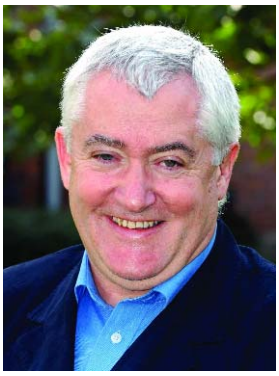

infant
for neonatal and paediatric healthcare professionals

What's happening to neonatal services

The NHS moves on in challenging times. In perinatal care the recent changes in NHS policy and financing mean that many of our services, of which we are rightly very proud, will come under pressure. In acute services, where we are unable to predict where and when our patients will arrive, the lack of targets and pressure on budgets impacts badly on the provision of care. It is even more important then that we work together to ensure that we continue to deliver neonatal and perinatal care of ever improving quality and outcomes for both the child and the mother.

Networks have been the most significant organisational change in UK newborn care that I can remember and it is of great importance that they succeed, as in current climates they are the most effective route to quality-inspired investments which are urgently required in many areas. Bigger services (such as networks of units) have relatively more bargaining power and provide a great route to service improvement, using common guidelines and training opportunities.

But key to all of this is the need for information about how well we are doing and there are important initiatives in this regard happening rapidly at present. The first is the CEMACH mortality report[1] which has once again pointed out a wide variation in mortality. Despite the clear problems of different populations (no correction was possible) it does highlight the importance of monitoring and understanding differences in outcome between services. Secondly, the National Neonatal Audit[2] – sensibly designed as a small scale data set to answer some basic questions as a first stage in an ongoing process, was rolled out to all neonatal services this April. First results are due next year. Thirdly there is concern about infection and other safety issues in neonatal intensive care. The National Patient Safety Agency is currently developing a series of auditable patient pathways around nosocomial infection, drug errors and transfers. These will allow us to evolve new, more detailed and focussed practice standards to complement the British Association of Perinatal Medicine organisational Standards from 2001[3].

Many of you will also be aware that the Healthcare Commission (as part of their maternity review) and the National Audit Office, are also looking at neonatal services. Often as healthcare workers we regard such initiatives with suspicion, assuming that they must be seeking to reduce budgets further. However, I think that both initiatives are actually very helpful as they can only highlight the poorly resourced and poorly funded services that many of us are saddled with, and the inequality of distribution of the supposedly ring-fenced money given for neonatal care and networks nearly five years ago.

We work in neonatal services because we all recognise the need for excellent care to provide the best start for newborns and testament to this dedication is the ever climbing survival for the sickest and most vulnerable patients. The NHS leadership do need to recognise that societies are judged on how well they care for the most vulnerable members of their society and that does include newborn babies – there are small signs that they are beginning to do so. BAPM will continue to press for better support for all perinatal care and with good national data from the current initiatives this will make our job much easier.

Neil Marlow
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References

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