Appendix 1

Options paper for a Safe and Sustainable Neonatal Service at Dorset County Hospital

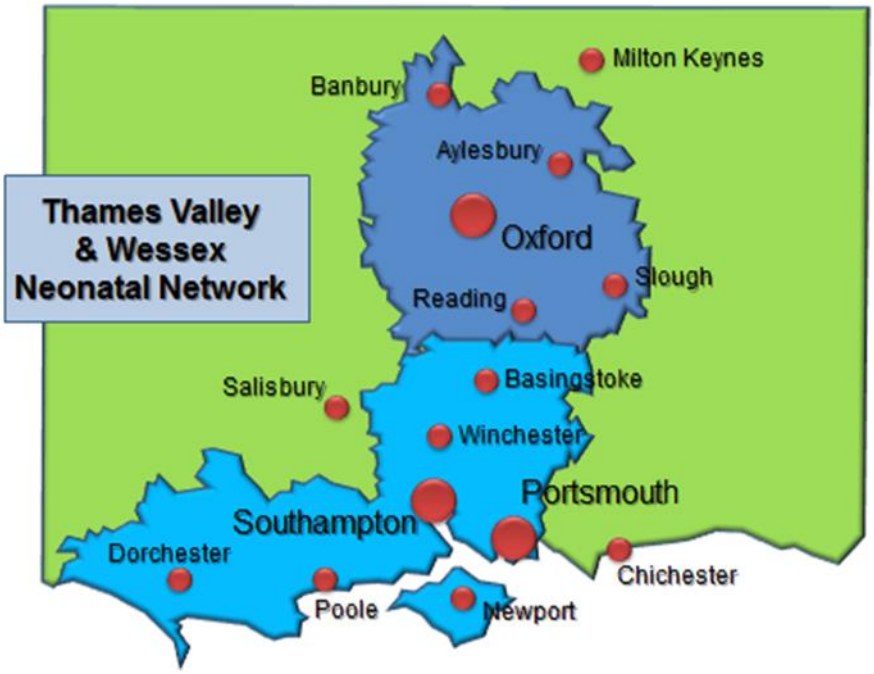
This document outlines the background and evidence supporting a change in the level of neonatal provision at Dorset County Hospital. It describes the proposed options for the Neonatal service re-designation from LNU to SCU. This work forms part of the safe re-provision of neonatal services for infants within the TV & Wessex Neonatal Network.

Neonatal care is a highly intensive environment in which nurses and doctors provide continuous support for very sick infants and their families 24 hours a day. Since 2013, services have been managed within Operational Delivery Networks. Much of the care of newborn infants, either healthy infants or with lesser problems is carried out at the district hospital where they are born. Complex and intensive care, particularly of very preterm infants, is carried out in tertiary centres. Neonatal services are the responsibility of NHS England's specialised services.

1.0 Network Structure:

Thames Valley & Wessex Neonatal Operational Delivery Network (ODN): Neonatal care for preterm and sick infants is organised into local areas around the country. Hospitals, and other NHS services for infants and their families, work together in these areas, called Neonatal Operational Delivery Networks. Thames Valley & Wessex Neonatal Operational Delivery Network provides all levels of care across 15 units hosted by 13 Trusts in local areas. These units range from special care units (SCU) through to neonatal intensive care units (NICUs). The Network facilitates collaborative working between the Trust providers enabling smooth pathways for infants and their families, especially if they need to move between hospitals. Established Network patient pathways ensure all infants have the care they need, in an appropriately designated neonatal unit, as close to home as possible.

Figure 1: Map depicts the Trust providers within Thames Valley & Wessex Neonatal ODN



For Wessex, neonatal intensive care is provided at both the Princess Anne Hospital, University Hospital Southampton NHS Foundation Trust (UHS) and Portsmouth Hospitals NHS Trust (PHT) for Wessex. UHS also provides neonatal surgery for Wessex and cardiothoracic surgery for both Wessex & Thames Valley.

