

26 May 2023

Ms Joanne Kearsley
Senior Coroner for Manchester North
HM Coroner's Court
Floors 2 & 3 Newgate House
Rochdale
OL16 1AT

Dear Ms Kearsley,

Re: Regulation 28 Prevention of Future Deaths Report (Sienna Daisy Barber)

I write in response to your regulation 28 report dated 3 May 2023 regarding the very sad death of Sienna Daisy Barber. I would like to express my sincere condolences to Sienna's family.

We have reflected on the circumstances surrounding Sienna's death and the concerns raised in your report. We note your concerns about the lack of guidance to diagnose and treat group A streptococcus infection specifically, and your request that NICE develop guidance on this subject.

We have produced several guidelines to help clinicians treating children presenting with fever and symptoms such as those in the case of Sienna. These include; [fever in under 5s: assessment and initial management \[NG143\]](#), [sepsis: recognition, diagnosis and early management \[NG51\]](#) and [sore throat \(acute\): antimicrobial prescribing \[NG84\]](#).

Group A streptococcus is not mentioned specifically in these guidelines as the diagnosis and early management of children presenting with fever is similar whatever the underlying pathogen. It is expected that these guidelines are considered when people presenting with symptoms like Sienna's are assessed in primary and secondary care.

The recommendations in our guidelines represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take our guidelines fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guidelines do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

In addition to our guidance, there are also Clinical Knowledge Summaries (CKS) published on our website on the related topics of [scarlet fever](#) and [sepsis](#). The CKS are developed by an external company called Agilio Software and are designed to summarise the evidence on the treatment of specific health conditions, however, they do not constitute NICE guidance and are not mandatory.

We have not yet been asked to produce a guideline on group A streptococcus specifically. Topics for the NICE work programme are referred to NICE by the Department of Health and Social Care, NHS England and other government departments in line with the national priorities that they have established.

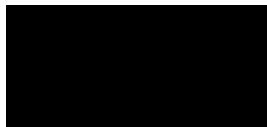
As you have said in your report, we have also published diagnostic guidance on [rapid tests for group A streptococcal infections in people with a sore throat \[DG38\]](#). We were unable to recommend the tests for routine adoption for people with a sore throat. This is because their effect on patient outcomes as compared with clinical scoring tools alone, and their potential effect on antimicrobial prescribing and stewardship, is likely to be limited.

The diagnostic guidance also highlights that children under 5 should be assessed using NICE's guideline on [fever in under 5s: assessment and initial management](#) and people who are at higher risk of complications, for example women who are pregnant or who have just had a baby, or people who are immunocompromised, should be offered antibiotics in line with our guideline on [antimicrobial prescribing for acute sore throat](#).

Finally, as you will be aware, NICE is not the only organisation that produces clinical guidelines, and we would also expect that there are local policies and care pathways that are followed in individual hospital trusts.

I hope this response has helped outline our role and the guidance we have produced in this topic area.

Yours sincerely,



Chief Executive