

Annual statement on compliance with IPC practice (including cleanliness) for General Practice Template

Purpose of the 'Annual statement'

The *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* requires the Infection Prevention and Control (IPC) Lead to produce an annual statement. This statement should be made available for anyone who wishes to see it, including patients and regulatory authorities and should also be published on the General Practice website.

Introduction

This Annual statement has been drawn up on 3rd November 2025 in accordance with the requirement of the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* for Brannel Surgery. It summarises:

1. Infection transmission incidents and actions taken
2. IPC audits undertaken and subsequent actions implemented
3. Risk assessments undertaken and any actions taken for prevention and control of infection
4. Staff training
5. Review and update of IPC policies, procedures and guidelines
6. Antimicrobial prescribing and stewardship

This statement has been drawn up by:

Name: Verity Allen – Operations Manager
Infection Prevent and Control (IPC) Lead: Vicki Grose
The IPC Annual Statement will be reviewed in November 2026

1. Infection transmission incidents

Significant events (which may involve examples of good practice as well as challenging events) are investigated in detail to see what can be learnt and to indicate changes that might lead to future improvements. All significant events are reviewed in the monthly staff meetings and learning is cascaded to all relevant staff.

In the past year there have been no significant events raised that related to infection control.

2. IPC Audits and actions

Provide an overview of IPC audit programme as well as examples of good practice and actions taken to address suboptimal compliance.

Core Infection Control Audits Include:

- Hand Hygiene Audit
- Cleaning Audit
- Infection Control Risk Assessment Audit
- Waste Management Audit
- Cold Chain Audit
- Legionella Risk Assessment

3. Risk Assessments

Risk assessments are carried out Annually.

Legionella (Water) Risk Assessment: The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors, or staff.

Immunisation: As a practice we ensure that all our staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e., MMR, Seasonal Flu and Covid vaccinations). We take part in the National Immunisation campaigns for patients and offer vaccinations in house and via home visits to our patient population.

Curtains: The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 6 months. To this effect we use disposable curtains and ensure they are changed every 6 months. The window blinds are very low risk and therefore do not require a particular cleaning regime. Curtains are regularly reviewed and changed if visibly soiled.

Cleaning specifications, frequencies, and cleanliness: We also have a cleaning specification and frequency policy which our cleaners and staff work to. An assessment of cleanliness is conducted by the cleaning team and logged. This includes all aspects in the surgery including cleanliness of equipment.

Hand washing sinks: The practice has clinical hand washing sinks in every room for staff to use.

4. Staff training

All our staff receive annual training in infection prevention and control training in accordance with their role.

The lead for infection control attends regular IPC meetings

5. IPC Policies, procedures and guidance

Provide details of all policy reviews and updates, together with details of how changes have been implemented.

All Infection Prevention and Control related policies are in date for this year. Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated annually and all are amended on an on-going basis as current advice, guidance, and legislation changes. Infection Control policies are circulated amongst staff for reading on an annual basis.

6. Antimicrobial prescribing and stewardship

Provide details of all activities undertaken to promote and improve antimicrobial prescribing and stewardship.

Antimicrobial prescribing within the GP practice is undertaken in line with national and local antimicrobial stewardship guidance to ensure safe, effective, and responsible use of antibiotics.

Safe Prescribing Practice

- Prescribing of antimicrobials follows NICE guidance, local Integrated Care Board (ICB) / formulary recommendations, and UKHSA antimicrobial stewardship principles.
- Indications, dose, duration, and review dates are clearly documented for all antimicrobial prescriptions.
- Delayed or back-up prescriptions are used where clinically appropriate to reduce unnecessary antibiotic use.
- Safety netting advice is routinely provided to patients, including signs of deterioration and when to seek further review.

Forward plan/Quality improvement plan

Issue	Actions	Date for completion	Person responsible	Progress
Hand Hygiene Audit	Staff Hand Hygiene Audit to complete	30.11.2026	Vicki Grose	