Figure 2: Shows current designation of neonatal units within Thames Valley & Wessex

Wessex	
Dorset County Hospital NHS Foundation Trust DCH	LNU
Hampshire Hospitals Foundation Trust – Winchester site	LNU
Hampshire Hospitals Foundation Trust – Basingstoke site	LNU
Isle of Wight NHS Trust IOW	LNU
Poole Hospital NHS Foundation Trust PH	LNU
Portsmouth Hospitals NHS Trust PHT	NICU
Salisbury NHS Foundation Trust SH	LNU
University Hospital Southampton NHS Foundation Trust UHS	NICU
Western Sussex Hospitals NHS Foundation Trust, St Richard's	LNU
Thames Valley	
Buckinghamshire Healthcare NHS Trust, Stoke Mandeville Hospital	LNU
Frimley Health NHS Foundation Trust, Wexham Park Hospital	LNU
Milton Keynes University Hospital NHS Foundation Trust	LNU
Oxford University Hospitals NHS Foundation Trust, John Radcliffe site	NICU
Oxford University Hospitals NHS Foundation Trust, Banbury site	SCU
Royal Berkshire NHS Foundation Trust	LNU

2.0 Thames Valley & Wessex Neonatal ODN Position:

Within Thames Valley & Wessex Neonatal ODN there are several neonatal units currently designated as Local Neonatal Units (LNUs) that have very low activity when benchmarked to other LNUs & even Special Care Units (SCUs) within England.

Figure 3: Chart benchmarking activity of Thames Valley & Wessex LNUs & SCUs with LNUS & SCUs within England

- **Blue = LNU**
- **Green = SCU**
- **Red = All TV & Wessex LNUs and SCU**

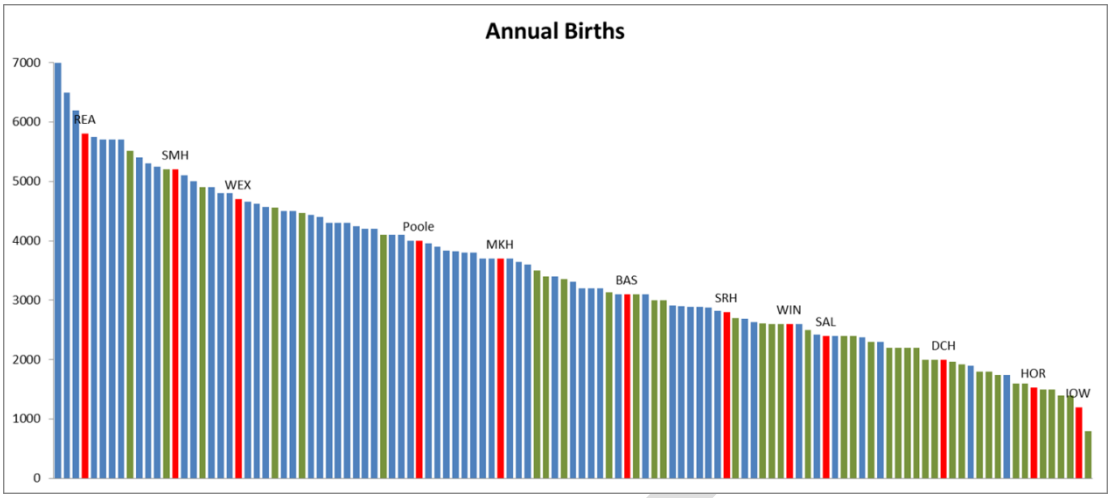
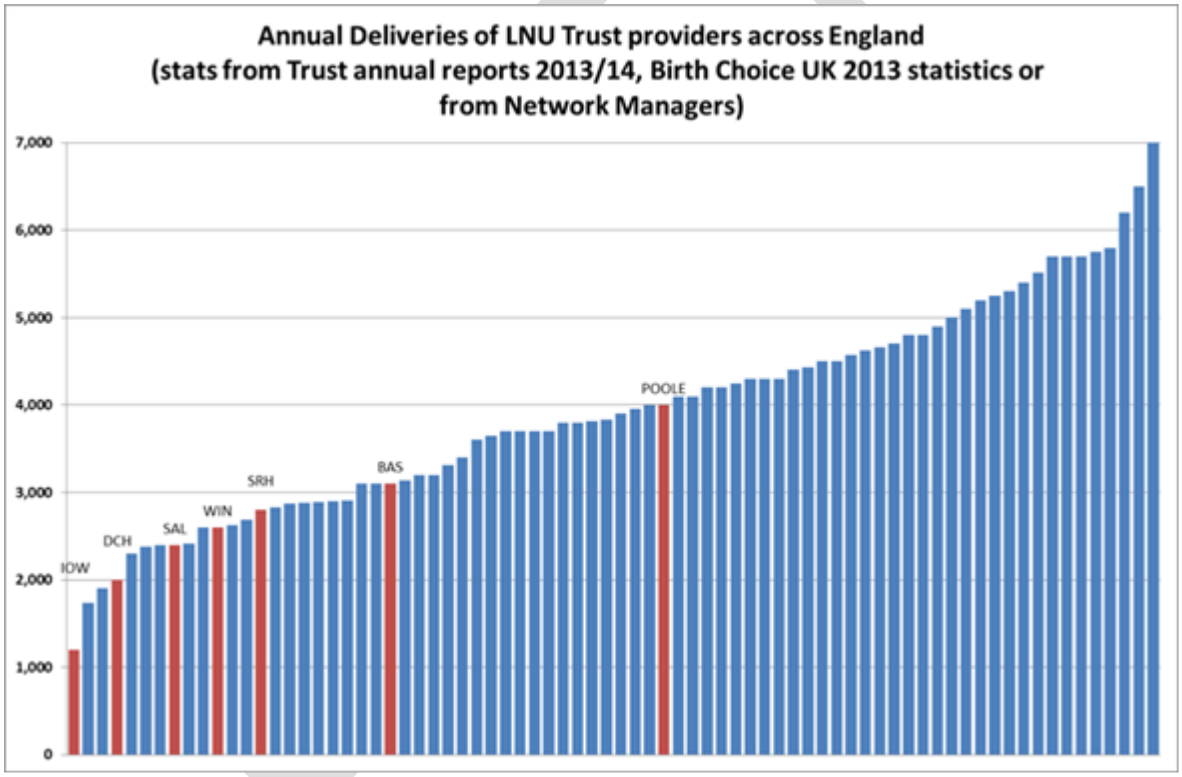


