



East Midlands Specialised Commissioning Group

East Midlands Specialised Commissioning Group (EMSCG)

Developing a Commissioning Strategy for Neonatal Services *Delivering a Safe and Sustainable Service for the Population of the East Midlands*

Derby City - Overview and Scrutiny Committee 25/01/2010

The East Midlands gives high priority to ensuring that its neonatal and maternity services achieve the highest possible standards and deliver care that meets the needs and expectations of its population. Nationally, neonatal services are facing difficult challenges. Very premature and very sick babies require access to highly specialised facilities and to highly skilled and intensive nursing care which is recognised nationally to be in short supply. More widely, babies need access to units capable of providing different levels of care and support appropriate to their needs.

Over the last 18 months, East Midlands Specialised Commissioning Group (EMSCG) have been working in partnership with our regional neonatal networks and hospitals on a review of Neonatal care to ensure that services are provided in line with national standards and that we have a model of care in place that enables us to deliver the right care in the right place at the right time.

In summary our objectives are to:

- Put in place the most appropriate service arrangement for neonatal services across the East Midlands, with unit specific clinical thresholds, specifying the level of care each unit will provide
- Ensure that firm plans are in place within each provider to deliver care to the agreed thresholds
- Ensure that the whole system is flexible to meet demand with units supporting each other at peak times
- Deliver care as close to home as possible – with at least 95% of mothers and babies receiving their care within our local Networks

2. Background/Context

2.1 National Context

The review of neonatal services has taken place in the context of the following:

- April 2003 - the Department of Health published the *Report of the Neonatal Intensive Care Services Review Group. Strategy for Improvement.*

- May 2006 – the Carter Report recommended that SCGs should formally designate specific providers to provide specific specialised services
- February 2009 – the DH Neonatal Task Force Draft commissioning Framework
- November 2009 – the DH Toolkit for High Quality Neonatal Services

EMSCG has worked in partnership with the neonatal networks, local Primary Care Trusts, neonatal units and maternity services to ensure that neonatal and maternity care in the East Midlands is provided in an integrated and complementary way. This work is being taken forward as part of the Darzi Next Stage Review and builds on recommendations that neonatal care should be provided within agreed managed clinical networks with all member hospitals, with differing types of maternity and neonatal units working together.

2.2 Local Context - Designation of Neonatal Services

EMSCG has recognised the need to ensure that neonatal services in the East Midlands are configured in a way which best enables delivery of key quality standards and meets the needs of the population. We have performed a comprehensive review of neonatal services in order to determine the optimum model of care. In summary the elements of the process undertaken are as follows:

- An objective review and assessment of all East Midlands providers against agreed standards – led by the neonatal networks and facilitated by an independent management consultant
- Evaluation of findings by an expert panel, commissioned to advise the EMSCG on the designation of newborn services, which included nationally recognised experts in newborn and obstetric services and parent representatives
- Set of recommendations developed by the panel on the level at which each neonatal service within the East Midlands should be designated and identification of any actions required to ensure this arrangement of services is implemented
- Development of unit specific pathways for each provider unit detailing the gestational age limit for each unit and the associated clinical thresholds for delivery of care

3. Recommendations of the review

3.1 Unit Designations

The principles of the review recommendations were presented to the EMSCG Board who approved the designation of Leicester Royal Infirmary and Queens Medical Centre, Nottingham, as the Network Lead Neonatal Intensive Care Centres.

The Board also requested that further work be undertaken to support the modelling. The outcome of this work resulted in the development of detailed unit specific clinical pathways and thresholds. The aim of the clinical pathways is to describe the services that should be provided at each neonatal unit in the East Midlands as part of a networked approach to care, ensuring correspondence with complex obstetrics and maternity pathways. Thresholds are intended to provide a discussion point between the Network Lead Centres and the referring unit to ensure sound clinical decision making and appropriateness for the transfer of babies. The thresholds will ensure

that care is provided in the right place, in a unit appropriate to the specific needs of the baby. This approach corresponds with the recently published DH Neonatal Toolkit which stipulates that “Within the overall unit designation, individual networks may agree gestational age or other criteria for admission” (DH, November 09).

Whilst developing the pathways, it has become apparent that it is important to provide a clear unambiguous classification system for the units to ensure that the focus is on the care rather than the labelling of the unit. The clinical thresholds developed for each unit will be the indicator of the work that takes place in that unit therefore adopting a less prescriptive categorisation for the regional units. This approach is also endorsed by the DH Toolkit.

With the exception of the Lead Network Neonatal Units, each unit will be classified simply as a ‘neonatal unit’, preceded by the Trust name. Our aim is to provide the most appropriate care, in the right place, which optimises the use of our precious resources and we believe that a pragmatic approach to the language used in classifying the unit will place the emphasis on care rather than labels.

4. Supporting Transport Services

Furthermore, in order to support capacity on the units and to ensure that mothers and babies are transported within the local networks, in an efficient and timely way, the East Midlands Primary Care Trusts agreed to support investment of £1.7 million to implement a 24/7, stand alone network/s wide transport service. This service will support the 14 hospital sites with neonatal units within the Trent and Central Newborn Networks. The new service will provide a number of benefits including:

- Minimum delay in ensuring that babies are transferred to the most appropriate level of care for their needs. The transport service will offer a 24 hr, 7 day per week rapid response service with dedicated staff.
- Better utilisation of capacity. The service will include a call centre which will monitor capacity across the region and ensure that babies are transferred to the nearest appropriate and available unit with minimum delay.
- Improved staffing levels within the units. Currently, staff support both transport and ward based care. Dedicated transport staff will ensure that ward staff are fully available to support the in hospital service.
- Enhanced skills and competencies. When not actively involved in transporting babies, transport staff will provide training and education within the units. This will enhance skills and competency levels among unit staff.

5. Current Position

The clinical thresholds for each unit have been signed off by the lead clinicians in each neonatal unit at a clinical consensus event held in September 2009. The model was supported by the Regional Maternity and Newborn Clinical Reference Group at their meeting in October 2009. The EMSCG Board, which has membership from each of the East Midlands Primary Care Trusts, gave its final approval for the agreed service model at their Board meeting held in November 2009.

Although, for most units there is little or no change to the number of babies requiring transfer to the lead centre, we will be updating all of the Overview and Scrutiny Committee’s in the region between December 09 and February 10.

For Derby, the agreed clinical threshold means that there will be very little change, with an increase of approximately two additional babies requiring transfer into the lead centre. The new thresholds will mean earlier repatriation from the lead centre back into Derby. The new system of care means improved communication between all of the East Midlands units and closer collaboration regarding clinical decision making and the movement of babies. The new stand alone neonatal transport service will provide 24/7 access to a dedicated neonatal transport service which means that babies can be transported to the most appropriate unit in the most timely and efficient way possible.

6. Conclusion

The approach used in this project provides a pragmatic response to the demands on neonatal services. It allows EMSCG to designate its service providers and to specify the levels of care that each unit will undertake. The new system of care places a clear responsibility on providers to work collaboratively to provide mutual support and to allow the system to respond flexibly and effectively to the needs and demands placed upon it. The EMSCG in conjunction with the Neonatal Networks will monitor the ongoing quality and delivery of services against agreed standards.