



The headline organisational roles, responsibilities, and ways of working to deliver infection prevention and control (IPC) in England

Developed August 2022, Reviewed February 2024

1. The purpose of this document is to give a high-level overview of organisational roles with respect to IPC in England, including the governance and development of IPC guidance. This summary has been agreed by representatives of the UKHSA, DHSC and NHSE.
2. Ways of working on IPC matters between health and social care stakeholders, and across the four UK nations, have evolved as a result of the COVID-19 pandemic. These ways of working have focused on information sharing and consensus finding on IPC general principles and guidance, and greater IPC support at a national level for non-healthcare settings relative to that which was provided pre-pandemic.
3. Whilst these new ways of working have been successful, the forward organisational roles have not been formally established, or governance arrangements defined. The legacy of these pandemic working practices, and the establishment of UKHSA, have necessitated an agreed position on IPC organisational roles and ways of working in England.
4. The scope of this document describes business as usual (BAU) IPC governance in England. Ways of working between organisations during emerging outbreaks, for example in the case of a new novel pathogen, epidemics or pandemics is likely to require formal agreement across all devolved administrations and produced by 4-nation consensus. This will be the subject of a separate process.
5. It is recognised that closer alignment of NHS healthcare, non-NHS healthcare (e.g., hospices, independent sector) and non-healthcare (e.g., social care, places of detention and schools) settings IPC policy and guidance, where there is a single national policy for all settings, is desirable in England; this overview document sets out this aspiration and commits UKHSA, DHSC and NHSE to come together to:
 - a. agree ways of working between organisations on IPC matters, including the consistent application of evidence and resolution of differences in perspectives and interpretation.
 - b. devise a mechanism to ensure alignment across setting-specific IPC guidance, which may require drafting of agreed cross-setting IPC principles and/or a MOU on how the three organisations will update guidance they respectively own in a collaborative and consistent way.
 - c. Define what is meant in relation to IPC by 'health and care' and 'other settings' to clarify as far as is reasonably possible the settings for which each organisation holds lead responsibility for policy and guidance.
6. The table below outlines the broad organisational role and responsibilities of each UKHSA, DHSC and NHSE with respect to health and care IPC governance in England.

7. Surveillance of infection, potential pathogens and antimicrobial resistance is a fundamental part of IPC. Organisational responsibilities for the delivery of effective infection related surveillance at national, regional, and local levels are well established and will form a fundamental part of the 2024-2029 National Action Plan on Antimicrobial Resistance. This document does not therefore include mention of respective organisational responsibilities for surveillance.
8. This is a working document which will be subject to annual revision and agreement by UKHSA, DHSC and NHSE. Next review December 2024 or sooner if required.

A. Organisational roles and responsibilities

<p>UKHSA</p>	<p>Within UKHSA there is significant expertise across a range of disciplines (for example, in evidence synthesis, specialised microbiology, epidemiology, behavioural science, modelling, research, environmental decontamination, and rare and imported pathogens), which can be applied where necessary to the context of communicable disease control and IPC.</p> <p>Nationally, UKHSA will:</p> <ul style="list-style-type: none"> • provide clinical, scientific and technical communicable disease expertise for policy and guidance development, to support the DHSC Secretary of State and other ministers in the function of HMG. • provide health protection expertise on communicable disease matters in specified non-healthcare settings (including care homes, places of detention, schools) to DHSC and OGDs, and when requested to NHSE for healthcare settings. • lead publications which focus on general scientific considerations relevant to individual pathogens. This may include providing evidence on epidemiology, diagnosis, transmission & control interventions (including appropriate interventions for new and emerging pathogens), and pathogenicity characteristics. • lead the publication of urgent operational IPC guidance for new, emerging and rare infections (including HCIDs), where there may be limited local clinical expertise. This guidance will be developed with support from IPC specialists, including within NHSE. UKHSA will retain editorial control and publish on gov.uk from the date of this agreement. The UKHSA, DHSC and NHSE will mutually agree the point at which this process will be replaced by BAU process such as when these emerging or rare threats either become established or better understood. • convene, where necessary, multi-professional expert groups on IPC matters; play a role in generating evidence relevant to IPC; and provide, where possible, evidence synthesis functions for stakeholders in England (including NHSE) with which to inform operational IPC guidance. • provide multi-disciplinary infection expertise for incident responses escalated to the national level (e.g., for HCIDs such as Mpox), including the application of this expertise to support IPC guidance, alongside system partners. • work in partnership with other national bodies (NHSE, DHSC, NICE), expert advisory committees (e.g., NERVTAG), professional stakeholder groups, and other Government departments to support alignment and consistency in IPC scientific and operational guidance across healthcare and non-healthcare settings. <p>Regionally and locally, UKHSA will:</p> <ul style="list-style-type: none"> • provide generic communicable disease control advice to community settings in the context of local infectious disease incidents and outbreaks. • offer support as requested to Local Authorities on IPC matters, in their role as commissioners of community services. • provide support where requested, and act as an escalation point, on IPC issues relating to communicable disease control within healthcare settings. • not routinely conduct proactive engagement on an individual basis with community settings (including care homes) on IPC matters (such as teaching, audit, etc).
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NHSE	<p>Within NHSE there is significant expertise across a range of disciplines (for example, in IPC, evidence synthesis, microbiology, epidemiology, behavioural science, and research), which is applied in the context of communicable disease control and IPC.</p> <p>Nationally, NHSE will:</p> <ul style="list-style-type: none"> • produce and publish operational IPC guidance for use by healthcare organisations providing NHS-funded services in England, most notably through the National IPC Manual for England, which reflects any evidence and/or scientific publications from UKHSA, NICE, HSE or others. • collaborate with UKHSA and other experts on the scientific evidence to support development and review of IPC operational guidance. • work in partnership with other national bodies (UKHSA, DHSC, NICE), expert advisory committees (e.g., NERVTAG), professional stakeholder groups, and other Government departments to support alignment and consistency in IPC scientific and operational guidance across healthcare and non-healthcare settings. <p>Regionally, NHSE will:</p> <ul style="list-style-type: none"> • support consistent implementation of operational IPC guidance across the NHS in England through regional IPC teams, linking to IPC leads in NHS provider organisations and Integrated Care Boards (ICBs). • provide IPC expertise on local health setting IPC matters (e.g., Norovirus outbreaks in a hospital), supported by the UKHSA HPTs as requested and/or required.
DSHC	<p>With respect to broad healthcare policy, the DHSC AMR & IPC team will:</p> <ul style="list-style-type: none"> • commission and oversee reviews and updates to the Code of Practice on the prevention and control of infections and related guidance as needed, which provides guidance on how providers should interpret and meet the registration requirement on cleanliness and infection control in <i>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</i>. • answer business as usual correspondence and parliamentary questions relating to IPC based on input from UKHSA and NHSE and manage any other Department of State business related to IPC guidance. • work in partnership with other national bodies (NHSE, UKHSA, NICE), expert advisory committees (e.g., NERVTAG), professional stakeholder groups, and other Government departments to support alignment and consistency in IPC scientific guidance. • sponsor the Care Quality Commission in their role as regulator of health activity, including IPC <p>With respect to adult social care policy, the DHSC ASC IPC team will additionally:</p> <ul style="list-style-type: none"> • produce and publish operational IPC guidance and supporting resources for use by the social care sector, which reflects any evidence and/or scientific publications from UKHSA, NICE, HSE or others. • be the responsible body for coordinating and commissioning UKHSA and NHSE for evidence to support the development of guidance for Adult and Social Care settings. • sponsor the Care Quality Commission in their role as regulator of social care activity, including IPC.

Signatories

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