

**NORTHERN IRELAND DEPARTMENT OF HEALTH, SOCIAL SERVICES  
& PUBLIC SAFETY CONSULTATION ON A SERVICE FRAMEWORK  
FOR RESPIRATORY HEALTH AND WELLBEING**

EVIDENCE SUBMITTED BY THE SOCIETY FOR GENERAL MICROBIOLOGY (SGM)

**Introduction**

The Society for General Microbiology, founded in 1945, is an independent professional scientific body dedicated to promoting the 'art and science' of microbiology. It has now established itself as one of the two major societies in the world in its field, with some 5,000 members in the UK and abroad.

**Specific Consultation Questions**

**Part A**

Q1. Please indicate your views on the following statement: "In general the language and organisation of the document is easy to follow."

*Agree. Comments: On the whole the document is easy to follow.*

Q2. Please indicate your views on the following statement: "The standards covered by the service framework are important for people with respiratory conditions."

*Strongly agree.*

Q3. Please indicate your views on the following statement: "Overall this framework will provide an opportunity to help set priorities for commissioning services for respiratory care."

*Agree. Comments: From the point of view of microbiology, some of the standards are a little vague, but overall it is hard to argue with the statement.*

Q4. Do you anticipate this/these standard(s) will impact on the health and wellbeing of people who have, or will have, respiratory disease, and if so please indicate how this might occur?

*Yes. Comments/suggestions on how this might occur: Clearly, if the standards are achieved and levels of performance increase as indicated, then there will be an impact on health and wellbeing. For example, for Standard 38 (page 25) a significant increase in performance with respect to children and young adults is indicated.*

Q5. Having considered the outcome of the screening exercise as set out in Appendix 2, do you think these standards will have any adverse impact(s) on any particular groups or will disadvantage any particular groups? If yes, please comment on how any adverse impact could be reduced.

*No.*

Q6. Are you aware of any other equality implications likely to arise from the proposals?

No.

**Part B**

Standard 36. Percentage of patients who have annual recorded FEV, BMI, sputum microbiology, etc.

*The target is described as comparable to upper quartile of UK centre performances by March 2010. It isn't very clear whether this would represent an improvement or not, and in particular whether the proportion of patients with recorded annual "sputum microbiology" is being targeted for an increase. However, I note in Standard 37 (performance indicators) that 85% rising to 95% of CF patients should be subjected to microbiological analysis of sputum samples four times a year. This seems to answer the above question and is encouraging, but there does seem to be some overlap between the standards here, which is a little confusing. Perhaps the infection-related sputum microbiology should be covered in Standard 37 alone.*

Standards 36 / 37. Relating to sputum microbiology.

*Some CF patients do not produce sputum. Is a target for microbiological surveillance based on, for example, cough swabs for children not to be included?*

Standard 39. Relating to bronchiectasis sputum microbiology.

*For the comprehensive annual review, why is the performance level for adults indicated as "all trusts", whereas percentage values are given for the children / young adults?*

Standard 47. Long-term home nebuliser treatment.

*Percentage of patients assessed as needing nebulisers and provided with nebulisers, who have nebulisers maintained to agreed standards – 40% rising to 60%. It depends exactly what is meant here, but are there potential infection implications?*

Q(i). Please indicate your views on the following statement: "It was easy to locate my specific standard/section of interest in the service framework document."

Agree.

Q(ii). Service frameworks are viewed as active documents which evolve over time to include new scientific evidence for improving care. Are you aware of any key evidence or other information which is missing, and which would alter the nature of this particular section/ standard?

*No.*

Q(iii). Please indicate your views on the following statement: “The performance indicators and the expected performance levels are reasonable, and they will help progress towards achieving the overarching standard(s).”

*Agree.*

Q(iv). Please indicate your views on the following statement: “I plan to use the/these standard(s) to improve my practice, or services for people with respiratory conditions.”

*Neither. Comments: Responder is not a clinician.*

Q(v). Please use the box below to insert any further comments, recommendations or suggestions you would like in relation to these particular standards or section.

*Comments: From a microbiology point of view, especially with reference to cystic fibrosis, the devil is in the detail – how the microbiology is carried out, whether particular (transmissible) strains are being screened for. There is no doubt that the CF units in Northern Ireland are of the very highest standard for microbiology. I don't suppose that such details fit well into this kind of exercise, but it does make specific criticisms difficult.*

### **Sources**

This evidence has been prepared on behalf of SGM by Dr Craig Winstanley, University of Liverpool.

### **About the SGM**

Society membership is largely from universities, research institutions, health and veterinary services, government bodies and industry. The Society has a strong international following, with 25% of membership coming from outside the UK from some 60 countries.

The Society is a 'broad church'; its members are active in a wide range of aspects of microbiology, including medical and veterinary fields, environmental, agricultural and plant microbiology, food, water and industrial microbiology. Many members have specialized expertise in fields allied to microbiology, including biochemistry, molecular biology and genetics. The Society's membership includes distinguished, internationally-recognised experts in almost all fields of microbiology.

Among its activities the Society publishes four high quality, widely-read research journals (*Microbiology*, *Journal of Medical Microbiology*, *Journal of General Virology* and *International Journal of Systematic and Evolutionary Microbiology*). It also publishes a highly respected quarterly magazine, *Microbiology Today*, of considerable general educational value. Each year the Society holds two major scientific meetings attended by up to 1500 microbiologists and covering a wide range of aspects of microbiology and virology research.

The governing Council of the SGM has a strong commitment to improving awareness of the critically important role of microbiology in many aspects of human health, wealth and welfare. It has in this connection recently initiated a 'Microbiology Awareness Campaign' aimed at providing information to the government, decision makers, education authorities, media and the public of the major contribution of microbiology to society.

An issue of major concern to the Society is the national shortage of experienced microbiologists, particularly in the field of clinical microbiology and in industry. To attempt to improve this situation long-term, the Society runs an active educational programme focused on encouraging the teaching of microbiology in university and college courses and in the school curriculum, including primary schools. Some 570 schools are corporate members of SGM.

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