

Debate Pack

4 October 2024

Number CDP-0122 (2024)

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Sepsis Awareness

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Summary

A one-hour debate on ‘sepsis awareness’ will take place in Westminster Hall on Wednesday 9 October at 4.30pm. Lee Anderson MP (Reform UK) is sponsoring the debate.

This briefing explains what sepsis is, who can get it, symptoms, treatment and prevalence. The briefing also provides discussion on public awareness, clinical guidance and government policy. Public health policy is devolved; this briefing provides information relevant to England.

1 Background

1.1 What is sepsis?

Sepsis is a life-threatening reaction to an infection.

It occurs when a person's immune system overreacts to an infection, such as a lung, urinary tract, pelvis or tummy infection, and starts to damage body tissues and organs.¹ Sepsis has also been referred to as blood poisoning or septicaemia.

If not treated promptly, sepsis is potentially life threatening and could lead to shock, organ failure or death.²

According to NHS England, sepsis “claims more lives than lung cancer, and is the second biggest killer after cardiovascular disease.”³

1.2 Who can get sepsis?

It is not known why some people can develop sepsis in response to common infections.⁴

Whilst anyone with an infection can get sepsis, the NHS website lists some groups of people as being more likely than others to get an infection that could lead to sepsis, including:⁵

- babies under one, particularly if premature or their mother has had an infection whilst pregnant
- people over 75
- people with underlying health conditions or a weakened immune system
- women who have just given birth, had a miscarriage or had an abortion

¹ NHS website, “[Conditions, sepsis](#)”, (accessed 26 September 2024)

² The UK Sepsis trust website, “[about sepsis](#)”, (accessed 26 September 2024)

³ NHS England website, “[Raising awareness of sepsis](#)”, (accessed 26 September 2024)

⁴ The UK Sepsis trust website, “[about sepsis](#)”, (accessed 26 September 2024)

⁵ As above, footnote 1

A 2024 study⁶ conducted in primary care and hospitals in England showed that several factors significantly increase the risk to develop sepsis. These were:

- Deprivation
- Frailty
- Being house bound
- Cancer
- Diabetes and other long-term conditions
- Learning disabilities
- Antibiotic exposure in the prior 2 months

While ethnicity was not directly associated with an increased risk of sepsis, Black and Asian people had higher prevalence of anaemia, diabetes mellitus, chronic liver disease, severe mental health illness and visual impairment, which were all found to be strong risk factors for sepsis.

According to the same study, most cases of sepsis develop outside the hospital (community-acquired sepsis) and hospital acquired cases represent about 10.1% to 53.0%, depending on country and how sepsis is defined or recognised.

1.3

Prevention, symptoms and treatment

Various research articles refer to three stages of sepsis:⁷

- 1) Sepsis - when a person's immune system overreacts to an infection.
- 2) Severe sepsis - when sepsis causes a person's organs to malfunction. This usually happens because of low blood pressure and inflammation throughout a person's body.
- 3) Septic shock - the last and most severe stage of sepsis where a person has extremely low blood pressure.

⁶ Tjeerd Pieter van Staa and others, "[Sepsis and case fatality rates and associations with deprivation, ethnicity, and clinical characteristics: population-based case-control study with linked primary care and hospital data in England.](#)" 16 April 2024

⁷ For example, see Massimo Sartelli and others, "[Raising concerns about the Sepsis-3 definitions](#)", World Journal of Emergency Surgery, Volume 13 No 6, 25 January 2018; Cleaverland Clinic website, "[Septic Shock](#)", (accessed 3 October 2024)

In some cases, sepsis can be prevented through early treatment of infections and good hygiene at home and in healthcare settings.⁸

There are many possible symptoms of sepsis and they may be similar to symptoms of other conditions such as a flu or chest infection.⁹ Symptoms can also differ between children and adults.¹⁰

See the NHS website for more information and advice on sepsis [symptoms, prevention and treatment](#).

Early treatment

Sepsis requires urgent hospital treatment.¹¹

A 2017 research study found that giving antibiotic treatment within an hour of people presenting to emergency departments with sepsis reduced their risk of dying by a third compared to if they were given treatment at a later time.¹²

For patients with septic shock, studies indicate every hour of delay in antibiotic treatments can increase their chances of mortality.¹³ Percentages vary from 1.8 to 8% increase in mortality per hour.¹⁴

Recovery and post-sepsis syndrome

Whilst many people make a full recovery from sepsis in a few weeks or months after leaving hospital, some may have longer-term effects that last years.¹⁵

The UK Sepsis Trust website states that around 40% of people who develop sepsis are estimated to experience physical, cognitive and/or psychological after effects that can last a few months.¹⁶

Long-term effects following sepsis are sometimes called post-sepsis syndrome, although reports differs on the timeline of 'long-term'.