Figure 4: Chart benchmarking Wessex LNU activity with LNUs only in England



The low activity, particularly in Intensive Care (ITU) & High Dependency (HDU) of 4 LNUs, which included Dorset County Hospital, were highlighted on the Thames Valley & Wessex ODN Oversight Risk Register in June 2015 with the view that this may present challenges to meet & attain national standards for operation as an LNU[1,2,3,4,5].
This work is the first in a series to be undertaken within the network.

Background

In 2012 Dorchester neonatal services, which were then commissioned by the South West, were included in a designation process undertaken by South West specialised commissioners. The recommendation in 2012 was to designate Dorchester a Special

Care Unit which was supported by the Network. The Network at this time undertook activity modelling of new patient pathways, which demonstrated adequate capacity based at Poole Hospital. The re-designation was challenged by Dorchester services due to inequity within the Thames Valley & Wessex Neonatal Network, who were commissioned by Wessex and the South East, who were not undergoing a similar process at the time. A final letter agreeing to defer designation in the short term was sent by the Associate Director of Commissioning, South of England Specialised Commissioning Group to Dorchester Hospital, in January 2013.

In 2014 NHS Dorset CCG started to undertake a Clinical Services Review (CSR) of the provision of all health services within the county. As part of this work NHS Dorset CCG commissioned an independent review of the proposed options for maternity and children's services. The review was led by The Royal College of Paediatrics and Child Health (RCPCH). Whilst the review was precipitated by a lack of agreement about options for paediatric inpatients, it had a much broader remit and also considered whether the current maternity neonatal and paediatric services were safe, high quality and sustainable.

The RCPCH report stated that:

The ODN had put forward clear and convincing arguments for the neonatal unit at DCH to be formally designated as a Special Care Unit, reaffirming the South West network designation from 2012 and supported by the Wessex Clinical Senate. This designation is based upon comparators for other small hospitals in the region, and work is under way at other sites towards centralisation or reclassification. The rationale cites

- *Non-compliance with out of hours medical cover*
- *Concerns about maintenance of medical skills*
- *Low levels of activity including numbers of very preterm births to maintain skills*

Re-designation is likely to affect a relatively small number of infants per year. Current data shows the number of infants under 32 weeks gestation currently cared for in DCH numbers fewer than 25 per year, who would need to be cared for, at least initially, in Poole. Transfers in utero are best for the infant, so the obstetric and midwifery teams at both units would need to engage with the changed arrangements.

