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Briefing to Assembly Members on the Children and Young People Committee

REVIEW OF NEONATAL SERVICES

Introduction

The Chartered Society of Physiotherapy (CSP) in Wales is pleased to provide some written evidence to the Assembly Children and Young People Committee to inform the short inquiry into neonatal services.

Key points

- The CSP notes recommendation 1 of the Review undertaken by the Health and Social Services Committee in 2010 that

"Welsh Government should ensure that a review of capacity be undertaken by the All Wales Neonatal Network to include current staffing and activity trends".

In relation to paediatric therapy service provision to neonatal units in Wales an audit was carried out across Wales, focussing on dietetic, occupational therapy, physiotherapy, psychology and speech and language therapy. (The full report can be found at appendix 1)

The audit identified how Health Boards comply with the standards of care identified by British Association of Perinatal Medicine (BAPM) and All Wales Neonatal Standards (AWNS).

Evidence from the audit showed that only 3 neonatal units comply fully with the AWNS standards in relation to physiotherapy and all others are either partially or non compliant with either the BAPM or AWNS standards across all therapies. CSP members report to the professional body that even some of the services that comply with the standards are not funded for neonatal units specifically. They are provided from generic paediatric physiotherapy service funding.

Although many units have access to paediatric therapy services, this has to be prioritised against other referrals.

The Society is concerned at the staffing levels available for neonatal services.

- The audit/recommendations for paediatric therapy service provision for neonatal units in Wales identified/suggested minimum levels for highly specialised therapy staffing within Health Communities and Health Boards in Wales.

These were based on factors including:

- BAPM standards for therapy staffing in Level 1, 2, 3 hospital neonatal units.
- The number of babies who require follow up therapy management in the community per year which is approximately 4-6 per ITU cot.

These numbers can be found in Table 4 of the full report.

To the Society's knowledge, there has been no improvement in physiotherapy staffing levels.

- The audit also made a set of recommendations to the neonatal steering group:

- The audit of paediatric therapy service provision is circulated to health boards, including Directors of Therapy and Heath Services (DOTHS).

- Health Board therapy and neonatal teams should be asked to consider local priorities and work across health communities to develop, sustainable, high quality services that support local needs.

- Examples of good practice are shared across the network via the Welsh Therapy Advisory Committee (WTAC).

- Health Boards undertake a review of their services against the service model outlined and work towards developing services, across health communities that are in line with the recommended principles.

The CSP has heard of no progress with these recommendations to date.

Concluding remarks

The CSP is concerned that therapy provision in neonatal services does not meet All Wales Neonatal Standards or British Association of Perinatal Medicine (BAPM).

The profession hopes the Children and Young People Committee will pick this up as part of the review and encourage Welsh Government to address the staffing issues.

In conjunction with:

The All Wales Children and Young People Physiotherapy Managers Committee

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About the CSP and Physiotherapy

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 50,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents over 2,000 members in Wales.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, helping to prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy delivers high quality, innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost-effective ways. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, optimising clinical outcomes and the patient experience at the centre of all it does.

Appendix 1 – Full Report

AUDIT/ RECOMMENDATIONS for PAEDIATRIC THERAPY SERVICE PROVISION TO NNU IN WALES

NEONATAL NURSING & THERAPIES SUBGROUP

WELSH NEONATAL NETWORK

1. INTRODUCTION

The purpose of this paper is to identify current paediatric therapy provision within the Welsh Neonatal Network and to compare stated provision with the standards set down by the British Association of Perinatal Medicine (BAPM) and the Children & Young People's Specialists Healthcare Services documents (CYPSS). This paper will also make outline recommendations for bridging the gap between current service provision and described Standards.

2. BACKGROUND

Over the last 20 years there has been an increased demand demonstrated for the provision of therapy services to care for the developing preterm infant. As medical and nursing management has become more advanced, increasing numbers of preterm babies are surviving the neonatal period. However, despite state of the art medicine, nursing care and technology, neuro-developmental or physical impairment can be a major consideration for some of these babies and young children.

It has been shown that these patients have improved outcome when they are managed by a clinical network of multi-disciplinary professionals from primary, secondary and specialist care working in a co-ordinated manner in order to ensure equitable provision of high quality and clinically effective services.