⁸ World Health Organisation website, "[Sepsis](#)", 2 May 2024, (accessed 2 October 2024); NHS website, "[Conditions, sepsis](#)", (accessed 2 October 2024)

⁹ NHS website, "[Conditions, sepsis](#)", (accessed 2 October 2024)

¹⁰ As above, footnote 9

¹¹ As above, footnote 9

¹² Amy N.B. Johnston and others, "[Effect of Immediate Administration of Antibiotics in Patients With Sepsis in Tertiary Care: A Systematic Review and Meta-analysis](#)", *Clinical Therapeutics*, Volume 39, No 1, January 2017; National Institute for Health and Care Research website, "[Giving immediate antibiotics reduces deaths from sepsis](#)", 18 April 2017, (accessed 1 October 2024)

¹³ Calum McGregor, "[Improving time to antibiotics and implementing the "Sepsis 6"](#)", *BMJ Quality Improvement Programme*, 21 January 2014, p1; Vincent X. Liu and others, "[The Timing of Early Antibiotics and Hospital Mortality in Sepsis](#)", *American Journal of Respiratory and Critical Care Medicine*, Volume 196 No 7, October 1 2017

¹⁴ As above, footnote 13

¹⁵ As above, footnote 9

¹⁶ The UK Sepsis Trust website, "[Sepsis Recovery & Post Sepsis Syndrome](#)", (accessed 2 October 2024)

Academic research has found that [long-covid](#) and post-sepsis syndrome have similar symptoms, such as fatigue, muscle pain, poor sleep, short-term memory loss and arrhythmia (when the heart beats in an irregular rhythm).¹⁷

Various stakeholders, including contributors to a 2019 Senedd Cymru/Welsh Parliament inquiry into sepsis, have highlighted a need for more support and resources for sepsis survivors.¹⁸

Antimicrobial resistance

[Antimicrobial resistance happens when antimicrobial medicines are no longer effective in killing or slowing the growth of microorganisms causing disease.](#)

It is a significant threat to public health.

Antibiotic resistance can develop naturally but may be accelerated due to inappropriate and/or overuse of antibiotics. Antibiotic-resistant bacteria are less likely to respond to treatment, causing serious complications, including sepsis.

The latest UK Health and Security Agency (UKHSA) [data release](#) (15 November 2023) highlights an increase compared to previous years in the number of bacterial infections that are resistant to commonly used antibiotics. *Klebsiella pneumoniae*, a cause of sepsis, is becoming increasingly resistant to a range of first-line treatment antibiotics, particularly third generation-cephalosporins (from 13.5% resistant in 2018 to 17.4% in 2022) and piperacillin with tazobactam (from 15.1% to 19.6%).

In addition, of all recorded sepsis episodes, Asian or Asian British ethnic groups had almost double the proportion of antibiotic resistant infections (34.6%) compared to White ethnic groups (18.7%). Black patients were also significantly more likely than White patients to experience antibiotic resistant infections (25.5%).

Data also shows that fatality rates were higher for antibiotic resistant infections than those susceptible to antibiotic treatment.

Data on the [surveillance of bloodstream infections](#) in patients attending English critical care units (May 2016 to March 2024) is due to be published by UKHSA on 17 October 2024. This will include data showing how often

¹⁷ Carolin Fleischmann-Struze and others, "[How are Long-Covid, Post-Sepsis-Syndrome and Post-Intensive-Care-Syndrome related? A conceptual approach based on the current research literature](#)", *Critical care*, Volume 28 No 1, 29 August 2024; Anna Herminghaus and Marcin F. Osuchowski, "[How sepsis parallels and differs from COVID-19](#)", *the lancet*, Volume 86, 2 December 2022

¹⁸ Senedd Cymru/Welsh Parliament website, "[Sepsis](#)", (accessed 2 October 2024); Amy Clifton, "[Time to reprioritise sepsis?](#)", Senedd Research, 13 September 2024; Eleanor Gruffydd-Jones, "[Sepsis: NHS help for survivors 'non-existent'](#)", BBC, 9 February 2020

