Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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RA/LB
7th November 2019
[redacted]
Deputy Medical Director

Health, Social Care and Sport Committee
National Assembly for Wales
Pierhead Street Cardiff
CF99 1 NA

Dear Sir / Madam,

RE: Health, Social Care and Sport Committee inquiry into sepsis

Thank you for the allowing Cwm Taf Morgannwg UHB the opportunity to provide comments on the above inquiry's Terms of Reference. I have consulted with my colleagues within the University Health Board however the Clinical Lead for RRAILS and Sepsis has currently been off work due to ill health and therefore has not had the opportunity to comment.

What understanding is there about sepsis incidence, how sepsis is presenting to services, and outcomes from sepsis?

There is a positive understanding regarding Sepsis incidence across the University Health Board (UHB). All acute areas are using an escalation process in the form of NEWS scoring to identify sepsis incident and format a correct response. Cwm Taf Morgannwg UHB provides monthly data on the sepsis screening and compliance with Sepsis 6. The data is collected using carbon copy paper form in all receiving units Unit and wards. The Critical Care Outreach Teams (CCOT) are key in delivering the education regarding sepsis and the importance of recognising and treating it early.

Sepsis screening forms are present in most areas but the use varies due to clinical engagement and there not being a CCOT service on all sites that is twenty four hours. Sepsis is presented to services on the acute sites mainly through Accident and Emergency admissions and then in an acute stage requiring referral to CCOT on the general wards.

The outcomes from Sepsis are presented to Welsh Government but there are no regular feedback across the UHB of patient outcomes from Sepsis.

In addition the Sepsis 6 care bundle is widely recognised as the standard treatment for Sepsis across the UHB All parts of Patient Safety Alert PS002 2014 on Sepsis have been achieved or are being actioned.

Public and professional awareness of sepsis

The awareness of sepsis for the public is an ongoing educational process which needs engagement in the community. The Accident and Emergency departments provide some information regarding Sepsis and what to do if a member of the public thinks it might be Sepsis.

Professionally NEWS, sepsis screening and treatment with the sepsis 6 bundle are part of the life support skills training that the UHB provides and which is mandatory for clinicians.

Identification and management of sepsis in out-of-hospital settings, including use of relevant screening tools/guidance, and the referral process between primary/secondary care.

Through the Rapid Response to Acute Illness (RRAILS) the community hospitals within the UHB are responding to Sepsis identification using the NEWS scoring and Sepsis 6. There is work ongoing to bring this awareness into General Practitioners surgeries by educational study days.

Identification/management of sepsis in acute (hospital) settings.

The UHB has been actively involved in the RRAILS program for a number of years resulting in early sepsis identification and treatment. This has largely been led by the CCOT on the acute sites. In studies completed Wales wide and within the UHB early identification of Sepsis is being identified , managed and treated by CCOT and there is a clear indication that this results in patients not requiring a Critical Care bed but being treated correctly in Emergency Departments and wards.

The physical and mental impact on those who have survived sepsis, and their needs for support.

Within Critical Care follow up clinics are in place following NICE 83 guidelines which were set up in February 2016. It is well recognised that a significant proportion of the survivors of critical illness have important on-going physical and mental issues related to their critical care stay. The optimisation of the individual's recovery is now seen as the chief therapeutic objective rather than mere patient survival. This is in the best interests of that individual, their family and friends, and to the health services in the broader sense.

In March 2009 the National Institute for Health and Care Excellence (NICE) published Rehabilitation after Critical Illness (CG83). These outline the rehabilitation problem facing survivors of critical illness and provide a guideline to addressing them. They also recommended the establishment of critical care follow-up across the UK, which has not been achieved comprehensively anywhere in Wales.

The General Provision for Intensive Care Standards (GPICS) state that a follow-up appointment of 20-30 minutes duration should be offered at two, six and 12 months for patients considered to have high post-discharge risk. These standards are aspirational and in consultation with clinicians in Wales and those operating effective critical care follow-up clinics elsewhere in the UK, it's been suggested that all patients with a length of stay greater than four days are offered a follow-up at two months after critical care discharge, with further appointments offered on the basis of need

The introduction of the rehabilitation service has provided an invaluable link with other health care initiatives in Wales such as the Surviving Sepsis campaign, by objective following up survivors of septic shock.

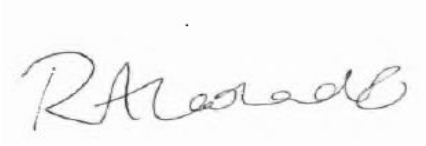
Furthermore with regards to the proposed terms of reference some concerns have been raised about the focus on sepsis; there are risks with this which include a balance in over-treatment with the concurrent issues with antimicrobial resistance plus other diagnoses being missed. The current data that is collected for sepsis is assessing how well a form is complete. Patient outcomes are not reviewed and the patient groups are not the same.

There is no agreed time zero e.g. time patient became unwell or time form started to be filled, so the data cannot be compared. Looking at the forms that are completed and not the outcomes means we never know what happened to the patient, we cannot learn lessons plus also they include false positives who may not have had sepsis.

There is inconsistency with sepsis tools that are being used across Wales, for example the Emergency Department in Princess of Wales use the Red and Amber Flag sepsis tool recommended by NICE and UK Sepsis Trust – this is better than the usual sepsis tool used since the threshold to score leads to over diagnosis.

I hope this information is useful, but please do not hesitate to contact me should you require any further information.

Kind regards



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