

North of England Specialised Commissioning

Paper Title :	Review of Neonatal services in the North East and Cumbria
Author :	Peter Dixon
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Purpose :	Summary Report of the recommendations set out in the independent review of Neonatal Intensive Care Services in the North East and Cumbria undertaken by the Royal College of Paediatrics and Child Health.

Background

For a number of years the health economy in the North East and Cumbria has considered that the small size of the units providing Neonatal Intensive Care (NIC) in the North East prevented the network providing the most effective and efficient level of care for the youngest and most vulnerable patients. The current arrangement of four NIC Units is unsustainable. North Tees unit is the smallest unit in England by birth rate; Sunderland is the third smallest and South Tees the tenth smallest.

There have been several unsuccessful attempts over the last ten-fifteen years to configure the service, and so the Neonatal Network recommended that an independent review was the only way forward to review the service and recommend a sustainable configuration.

The three levels of neonatal care are:

- **Neonatal Intensive Care** is care provided for babies who are the most unwell or unstable and have the greatest needs in relation to staff skills, staff to patient ratios (1 cot per nurse), and any day where a baby receives any form of mechanical respiratory support via a tracheal tube.
- **Neonatal High Dependency Care** is provided for babies who require skilled staff (2 cots per nurse) in a neonatal unit where a baby does not fulfil the criteria for intensive care but receives any form of non-invasive respiratory support.
- **Neonatal Special Care** is provided for babies who require additional care delivered by the neonatal service but do not require either intensive or high dependency care. Nursing ratio is 4 cots per nurse

The findings of the recent review are summarised below.

Summary of Recommendations:

The final RCPCH report was handed over to NHS England in August 2015, with the following recommendations

1. Transport

There should be an independent, 24hr neonatal transport service. In the short term the Foundation Trusts may need to increase staffing at the Great North Children's Hospital (GNCH) and James Cook University Hospital (JCUH) sites to maintain a safe service.

2. Configuration

- a) The GNCH should become a quaternary centre. This decision was based on its size, location, co-located specialties and the vision of its medical /nursing staff.
- b) Sunderland – this should be an intensive care unit but one that would look after infants of greater than 26 weeks gestation.
- c) Tees area - this should function as a single neonatal intensive care unit sited at the James Cook University Hospital site. The unit at North Tees will continue to operate as a neonatal special care unit.

3. Network

The review makes several suggestions to bolster the role of the Neonatal Network, and to strengthen its effectiveness.

Rationale for the decision on North Tees

Essentially North Tees is too small to justify designation as an LNU (Local Neonatal Unit). Like the GNCH and unlike North Tees, South Tees is recognised as a neonatal Grid training site. The review cites that following as reasons why North Tees should no longer be designated as a NICU:

- *“North Tees is currently the smallest NICU in England by birth-rate*
- *There is insufficient activity even to justify designation of an LNU at this site. There is insufficient complexity and throughput to attract and retain enough specialist medical staff, and consequently the paediatric team would probably be required to take on additional duties of cover for which they may not adequately trained or experienced.*
- *Combining the expertise and capacity of the medical staff to that of the team at JCUH will maintain their skills and interest and facilitate the further development of a first class training and research centre for Teesside.”*

Case for change

Specialised Services are defined in Service Specifications which are nationally designated standards of care. The Service Specification for Neonatal Services is clear that:

“There is a growing body of evidence both nationally and internationally that suggests that caring for babies born before 27 weeks and those in other higher risk category groups (e.g. sick, more mature babies requiring prolonged intensive care) should be concentrated in relatively few centres in order to:

- *Ensure that expert and experienced staff treat sufficient numbers of cases to maintain a safe high quality service and move towards the national standards;*
- *Maximise the use of scarce, expensive resources (staff, facilities and equipment).*
- *Organise retrieval services across large enough areas to be effective and economic.*
- *Services and support must be in place for families whose babies are cared for long distances from home.”*

The Northern Neonatal Network has accepted this analysis for some time, and several reviews over the last 10+ years have come to the same conclusion that there should only be one NICU on Teesside and recognised that Sunderland was borderline. However, the case for change between Teesside and Tyne & Wear are different. On Teesside there was and remains a concern that North Tees is too small to be sustainable, particularly with regard to on call rotas and recruitment. Although there are concerns about the size of the Sunderland unit, there are more pressing problems with regard to the occupancy levels at the GNCH and whether CHS could help manage short term peak activity levels at the GNCH.

NHS England's position

NHS England commissioned the review from the RCPCH with the agreement of the Neonatal Network and Hospital Trusts to avoid any further prevarication over the configuration of Neonatal Services in the North East.

The RCPCH have not offered any options to the recommendations outlined in the review because "...the review team were unanimous about this model and felt it would be unhelpful to provide multiple models for the network board to discuss."

NHS England and the North Neonatal Network are carefully considering their findings and discussing with the four trusts.

If changes are proposed to the way these services are delivered in the future, the views of patients and the public on how they may be affected will be fully taken into account before decisions are made.

Alignment to the CCG Commissioned Services

The proposal was discussed at the CCG Forum on 3 September 2015, the Maternity Network on 7 September 2015, the Maternity and Child Health Steering Group on 16 September 2015, and will be discussed with the Securing Quality in Health Services Programme. The initial feedback from these groups is favourable.

Potential Transfers

Babies under 30 weeks gestation together with babies over 30 weeks gestation who have more than 2 days intensive care would be transferred from North Tees to South Tees, and from historic information the estimated number of such babies is 54 per year:

Estimated number of transfers from North Tees to South Tees					
Babies <30wks born at North Tees, who will be transferred to James Cook under the proposed configuration					
GP/PCT/CCG	12/13	13/14	14/15	Grand Total	Annual Average
County Durham	7	3	2	12	4
Darlington		1		1	0
Hartlepool	5	9	7	21	7
Stockton-On-Tees	10	11	13	34	11
Unknown			2	2	0
Total	22	24	24	70	23
Babies 30wks + gestation, who had more than 2 days IC and would be transferred to James Cook under the proposed configuration					
GP/PCT/CCG	12/13	13/14	14/15	Grand Total	Annual Average
County Durham	2	3	2	7	2
Hartlepool	6	10	11	27	9
North Tyneside	1			1	0
North Yorkshire And York	1			1	0
Stockton-On-Tees	15	17	19	51	17
Sunderland	2			2	0
Unknown	1		3	4	1
Total	28	30	35	93	31
Total estimated number of babies transferred to James Cook under the proposed configuration					
GP/PCT/CCG	12/13	13/14	14/15	Grand Total	Annual Average
County Durham	9	6	4	19	6
Darlington	0	1	0	1	0
Hartlepool	11	19	18	48	16
North Tyneside	1	0	0	1	0
North Yorkshire And York	1	0	0	1	0
Stockton-On-Tees	25	28	32	85	28
Sunderland	2	0	0	2	0
Unknown	1	0	5	6	2
Total	50	54	59	163	54

North East Joint Health Scrutiny Committee

On 1 October 2015, North East Specialised Commissioners and the Neonatal Network's Lead Clinician attended a meeting of the North East Joint Health Scrutiny Committee to set out the recommendations of the RCPCH's review and to seek guidance about the appropriate level of consultation required.

A consultation plan is under development and will be subject to further discussion with the OSC in due course.