection service. Not including devolved nations.

Mixture of specialists involved in an infection service.

Have been trying to get approved at RCPATH SAC – went to JSC (ML) and endorsed by RCP.

RCPATH SAC change of chair, so taken again and received a different response, and they are keen to be involved.

PA infections control doctor / anti-microbial stewardship under estimated. Angharad Davies, VP RCPATH, looked at this and made some edits – recommended higher.

Latest draft of the document was shared with the group.

When can this be shared with colleagues? RCPATH are sending it out for consultation in the next week, they are keen to get this out.

The consultation with RCPATH will have a short turnaround time.

### 4. Workforce Survey

We are working on a workforce survey to see what we have in infectious services and what gaps there are.

Being done in conjunction with RCPATH.

Will allow us to see where we're at and map what we have, including unfilled posts.

Pertinent time to look at this and gather data.

Encourage you to complete as we rely on our members to provide a full picture.

Survey will go out next week, alongside the service spec document. Need a comprehensive response to guide future numbers at all levels.

The time is now to capitalise on infection service provision.

## 5. Testing

Testing hasn't gone away, increased if anything. Number of variables has changed, most important being vaccination.

Any initiative from BIA for guidance on the range of tests and different targets?

Antibodies / antigens / patient selection – interpretation of content of the variables

UK SMI Virology Working Group - draft to lay out different molecular options available.

Scoping document to be discussed next week.

How to utilise current info and apply to clinical practice? Move from surveillance approach.

BIA could put together something on clinical management using current evidence.

Guidance pre-dates vaccine role out

Need tests available to support getting other services running and waiting times reduced etc.

Need a plan in line with the government plan – many are customising their approach in line with their circumstances.

Deviation from national guidance is not easy – not as relevant following the vaccine role out - need guidance on local level customising of national guidance.

**Action SI/AC/SM: to produce a template of that we would need for re-introduction of baseline services**

Sequencing provision needs to be considered. List of needs along with suggestions. PHE NERVTAG - guidance will come from that level. We can influence but they will produce guidance.

## 21/2/4 **Consultations**

NICE Covid antimicrobials

Others

- standards document
- BHIVA HIV
- HIS/BIA/RCPATH rapid guidance for Covid – literature search as per NICE process. To be published soon 'Routes of transmission of Covid'
- Asymptomatic / Pre-symptomatic transmission of Covid – out for consultation (closes tomorrow)

## 21/2/5 **Prevention of Infection**

Hospital rooms not fit for prevention of infection - ventilation / layouts need looking at

Resistant gram-negative infection breakouts due to Covid management, MRSA etc.

## 21/2/6 **Education**

Exams taken online

Educational needs were challenged last year

Regional training days have been done online, lab/bench training has been an issue – done with masks in some places, reduced in others

FIS is hybrid / ECCMID fully virtual

From Autumn face to face meetings planned

## 21/2/7 **Report from BIA council**

Financially, BIA had been restricted, but Jol money has increased – annual statement just received. Linked to Covid and excellent editorial team's selection of papers. Institutional subscriptions – hopefully better positions to support research grants / guideline development going forward.

Meetings – Spring meetings 19<sup>th</sup> / 20<sup>th</sup> May, details have been circulated. Good line up of speakers.

FIS face to face 5<sup>th</sup> November, Virtual on 8<sup>th</sup> and 9<sup>th</sup>

Drawing up the FIS framework – it will be interesting to see how the hybrid approach works this year and whether elements of this will be continued going forward. There are positives for both elements.

Hybrid – has positives in that it keeps costs down and you can socially interact online if needs be.

## 21/2/8

East Midlands (NT) – not met recently, brief meeting in October which was Covid related. Next meeting in June. Was good to make contact with others.

South Yorkshire (DP) – not much to add as lack of meetings locally. Space / working from home has resulted in reduced interaction with colleagues. Shared offices, so if not on the ward people are working from home.

Wales (MP) – not much going on, but things are normalising

Yorkshire and Humber (KS) – not had regional meetings. Tech staff in lab – what are opinions on this? Being works on now to gauge opinions. Workforce workshops. HR issues being worked out. Single microbiology hub being built – harmonisation across six different hospitals.

Northwest (CJ) – no meetings, but motivated to restart these. Zoom fatigue has happened and these dropped off. Infection group merged with audit group to create NW RAIN. Struggle to get ID colleagues to join as previously this was a Mirco group. Looking at widening this group. Have trainee numbers been looked at? Are we training enough people up? ID /Med micro popular choice now – need to promote this.

**Action NR: email Bridget for Manpower report – numbers of vacancies**

How we do our training in different areas – training separate for med micro and ID?

Workforce survey will address trainee numbers and provide evidence to request more.

Thames Valley (SI) – 3<sup>rd</sup> November meeting for Micro and ID. Shared first wave experiences – rapid change in guidance. Next meeting in May to reflect on 2<sup>nd</sup> wave. Microbiology seminar via Microsoft teams – allows most people to attend it.

West Midlands (NR) – not met since prior to the first wave. Summer trainee meeting in June (virtual). Need to re-initiate the meetings.

## 21/2/9 AOB

SARS-CoV2 lessons learnt – key lessons from Covid

Ask everyone in the regions for their lessons learnt – five key lessons and five things they would do differently.

**Action ALL: send request for lessons / WDD responses to the regions**

Publish on the BIA website and something nationally in a journal

Share with Angharad as in a good position with RCPATH at the moment. Collaboration with RCPATH in the future, build on this with future ideas.

Future meeting dates in the diary

**Action: NL / LS to decide dates and send invites**

## 20/3/9 Dates for 2021 Meetings (4 per year) -

22<sup>nd</sup> April 2021 – virtual via Teams

July

September

December

**Meeting Closed**