Flexibility is key on the local neonatal unit

FOCUS ON A UNIT

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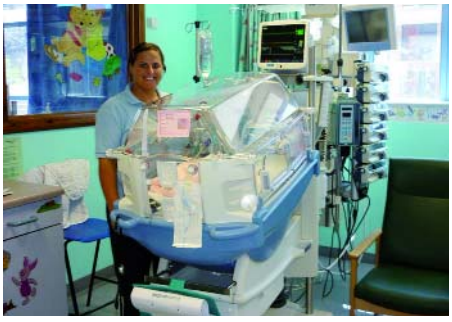
Winchester is a level 2 local neonatal unit (LNU) with 16 cots, two designated intensive care, two high dependency and 12 special care. The unit is part of the South Central Neonatal Network and actively participates in the work and progress of the network. Babies are admitted from 26 weeks' gestation.

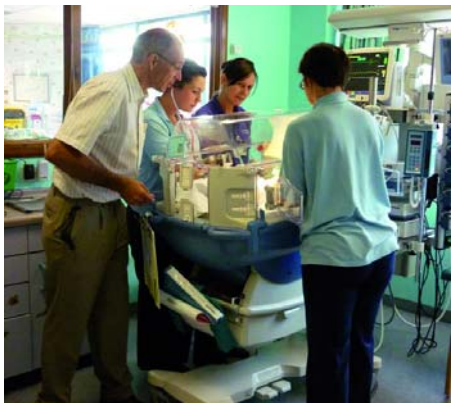
Since the centralisation of neonatal care that followed the Department of Health Review in 2003 more preterm infants are cared for in neonatal intensive care units (Level 3). However a large proportion of neonatal care still takes place in LNUs – more than 40% of infants admitted to neonatal units in the UK. It is, therefore, clearly important that these units maintain the skills required for essential stabilisation and high standards of clinical care for their population.

Challenges facing LNUs include maintaining the clinical skills required for the unexpected very sick infant or extreme preterm infant delivered spontaneously. One way to do this is through attendance at national and international conferences. Additionally, good communication and liaison with regional centres to explore current practice is helpful. There is still massive variation in practice between regional centres and it can be challenging for special care units and LNUs to know which lead to follow.

Medical and nurse staffing on these units presents different issues to those faced by NICUs. Recruitment and retention of senior nursing staff has been a problem in many units. Nursing staff may be reluctant to work in a smaller unit where they have less exposure to intensive care and may wish to maintain their skills by working in a busier unit. Providing nursing staff with good training opportunities and a detailed induction programme can help with recruitment and retention. Rotation of staff through different sized units seems an ideal solution but in practice staff are frequently reluctant to move around. Some units have approached the challenge of recruiting senior staff by employing more junior staff and providing training to enable these new nurses to be promoted.



Staff Nurse Sally Griffin on Winchester local neonatal unit.



At Winchester, a combination of strategies is used to deliver the appropriate skill mix.

On the medical side there can be conflicting interests. While it is important to provide the medical skills necessary, with the European Working Time Directive and other pressures, novel and alternative methods of delivering the appropriate skill mix are required. At Winchester a combination of strategies are used. Between 0830-2030 there is the traditional SHO with ANNP/registrar structure. Outside this time, there is cross cover across the SHO grade, between obstetrics and paediatrics. For consultant cover again there is a hybrid model, with consultants onsite for 13 hours a day, after which consultants on-call are those within 15 minutes of the hospital. All consultants are 'acute paediatric consultants'. Clearly in the economic downturn it is going to be important to deliver quality care with innovation in the workforce. Rigidity is not an option.

The DH toolkit (2009) will present challenges for LNUs, especially the implementation of the 48-hour guideline for intensive care which may dramatically reduce the ongoing care that can be provided for some preterm infants. This has not been fully implemented and there should be caution with interpretation to prevent large numbers of infants being transferred unnecessarily.

Adopting new technologies in neonatal medicine such as cooling therapy for hypoxic ischaemic encephalopathy can be problematic. The ability and appropriateness for all units to provide a service that can improve outcomes needs to be considered. It is a fine balance between using new techniques alongside competent use of standard ones, for example using oscillation for very occasional use when staff are more familiar with conventional ventilation. Winchester is not currently cooling babies but large LNUs some distance from an NICU may find it appropriate to provide cooling therapy.

Winchester has been very involved with the Neonatal Network since its inception and currently the lead nurse and lead clinician for the South Central South Network are based at Winchester. National involvement is also maintained through participation of staff with BLISS, BAPM, NPEU and N3R (neonatal nurse researchers). Two Winchester consultants have been part of the network transport team since it began.

The strength of units such as Winchester is their ability to provide high quality care with comparable outcomes to larger units. Smaller units may be more able to devote time to developmental care and supporting breast feeding. An environment with less intensive care and the accompanying stressors for parents and staff may engender a more relaxing family-centred approach. While NICUs are the most suitable place for very sick and extremely preterm infants, LNU and special care units can continue to provide care and ongoing support for this population close to home. One way forward for LNUs is active participation and engagement within the network, enhanced by recognition of their value from the NICUs.