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## Joint Union Decontamination Strategy Bulletin No 4

The Governments recommended method of future provision of decontamination and sterile services in the NHS, namely by private sector regional super centres delivering services to a cluster or collaboration of NHS health providers continues to be opposed by the joint unions for the following reasons:

- ⊖ The prime driver given for the strategy was to reduce the risks of transmitting variant Creutzfeldt-Jacobs Disease (vCJD or otherwise known as “mad cow” disease). There is no evidence that the preferred option of private sector super centres will ever deliver this. The fundamental contamination risk carried by surgical instruments and invasive hospital equipment is in their design, which often does not take into account the need for post use sterilisation
- ⊖ The volume of such equipment and existing sterilization methods available mean that it is difficult or in some cases impossible to guarantee that vCJD and other risks have been neutralised, no matter what cleansing method or operation is used.
- ⊖ The preferred government option **WOULD** result in total dependence for decontamination and sterile services on companies that are outside the control of trust boards or the wider NHS.
- ⊖ They will then be able to name their price for service provision and dictate the direction of development and innovation (i.e. toward maximization of company profits as opposed to patient care improvements).

Fortunately local trust boards have the final say on future provision. Many trusts in the know have already refused to go down the governments preferred route recognizing the clinical, medical, financial and strategic risks involved. Make sure your trust board is also aware of the facts. Lobby them now before it's too late.