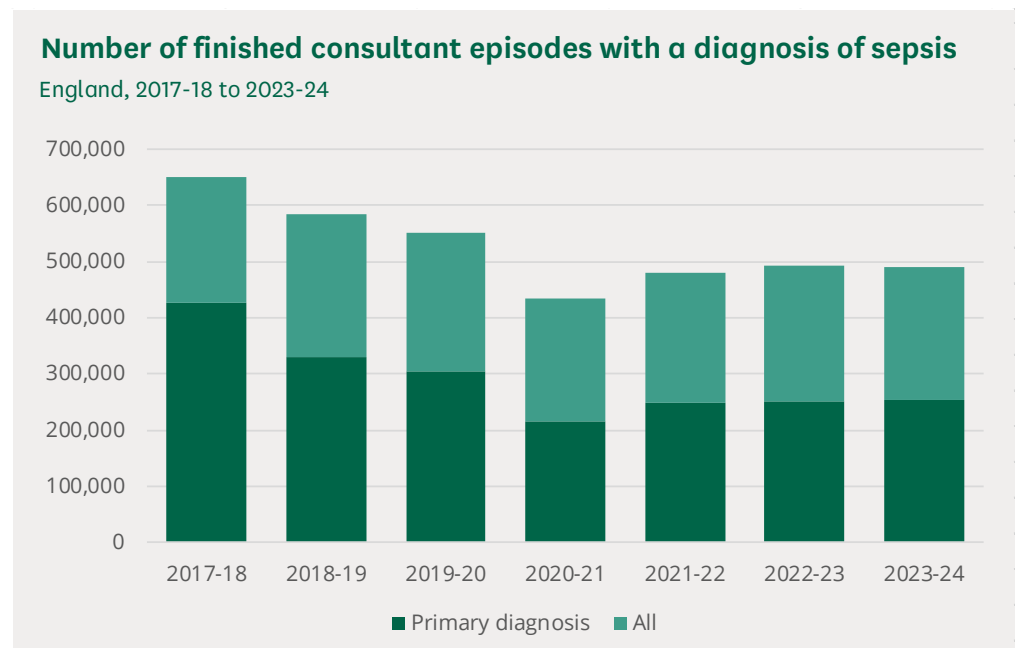
bloodstream infections occur in critical care in England, the microbes that cause them, and linked factors.

1.4

Sepsis statistics

In the 2023-24 financial year, 119,911 hospital admissions were recorded with a primary diagnosis of sepsis (that is, sepsis was the main reason for the admission). 88% of these admissions were emergency admissions.

A single admission to hospital may involve multiple consultant episodes. The number of finished consultant episodes with a primary diagnosis of sepsis decreased by around 40% between 2017-18 and 2023-24 and the total number of diagnoses decreased by 25%.



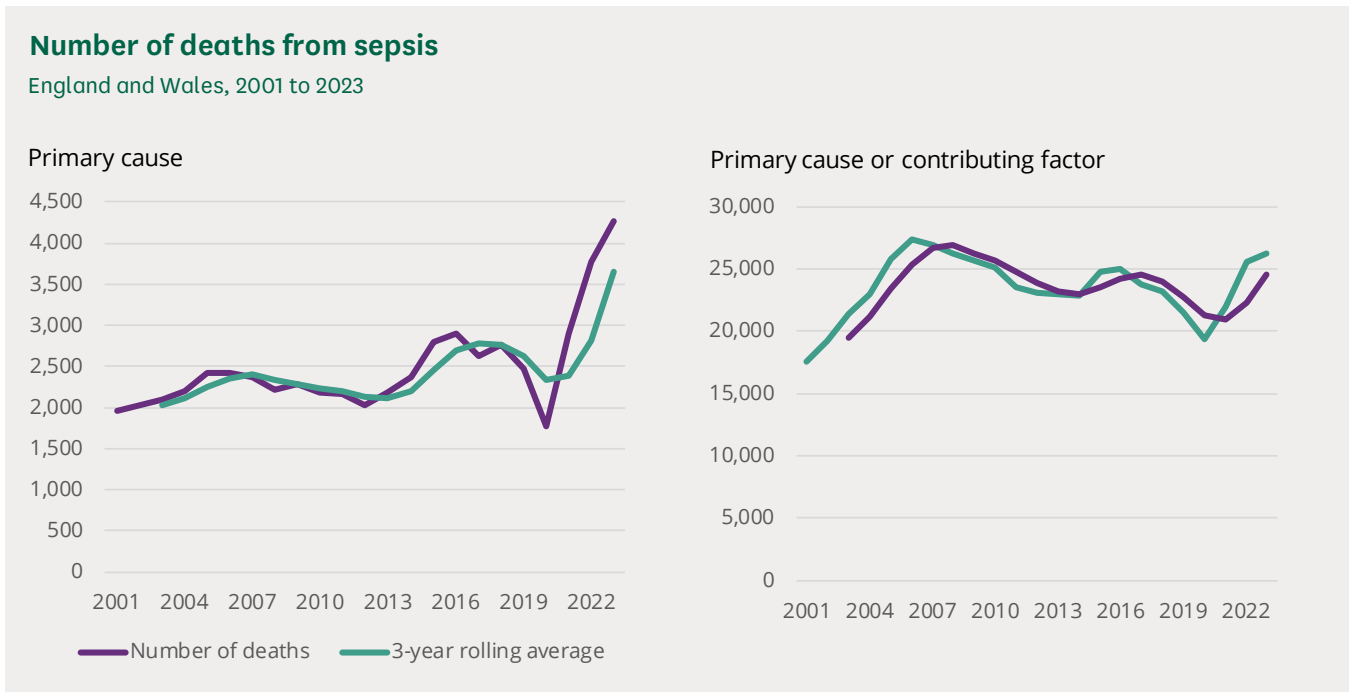
Source: NHS Digital, [Hospital Admitted Patient Care Activity: Diagnosis](#)

