

18 October 2019

Dr Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales

Dear Dr Lloyd,

Sepsis consultation

Thank you for the opportunity to submit evidence for this consultation. Our responses are below under the headings indicated in the consultation guidance.

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

RCGP Wales recognises that sepsis is a rare life-threatening condition that can develop rapidly from what might be otherwise innocuous infections. As GPs we are likely to meet patients at an early and late stage of their illness. We recognise that identifying sepsis at an early stage among the huge number of ordinary infections can be a challenge even to experienced clinicians. Figures suggest that sepsis affected 123,000 people in England in 2014, resulting in approximately 37,000 deaths. 70% of cases derived from an infection developed in the community. Optimisation of care has the potential to reduce deaths by up to 10,000 per annum. and it is recognised that such optimisation is time dependent. For example, septic shock has a mortality rate of 7.6% for every hour of delay to receiving antibiotic therapy.

Public and professional awareness of sepsis

RCGP is proactive in developing resources for both patients and GPs alike in terms of the recognition and management of sepsis: <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/sepsis-toolkit.aspx>. A small survey carried out in 2016 and 2017 showed that 60-70% of respondents had had sepsis training in the previous year and that such training had altered decisions to refer suspected cases.

Identification and management of sepsis in out-of-hospital settings, including use of relevant screening tools/guidance

GPs are well versed in the recognition and management of both chronic and acute illness and where guidelines exist these are commonly used to inform management choices.

In keeping with guidance, it is common practice that patients with suspected sepsis are assessed using a structured set of observations in order to stratify risk of severity.

People with sepsis or those developing sepsis may have non-specific, non-localised symptoms, such as, for example feeling very unwell, or not have a high temperature and so the role of the GP in addition to recognition is either to safety net specifically and appropriately or to arrange referral to an acute setting.

Though its use as a screening tool in Primary Care is not established, the National Early Warning Scoring system (NEWS) has the value of providing a baseline recording of physiological variables and communicating risk and concern to secondary care and ambulance staff colleagues regarding sick adults. RCGP does not advocate the use of NEWS as a replacement for clinical judgement, but physiological assessment must be undertaken when considering sepsis and/or the deteriorating patient. NEWS offers a template for doing this and may be considered as a potential adjunct to the assessment process. It also offers a useful shared language for communicating concern between clinical services and clinicians.

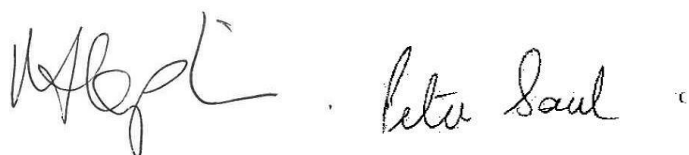
The referral process between primary/secondary care

RCGP sepsis guidance for GPs 2018 advises “Communicate concern to ambulance service and colleagues, using the words: “SUSPECTED SEPSIS”, and offer the outcome of your physiological assessment or NEWS Score.” Under these circumstances it would be anticipated that the ambulance response will be determined by clinical need rather than influenced by the setting the patient finds themselves in.

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

GPs will recognise the impact of both chronic and acute conditions on patients’ lives and are actively engaged in support of the patient through their pre and post sepsis event.

Best wishes,

Handwritten signatures of Dr Mair Hopkin and Dr Peter Saul.

Dr Mair Hopkin
Joint Chair
RCGP Wales

Dr Peter Saul
Joint Chair
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