

PE1505/D

Group B Strep Support Email of 16 June 2014

Dear Chris,

I've just been reading the information available for the Public Petitions Committee meeting tomorrow at

http://www.scottish.parliament.uk/S4_PublicPetitionsCommittee/Meeting%20Papers/Papers_20140617.pdf and see the section on the GBS petition concludes

“Action

15. The Committee is invited to agree what action it wishes to take in respect of the petition. Options include—

- 1) To write to the Scottish Government and NHS Health Scotland to request that the petitioner and other stakeholders are consulted as part of the revision of the Ready Steady Baby! leaflet to include information on GBS;*
- 2) To defer consideration of the petition to a future meeting to await the UKNSC review of the evidence on GBS screening.”*

I recognise of course that these are just two possible options, and the Committee members will have their own views. If I may, I would like to highlight the urgency of taking action on this issue. Deferring action until the UK NSC has made a decision about screening for the whole of the UK would mean that actions specifically tailored to the situation in Scotland would be missed. Quite simply, babies would suffer serious GBS infections needlessly. In particular:

- a. **Clarification is needed of what tests are used in Scotland to detect GBS carriage and in what circumstances** – from reading the letter from the Scottish Government, there seems to be some confusion over what test is routinely used by health professionals to detect GBS carriage (i.e. the standard direct-plating method, or the specialised enriched culture-medium method) and who is offered these tests. Clarity is needed both for the health professionals and the pregnant women in their care.
- b. **The UK NSC review will report for the UK as a whole, not for each nation, and the rate of early onset GBS infection in Scotland has more than doubled** from 0.21 cases per 1,000 live births reported in an enhanced surveillance study in 2000/1 to 0.47 cases per 1,000 live births voluntarily reported in 2012, where for England Wales & Northern Ireland combined the rate was 0.36. This compares starkly with the rest of the UK where the rate is relatively unchanged. Whilst the case for antenatal GBS screening is strong

throughout the UK, Scotland has a significantly higher rate of early-onset GBS infection than the rest of the UK. Scotland needs, I believe, its own strategy to prevent these devastating infections, developed to address the situation in Scotland, not developed for the whole of the UK.

- c. **We are probably at least 18 months away from the UKNSC's 2015 GBS review being finalised.** The process for the 2011/12 review started late 2011 and a decision was not made until November, published in December 2012. The UKNSC state in their letter to the Committee that the 2015/6 review will start in Spring 2015. According to their website, a policy review is likely to take between 6 and 24 months (<http://www.screening.nhs.uk/policyreview>) – the 2011/12 review took 12 months. To defer any action until after the UKNSC's reports on screening for the UK as a whole will mean a key opportunity to protect babies in Scotland from preventable GBS infection will be missed.

I realise that the petitioner, Jackie Watt, has raised these points in her letter to the Committee, along with her request for all pregnant women to be given information about GBS and GBS testing.

I do hope that, given the importance of this opportunity the Committee has to take actions which for some families would simply be life-changing, you would be able to ask the Committee to consider the above points.

With my best wishes,

Jane

Jane Plumb MBE
Chief Executive
Group B Strep Support