<u>BAPM Standards for Hospitals Providing Neonatal Care (2010) –</u>

Standard 6.1, specialist dieticians have a major role in assessing and improving the nutrition of premature infants and data exists that documents the benefit of including a neonatal dietician within a NNU team for nutritional support.

Standard 6.2 states that neonatal occupational therapists and neonatal physiotherapists, with the appropriate skills, knowledge base and experience to provide developmental based neurological behavioural assessment and follow-up of high risk infants, are vital in the event of an early diagnosis.

Standard 6.3 identifies that a specialist speech and language therapist is a key member of the multi-disciplinary NNU team with a unique role of the assessment and management of infant feeding and swallowing.

Standard 6.5 reflects that all parents whose babies are admitted to a neonatal unit suffer stress, they may experience significant trauma with the possibility of post traumatic stress symptoms. All parents should have access to a trained clinical psychologist specialising in neonatal care.

All Wales CYPSS standards (2008) are less specific in the provision of therapy services to neonatal patients .Standard 3.5 states that support services including dietetics, therapy, physiotherapy and speech and language therapy should be readily available to neonatal patients , within a timescale of 1-3 years. It further indicates that all therapists caring for neonates should have a shared knowledge base and competencies in the highly specialist area of NICU. Therapists providing neonatal care should be experience in neonatal care and capable of providing network support in complex neonatal and surgical patients.

3. AUDIT OF CURRENT THERAPY STAFF PROVISION IN WELSH NEONATAL UNITS

Table 1 contains Information that has been provided by therapy managers in Wales via the WTAC, All Wales Therapy Managers Committees and an expert reference group. Audit information has also been provided via the nursing and therapies sub group of the Welsh Neonatal Network.

(i) BAPM Standards for Hospitals providing neonatal care

It can be seen that most neonatal units in Wales did not comply with the BAPM Standards for Allied Health Professionals, in particular for dietetic provision, where BAPM standards specify staffing levels equivalent to 0.01 to 0.05 WTE dietitians per ITU cot.

Only two Level 3 NNU units reported that they are able to provide care from designated neonatal therapists who are funded and trained to the level of competency as described in BAPM document.

(ii) All Wales Neonatal Standards CYPSS.

Whilst a number of therapy services in Wales report that they will accept patient referrals from neonatal units, only two have dedicated neonatal provision, see **Table 2**. This means that

neonatal referrals to generic paediatric therapy services will need to be prioritised against all other referrals from paediatric areas within the LHB.

Table 1 also demonstrates that whilst many of the neonatal units in Wales partially comply with the CYPSS Neonatal Standards, this does not reflect their vulnerability in terms of sustainable service provision. There is also no indication that the services provided are highly specialist and that the therapy staff are trained to the level of competency as described in both Standards document.

The therapies expert reference group were also asked to give a brief description of individual therapy service links/ communication channels / joint working between the different levels of neonatal units in each LHB, and importantly how the transfer of babies into community therapy services currently functions in each health community. **Table 3** contains comments from different therapy services in Wales.

4. MINIMUM RECOMMENDED SPECIALIST THERAPY STAFFING LEVELS

Table 4 identifies suggested minimal levels for highly specialist therapy staffing within Heath Communities and Health Boards in Wales. These recommendations are based on the following:

- BAPM standards for therapy staffing in Level 1, 2 and 3 hospital Neonatal units
- the number of babies who require follow up therapy management in the community per year which is approximately 4 -6 per ITU cot.
- consensus statements from therapy services in Wales
- the need for health communities to work together to provide neonatal service for their populations, as recommended by the Neonatal Network
- provision of 1 session of education and supervision per week for all neonatal therapy services within each Health Board and the wider Health Community

5. BRIDGING THE GAP

Using a modified Delphi methodology the therapies expert reference group were asked to agree the following consensus statements based on the findings above:

LEVEL 3 UNITS	• Any future business cases for level 3 neonatal units should include appropriate provision for a highly specialist multi-disciplinary therapy team in order to support high dependency babies and their families and to meet national standards of care. • Highly specialist therapy services which are developed within the level 3 neonatal units in Wales, should work within the neonatal network to provide support, training and a competency based framework for all specialist therapists working in level 1 and 2 neonatal units in order to ensure sustainable NNU service provision across Wales. • Level 3 neonatal units should act as the lead in specialist therapy care for neonatal patients and providing training opportunities throughout the network. Competency based frameworks should be established for neonatal therapy services in order to ensure the highest quality of care for patients.
LEVEL 1 & 2 UNITS	• Any future business cases for level 1 and 2 neonatal should include appropriate provision for a paediatric multi-disciplinary therapy team which will be able to support low dependency babies and their families and who may have ongoing therapy needs.
ALL UNITS	• Any future business cases for level 1, 2 and 3 neonatal units should include appropriate provision for outreach / community therapy services in order to support babies and their families who have ongoing therapy needs post discharge from the neonatal unit.
NETWORK	• The current audit against recognised standards of care for therapy services within the Welsh Neonatal Network should be reviewed in 12 months time in order to determine progress against set standards

