



Department
of Health



From Dr Dan Poulter MP
Parliamentary under Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 4850

POC5 912385

Andrew Walker
HM Coroner for the Northern District of Greater London
North London Coroner's Court
29 Wood Street
Barnet
EN5 4BE

3rd March 2015

Dear Mr Walker,

Thank you for your letter to the Department of Health about the death of Carla London. I am responding as the Minister with responsibility for Child Health and the National Institute for Health and Clinical Excellence (NICE).

I was very sorry to read about baby Carla's death and I would be grateful if you would pass my sincere condolences to her family.

Your report details Carla's very low birth weight and treatment for sepsis in April 2011. You also note that expert evidence heard at the inquest proposed that there should be NICE guidance on late onset sepsis in babies under 1500gms and suggested research into infection monitoring systems .

The Government recognises the importance of starting well through early intervention and prevention and has included 'low birth weight of term babies' as an indicator of health improvement in Public Health Outcomes Framework for 2013-16. We have also made reducing infant mortality an area of improvement for the NHS in the NHS Outcomes Framework.

In addition, the organisation Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK), has been appointed to continue the national programme of work investigating maternal deaths, stillbirths and infant deaths. They aim to identify what went wrong and why and will make national recommendations on how care can be improved for all mothers and babies.

The Royal College of Obstetricians and Gynecologists (RCOG) produced specific guidelines on bacterial sepsis during and following pregnancy in 2012 and in January 2015, the Department announced further measures to tackle sepsis, involving the NHS, government and national health bodies.

Our aim is to make tackling sepsis as important to the NHS as *C. difficile* and MRSA, where rates have virtually halved since 2010. It is estimated that 11,000 lives and £160 million could be saved every year through better diagnosis and treatment.

Plans include an audit of practice in every GP surgery in England by March 2015, and a new tool for GPs to diagnose sepsis among children under 5. New diagnosis and incentivised treatment goals for hospitals are also designed to help raise standards. Further information is attached for your convenience and available at:

www.gov.uk/government/news/new-action-to-reduce-sepsis

We have shared your report with the Centre for Clinical Practice at NICE, so that NICE can take your concerns about this case into account in the development of its guidance in this important area. NICE's clinical guideline development process involves an assessment of the available evidence, and consultation with key stakeholders.

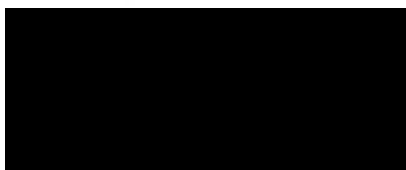
NICE is currently developing a clinical guideline on sepsis which will cover the recognition, diagnosis and management of severe sepsis in people of all ages. NICE will decide whether this should include an assessment of the HeRo heart rate monitoring system and other such systems. NICE currently expects to publish its final guidance on this topic in July 2016.

The new guideline is intended to complement existing NICE guidance on antibiotics for early-onset neonatal infection. This was published in 2012 and outlines best practice for preventing and treating sepsis in infants during the neonatal period. Further information is available at: www.nice.org.uk/guidance/indevelopment/gid-cgwave0686

Local maternity and neonatal care providers determine how best to deliver services in their area. In doing so we would always expect them to give due regard to NICE guidance.

I hope that this information is helpful and I thank you for bringing the circumstances of Carla's death to our attention.

Best wishes,



DR DAN POULTER