From the Deputy Chief Medical Officer
Dr Paddy Woods

Circular HSC (SQSD) (NICE NG51) 54/16

Subject: NICE Clinical Guideline NG51 - Sepsis: recognition, diagnosis and early management

For action by:
Chief Executive of HSC Board – for distribution to:
All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – for cascade to:
Head of Pharmacy and Medicines Management
Family Practitioner Services Leads – for cascade to relevant
Family Practitioner groups

Chief Executive of Public Health Agency – for distribution to:
Director of Public Health and Medical Director – for cascade
to relevant staff
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – for distribution to:
Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Heads of Pharmaceutical Services – for cascade to relevant
staff
Directors of Acute Services – for cascade to relevant staff
HSC Clinical and Social Governance Leads
Directors of Social Services – for cascade to relevant staff
Directors of Finance – for cascade to relevant staff
AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – for
cascade to: relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

For Information to:
Chair of HSC Board
Chair of Public Health Agency
Chairs of HSC Trusts
Chair of ROA
NICE Implementation Facilitator NI
Members of NI NICE Managers’ Forum

Summary of Contents: This guideline covers the recognition,
diagnosis and early management of sepsis for all populations. The
guideline committee identified that the key issues to be included
were: recognition and early assessment, diagnostic and prognostic
value of blood markers for sepsis, initial treatment, escalating care,
identifying the source of infection, early monitoring, information and
support for patients and carers, and training and education.

Enquiries:
Any enquiries about the content of this Circular should be addressed
to:
Quality Regulation and Improvement Unit
DoH
Room D1.4
Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

SGU-NICEGuidance@health-ni.gov.uk
Dear Colleagues

NICE Clinical Guideline NG51 - Sepsis: recognition, diagnosis and early management
https://www.nice.org.uk/guidance/ng51

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13, the following actions should be taken (https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf)

1. HSC Board / PHA
   a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
   b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
   c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DHSSPS as required at 6 monthly accountability meetings.

2. HSC Trusts
   a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
   b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
   c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
   a. Disseminate the Guideline to the independent sector as appropriate.

4. HSC Special Agencies and NDPBs
   a. Take account of this Guideline in training and other developments as appropriate.
To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.


Dr Paddy Woods
Deputy Chief Medical Officer
## Appendix 1

### Endorsed NICE guidance - Details from Departmental review

| Reference Number | NICE Clinical Guideline NG51  
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<tr>
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<td><a href="https://www.nice.org.uk/guidance/ng51">https://www.nice.org.uk/guidance/ng51</a></td>
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<tr>
<td>Title</td>
<td>Sepsis: recognition, diagnosis and early management</td>
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<tr>
<td>Summary of guidance</td>
<td>This guideline covers the recognition, diagnosis and early management of sepsis for all populations. The guideline committee identified that the key issues to be included were: recognition and early assessment, diagnostic and prognostic value of blood markers for sepsis, initial treatment, escalating care, identifying the source of infection, early monitoring, information and support for patients and carers, and training and education.</td>
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<td>It includes recommendations on:</td>
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<td>- Identifying and assessing people with suspected sepsis</td>
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<td>- Risk factors and risk stratification for sepsis</td>
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<td>- Managing suspected sepsis in acute hospital settings and out of hospital</td>
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<td>Related strategically relevant DHSSPS/HSC policies</td>
<td>None</td>
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<td>Inter-Departmental interest</td>
<td>None</td>
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<td>Legislative / policy caveats</td>
<td>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</td>
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<td>Where the guidance refers to ‘remote assessment’ and ‘NHS Direct’, these do not apply to NI. There is an out of hour’s facility, which is a doctor led service, available in NI when the GP surgeries are closed.</td>
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<td>Where this guidance refers to the management of IV fluids for children and young people up to 16 years, clinicians should apply the guidance in the wall chart on Parenteral Fluid Therapy for Children and Young Persons aged Over 4 Weeks and Under 16 Years which can be accessed at: <a href="https://www.health-ni.gov.uk/publications/safety-quality-and-standards-circulars-2007-2008">https://www.health-ni.gov.uk/publications/safety-quality-and-standards-circulars-2007-2008</a> It is important to note that the NICE guidance (NG 29) on the treatment of neonates does not apply to Northern Ireland at present. The Department is in the process of considering the endorsement of NG 29.</td>
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<td>Section 1.7 makes reference to NICE guidance on antimicrobial stewardship. This guidance does not apply locally but the issues were covered in a patient safety alert issued in January 2016 (HSS(MD)3/2016) <a href="https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-3-2016.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-3-2016.pdf</a></td>
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