6. CONCLUSIONS AND RECOMMENDATIONS

This paper outlines the current provision of paediatric therapy across neonatal Units in Wales and identifies how Health Boards comply with the standards of care identified by British Association of Perinatal Medicine (BAPM) and All Wales Neonatal Standards.

It is evident that only 3 Units comply fully with the standards in relation to physiotherapy provision and that although many Units have access to paediatric therapy services, this is prioritised against other referrals.

Recommended minimum staffing levels have been identified for health communities in Wales which indicate that if, Health Boards were to work together, the gaps in provision may be more easily addressed.

The Neonatal steering Group is asked to consider the following recommendations:

- The Audit of Paediatric therapy service provision is circulated to health boards, including Directors of Therapy Services

- Health Board therapy and neonatal teams should be asked to consider local priorities and work across health communities to develop , sustainable, high quality services that support local needs.

- Examples of good practice are shared across the Network via the All Wales Therapy managers Committee (WTAC)

- Health Boards undertake a review their services against the service model outlined and work towards developing services, across health communities that are in line with the recommended principles.

Report completed:

May 2011

Table 1

AUDIT OF CURRENT THERAPY STAFF PROVISION IN WELSH NEONATAL UNITS

UHB	Hospital	Dietician		OT		PT		Psychology		SLT	
		AWNS	BAPM	AWNS	BAPM	AWNS	BAPM	AWNS	BAPM	AWNS	BAPM
ABMU	POW										
	Singleton										
Aneurin Bevan	RG					0.2					
	NH					0.025					
BC	Wrexham										
	GC										
	Gwynedd										
C+V	CHfW					0.5					

WTAC Representative – Nursing and Therapies sub group

Cwm Taff	Rglam										
	PC										
Hywel Dda	WWG										
	WB										

AWNS	All Wales Neonatal Standards - Children and Young Peoples Specialised Services (2008)
BAPM	British Association of Perinatal Medicine Service Standards (2010)

Fully compliant with standard

Partially compliant with standard

Non-compliant with standard

Table 2

AUDIT OF CURRENT THERAPY STAFF PROVISION IN WELSH NEONATAL UNITS

UHB	Hospital	Dietician	OT	PT	Psychology	SLT
ABMU	Princess of Wales Singleton	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities.	No Service Provision	Services to the NNU are provided from generic therapy services on an ad hoc "as needed basis" and provided by clinicians with a clinical interest in this speciality hence maintain their skill levels however these services will not be sustainable in the long term and are vulnerable to episodes of sick leave etc No dedicated service Provision to NNU.	No return	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities
C+V	UHW	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities Services to the NNU are not sustainable as demands on our service are increasing with limited funding streams to support them. We are therefore unable to	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities	0.5 WTE Band 7 to include community follow up	No return	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities

		support a robust succession planning framework for this cohort of patients and clinical interest is a problem as with the limited time available to the unit there is no opportunity to develop the role.				
UHB	**Hospital**	**Dietician**	**OT**	**PT**	**Psychology**	**SLT**
Cwm Taf	Prince Charles Royal Glam	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities	No Service Provision	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities	No Return	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities
Aneurin Bevan	Royal Gwent Neville Hall	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities	No Service Provision	0.225 WTE Band 7 to include community follow up	No Return	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities

WTAC Representative – Nursing and Therapies sub group

Hywel Dda	Withybush West Wales General	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities	No Service Provision	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities	No Return	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities
Betsi Cadwaladar	Wrexham Maelor Glan Clywd	As a dietician I visit SCBU once a week to see patients. I then see patients in OPD as needed with nutritional problems (mostly faltering growth and feeding problems). No Service Provision	No dedicated service therefore covered by paediatric team called in to be involved in planning for discharge and do not have any involvement with the very premature babies Would need up skilling if needed earlier involvement- nurses position and provide respiratory management currently for the severe premature babies	Have a regular link with SCBU and patients seen as required, liaising on discharge and attending SCBU follow up clinic.	No Return	No dedicated service provision as patients are seen as required from generic Paeds services but subject to prioritisation against other paeds specialities