They also recognised that:

Even with the neonatal unit changes, most infants born at DCH who require neonatal care would continue to be cared for on the DCH site.

The RCPCH Dorset Clinical Services Review document (2016)[6] recommended that making neonatal care safer and more sustainable was considered urgent & stated:

Re-designate the Local Neonatal Unit (LNU) at Dorset County Hospital, converting it to a Special Care Unit (SCU) for infants born after 32 weeks gestation. This transition should start as soon as possible, with an urgent target date for completion. Work with Poole Hospital and the transport services to ensure safety, and with BLISS for parent communication and support.

Bliss, the national charity, champions the right for every baby born premature or sick to receive the best care. Their strategy summary for 2016-2019[7] states

'We will place premature and sick infants' voices at the heart of decision-making to ensure that their best interests are always put first.'

A separate recommendation from the review relates to Dorchester and Yeovil working together to explore combining their paediatric & obstetric services & deliver SCU on one site. Whilst this may have some impact on the activity undertaken at the unit in Dorchester this will be dealt with by the Trusts and CCGs through a parallel but separate strand of work and would not affect the re-designation of the unit.

3.0 Proposed Membership, Accountability & Governance of Implementation Group:

The project relates to the safe re-provision of neonatal services in Thames Valley & Wessex of both singleton infants & multiples <32, but with the expectation that high risk multiples eg discrepant growth may need to be transferred above this gestation. Initially the project will focus on infants <32 weeks who are currently delivered at DCH in line with RCPCH recommendations, changing the designation of DCH from a LNU to a SCU.

Pathway arrangements for infants below 27 weeks gestation or for those infants requiring NICU, in Thames Valley & Wessex care will remain the same.

Sponsor for the project Dr Vaughan Lewis – Clinical Director NHS England South
Reporting will be via the project sponsor to NHS England South Senior Management Team (SMT) with reports copied to Dorset CCG Maternity Group.

To ensure a safe neonatal pathway redesign within Dorset, good communication is essential, therefore membership for implementation will include a core working group, an extended group for specific issues and wider stakeholders for information.

Core group members of Implementation Project Group:

NHS England (Specialised services):

- Marion Eaves – Assistant Supplier Manager NHS England South
- Sian Summers – Service Specialist Specialised Commissioning
- Wendy Cottrell – Quality Assurance Lead,

Dorset Clinical Commissioning Group (CCG):

- Hannah Nettle, Principal Programme Lead Review, Design and Delivery Maternity, Family and Reproductive Clinical Commissioning Programme
- Pam O'Shea – Quality Assurance Lead

Providers:

Dorset County Hospital:

- Dr Abby Deketelaere Consultant Paediatrician, Neonatal Clinical Lead
- Catherine Abey-Williams, Divisional Operations Director

Poole:

- Minesh Khashu – Consultant Neonatologist
- Sue Whitney - Senior General Manager

TV & Wessex Neonatal Operational Delivery Network (ODN):

- Una Vujakovic – TV & Wessex ODNs Director
- Dr Victoria Puddy – Consultant Neonatologist, Wessex Clinical Lead
- Teresa Griffin – ODN Manager
- Kujan Paramanantham – Lead for Quality and Information

Ambulance services:

- Adrian South Deputy Clinical Director SWAST
- Mark Ainsworth Smith U&E Ops Director SCAS
- SONET – Dr Neelam Gupta, Consultant Neonatologist/ Dr Victoria Puddy

Extended group:

- South West Neonatal ODN – Rebecca Lemin and Exeter and Taunton reps TBC
- Healthwatch
- Comms teams – Dorset CCG and NHS England
- Linda Doherty – NHS England PoC lead south for W&C
- Somerset CCG
- Parent representative – Lorraine Phillips

Informed:

- Trusts providing neonatal care within Wessex Network
- Dorset CCG maternity working group/CSR (Karen Kirkham)
- Maternity voices
- Kingfisher group
- Liz Mearns

