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<http://dx.doi.org/10.1136/bmj.l6226>

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Publication title	British Medical Journal (BMJ)
Publisher	BMJ Publishing Group
Type	Article
USIR URL	This version is available at: http://usir.salford.ac.uk/id/eprint/52932/
Published Date	2019

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The reluctance of the Royal College of General Practitioners [RCGP] to endorse NEWS2 [1] has surprised some and has been supported by others. The dichotomy over what appears to be proven safety measure demonstrates the fine balance between pragmatism and rigidity in relation to system approaches to acute care. It is well known in hospital settings that early changes in physiology are precursors for more profound organ dysfunction and early warning scores (EWS) were developed to identify this cohort at most risk of collapse. The predictive value of NEWS2 (the second iteration of the National Early Warning score) is well evidenced [2] and as such it is likely acting on a high score may prevent excess morbidity and mortality. The success of the implementation of NEWS have led for calls for the system to be deployed in primary care settings. The evidence for doing so is not robust and given the very different cohort of patient risk in these environments the policy may well be scientifically flawed. The concern of the RCGP over the unintended consequences of patients not being rapidly transferred to hospital because they have a low NEWS2 is a real one but must be balanced against the very tangible communication advantages that alerting secondary care services to a patient with a high NEWS may have.

It is relevant to note that NEWS is an adult based tool and currently there is no national Paediatric equivalent. Where the use of Paediatric EWS has been investigated outside of wards it has not been found to have been beneficial [3]. With this context in mind it would seem reasonable that enforcing such a system for children in primary care would not be a logical next step.

It is vital that the impact of these systems is investigated though as currently children are still dying of reversible pathologies and there is little standardization of practice. Opportunities for such studies exists as large (30000+ patient) data sets exploring the physiological characteristics of patients presenting to urgent and emergency care departments will shortly be available [4].

Furthermore it will be critical to determine what such a primary care tool would be used for before it is implemented. The pragmatic approach of aiding communication and standardisation will need to be balanced against a tool that simply isn't valid to detect the range of potential pathologies seen in both adults and children in primary care.

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