Neonatal care in Scotland: the opportunity for change

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There has been significant attention on neonatal care in Scotland over recent weeks. January 2017 saw the publication of *Bliss Scotland Baby Report: An Opportunity to Deliver Improvements in Neonatal Care*[1] and the Scottish Government's maternity and neonatal services review report, *The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland*[2] (**FIGURE 1**).

The combination of the two documents makes for powerful reading. Bliss Scotland's research shows that neonatal services in Scotland are under-staffed and under pressure, with neonatal units across the country lacking the staff and resources they need to meet national standards on safety and quality of care for premature and sick babies (**FIGURE 2**). Conversely, *The Best Start* – the culmination of a nearly two-year review process with which Bliss Scotland was closely involved – sets out a progressive vision for the future outlining 76 recommendations designed to transform and modernise neonatal and maternity services.

The *Best Start* recommendations have the opportunity to transform neonatal services in Scotland, but only if the existing staffing and resourcing gaps are addressed alongside implementing change. In this special report some of the key features of *The Best Start's* plan and the related challenges currently facing neonatal care in Scotland are assessed.

Putting parents at the heart of their babies' care

The Best Start sets out a series of recommendations that aim to place family-centred care at the heart of neonatal services, with a core aim to keep mothers and babies together as much as possible. The emphasis placed on family-centred care across both maternity and neonatal services, as well as the recognition that family-centred care is integral to achieving the best outcomes for babies, is very welcome. However, these aims will only be successfully delivered in practice if parents are fully supported to be partners with professionals in all aspects of their babies' care and decision making.

In this context, Bliss Scotland's findings that over half of all units do not have the minimum recommended number of parent rooms as stated in the *Toolkit for High Quality Neonatal Services*[3] – one free overnight room per intensive care cot – are vital to address in order to remove the practical barriers many parents face to being with their baby. It is therefore essential that the Scottish Government assesses how much accommodation is required at each unit and then delivers this as part of its implementation plans.

The Best Start does acknowledge that developing services that are family-centred is likely to have large resource and funding implications. Regarding accommodation, it states that these facilities 'will need to be developed or improved in some areas and may need expansion in the three to five neonatal intensive care units (NICUs) to accommodate increased numbers of babies.'

However, it is of concern that the review indicates expansion of facilities may only occur at the NICU sites. With a fifth of Scotland's population living rurally, many parents will have to travel considerable distance to their nearest neonatal unit. As the majority of babies will receive part or all of their care at a local neonatal unit or special care baby unit – which may still be some distance from home – it is vital that all units receive the investment they need to develop their accommodation and other parent facilities so that they meet the needs of their local population, and are able to keep babies and parents together.

Encouragingly, *The Best Start* also recommends an urgent review into the approach to expenses for families in order to develop a nationally agreed policy. This is essential as Bliss Scotland's findings show only two out of 12 neonatal units could support parents with food and drink costs – and one NICU could offer no support at all, not even hot drinks. Parents frequently tell us that costs are a very real barrier to them being with and caring for their baby as much as they would like. We therefore look forward to the rapid development of a nationally agreed and adequately funded scheme of financial support for parents with a baby in neonatal care.

Future service models: caring for the right baby in the right place

The Best Start recommends a bold approach to redesigning neonatal care, with the proposal that the immediate model for neonatal care should be 'three to five NICUs… progressing to three units within five years', a significant change from the current eight NICUs (out of 15 units in total). This is based both on clinical best practice, to ensure that staff at NICUs regularly care for enough babies to maintain their clinical skills, and on evidence that shows that caring for the very sickest babies in a smaller number of more highly specialised units increases survival rates and positive outcomes for babies.[4,5]

Bliss Scotland's findings also support the imperative to redesign services, as our research showed that two thirds (four out of six) of NICUs surveyed had average occupancy rates below 70%, and three units had an average occupancy rate of below 60% for their intensive care cots. Moreover, NICUs with low occupancy rates across their intensive care cots exhibited over-occupancy in other areas. For example, one NICU with 57% intensive care cot occupancy had a special care cot occupancy exceeding 135%. Another NICU with 37% intensive care cot occupancy had a special care cot occupancy rate of nearly 95%.

FIGURE 1 January 2017 saw the publication of two new neonatal care reports for Scotland.

The *National Clinical Strategy for Scotland*[6] highlighted that the rural population in Scotland is the fastest growing and until now many specialties, not just neonatal care, have evolved to meet local access needs to services, resulting in the population size being insufficient to sustain specialist services across many areas. It is therefore a positive step that the Scottish Government has proposed a future model of care, based on evidence and best practice, designed to ensure that the very smallest and sickest babies have the best possible chance of survival and quality of life.