Note: A timeseries is only possible back to 2017-18 due to changes to the ICD-10 coding standard for the recording of diagnoses of sepsis.

However, according to ONS data¹⁹, the number of deaths in England and Wales where sepsis was the underlying cause has risen from 2,630 in 2018 to 4,276 in 2023, an increase of 63%.

¹⁹ ONS, "[Deaths involving sepsis, England and Wales: 2001 to 2023](#)", 3 June 2024

The number of deaths where sepsis was mentioned anywhere on the death certificate has also increased over the last five years from 23,185 in 2018 to 26,203 in 2023 (+13%).



Source: ONS, [Deaths involving sepsis](#), England and Wales: 2001 to 2023, 3 June 2024

The cost of sepsis to the UK economy

Various research reports estimate the economic cost of sepsis to the NHS and UK economy. Figures vary due to differences in study methodology, the year and changes in the prevalence of sepsis.

- A 2017 study carried out by the York Health Economics Consortium and commissioned by the UK Sepsis Trust estimated that, given at least 200,000 sepsis cases a year, sepsis could cost the NHS between £1.5 and £2 billion a year and the wider UK economy between £11 billion to £15.6 billion a year.²⁰
- Research analysing a 2015 study estimated 1.24% (£1.3 billion in 2015 prices) of the national healthcare budget was spent on sepsis and it cost 0.12% of the gross national product.²¹

²⁰ The UK Sepsis Trust, "[The Sepsis Manual](#)" (PDF), 2024; University of York, "[Sepsis could cost UK economy up to £15.6 billion each year, new study suggests](#)", 20 February 2017

²¹ M. van den Berg and others, "[Hospital-related costs of sepsis around the world: A systematic review exploring the economic burden of sepsis](#)", *Journal of Critical Care*, Volume 71, October 2022

- Research analysing a 2011 study estimated 1.64% (£1.7 billion in 2011 prices) of the national healthcare budget was spent on sepsis and it cost 0.16% of the gross national product.²²

1.5 Public awareness

Experts, including healthcare professionals and charities, have highlighted the importance of improving public awareness of the signs and symptoms of sepsis so that people with sepsis can quickly see appropriate help when needed.²³

Various national and international organisations have launched initiatives in the past decade to improve public awareness of sepsis in the UK and internationally, including the UK Sepsis Trust, the Global Sepsis Alliance and the World Health Organisation.

- To raise public awareness of sepsis, the UK Sepsis Trust has run various campaigns, such as a ‘Just Ask: Could it be Sepsis?’ campaign, and collaborated with a variety of organisations, such as healthcare institutions, schools and businesses.²⁴
- In 2012, the Global Sepsis Alliance established an annual world sepsis day on September 13 to raise public and professional awareness of sepsis, such as through organisations conducting sports activities or fundraising events globally.²⁵

In 2018, the Scottish Government announced a nationwide campaign and £70,000 in funding to raise public awareness of sepsis signs and symptoms in partnership with sepsis awareness and support charities FEAT, Scotland’s Sepsis Charity and Finding Your Feet.²⁶

²² As above, footnote 22

²³ Senedd Cymru/Welsh Parliament website, “[Sepsis](#)”, (accessed 2 October 2024); Amy Clifton, “[Time to reprioritise sepsis?](#)”, Senedd Research, 13 September 2024; The UK Sepsis trust website, [about sepsis](#), (accessed 2 October 2024)

²⁴ The UK Sepsis Trust website, “[About UKST](#)”, (accessed 30 September 2024)

²⁵ World Sepsis Day website, “[about world sepsis day](#)”, (accessed 30 September 2024)

²⁶ Scottish Government website, “[Sepsis: Knowing the signs](#)”, 5 February 2018, (accessed 30 September 2024)

