

# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	14 November 2016
Officer	Sian Summers, Service Specialist Specialised Commissioning – NHS England South
Subject of Report	<b>Safe and sustainable neonatal services at Dorset County Hospital – re-designation.</b>
Executive Summary	<p>Dorset County Hospital (DCH) currently has a Local neonatal unit (LNU) which treats babies from 27+ weeks when they require extra support postnatally. DCH has about 1,957 births a year in the maternity unit. In 2015/16 financial year, of 229 babies that were treated at DCH neonatal unit 17 were under 32 weeks. An average of 15 babies between 27 to 32 weeks have been delivered in the unit over the last three years.</p> <p>South West Neonatal Network designated DCH as a special care unit (SCU) in 2012 as part of their full service review. This was supported by the Wessex Clinical Senate but this was not enacted due to a change in the commissioning</p> <p>In 2015 Dorset CCG asked the RCPCH to do a report on paed, maternity and neonatal services at DCH. Their report, published in April 2016, agreed with the findings of the South West Network recommendations for the change to the neonatal unit, citing the main reasons below and giving a 6 month timescale to implement:</p> <ul style="list-style-type: none"><li>• Non-compliance with out of hours medical cover;</li><li>• Concerns about maintenance of medical skills;</li><li>• Low levels of activity including numbers of very preterm births to maintain skills.</li></ul> <p>NHS England are only implementing the neonatal element of the recommendations with regard to the re- designation of DCH and not any other element of the report as these come under the purview of the CSR (clinical services review) in Dorset being run</p>

Re-designation of neonatal services at Dorset County Hospital

	<p>by the CCG. The CCG plans to go to consultation in November but any changes agreed could take up to five years to implement and therefore this does not fit with the timescale for the neonatal implementation.</p> <p>Under the new arrangements, the aim will be to transfer expectant mothers with threatened preterm delivery from DCH to Poole before they give birth. Transfer in utero is safer for the baby but, as it is not possible to accurately predict premature delivery, two to three times more women will need to be transferred than will deliver. This means that 30- 45 women a year may be transferred to Poole of whom around 15 of whom could be anticipated to deliver a pre-term baby. The rest will return home and most likely go on to deliver at a later date in DCH. This is established practice in other rural areas of England.</p> <p>The plan will always be to move the babies back to DCH or discharge home from the other units as soon as the baby is clinically fit enough for this to happen. Therefore stays in units far from home will be kept to a minimum.</p> <p>This approach fit with the strategy of Bliss, the national charity, which champions the right for every baby born premature or sick to receive the best care. Their strategy summary for 2016-2019 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."</p> <p>In term of consultation / engagement NHS England have taken this through the stage 1 assurance process and it has been confirmed that stage 2 is not required. We are involving providers, ambulance trusts and are currently arranging to discuss this with a parent interest group (the Kingfisher group).</p> <p>The timetable, all being equal, is for this re-designation to take effect from December 2016.</p>
Impact Assessment:	<p>Equalities Impact Assessment: Report provided by NHS England.</p> <p>Use of Evidence: Report provided by NHS England.</p> <p>Budget: None (for DCC)</p> <p>Risk Assessment:</p>

Re-designation of neonatal services at Dorset County Hospital

	<p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:</p> <p>Current Risk: LOW Residual Risk: LOW</p> <p>(For Dorset County Council)</p>
	<p>Other Implications:</p>
<p>Recommendation</p>	<p>That Members note and comment on the report.</p>
<p>Reason for Recommendation</p>	<p>The work of the Committee contributes to the Council's commitment to help Dorset's residents to be safe, healthy and independent.</p>
<p>Appendices</p>	<p>Appendix 1 – Options Paper for a Safe and Sustainable Neonatal Service at Dorset County Hospital</p>
<p>Background Papers</p>	<p>Royal College of Paediatrics and Child Health, Design Review for NHS Dorset Clinical Commissioning Group, April 2016: <a href="http://www.dorsetccg.nhs.uk/news/Review-of-services-published.htm">http://www.dorsetccg.nhs.uk/news/Review-of-services-published.htm</a></p>
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