The implementation project group will report via the project sponsor to NHS England South SMT with reports copied to Dorset CCG maternity group

4.0 Options for future care of neonates from 27-32 weeks gestation whose mothers are booked into DCH & whose baby's require LNU care:

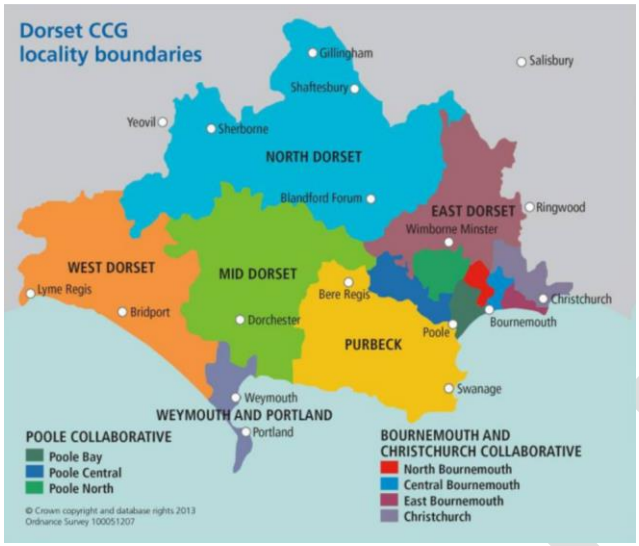
Option	Advantages	Risks	Comments
One: Do nothing	No changes for stakeholders	Safety & sustainability of LNU with low IC & HD care	Not compliant with RCPCH recommendations 2012 designation process National outlier for LNU activity
Two: Pathway to transfer mothers and infants in utero from 27 -32 weeks gestation to other Network LNUs or NICUs as appropriate. In addition consider moving in utero preterm multiples where a significant need for interventional care after birth is anticipated LNU would be Poole Hospital NHS Foundation Trust(PH) as nearest local LNU *****	Centralisation of infants who require neonatal care that can be delivered within a LNU but who do not require complex care or specialist interventions of a NICU within Dorset. Rationalisation of specialist resources required to care for complex infants Financially cost effective	Some service users, particularly those west of DCH will have greater distance to travel Unable to recruit additional neonatal & obstetric staffing & midwives at PH to accommodate increased activity Inadequate staff or capacity to manage increased neonatal capacity at PH Increase activity for ambulance services Increase SONeT neonatal transport activity Activity may increase for Wessex NICU services	Compliant with RCPCH recommendations In line with 2012 consultation

Three: Move mothers and infants from 27 - 32 weeks gestation to other LNUs or NICUs as appropriate. Dependant on where mother / baby live they will have the option of unit transferred to: • Poole Hospital NHS Foundation Trust(PH) nearest local LNU • Royal Devon and Exeter Hospital (EH) • Musgrove Hospital LNU In addition consider moving in utero preterm multiples where a significant need for interventional care after birth is anticipated	Centralisation of infants at existing units and provision of correct level of care as close to home as possible Rationalisation of specialist resources required to care for complex infants Financially cost effective	Mothers & infants would be moved out of current agreed pathways of care Inadequate staff or capacity to manage increased neonatal/obstetric/maternity activity at alternate trusts Unable to recruit additional neonatal & obstetric staffing & midwives to accommodate increased activity at alternative trusts Increase activity for ambulance services Increase neonatal transport Teams activity Activity may increase for SW / Wessex NICU services Increase need for communication/ co-ordination with more units from DCH	Compliant with RCPCH recommendations In line with 2012 consultation

The pathways for infants born below 27 weeks or/and 800grammes or those who require NICU specified care within Thames Valley & Wessex will remain the same care.