1.6

Guidelines and policy for healthcare professionals in England

- In December 2015, NHS England published an [action plan](#) to help healthcare professionals to recognise and treat sepsis promptly.
- In November 2016 NHS England published a report titled “[Getting it right - the current state of sepsis education and training for healthcare staff across England](#)” that scoped resources and gaps in the provision of sepsis education and training for healthcare staff in England. The report found significant gaps in the provision of sepsis education and training in:
 - primary care
 - community settings including residential and care homes
 - management and executive teams within healthcare providers
- In July 2016, the National Institute for Health and Care Excellence (NICE) published [guidance](#) which has been updated over the years for the public and healthcare professionals on how to recognise, diagnose and manage sepsis early.²⁷ In January 2024, NICE updated its guidance to recommend “better targeting of antibiotics for suspected sepsis to ensure the right people receive treatment as soon as possible but the medicines are not overused, which can lead to antibiotic resistance”.²⁸
- In spring 2018, NHS England launched an e-learning programme called ‘[Think Sepsis](#)’ for healthcare professionals in primary care and management staff. The programme aimed to improve rates of accurate diagnosis and treatment of sepsis in children and primary care. It is currently being reviewed to align with updated NICE guidance from January 2024.²⁹
- NHS England’s [2019 long term plan](#) mentions improving “patient pathways to ensure timely assessment and treatment that reduces the risk of death and disability” for people arriving in A&E with sepsis.³⁰ It also says the NHS will “build on existing work on preventing patient deterioration including Sepsis”.³¹ As part of this, hospital staff must alert

²⁷ National Institute for Health and Care Excellence, “[Suspected sepsis: recognition, diagnosis and early management](#)”, published 13 July 2016 and last updated 19 March 2024, (accessed 27 September 2024)

²⁸ National Institute for Health and Care Excellence, “[Updated guidance recommends better targeting of antibiotics for suspected sepsis](#)”, 31 January 2024

²⁹ NHS England website, “[Think sepsis](#)”, (accessed 3 October 2024)

³⁰ NHS, “[The NHS Long Term Plan](#)” (PDF), January 2019, page 22

³¹ NHS, “[The NHS Long Term Plan](#)” (PDF), January 2019, page 107

senior doctors if patients with suspected sepsis do not respond to treatment within an hour.³²

- In September 2024, the UK Sepsis trust said it was “urging the government to re-prioritise sepsis, ensuring it is treated with the same urgency and resources as strokes and heart attacks”.³³

³² NHS England website, “[NHS Long Term Plan to reduce toll of ‘hidden killer’ sepsis](#)”, 11 March 2019, (accessed 30 September 2024)

³³ The UK Sepsis Trust Website, “[UKST urges Government to take sepsis as seriously as strokes and heart attacks amidst record public awareness levels](#)”, 13 September 2024, (accessed 1 October 2024)

2 Parliamentary material

2.1 Parliamentary questions

Sepsis: Ambulance Services

6 August 2024 | UIN 1925

Asked by: Alberto Costa

To ask the Secretary of State for Health and Social Care, if he will review the criteria for ambulance dispatch to ensure that suspected sepsis cases are prioritised; and if he will take steps to ensure that the NHS guidelines on (a) calling 999 and (b) going to A&E are strictly adhered to.

Answering member: Karin Smyth | **Department:** Department of Health and Social Care

Calls to 999 are triaged to ensure the sickest patients get the fastest response. Suspected sepsis is generally allocated a Category 2 response. This category of response is for emergency incidents that require urgent assessment and rapid transportation.

The Government has committed to returning ambulance response time performance to the standards set out in the NHS Constitution. As a first step the Health Secretary has commissioned Lord Darzi to lead an independent investigation of National Health Service performance, which is due to report in September 2024. We will continue to support the public in accessing the NHS treatment and advice that best meets their needs.

Dental Health: Bacterial Diseases and Sepsis

15 Jan 2024 | UIN 8477

Asked by: Maskell, Rachael

To ask the Secretary of State for Health and Social Care, whether her Department is taking steps to increase awareness of the potential impact of oral hygiene on levels of prevalence of (a) sepsis and (b) blood borne bacterial infections that can originate from the mouth.

Answering member: Maria Caulfield | **Party:** Conservative | **Department:** Department of Health and Social Care

The control of oral diseases is essential to prevent and manage bacteraemia. Raising awareness of oral health in general can help to reduce the risk of sepsis and infective endocarditis.

