Department of Health & Social Care

From Baroness Gillian Merron
Parliamentary Under-Secretary of State for
Patient Safety, Women's Health and Mental Health

39 Victoria Street
London SW1H 0EU

Our ref: PFD – 25-06-18 - ALDERSON

HM Coroner Darren Stewart OBE
HM Area Coroner for Suffolk
The Coroner's Court and Offices,
Beacon House,
Whitehouse Road,
Ipswich,
IP1 5PB

By email: coroners.service@suffolk.gov.uk

12 August 2025

Dear Mr Darren Stewart OBE,

Thank you for the Regulation 28 report of 18/06/2025 sent to the Secretary of State for Health and Social Care, about the death of Charlotte Louise Alderson. I am replying as the Minister with responsibility for Patient Safety, Women's Health and Mental Health.

Firstly, I would like to say how saddened I was to read of the circumstances of Mrs Alderson's death, and I offer my sincere condolences to their family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

Your report detailed three concerns regarding: the need to review the FeverPAIN and Centor scoring systems with a view to providing guidance on a single scoring system that can consistently be applied by clinicians; the need for the development of measures such as C-reactive protein (CRP), finger prick and lateral flow tests to assist clinicians in identifying sepsis early and inform decisions to prescribe antibiotics; and the risks associated with the failure of the Interoperability toolkit (ITK) used to handover information between 111 and 999 services.

In preparing this response, my officials have made enquiries with NHS England, the UK Health Security Agency (UKHSA) and the National Institute for Health and Care Excellence (NICE) to ensure we adequately address your concerns. Sepsis is a devastating condition, which takes the lives of too many people too soon, including Mrs Alderson. The government is clear that patients should expect and receive the highest standard of service and care from the NHS.

I would first like to address your concern regarding the use of the FeverPAIN and Centor scoring systems. As your report outlines, the importance of reliable screening tools to determine the need for antibiotics is tragically evident in this case. NICE is responsible for guidance on clinical processes, including guidance on the use of scoring system diagnostics. The NICE guideline, NG84, on antimicrobial prescribing for acute sore throat recommends that clinicians use FeverPAIN or Centor criteria to identify people who are likely to benefit from an antibiotic. NICE acknowledges that there is currently uncertainty about which scoring system is more effective, and that using either scoring tool in clinical practice is preferential to using neither. The concerns highlighted in your report around the use of FeverPAIN and Centor scoring systems, and other diagnostic testing tools, will be taken forward and considered by the NICE surveillance team.

The Department, through the National Institute for Health and Care Research (NIHR), continues to invest in research to support scoring systems. For example, an NIHR MedTech and In Vitro Diagnostics Co-operative has recently funded research into the diagnostic accuracy of FeverPAIN and Centor criteria for bacterial throat infection. NICE regularly reviews the evidence generated through research such as this with the aim to improve patient outcomes. Additionally, UKHSA is

actively working with academic partners to support a review of Group A Streptococcus diagnostic strategies in England, as part of the wider aim to reduce avoidable harm and improve patient outcomes.

Your second concern relates to diagnostic tools for the early identification of sepsis. Currently, there is no single diagnostic test for sepsis and the signs and symptoms can vary hugely. This, along with the speed with which patients can deteriorate from sepsis, makes sepsis challenging to identify and diagnose. Therefore, promptly identifying and treating sick and deteriorating patients, regardless of cause, is crucial. We must do all we can to learn from tragic incidents such as Mrs Alderson's death to help prevent future preventable deaths.

To support the identification of sepsis among healthcare professionals, the National Early Warning Score (NEWS2) is used as a clinical screening tool for the recognition of acutely unwell and deteriorating adults. NEWS2, when used alongside clinical history and examination, supports clinicians to determine the need for immediate care, such as potentially life-saving treatment with antibiotics for patents with suspected sepsis.

Although NEWS2 is used in 99% of Acute Trusts and 100% of Ambulance Trusts in England, some patients with sepsis, including Mrs Alderson, are still not being treated with antibiotics quickly enough. To support understanding of sepsis amongst healthcare professionals, NICE published updated national guidance in March 2024 on sepsis recognition, diagnosis and early management (NG51), which complements NHS England's sepsis training programmes. The guidance includes recommendations on finding and controlling the source of infection and encourages clinicians to consider sepsis early when faced with non-specific symptoms. An update to the NICE sepsis guidance is currently out for consultation, to ensure it reflects latest evidence. The consultation specifically calls for further research on how rapid microbiological testing can guide the management of suspected sepsis. This call is encouraging and could support the development of measures that will assist clinicians in the early identification of sepsis, leading to quicker and more targeted treatment and better patient outcomes.

Additionally, NHS England's Urgent and Emergency Care Plan 2025/26 supports the use of NEWS2 and commits to working with Royal Colleges and Societies on updating and sharing sepsis guidance and learning from best practice.

NICE does not currently recommend the use of testing tools such as CRP, finger prick, or lateral flow tests for the early identification of sepsis. However, I am reassured that NICE operates a proactive surveillance programme for new evidence. Once new evidence emerges, NICE then considers whether existing guidance should be reviewed and, if appropriate, it is updated.

Treatment of sepsis relies on keeping antibiotics working. Developing diagnostics that enable early detection of infections to drive optimal antimicrobial usage is a priority for this government, as set out in the 2024-29 UK antimicrobial resistance national action plan. The government is committed to driving evidence generation to improve our understanding of sepsis diagnosis and immediate management. DHSC continues to fund research through the NIHR and has provided over £21 million in programme funding for sepsis diagnostics and screening since 2020, over £14 million of which was focused on research into sepsis-related diagnostics. This includes research to develop a small point-of-care test using sepsis-specific 'C-Reactive Protein and Very Low-density Lipoprotein complex' (CRP-VLDL) in the blood, and to develop a finger-prick test for sepsis that aims to produce results in 10 minutes. Further research to consider the broader clinical impact of diagnostics and interventions within management pathways will be key.

Finally, you raised concerns regarding system failures of the Interoperability toolkit (ITK) when transferring incident information from 111 to 999 and the associated risks to patient safety. The ITK is an interoperability standard, which sets out how information is securely exchanged from 111 and 999 and was introduced to speed up this transfer. The established procedure for transferring

Category 2 calls from 111 to 999 is to electronically transfer the case to the ambulance service's Computer Aided Dispatch system. If the electronic transfer fails or is not available, the 111-call handler verbally relays the case via 999 to facilitate the safe handover of the call. The manual transfer of information from 111 to 999 mitigates the risk associated with system failure. I have been reassured

that if electronic transfers fail with any regularity, investigations are undertaken to identify the cause and, where appropriate, mitigating actions are taken.

I hope this response is helpful. Thank you again for bringing these concerns to my attention.

All good wishes,

BARONESS MERRON

PARLIAMENTARY UNDER-SECRETARY OF STATE FOR
PATIENT SAFETY, WOMEN'S HEALTH AND MENTAL HEALTH