



**Bryan Gill**

President of the British Association of Perinatal Medicine

## Reflections on eight years as an officer of BAPM

It is with a tinge of sadness that I step down as President of the British Association of Perinatal Medicine and I would like to reflect on the past eight years on BAPM's Executive Committee, firstly in my role as Honorary Secretary and latterly as President.

The year 2006, when I started on BAPM's Executive Committee, seems like a lifetime away! Labour were in power under a Tony Blair Government and the NHS in England was configured around primary care trusts and NHS providers. The first wave of foundation trusts had come into being and the money in the NHS was growing at a rate of circa 8% per annum. Neonatal networks in England were starting to have an influence and there was significant expansion in consultant numbers. Naturally there were frustrations over nurse staffing and failure to meet BAPM standards, as well as ongoing issues with capacity.

Over eight years neonatal care, in terms of form and function, has changed with greater recognition that the smallest and sickest babies do benefit from initial care in larger centres. In my view, this is not due to individual consultant expertise but more to the whole infrastructure and multidisciplinary working across the range of clinical staff that is only available in the neonatal intensive care unit 24 hours a day, seven days a week. To provide the best care, we need the capacity to do this as close to home as possible but in fully equipped and staffed neonatal intensive care, local neonatal and special care baby units. I also highlight the, almost universal, development of stand-alone transport services, which have transformed the delivery and safety of care for babies by providing greater support and effective decision making for their transfer, both within and outside their network.

There has also been publication of a number of standards (TABLE 1). One might argue that they have all said much the same but it is pleasing to see that neonatal care continues to be considered an important service requiring further improvements. Having been personally involved in developing/contributing to many of these, it is comforting to see that they all align well with BAPM standards. I believe this has been achieved because of the Association's strength in supporting each other to reach consensus and, while the future is challenging in the cash-strapped NHS, BAPM is in a strong position to keep driving for the best quality of care.

Of course it has not always been good news and

the one area I would highlight is the dismantling of neonatal networks in England at a time when the devolved nations fully believe this is the model for high quality care and have started to establish theirs. BAPM believes that networks have had a major impact on the quality of perinatal care and their value should be demonstrated by supporting those who are working to produce the evidence that they are effective.

Healthcare professionals have to be able to reach out more to families and involve them in improving the quality of care. Bliss and Best Beginnings have made a major difference to family-centred care and, as one of the 'old grey brigade', they have converted me to viewing the service in a more family-focussed way. I want to thank both organisations for making the huge impact they have.

The last two years of the NHS have seen the publication of the Francis, Berwick and Keogh reports. They have all centred on the need for the NHS to focus on safety, effectiveness and compassion in the care provided. The need to continuously improve the quality of care goes to the heart of the new strategy for BAPM. The NHS takes too long to learn from research and quality improvement work and BAPM is in a good position to change this with its strategy.

Developing a culture where quality and safety improvement becomes the norm for every member of staff on the frontline has to be the ultimate goal.

I would like to thank all my fellow officers, current and former colleagues on the Executive Committee and Lisa Nandi and Hayley Watts in the BAPM office for all their

ideas, support and help over the past eight years and I wish Alan Fenton every success as I hand over the reins to him at the end of September. Finally I would like to thank the members of BAPM for the support they have shown me during my tenure. I am confident that BAPM will develop further and continue to be successful. Please encourage your colleagues to join – a strong and growing membership can continue to make a difference.



Alan Fenton

- Toolkit for High Quality Neonatal Services (England)
- National Institute for Health and Care Excellence (NICE) Quality Standard for specialist neonatal care
- BAPM Standards
- Neonatal care in Scotland: A quality framework
- Position paper on specialist services in Northern Ireland
- All Wales Neonatal Standards
- Neonatal Clinical Reference Group (England)

**TABLE 1** Key neonatal care standards for the UK.