The latest version of Delivering better oral health: an evidence-based toolkit for prevention published by the Office for Health Improvement and Disparities supports dental teams to improve the oral and general health of their patients. The guidance includes advice on how to prevent and treat oral diseases like dental caries and periodontitis, and is available at the following link:

<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

The UK Health Security Agency coordinates the ‘e-Bug’ health education programme, which aims to promote positive behaviour change amongst children and young people to support infection prevention and control efforts. Oral hygiene features in e-Bug lesson plans aimed at children from ‘early years’ to key stage 2 or equivalent. More information on the programme is available at the following link:

<https://www.e-bug.eu/>

The Government continues to work with the UK Sepsis Trust which plays a pivotal role in influencing public awareness of sepsis through wide ranging campaigns, online resources, and events, including its dental sepsis campaign.

Sepsis: Health Services

08 Jan 2024 | UIN 7620

Asked by: Maskell, Rachael

To ask the Secretary of State for Health and Social Care, if she will take steps to ensure all Trusts with secondary care services have a clinical lead for sepsis.

Answering member: Maria Caulfield | **Party:** Conservative | **Department:** Department of Health and Social Care

In line with the recommendations in the National Confidential Enquiry in Patient Outcome and Death Report, trusts should have a formal protocol for the early identification and management of sepsis and should also appoint a clinical lead for sepsis to champion best practice and take responsibility for the clinical governance of patients with sepsis. This lead should also work closely with those responsible for antimicrobial stewardship in their hospital. This role is not monitored by the Department, as the employment of

appropriate staff to manage patients is the responsibility of individual National Health Service trusts. The report is available at the following link:

<https://www.ncepod.org.uk/2015sepsis.html>

NHS England is continuing to work to improve awareness and clinical recognition of acute deterioration and sepsis across the healthcare system. Responsibility for recognising acute deterioration falls to all healthcare workers. NHS England has launched multiple sepsis training toolkits, including training for general practitioner reception staff and trust executive boards.

Sepsis

11 Jul 2023 | UIN HL8886

Asked by: Baroness Ritchie of Downpatrick

To ask His Majesty's Government what steps they have taken to increase public awareness of sepsis since their 2016 campaign Helping parents spot the signs of sepsis.

Answering member: Lord Markham | **Party:** Conservative | **Department:** Department of Health and Social Care

NHS England provides 'easy read documents' on its website detailing how to prevent, spot the signs and symptoms of, and manage problems after, incidence of sepsis. Local NHS trusts can also decide to run local public awareness campaigns on sepsis, including for symptoms and management in adults and children. The Government continues to work closely with the UK Sepsis Trust who play a pivotal role in influencing public awareness of sepsis through wide ranging campaigns, online resources, and events.

Date tabled: 28 Jun 2023 | Date for answer: 12 Jul 2023 | Date answered: 11 Jul 2023

Sepsis

10 Jul 2023 | UIN HL8885

Asked by: Baroness Ritchie of Downpatrick

To ask His Majesty's Government what steps they are taking to increase clinical awareness of sepsis.

Answering member: Lord Markham | **Party:** Conservative | **Department:** Department of Health and Social Care

Improved awareness and clinical recognition of acute deterioration has led to an increase in the number of people identified and diagnosed as at risk of sepsis. Health Education England (HEE) has launched multiple sepsis training toolkits, including training for general practitioner reception staff to spot deteriorating patients. NHS England encourages healthcare providers to adopt the National Early Warning Score (NEWS2) as a screening tool for the recognition and treatment of sepsis in clinical settings. The NEWS2 tool has been rolled out across 98.4% of acute trusts and 100% of ambulance trusts in England.

To update and improve national guidance in line with new evidence, NHS England and the National Institute for Health and Care Excellence (NICE) are working with the Academy of Medical Royal Colleges (AoMRC) to implement their published recommendations for sepsis diagnosis and treatment from the 'Statement on the initial antimicrobial treatment of Sepsis', published in May 2022, which provides clinicians with a strong framework for clinical judgement and diagnosis of sepsis, ensuring antibiotics are used in a targeted and measured way. NICE is expected to publish the updated sepsis guideline, reflecting AoMRC's recommendations, imminently.

Sepsis: Training

14 Feb 2023 | UIN 139204

Asked by: Maskell, Rachael

To ask the Secretary of State for Health and Social Care, what steps he is taking to help ensure that all healthcare professionals receive training on (a) diagnosing, (b) managing and (c) testing for sepsis.

Answering member: Neil O'Brien | **Party:** Conservative | **Department:** Department of Health and Social Care

NHS England drives awareness of the identification, diagnosis and management of sepsis among healthcare professionals through a range of activities, including: promotion of the National Early Warning Score (NEWS2); socialisation of the Academy of Medical Royal Colleges' recommendations on 'the initial antimicrobial treatment of sepsis'; publication of key recommendations for improving the blood culture pathway as a vital diagnostic test for sepsis; and continued use of a Commissioning for Quality and Innovation scheme to drive recognition of sepsis in hospitals. Additionally, Health Education England has a large number of sepsis resources and training tools aimed at raising awareness of sepsis amongst healthcare professionals that are available online.