5.0 Data to support decision:

Dorchester Neonatal Admissions, by Dorset CCG Locality



Dorchester Neonatal Admissions by Dorset Locality, Booked into Dorchester

1st Episode admissions, Booked Dorchester

Locality	5 Year Average
Weymouth & Portland	81
Mid Dorset	39
North Dorset	35
Dorset West	31
Purbeck	14
Out of Dorset	8
Dorset unclear*	7
Dorset Other	4

Dorchester Neonatal Admissions, 27-32 week Infants, by Dorset Locality, Booked into Dorchester

1st Episode admissions, Booked Dorchester

Locality	5 Year Average
Weymouth & Portland	5
Mid Dorset	2
North Dorset	2
Dorset West	1
Dorset unclear*	1
Purbeck	1
Out of Dorset	0

Locality based of GP address

**Dorset unclear - BadgerNet coding insufficient to tell which area of Dorset*

Average Number of Admissions per year*, Infants 27+0 to 29+6 weeks	6 *(Range 4-9)*
Average Number of Admissions per year, Infants 27+0 to 29+6 weeks – later transferred to a NICU*	*3 (Range 1-5)*

Average Number of Admissions per year*, Infants 30+0 to 31+6 weeks	9 *(Range 6-13)*

**Data taken from the last 5 years admissions activity at DCH*

6.0 Timeline for change of re-designation of DCH to SCU:

Option	Advantages	Risks	Comments	Timeline
One **Two phase approach** **By Sept:** Step change of initially moving 27-30 weeks gestation & preterm multiples where a significant need for interventional care after birth is anticipated who are booked into DCH who require LNU/SCU care to other Network LNUs or NICUs. PH nearest local LNU or alternate providers based on patient postcode / choice *	Numbers very small so re-designation could happen immediately as limited impact on activity or capacity at PH or for Wessex NICUs when repatriating infants who have required NICU care Limited impact to SONet (Thames Valley & Wessex Neonatal Transport Service) No major impact to SCAS Politically more acceptable for stakeholders Six month plan to address any capacity staffing issues within neonatal obstetric and transport services if required	Potential confusion re destination of mothers and infants and need for another later change in system		By end of September 2016

By April 2017 Second stage moving 30-32 weeks gestation 27-32 weeks gestation & preterm multiples where a significant need for interventional care after birth is anticipated who are booked into DCH who will require LNU/SCU care to other Network LNUs or NICUs. PH nearest local LNU				By April 2017
Option 2: **"Big bang" approach** Moving all 27-32 weeks gestation preterm multiples where a significant need for interventional care after birth is anticipated & who are booked into DCH who require LNU/SCU care to other Network LNUs or NICUs with no step change		Time delay for re-designation of DCH as time would be required to ensure sufficient capacity to accommodate additional activity of neonatal & obstetric services at other trusts. Insufficient capacity at other Trusts will also have impact on NICUs capacity with repatriations. Time delay would also be required to ensure capacity for ambulance and transport services.		By April 2017 ? TBC

The pathways for infants born below 27 weeks or/and 800grammes or those who require NICU specified care within Thames Valley & Wessex will remain the same care.

7.0 Next Steps (for discussion)

- Decision to be taken on the preferred option with clear reasons
- Development of implementation plan (? Equality and quality impact assessment needed if not done already by CCG)
- Sharing/ Agreement of plan with stakeholders
- Plan taken through NHS England change assurance process if required
- Plan taken to NHS England South SMT for sign off
- Consultation (if required) with HOSC/ OSC
- Implementation

8.0 References:

1. DH Toolkit for High Quality Neonatal Services (2009) www.dh.gov.uk/en/publicationstandstatistics/Publications/PublicationsPolicyAndGuidance/DH__107845
2. NICE specialist neonatal care quality standards 2010 www.nice.org.uk/qualitystandards
3. BAPM 2010. Service Standards for hospitals providing Neonatal Care(3rd edition) www.bapm.org/publications
4. National Neonatal Critical Care Service Specification 2015 http://www.england.nhs.uk/resources/spec-comm-resources/npc-crg/group-e/e08/
5. BAPM (2011). Categories of Care http://www.bapm.org/publications/documents/guidelines/CatsofcarereportAug11.pdf
6. RCPCH Design Review of Dorset Clinical Services, commissioned by Dorset CCG http://www.dorsetccg.nhs.uk/Downloads/CSR/RCPCH/RCPCH%20Dorset%20%20Maternity%20and%20Paedatrics%207th%20April%202016%20final%20version%20for%20website.pdf
7. Reaching every baby born premature or sick. BLISS strategy summary 2016-2019 http://www.bliss.org.uk/our-strategy