Reducing term admissions to neonatal units

SCN meeting
18th December 2015
Drivers and opportunities

Proxy indicator of harm

NHS England priority: Indicator 5.5 of Outcomes Framework

Spotlight on Perinatal care

Morecambe Bay and Cumberlege review, maternal mental health

Alignment

Stillbirth care bundle; EBC; Maternity Safety Thermometer, CQC, NNEWTT

REDUCED ADMISSION OF FULL TERM BABIES TO NEONATAL UNITS
Data sources

- **NNRD** – “primary reason for admission”
- **NRLS** – patient safety data
- **NHSLA** – claims in relation to term babies
- **Parent stories**
- **Clinical front line experts**
What we currently know
Admissions to NNU 2011-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Admissions</th>
<th>Term Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>205</td>
<td>425</td>
</tr>
<tr>
<td>2012</td>
<td>213</td>
<td>430</td>
</tr>
<tr>
<td>2013</td>
<td>217</td>
<td>435</td>
</tr>
</tbody>
</table>
Term Admissions as % Term Births

![Chart showing term admissions as percentage of term births from 2011 to 2013. The admissions increase from 2011 to 2012 and further in 2013.]
Term Admissions as Percent of Total Admissions
Why are the numbers increasing?

• Are there more sick babies?
• Have changes in practice and/or culture increased pressure to admit babies?
• How many are “avoidable”?
• How many could be cared for outside NNU?
Reason for Admission

- Respiratory: 25%
- Infection: 15%
- Jaundice
- Hypoglycaemia
- Asphyxia
- Other
- Other 2

(NHS | Presentation to [XXXX Company] | [Type Date])
How are we addressing the problem?
Progress to June 2015

- Data review – NNRD, NRLS, NHSLA
- Understand complexity
- CQUIN
- System wide engagement
- 5 working groups set up
- Priorities for each group identified
- Agreed as deliverables

- Planning and development of model for system wide improvement
- Threat to work with PS move from NHS England
Progress since June 2015 - Chairs

- Credible clinical leadership – Chairs appointed
- “Chairs only” group formed and met
- Maternity and neonatal relationships developing
- Strategy for communication between Chairs agreed
- Reporting mechanism to NHSE and sharing info
- WG meetings held – joint chairing arrangements
- Future meeting dates agreed
- ToR (finalising)
- Review of membership
- Project Charters and mission statements
- Refined Model
Progress since June 2015 - general

- Patient level data analysis: >136 000 babies
- Commissioned ONS to provide denominator data
- Data shared with Maternity Review team
- Further project and admin support given
- Presentation at multiple events
Are admissions avoidable?

Could babies be cared for outside NNU?
Could babies be cared for outside NNU?

- Total Admissions = 136,056
- Number admitted < 72 hrs requiring only SC = 64,310 (47%)
- Number admitted < 48 hrs requiring only SC = 41,931 (31%)
Reason for Admission SC only vs all
Does hypothermia have a role in babies needing only SC?
Where do we go from here?
Key Aims

- Reduce serious morbidity
- Reduce separation of mother and baby
- Reduce “unnecessary” blood sampling
- Reduce variation in practice and insure national guidelines followed
How are we going to achieve our aims

- Education and training group
- Parent engagement and information group
Next 3 months

- Wise use of available resource in next 4 months
- Validate data and share widely
- Abstract submissions

- Deliver work programme

- Branding
- Improved communication + Twitter / FB / newsletters (PS transfer…..)
SCN support

- Awareness of TA rates in your SCN

- Strategic support for providers where reducing TA is part of work programme

- Encourage providers to consider prioritising and awareness of CQUIN

- Collaboration with ODN’s
Discussion