

2 Year Follow Up Outcomes Audit 2018 data

Name of unit: Neonatal Services, Princess Royal Hospital, Telford

Name and contact of person completing this report (in January 2019):

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Background

NICE guidance (2017) NG72, on 'Developmental follow-up of children and young people born preterm' mentions surveillance assessments up to and including 2 years of corrected age. Hence, preterm infants born at <30 weeks gestation should be offered a structured developmental assessment at 24 to 27 months corrected age.

The Bayley Scales of Infant and Toddler Development III (BSID III) assessment between 24 and 27 months of corrected age assesses cognition, motor (fine and gross), and language (receptive communication and expressive communication) skills.

Aims and objectives

Audit initiated by the SSBCN ODN Long Term Neurodevelopmental Follow Up Group, looking at children referred for a structured neurodevelopmental assessment for

- the number of children offered such assessments
- the mode of assessment
- the outcomes

Current local pathway at SaTH

- Babies discharged from the neonatal unit at SaTH are followed up in the named neonatal consultant clinic till 2 years corrected age.
- Prior to reaching the corrected age of 2 years, they are referred by the named consultant to the Bayley Clinic, provided the child has not already been referred to the Community Paediatricians for an earlier identified concern.
- If children do not attend the Bayley Clinic appointment, the structured assessment should be undertaken by the Health Visitor as part of the Ages and Stages Questionnaire.

Methodology

- Retrospective audit
- Data collected from: - Badgernet
- Clinical Portal

Number of eligible children:

List of children obtained from Badgernet: 43

Eligible children include: - babies born at <30 weeks gestation and
- born between 1 July 2015 and 20 June 2016 and
- having had care at SaTH

Assessments

Number of children seen 25

Numbers of children not seen 18

Reason for those not seen (n=18)	
Discharged post follow up (not referred for Bayley)	2
Lost to follow up	0
Declined appointment	0
Did not attend appointment	5
Responsibility of another unit	7
Moved out of area	4
Local decision not to follow up	0

Mode of assessment (n=25)

Bayley	15
Griffiths	0
SOGs	2
Health Visitor assessment	4
No formal test (eg information from general clinic assessment)	1
Information from Community Paediatrics not available	3

Outcomes

On-going medical problems 6 (cerebral palsy, neonatal glue ear, genetic disorder, vocal cord palsy, hydrocephalus x 2)

Developmental score (22 available results)	
Normal (< 3 months delay)	13
Mild delay (3-6 months delay)	6
Moderate delay (6-12 months delay)	2
Severe delay (>12 months delay)	1

On-going care (for the 17 children seen ie. 15 Bayley, 2 Health Visitor)

Discharged	13
Referred to general paediatrician	0
Referred to community paediatrician	4

Additional children already under community paediatric care 8

Summary and Conclusion

Number of children identified from Badgernet	43
Number of children to be excluded (out of area)	11
Number of children due to be offered structured assessment	32
Number having early referral to Community Paediatrics	8
Number due to be offered Bayley assessment	24
Number who were not referred for Bayley assessment	2
Number who were actually offered Bayley assessment	22
Number who did not attend Bayley assessment	5
Number attending Bayley assessment	15
Number having alternative assessments	2

Of the 24 eligible children who should have been referred for a Bayley assessment, 8.3% (2 children) were not referred. Hence, the majority of eligible children are offered a Bayley assessment.

68% of referred children (15/22) attended the Bayley assessment and 77% (17/22) attended some form of a structured assessment.

37.5% (12/32) children were referred to Community Paediatrics (either through early referral or after Bayley assessment).

Recommendations

1. Need to explore a system of being able to highlight when the 2 year structured assessment is due, so that offering structured assessments can be more streamlined.
2. This audit has highlighted a previously recognised need for a streamlined process to ensure that the information from structured developmental assessments being done in the community (Community Paediatricians or Health Visitors) is fed back to the neonatologist for input into the Badgernet system.