However, this will of course mean that some of the smallest and sickest babies will be transferred far from home to receive neonatal care for at least part of their treatment. As Bliss Scotland's research has shown, Scottish neonatal services currently lack the infrastructure to support many parents to stay with their baby, yet this must be available as soon as services are reconfigured to ensure that all families are able to stay with their baby throughout their time on a neonatal unit – especially where that unit may be further from home. It is essential that units have the investment now to develop the facilities and infrastructure needed to support families.

Workforce planning

With a high number of recommendations in *The Best Start* relating to the future shape of neonatal care in Scotland, including to significantly redesign and reduce the number of NICUs, create one nationwide neonatal network (from the current three), develop a seven-day community neonatal outreach service, and further develop transitional care facilities, it is clear that there will be a need to expand the neonatal workforce to deliver this programme of service transformation and to staff the future model of care so that it delivers on its stated ambition.

However, despite acknowledging that greater workforce planning will be required as part of implementation and that there will be a need to increase capacity, the report falls short of setting out the investment to be made to build the workforce accordingly. Moreover, the *Bliss Scotland Baby Report* shows that there are significant staffing shortages across the board affecting neonatal services now, with many units failing to meet a number of crucial standards for safe staffing. For example, six out of eight neonatal units told us they do not have enough nurses in post, despite clear evidence that nurse-to-baby ratios, particularly for babies receiving intensive care, impact on mortality rates;[7] and two thirds of units do not have sufficient medical staff, including consultants. While all intensive care units could, on paper, access a full suite of allied health professional services, much of this was by referral only and was described by staff as insufficient to meet demand.

Particularly in light of the recommendation to reduce the number of NICUs in the short-term, it is clear that staffing numbers in the remaining NICUs will need to increase accordingly to meet demand. It is therefore essential that investment in the neonatal workforce – both to address existing shortfalls and to build the workforce of the future – be factored in at the heart of implementation plans for the 'best start'.

Conclusions

The Scottish Government's comprehensive and detailed review report sets out a progressive vision for Scottish neonatal and maternity services which, if implemented in full, has the potential to greatly improve the quality and safety of neonatal services while simultaneously enhancing parental involvement in their baby's care.

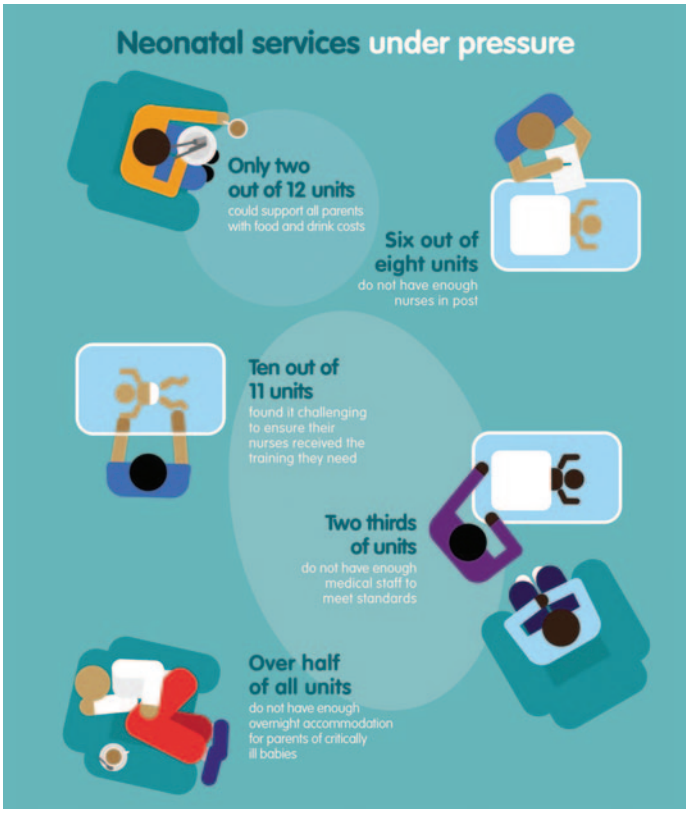

FIGURE 2 Bliss Scotland's research shows that neonatal units across the country lack the staff and resources they need to meet national standards on safety and quality of care for premature and sick babies.

However, Bliss Scotland's research highlights the staffing and resourcing issues currently facing neonatal services in Scotland, which must also be addressed alongside the implementation of the review's recommendations in order to make good on the commitment that 'all women, babies and their families get the highest quality of care according to their needs.'

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