

MR 19

Ymchwiliad i recriwtio meddygol

Inquiry into medical recruitment

Ymateb gan: Bliss

Response from: Bliss

## Bliss submission to Health, social care and sport committee inquiry into medical recruitment

*November 2016*

### About Bliss

Bliss is the UK charity dedicated to ensuring that premature and sick babies survive and go on to have the best possible quality of life. We provide information and support to families, work with doctors and nurses to ensure the very best care is given to babies, and campaign for essential change within government and the NHS.

### Introduction

1. Over 2,700 babies are born in Wales each year who need specialist neonatal care.<sup>i</sup> <sup>ii</sup> That means one in 12 of all babies born is admitted to neonatal care because they are premature or sick.<sup>iii</sup>
2. Many of these babies will grow up with no ongoing health conditions, but some children will face a range of health complications in later life.<sup>iv</sup> The care that these babies receive while in hospital is crucial for both their survival and their long-term quality of life.
3. However, recent research by Bliss, outlined in the *Bliss baby report 2016: time to change* published in July 2016, shows that many neonatal services in Wales do not have the medical and other key staff they need to provide safe, high quality care in line with national guidelines. The findings set out in this report are based on a survey of all 11 units across Wales conducted in November 2015 – all of which responded. Unless otherwise stated this report is the source of the statistics used in this submission.

4. Premature and sick babies are currently cared for in 11 neonatal units across Wales.<sup>v</sup> The service provided across these units is co-ordinated by the Wales Neonatal Network which advises Health Boards and works with units and neonatal transport services to ensure that babies receive the care they need, as close to home as possible.
5. Neonatal units must have the right mix of medical staff to safely manage babies' care. It is very important that guidelines on the minimum number of medical staff are met. There are fewer medical staff than nurses working on neonatal units, so even one or two gaps on a medical rota can have a big impact on babies' care and how well the unit runs.
6. The British Association of Perinatal Medicine (BAPM) *Service standards* set out guidelines for the minimum number of medical staff needed at each level of seniority.

#### **Shortfall in medical staff**

7. Over half of neonatal units, including two out of three local neonatal units and four out of five special care baby units, did not have enough medical staff to meet minimum standards for safe, high quality care. This could underestimate the scale of the problem, as some units may need staff in addition to the minimum requirements, depending on the demands of the service.
8. Six units did not have enough tier three (expert) staff members and five of these units also did not have enough tier two (middle grade) staff members. One unit did not have enough tier one (junior) staff on its medical rota.
9. This means that half of the neonatal units in Wales do not have the expert and middle grade medical staff they need to be able to meet minimum standards for quality and safety. These shortages are at more than one level of seniority which could make it especially difficult for units to cope and to provide a safe level of care.

10. Local neonatal units should have tier one (junior) staff whose time is dedicated to the neonatal unit, ensuring that they can focus on babies in neonatal care rather than dividing their attention with other paediatric patients. However, only one local neonatal unit had a tier one rota that was fully dedicated to neonatal care. One local neonatal unit had a partially dedicated tier one rota, but staff shared their time with general paediatric care during nights and weekends. The tier one staff at another local neonatal unit did not have any of their time dedicated to the neonatal service at all.

### **Funding**

11. An important factor causing the shortfalls in medical staff is that neonatal units in Wales are often not funded to recruit the doctors and advanced neonatal nurse practitioners that they need. Even if all medical vacancies were filled at the six units unable to meet minimum standards on medical staffing levels, four units would still not have had enough medical staff in place during 2014/15 to meet minimum standards for safe, high quality care.

### **Recruitment**

12. Another substantial barrier to achieving the right staffing levels is that neonatal units in Wales struggle to recruit the medical staff they need to provide a safe level of care. Eight out of 11 units reported at least one unfilled medical vacancy, with tier one (junior) and tier two (middle grade) medical posts particularly difficult to fill.
13. The 2014/15 Royal College of Paediatrics and Child Health (RCPCH) workforce survey also found that there were a very high number of vacancies in neonatal and paediatric inpatient services in Wales, at 28 per cent for tier two (middle grade) rotas.<sup>vi</sup> Wales also had a comparatively low rate of locum cover, with only 16 per cent of vacancies being filled by locums.<sup>vii</sup> This suggests that it is very difficult for many Welsh units to cope with rota gaps by finding locums to take on shifts, leaving them short-staffed on a day-to-day basis.
14. There are many possible reasons for these shortages. For example, there are a limited number of medical training places available

due to long-term workforce planning considerations about the number of consultants that will be needed in the future. This issue will become more acute in September 2016, as one of the three neonatal intensive care units in Wales will no longer be a training centre. This means that it will have to fill its medical rota entirely without medical trainees.

15. Another factor is that paediatric medicine, which includes neonatal medicine, has high numbers of international medical graduates so visa restrictions on international workers may be having an impact on medical recruitment in neonatal care.<sup>viii</sup>

16. Finally, nurse staffing shortages and barriers to training also make it difficult for units to fill medical rota gaps with advanced neonatal nurse practitioners.

17. This combination of factors has left many neonatal units struggling to meet minimum requirements for medical staffing. This is an urgent problem and a long-term challenge for many neonatal units and the babies they look after. In recent years, Health Boards across Wales have undertaken reviews of neonatal care and other hospital services with a view to making the staffing of services more sustainable. It is vital that the Welsh Government and Health Boards now commit to making sure that all units are appropriately staffed to meet national standards and ensure the safe care of babies. This will require investment and a commitment to ongoing collaborative workforce planning.

18. Quotes from health professionals:

“There are insufficient doctors on the training scheme to fill the posts, and that is across specialties, including neonates. It is even harder to fill the non-training posts – most of these are with doctors from outside of the UK.” (Consultant Neonatologist)

“There is huge pressure as there are gaps in the tier two rota. The posts are not filled by the deanery and there are not enough non-training doctors around.” (Senior Nurse)

“The shortage of junior doctors (trainees and specialty doctors – we have a shortage of both!) is a great concern.” (Consultant Neonatologist)

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## References

<sup>i</sup> Wales Neonatal Network (2014) *Annual Report 2014: Report on achievements, transport, staffing, activity and outcomes*, p.25

<sup>ii</sup> Admissions data for 2014 provided by the Neonatal Data Analysis Unit

<sup>iii</sup> There were 33,648 live births in 2014 to Welsh residents: Statistics for Wales (2015) *Births in Wales 2004 - 2014: Data from the National Community Child Health Database*

<sup>iv</sup> For example, children born extremely prematurely are more likely than other children to have cerebral palsy, learning difficulties, behavioural problems and breathing difficulties. More information available at: [epicure.ac.uk/overview/main-challenges](http://epicure.ac.uk/overview/main-challenges)

<sup>v</sup> The number of hospitals providing neonatal care in Wales will be reduced to nine following implementation of the South Wales Programme, which looked at the safety and sustainability of a range of services: [wales.nhs.uk/sitesplus/documents/1077/Final%20Report%20of%20the%20South%20Wales%20Programme%20Board%204%20February%2020141.pdf](http://wales.nhs.uk/sitesplus/documents/1077/Final%20Report%20of%20the%20South%20Wales%20Programme%20Board%204%20February%2020141.pdf)

<sup>vi</sup> Royal College of Paediatrics and Child Health (2015) *Rota vacancies and compliance survey: Winter 2014/15*

<sup>vii</sup> RCPCH (2015)

<sup>viii</sup> General Medical Council (2014) *The state of medical education and practice in the UK 2014*, p.53