Staffordshire, Shropshire & Black Country
Newborn Network

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Mr Andrew Lansley MP
Secretary of State for Health
White Paper team
Room 601
Department of Health
79 Whitehall
London
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Dear Mr Lansley

Please find below comments in response to the White Paper, Equity and excellence: Liberating the NHS on behalf of the Staffordshire, Shropshire & Black Country Newborn and Maternity Networks.

We welcome the coalition government's commitment to continue to ensure the NHS is available to all and based on need. An important aspect of the network's role is reviewing the need for neonatal services and advising the specialised commissioners on service configuration and development based on identified need to the benefit of all babies and their families in the network.

We endorse the vision for the NHS set out in the White paper (Para 1.10) and see the managed clinical network as a vessel through which the vision for the NHS can be achieved in both maternity and newborn services.

The development of maternity networks indicated in the White paper is essential. The Staffordshire, Shropshire and Black Country Maternity Network (SSBCMN) has been developing since 2005, it mirrors the Staffordshire, Shropshire & Black Country Newborn Network (SSBCNN) with the same six trusts involved and reports progress through the SSBCNN board governance structure.

The SSBCNN recognises the importance of having close working relationships with its maternity services in order to develop high-quality neonatal services in line with the principles in the recent Department of Health neonatal toolkit and has found non recurrent funding over recent years in order to support the development of the maternity network. This small investment has resulted in a number of quality maternity service initiatives including the development of network guidelines for the management of common obstetric emergencies and network perinatal education events. The new specialised commissioner has recently questioned why the newborn network has provided funding to develop the maternity network as the funding mechanisms for maternity and neonatal care are different - local versus specialised commissioning.

The newborn network therefore supports the idea that maternity services should be commissioned by the NHS commissioning board along with all neonatal services recognising that these services are both a part of the same maternity and newborn care pathway.

As currently very few maternity networks exist we would suggest that similar to the Staffordshire, Shropshire and Black Country area, maternity networks develop alongside existing newborn networks sharing governance structures to reduce duplication of effort and resources and maximising opportunities to collaborate on shared agendas whilst recognising that each speciality will have individual work streams too.

The SSBCNN has been extremely effective with a relatively small infrastructure and has achieved a great deal in its first six years. This has been due to the excellent clinical engagement (demonstrated through active participation in the network sub groups and attendance at network board meetings), parental representation and effective relationship with the specialised commissioners that have been developed by the network since its inception.

The success of the newborn network detailed below is very dependent on clinical engagement with the maternity services as this is key to managing capacity across maternity and neonatal services.

Working together in the network we have achieved far more to improve neonatal and maternity services with better outcomes for babies, their families, staff and the public than if working as individual providers, examples include;

- the development and implementation of standardised 2 year neurological follow up for the preterm and low birth weight babies cared for in each neonatal unit in the network
- network bedside neonatal clinical guidelines, now in their 3rd edition and the first edition of network maternity clinical guidelines are being published this year
- developing and running an annual network Foundation Programme in Neonatal Nursing to support the recruitment of nurses new to neonatal care
- network wide training and education programmes addressing local training needs and supported by a network practice educator role
- monitoring progress of neonatal services to meet agreed network standards which are based on national policy/guidelines through a web based standards assessment tool
- surveying parents experiences of neonatal services across the network to identify areas requiring service development from the parents perspective, this was done initially through a standard survey developed by the network but this year has moved to a national process supported by the network.
- developing parent support following discharge from a neonatal unit, a Helping Hands group has been successfully piloted in one area and is now being rolled out across the network area. This is an excellent example of using parent representation to identify and develop services to address local needs and has been championed by our parent representative.
- effective use of resources in the network area including; the procurement of standardised equipment resulting in significant savings for each Trust, prioritising areas for investment in the network and advising commissioners based on clinical need.
- influencing the move to a standard neonatal data collection system in each Trust enabling robust data collection, analysis and monitoring of neonatal activity across the network
- implementation of a 24/7 neonatal transfer service
- network wide audits and research including; outcome following in utero transfer and experiences of women who have been transferred in utero.

- The implementation and facilitation of “network” consultant posts in transport, cardiology and clinical effectiveness, as well as consultant posts with clinical responsibilities between pairs of Trusts, has assisted in developing services within the network and to ensure better care for babies born within the area. The inter trust working of these posts has facilitated communication and improved transition of patients between the network hospitals.

The network recognises the importance of good governance and works with all stakeholders to develop and agree a network business plan with annual objectives against which the network reviews progress in its annual report and open annual general meeting. Such co-ordinated planning is essential if efficiency savings are to be made and quality of care preserved.

The network supports the principle of transparency; network documents and guidelines are available on the network’s website which is on the world wide web and open to all.

The development of every trust becoming a Foundation Trust and therefore all autonomous providers requires careful consideration to the possible impact of this on the network model which is required to deliver services such as maternity and neonatal services. As these services need to be planned and delivered to a wider population than that served by the individual Trust whereby not all levels of each service will be required in each Trust.

Patient choice in maternity and newborn services is an area that also requires careful consideration but can be delivered through the network model with good communication to women and their families at booking and through out their care pathway so that they are fully aware of the range of services available to them within the network rather than just in their local Trust based on clinical need.

We believe Maternity services should be commissioned by the NHS Commissioning Board and more locally in close liaison with a managed Maternity Network to allow commissioning of choice across a wider area than may be possible for a GP commissioning consortium.

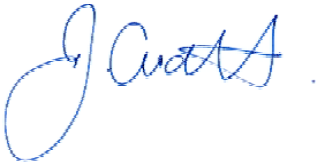
The development and implementation of NICE Quality standards to commission quality services is welcomed, the SSBCNN already provides a mechanism through its standards assessment tool by which providers can be monitored for their ability to meet the standards.

The move from process driven targets to the NHS outcomes framework is supported by the SSBCNN, however comparisons of outcomes need to be meaningful (local, national and international), and therefore adjustments need to be made for factors such as disease severity, and deprivation.

The removal of Primary Care Trusts (PCTs) and Strategic Health Authorities puts a question mark over where networks will sit in the new structure of the NHS and the future funding mechanism for networks. Currently newborn networks are funded from PCT allocations to the Specialised Commissioning Team for newborn services and are hosted by a PCT within the network area. Networks are effective because they fit with natural care pathways and catchment areas thus meeting local needs. We would suggest that networks should be within a regional hub of the NHS Commissioning Board, along side the specialised commissioners and quality monitoring arrangements of the local providers that comprise the network.

We hope these comments are useful to the decisions to be made following the consultation period and we look forward to seeing the final paper detailing the changes in the NHS.

Yours sincerely



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