

# Celebrating 10 years of the National Early Warning Score

DOI: 10.7861/clinmed.ed.22.6.1

I'm delighted to introduce this special issue of Clinical Medicine on the National Early Warning Score (NEWS, subsequently updated to NEWS2), which in the 10 years since its release has emerged as one of the RCP's most important clinical initiatives.

NEWS2 has its roots in the 2007 report of the RCP's Acute Medicine Task Force of the time, *Acute medical care: the right person, in the right setting – first time*.<sup>1</sup> At the time, a number of so-called 'early warning scores' (EWSs) were already in use across the NHS; they all aimed to provide a safety net for the identification of severely ill and deteriorating patients by tracking simple physiological parameters and triggering a response. However, the variation between them was a serious flaw from the perspective of safety and efficiency, with great potential for communication errors and the need for staff moving between trusts to retrain in the local system each time, as well as a general inconsistency in the detection of and response to acute illness. The report recommended the development of a system-wide EWS that would enable all working in acute care across the NHS to 'speak the same language'.

The RCP accordingly commissioned a multidisciplinary group to develop a National Early Warning Score (NEWS) and its first iteration was released in 2012. Given the intrinsic benefits of a standardised system, the aim was only to achieve non-inferiority to the other available EWSs, but within a few years it was shown to be the system with the best power to predict deterioration.<sup>2</sup> With wider adoption, opportunities for refinement inevitably emerged and NEWS2 came out in 2017.<sup>3</sup> At this point, and with the validation of NEWS2 in the detection of sepsis,<sup>4</sup> NEWS2 was formally adopted by the NHS and has subsequently been embedded into the CQUIN framework.

This special issue is edited by Professor Bryan Williams, the chair of the NEWS and NEWS2 development groups and its great champion over the past 10 years. Professor Williams has curated a broad collection of perspectives looking at NEWS2 in the round. Starting with a review of the history of NEWS,<sup>5</sup> other areas of focus include sepsis,<sup>6</sup> confusion and delirium in the older patient,<sup>7</sup> hypercapnic respiratory failure<sup>8</sup> and COVID-19;<sup>9</sup> the role of NEWS2 in out-of-hospital settings, such as ambulance and emergency services;<sup>10</sup> how to integrate NEWS2 digitally;<sup>11</sup> and, importantly, the e-learning programme that has played no small part in the success of NEWS2.<sup>12</sup> A very helpful commentary reviews what NEWS2 is for and (importantly) what it isn't for,<sup>13</sup> and Celia Ingham Clark, the NHS's medical director for clinical effectiveness, outlines the journey of NEWS2 towards full adoption in the NHS<sup>14</sup> (not to mention inspiring the development of similar early warning systems for paediatric and maternity services, PEWS and MEWS). Together

with Professor Williams, I would like to thank all the authors for contributing to the issue.

NEWS2 has driven a step-change improvement in safety and clinical outcomes for acutely ill patients in our hospitals and this is a huge achievement that the RCP, and specifically Professor Williams and his collaborators, can be rightly proud of. It is a true exemplar of the clinically driven leadership that the RCP can provide. ■

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