Sepsis: Health Education

23 Sep 2020 | UIN 91070

Asked by: Fletcher, Colleen

To ask the Secretary of State for Health and Social Care, what steps he is taking to improve public awareness and understanding of sepsis.

Answering member: Ms Nadine Dorries | **Party:** Conservative | **Department:** Department of Health and Social Care

The Government continues to raise public awareness and understanding of sepsis through initiatives like Public Health England (PHE)'s national Start4life Information Service for Parents, targeting parents of zero to five-year olds. This includes leaflets, posters and a content-rich social media toolkit for partners to use on their own channels raising awareness at community level. PHE has also worked in partnership with Mumsnet, a leading digital platform for parents, to raise awareness through editorial and social media promotion.

The Department takes advice from NHS England and NHS Improvement's Acute Deterioration Board, which brings together frontline experts from across the healthcare system, and seeks to ensure that sepsis campaigns target appropriate audiences and deliver measurable outcomes.

2.2

Debates

[World Sepsis Day](#)

13 Sep 2023 | Westminster Hall | 737 cc382-390WH

[NHS: Wound Care](#)

22 Nov 2017 | House of Lords | 787 cc263-280

[Sepsis \(Preventable Deaths\)](#)

14 Oct 2014 | Westminster Hall | 586 cc15-23WH

2.3

Statements

Martha's Rule update

21 Feb 2024 | HCWS273

Member: Victoria Atkins | **Department:** Department of Health and Social Care

I would like to update the House on the Government's commitment to implement Martha's Rule in England. Today, we are announcing plans to implement Martha's Rule in at least 100 acute or specialist NHS sites in England by March 2025. Martha's Rule is an initiative that gives patients and their families who are concerned about deterioration in their physiological condition the right to initiate a rapid review of their case 24 hours a day from someone outside of their immediate care team.

Calls for Martha's Rule came following the tragic death of 13-year-old Martha Mills, who, after being admitted to hospital following an accident, contracted sepsis and deteriorated quickly. Sadly, the signs of sepsis were not acted upon by doctors quickly enough, despite Martha's family raising concerns with clinicians. Coroners found that Martha would probably have survived if doctors had identified the warning signs and transferred her to intensive care earlier.

I would like to pay tribute to Martha's parents, Merope and Paul, who have worked tirelessly to raise awareness of what happened to Martha and to highlight the critical role that families play in recognising the signs of deterioration in their loved ones.

In September, the then Secretary of State for Health and Social Care, Steve Barclay, asked the Patient Safety Commissioner, Dr Henrietta Hughes, to rapidly lead work on how Martha's Rule could be implemented in England. I am grateful to Dr Hughes for her extensive engagement with system leaders and stakeholders and for her recommendations on what Martha's Rule should look like.

While some NHS Trusts already offer rapid review processes similar to Martha's Rule called Call 4 Concern, others do not have an equivalent mechanism in place. In recognition of these variations in readiness, we are initiating a phased approach to implementing Martha's Rule.

The first phase will see Martha's Rule rolled out to at least 100 acute or specialist provider sites in England in 2024/25, supported by up to £10 million. NHS England will lead the process of identifying which acute provider sites will participate in this first phase and supporting the development of their local processes. Alongside this, drawing from the local learning from new and existing schemes, NHS England will develop proposals for national rollout in the next Spending Review period.

This approach will enable significant progress to deliver Martha's Rule next year and to evaluate the additional resources needed for national rollout.

I also look forward to working with the Patient Safety Commissioner, who I have asked to chair a stakeholder oversight group jointly with NHS England and DHSC. This group will build on the extensive engagement that has taken place over the last year, and will bring together patients, clinicians, and external experts to provide ongoing advice to NHS England on the delivery of Martha's Rule.

Failures of the 111 Helpline

26 Jan 2016 | 768 cc1152-5

Lead member: Prior of Brampton, Lord | **Department:** Department of Health

My Lords, with the leave of the House, I shall repeat as a Statement the Answer to an Urgent Question given in another place by my right honourable friend the Secretary of State for Health on NHS England's report into the death of William Mead and the failures of the 111 helpline. The Statement is as follows:

“Mr Speaker, this tragic case concerns the death of a one year-old boy, William Mead, on 14 December 2014 in Cornwall. While any health system will inevitably suffer tragedies from time to time, the issues raised in this case have significant implications for the rest of the NHS which I am determined we should learn from.

