

P-05-866 Sepsis Public Awareness Campaign – Wales, Correspondence – Petitioner to Committee, 14.05.19

Response to petitions committee – Sepsis Public Awareness Campaign Wales

14th May 2019

Having read the letters and responses that resulted from the first meeting of the petitions committee we feel no real reason to add a great deal more than what follows to our previous response. We feel the original points remain relevant, valid and, to a degree, unanswered. With that in mind, we would refer the committee back to reconsider them considering the answers offered.

However, in relation to this response of the Minister for Health and Social Services to the letter of Janet Finch- Saunders AM, we are very appreciative to have the opportunity to add the following:

The cabinet minister's response continues to focus on the great work that government has undertaken within healthcare via the 1000 lives programme and the intention to roll out NEWS. Nobody associated with this petition doubts this, in fact, we both recognise and applaud it. However, the petitioners are not asking for improvements and education within healthcare, they are asking for better education for the public and better support for sepsis survivors. As per the petition the call on the Welsh Assembly Government is:

“...to undertake a Sepsis Public Awareness Campaign to reduce unnecessary deaths and improve outcomes for survivors and all affected.

In memory of Chloe Christopher and everyone who has been affected by Sepsis in Wales”

We know that Public Health Wales is looking Post Sepsis Syndrome (PSS) along with the UK Sepsis Trust in Wales and, of course, we welcome this and will watch this space keenly.

However, for us as petitioners, this does not address the call for a public awareness campaign.

It seems the reasons against, though we recognise as being challenging, can be basically summarised as two-fold.

1. It is complex and important to strike the right balance with messages about the appropriate use of antibiotics and the risk of creating public anxiety.

Stating that a campaign is complex and requires the right balance is surely true of all healthcare campaigns at the outset? We see this more as a challenge to overcome and an opportunity to responsibly address the issues than a reason not to have a campaign at all.

Rolling out NEWS to primary care and care homes etc is extremely commendable but it is quite esoteric and the benefit of the common language of NEWS will only help members of the public once they have accessed healthcare. The issue is when members of the public do not access healthcare or do so extremely late when their NEWS score may well be telling them they are severely unwell, possibly critically. These are the situations we are trying to avoid, these are the situations which the rolling out of NEWS and improved education within healthcare do not address. There is a focus on the 'worried well' being an issue with a campaign but what about the 'unworried unwell'? These people do not know to access healthcare and wait to get better. These are the community tragedies. Surely the 'worried well' are a consideration of any previous campaign and, one would hope, there is the knowledge, expertise and benefit of experience from previous healthcare campaigns within WAG and PHW to be able to develop a strategy to counter and mitigate this.

2. There is no evidence to suggest campaigns lead to improvement to justify the public money required to fund the campaign.

The petitioners accept that measurement of the success of campaigns must be quite difficult but again we would suggest this is a challenge to overcome rather than a reason not to do. Again, we would hope that there was enough experience to take an approach which considers this and could be addressed in collaboration with expert stake holders.

Also, while Wales takes this stance against a sepsis campaign Scotland seems to disagree. Ironically, on the same day the Minister for Health and Social Services was writing to tell us that campaigns may not be the way forward, Scotland were

doing the exact opposite and launching a sepsis campaign fully supported by the Chief Medical Officer and Scottish Govt.

Chief Medical Officer Catherine Calderwood said:

“While deaths caused by sepsis have fallen by 21% since 2012, thanks in part to the work of the Scottish Patient Safety Programme, it is still vital that people are aware of this potentially fatal condition. The key in treating sepsis is catching it quickly so that is why it’s important to know the signs. If someone has two or more of the symptoms and they are getting rapidly worse, it is important to seek urgent medical advice.

“Following our first campaign from 2018, we know that more than three out of four people are aware of the dangers of sepsis, but we want to further increase public awareness to spot the signs and this campaign will help us do this. It will also help to focus on continuous improvement across Scotland ensuring there is safe and consistent care for all sepsis patients.”

Further detail can be found here:

<https://www.gov.scot/news/raising-awareness-of-sepsis/>

The video can be viewed here:

<https://www.facebook.com/200786289976224/posts/2239199719468194?s=557625890&v=e&sfns=cl>

This is clearly not a campaign that would have cost a lot of money and while it’s not perfect it does deliver a very simple message in very simple language. As mentioned earlier the public do not know about NEWS have no relationship with it and will not be using it as reference point to access healthcare. The process we need is for the sick / deteriorating patient to present to healthcare where the health professional then uses NEWS as a reference point for diagnosis and treatment or escalation if required. If the patient wasn’t severely unwell at this stage IE well enough to go home and self-monitor or be monitored by parent or guardian then

maybe this is the stage to introduce the basics of NEWS to the patient/public. This would be the 'safety net' as we know that some patients who ultimately end up in septic shock were not triggering on NEWS when they first accessed healthcare, for example, at the GP surgery. It's often the deterioration that is missed because people are not aware enough to act. They wait.

Could we not also look at other countries and learn from their successes and failures? Rather than viewing this as something we think might fail, should we not see this as an opportunity and have the confidence to back our celebrated and rewarded sepsis experts to get this right and deliver the kind of campaign that Wales, NHS Wales and Welsh Government can be proud of?

N.B. Just as a footnote to the last discussion, Leanne Wood AM who was very supportive did note that she was surprised by the small number of signatures supporting the petition. The reason for this was we had initially started an ipetition which we later discovered was no longer a format we could submit to Welsh Assembly Government. For this reason only, the paper signatures were submitted. We had over 800 signatures online before we had to close it.

<https://www.ipetitions.com/petition/sepsis-public-awareness-campaign-wales>