

26 September 2019

Our ref: FOI 03268

Thank you for your request for information.

Your Request & Our Response

I am contacting you to ask if you can provide professional feedback on an innovation that we are currently reviewing. It is a handheld device for the prediction of surgical site infection (SSI) before and after caesarean section, so at an early stage in healing and recovery. In the future, it could be used in maternity units in women before discharge from hospital but also by community midwives after discharge during their visits. It has the benefits of being a non-contact, handheld imaging device, providing easy to interpret results, which could allow prediction of wound infections before the signs appear during the critical period of 10 days post-surgery.

At this stage of the project, we are assessing the potential need for such a device and how it would fit within current practice in the NHS. On that basis, we would welcome information on the following aspects:

1	What is your role (hospital midwife, community midwife, ...)?	All information except the statistics has been provided by the community Midwifery Team Leader
	BIRTHS & POST DISCHARGE	
2	What is the total number of births by caesarean section on average every month?	Average number of caesarean sections by month - August 2018 to July 2019 = 64
3	What is the number of births from women with BMI≥30 by caesarean section on average every month?	Average number of caesarean section births by women with BMI>30 = 20
4	How many post-discharge visits do you make, on average, after a lady has a caesarean section?	Postnatal visits, on average they have a total of 3 contacts, unless they require more, which will be arranged with the named midwife.

Chairman: Pearse Butler

Chief Executive: Kevin McGee (Interim)

RESEARCH MATTERS AND SAVES LIVES - TODAY'S RESEARCH IS TOMORROW'S CARE

Blackpool Teaching Hospitals is a Centre of Clinical and Research Excellence providing quality up to date care. We are actively involved in undertaking research to improve treatment of our patients. A member of the healthcare team may discuss current clinical trials with you.



5	<p>What percentage of post discharge visits are carried out:</p> <ul style="list-style-type: none"> • in out-patient clinics? • as home visits? 	<p>1st visit is in the home 2nd visit is usually at a clinic for their Newborn Blood Spot Screening and Weigh baby appointment 3rd visit can be either at home or in a clinic, whichever is convenient for both the woman and her named midwife Should the woman require more visits, then this would be arrange mutually between the woman and her midwife.</p>
READMISSIONS		
6	<p>What is the total number of monthly readmissions after a caesarean section?</p>	<p>Total number of monthly readmissions following caesarean section deliveries = 20</p>
7	<p>What is the number of monthly readmissions after caesarean section for women specifically with BMI\geq30?</p>	<p>Total number of monthly readmissions following caesarean section deliveries of women with BMI$>$30 = 9</p>
8	<p>What percentage of readmissions are related to surgical site infection after c-section across all BMI categories?</p>	<p>9%</p>
9	<p>What percentage of readmissions are related to surgical site infection in women after c-section in ladies with a higher BMI i.e. \geq30?</p>	<p>45% as a % of all women with post c-section readmission</p>
10	<p>What is the average length of stay (bed days) for ladies who are re-admitted after c-section</p>	<p>1 Day</p>
WOUND INFECTION PREDICTION		
11	<p>Do you think that wound inspection provides reliable assessment of later wound infection?</p>	<p>Wound inspection is vital to assess for infection at the time, however is not always a predictor of a future infection. However, other risk factors may be present which will increase our suspicion of a wound becoming infected at a later date. Most wound infections are diagnosed within the first 10 days, and within this time, the HV will also visit, making a minimum of 4 contacts with health professionals. Many women also access GP services during this time.</p>
12	<p>Have you ever used a device / technology to predict caesarean wound infection? If yes, which one?</p>	<p>No, we have never used any devices, we only take wound swabs if we suspect infection to diagnose wound infections.</p>
13	<p>Do you see any potential advantages in the new proposed device to establish early prediction of SSI?</p>	<p>Our Midwives consider the best indicator for diagnosing wound infections is inspection/investigation/treatment.</p>
14	<p>What evidence would you require to consider using</p>	<p>National guidance/NICE/ evidence based research which recommends the equipment</p>

	such a device?	
15	What could be the barriers to adopting such a new device in the NHS?	Barriers would be cost implications ie cost of product, maintenance, damage, loss
16	If it was available, how many would you need in your department: <ul style="list-style-type: none"> • for in hospital use (inpatients)? • for community use (post discharge visits)? 	We would need approximately 35, one for each midwife and 1 for each MSW who would be seeing them on Day 5 for their PKU appointment.
17	Would you see the need for such a device by health visitors, beyond the 10 days post discharge period?	Midwives do not discharge women from our care until 21+ days, so I would not see any particular advantage to HVs having one.
18	Who would make the decision on the purchase of such devices (midwife, head of midwifery, commissioners, ...): <ul style="list-style-type: none"> • for in hospital use (inpatients)? • for community use (post discharge visits)? 	The multidisciplinary team, overseen by the management team, in consideration with all other priorities required by the department. This would also need to be approved by the trust Medial Devices Steering Committee
19	Would you consider testing such a device? (if yes, please share your contact details)	No

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<http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>

The following link is a customer satisfaction survey if you would like to leave feedback:

<http://www.bfwh.nhs.uk/our-services/hospital-services/information-governance/foi-questionnaire/>

If you are dissatisfied with our response to your request for access to information you may ask us to carry out an internal review. You should do this by writing to:

The Information Governance Manager
 Blackpool Teaching Hospitals NHS Foundation Trust
 Blackpool Victoria Hospital
 Whinney Heys Rd
 Blackpool
 FY3 8NR
 Email: bfwh.pso@nhs.net

If you remain unhappy, you may make a complaint to the Information Commissioner's Office.

Yours Sincerely,

Stephen Connor
Freedom of Information Manager