First, though, I would like to offer my sincere condolences to the family of William Mead. I have met William's mother Melissa, who spoke incredibly movingly about the loss of her son. Quite simply we let her, her family and William down in the worst possible way through serious failings in the NHS care offered, and I would like to apologise to them on behalf of the Government and the NHS for what happened. I would also like to thank them for their support and co-operation in the investigation that has now been completed. Today, NHS England published the results of that investigation—a root-cause analysis of what happened. The recommendations are far-reaching, with national implications.

The report concludes that there were four areas of missed opportunity by the local health services where a different course of action should have been taken. These include primary care and general practice appointments by William's family, out-of-hours calls with their GP and the NHS 111 service. Although the report concluded that these did not constitute direct serious failings by the individuals involved, had different action been taken at these points, William would probably have survived.

Across these different parts of the NHS, a major failing was that in the last six to eight weeks of William's life the underlying pathology, including pneumonia and a chest infection, was not recognised and treated. The report cites potential factors such as a lack of understanding of sepsis, particularly in children, and pressure on GPs to reduce antibiotic prescribing and acute hospital referrals. Although this was not raised by the GPs involved, the report also refers to the potential pressure of workload.

There were specific recommendations in relation to NHS 111 which should be treated as a national, not a local, issue. Call advisers are trained not to deviate from their script, but the report says that they need to be trained to appreciate when there is a need to probe further, how to recognise a complex call and when to call in clinical advice earlier. It also cites limited sensitivity in the algorithms used by call handlers to red-flag signs relating to sepsis. The Government and NHS England accept these recommendations, which will be implemented as soon as possible.

New commissioning standards issued in October 2015 require commissioners to create more functionally integrated 111 and GP out-of-hours services, and Sir Bruce Keogh's ongoing urgent and emergency care review will simplify the way the public interacts with the NHS for urgent care needs.

Most of all, we must recognise that our understanding of sepsis across the NHS is totally inadequate. This condition claims around 35,000 lives every year, including around 1,000 children.

I would like to acknowledge and thank my honourable friend the Member for Truro and Falmouth, who, as well as being the constituency MP to the Mead family, has worked tirelessly to raise awareness of sepsis and has worked closely with the UK Sepsis Trust to reduce the number of avoidable deaths from sepsis.

In January last year I announced a package of measures to help improve diagnosis of sepsis in both hospitals and GP surgeries, and significant efforts are being made to improve awareness of the condition among both doctors and the public. But the tragic death of William Mead reminds us there is much more work to be done”.

3

Press material

[Sepsis patients could get the right treatment faster, based on their genes,](#)

Independent

18 June 2024

[Tory MP Craig Mackinlay makes sepsis plea to Commons as doctors who saved his life watch on](#)

Independent

22 May 2024

[Martha's rule to be introduced in NHS hospitals from April,](#)

BBC

21 February 2024

[Sepsis breakthrough as blood test trial for killer condition underway,](#)

Independent

17 December 2023

[Study reveals the people most likely to die from sepsis](#)

Independent

24 November 2023

[Sepsis often missed as 50% of screening tools don't work, study finds](#)

Guardian

20 September 2023

Sepsis Awareness

[Martha's rule: what it will mean for patients and their families](#)

Guardian

14 September 2023

[Sepsis: NHS help for survivors 'non-existent](#)

BBC

09 February 2020

4 Further reading

[Sepsis: Knowing the signs](#), Scottish Government, 5 February 2018, (accessed 30 September 2024)

[Sepsis](#), Senedd Cymru/Welsh Parliament (accessed 02 October 2024)

Amy Clifton, [Time to reprioritise sepsis?](#), Senedd Research, Senedd Cymru/Welsh Parliament, 13 September 2024

[UKST urges Government to take sepsis as seriously as strokes and heart attacks amidst record public awareness levels](#), the UK Sepsis Trust, 13 September 2024, (accessed 01 October 2024)

[About UKST](#), the UK Sepsis Trust (accessed 30 September 2024)

[About world sepsis day](#), World Sepsis Day website (accessed 30 September 2024)

[Deaths involving sepsis, England and Wales: 2001 to 2023](#), ONS, 03 June 2024

[Suspected sepsis: recognition, diagnosis and early management](#), National Institute for Health and Care Excellence, published 13 July 2016 and last updated 19 March 2024, (accessed 27 September 2024)

[Updated guidance recommends better targeting of antibiotics for suspected sepsis](#), National Institute for Health and Care Excellence, 31 January 2024

[Think sepsis](#), NHS England, (accessed 03 October 2024)

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