Table 3

JOINT WORKING AND LINKS WITH COMMUNITY SERVICES

Health Community	Dietician	OT	PT	SLT
North (Bangor, Glan Clywd-Rhyl, Wrexham)	There is currently no joint working between dietetic services within BCUHB with relation to neonatal units – mainly because there is currently v little service in any of the neonatal units. At Wrexham, I see babies who have been referred to me on SCBU in the community – the SCBU community nurse is the main referrer in the community of babies discharged from SCBU. **Kate Harrod-Wild Senior Paediatric Dietician Betsi Cadwaladr University Health Board**			
South West (Aberystwyth, Haverford west, Carmarthen, Swansea , Bridgend)	I agree with the consensus statements. There is 1 area I would like to highlight, as an example of good practice, in Hywel Dda Carmarthen unit there has been considerable work undertaken to develop and implement neonatal feeding guidelines and it will be important to facilitate the sharing of good practice, such as this work, developed at levels 1 and 2 as well as level 3 leading such development work. I would be happy to provide more information as required. **Karen Thomas Joint Head of Dietetics Hywel Dda LHB**			
South Central (Merthyr, LLantrisant , Cardiff)	There is currently no funded Specialist SLT support to the NNU at UHW. Transfer of babies to Community SLT colleagues within Cardiff and Vale UHB relies on good will of the receiving SLT and infants are usually prioritised over existing caseloads and other new patients. Infants transferred outside Cardiff and Vale UHB are subject to individual UHB waiting times, which may be 14 weeks. Beyond Cardiff and Vale UHB the number of SLTs with adequate training skills to manage paediatric dysphagia in children under 2 years is limited. The number of SLTs with training and skills in managing neonates is limited further. The current transfer process includes phone/email contact to advise receiving SLT of an anticipated discharge, and a discharge report. The SLTs at UHW reluctantly have no capacity to provide support to SLTs managing infants on discharge, or to support SLTs working in level 1 or 2 units. Phone advice is given if requested.			

	The need for support, training and a competency-based framework is well recognised but simply unachievable in the absence of any dedicated SLT for neonatology in Cardiff. **Delyth Lewis Head of SLT , Cardiff and Vale UHB**
South East (Abergavenny, Newport)	I now cover RGH and NHH Units in a liaison role, similar to Sian Howells at Cardiff and Vale UHB. I spend half a day a week on the Unit - 1 afternoon a month at NHH, the rest at RGH.I then provide Community developmental follow up of all <30wk babies and the others referred, which takes another5-6 hours a week. **Debbie Paris , Senior Paediatric Physiotherapist Aneurin Bevan LHB**

Table 4

MINIMUM RECOMMENDED SPECIALIST THERAPY STAFFING LEVELS

Health Community	LHB	Dietician		OT		PT		SLT	
		Acute	Community	Acute	Community	Acute	Community	Acute	Community
South West	POW	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
	Singleton	0.3	0.2	0.3	0.2	0.3	0.3	0.3	0.3
	WWG	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
	HW	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
Total		0.55	0.45	0.55	0.45	0.45	0.45	0.45	0.45
Workforce planning calculation (+24%)		1.34 WTE Health community		1.34 WTE Health community		1.34 WTE Health community		1.34 WTE Health community	
North	Wrexham	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
	GC	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
	Bangor	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
Totals		0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
Workforce planning calculation (+24%)		0.8 WTE per Health community		0.8 WTE per Health community		0.8 WTE per Health community		0.8 WTE per Health community	
South Cent	C+V	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6
	Royal G	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
	PC	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05
Totals		0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
Workforce planning calculation (+24%)		1.5 WTE per Health community		1.5 WTE per Health community		1.5 WTE per Health community		1.5 WTE per Health community	

WTAC Representative – Nursing and Therapies sub group

South East	RG	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
	NH	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Totals		0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Workforce planning calculation (+24%)		1.1 WTE per Health community		1.1 WTE per Health community		1.1 WTE per Health community		1.1 WTE per Health community	