

Neonatal services – are they improving?

BLISS, the premature baby charity, has released the results of its first survey of the Department of Health's additional funding for neonatal services, entitled 'Neonatal Services – are they improving?'

The survey was intended to examine how the additional three year funding totalling £72m, announced by the DH in April 2003 as part of the review of neonatal services, has increased the capacity of neonatal services in England.

According to the survey of neonatal networks only 34% of the revenue money distributed in 2003-4 was spent on improving neonatal service. BLISS reports that, worryingly, a third of the money resulted in no improvement. This money was spent on sustaining existing budgets or lost on Primary Care Trust overspend in services not connected to neonatal care, for example cardiology.

Many networks were unable to clarify at the time of the survey how they would be spending their 2004-5 money, so it is unclear how 61% of the money will be spent during this period.

Specific recommendations set out by the government in the original consultation suggested that the funding would result in the consequential saving of 200-300 babies' lives a year. The Government indicated that part of the funding would provide 75 new cots over the next three years. However, the



Picture courtesy of BLISS

survey shows that at the end of two years of additional funding, only 29 extra cots have been introduced. It is unclear whether these cots are fully staffed and operational.

The review acknowledged that the nursing levels should be at a one-to-one nurse to baby ratio as recommended by the British Association of Perinatal Medicine. However, the DH did not formally commit to attaining these levels. While networks have been able to recruit network specific staff, e.g. network managers, only two networks out of 25 have indicated that they have recruited extra full-time nursing staff with the monies received in 2003-4.

"Primary Care Trusts who are responsible for commissioning services must give a high priority for the care of sick newborn babies and not be driven by other government targets," asserts BLISS. "We must ensure that the monies given to them to develop neonatal services are used for this purpose. We maintain that £72m announced in 2003 is insufficient to bring the service up to an acceptable standard."

Phase two of competences for maternity and care of the newborn is well underway

The Children's National Workforce Competence Framework project is being managed by the UK-wide organisation Skills for Health, established in April 2002.

Phase one developed a competence framework for staff working with acutely ill children and children at risk of significant harm.

Phase two is set to develop a competence framework for staff working in maternity and care of the newborn who are delivering services to new and expectant parents, their families and babies. Twenty two organisations took part in field testing draft competences for maternity and care of the newborn that were developed in test pilot sites last year.

141 responses relating to individual competences as well as some general feedback relating to the overall framework of competences for maternity and care of the newborn were received.

Many of those who took part in the field tests reported that they had gained a lot from being involved. The field test activities were also seen as a helpful introduction to how workforce competences can be used to support the development of people and services.

Feedback was received from a wide range of services and practice settings including midwife-led maternity units, neonatal high dependency care, neonatal intensive care and education providers.

The field tests offered constructive feedback to improve the draft competences including: ensuring language is user-friendly; putting mothers and babies at the centre of care; and recognising the importance of engaging fathers.

There were a number of gaps identified in the overall framework including the need for more competences for ordering and prescribing medication, infant feeding and bereavement.

Representatives from the pilot sites met with the National Reference Group in January 2005 to go through the detailed comments and agree the revisions to the competences and the overall framework.

A CD of the revised competencies will shortly be produced which will again be piloted before the competencies are finalised. Consult the Skills for Health website (www.skillsforhealth.org.uk) for updates.

The BLISS Innovation in Care Programme

The BLISS Innovation fund enables the UK neonatal community to develop new ideas, communicate them with each other and put them into practice. The key elements of the fund are:

- anyone working in neonatal care in the UK is eligible to apply
- projects must be of direct benefit to neonatal care in the UK
- applications will be considered for any piece of work that develops and/or promotes innovations in neonatal care such as:
 - a new technology
 - management approach
 - any aspect of practice be it medical, nursing or by another allied profession (such as physiotherapy, speech and language therapy, psychology etc)

- opportunity for parental involvement
- the maximum amount that any project can apply for per year is £50,000
- projects to have a maximum duration of two years
- each year the programme will have one priority issue or theme for which applications will be invited. This year the theme is 'Going Home' (this can involve any aspect of planning for discharge from hospital, of the discharge process itself, or in respect of the early days at home following discharge from hospital)

Applicants are required to complete a preliminary application form giving an outline of the proposed project. The closing date for applications is 5 August, 2005.

For more information contact Jane Abbott on 020 7820 9471 or janea@bliss.org.uk