



Committee report

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| Committee | POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH |
| Date | MONDAY, 19 MARCH 2017 |
| Title | HEALTH SERVICE RECONFIGURATION |
| Report of | PAUL THISTLEWOOD, SCRUTINY OFFICER |

SUMMARY

1. To consider two matters involving proposed changes to the delivery of health services to island residents.

ISLE OF WIGHT NEONATAL UNIT REDESIGNATION

2. As the result of a national review of local neonatal units Wessex Neonatal Operational Delivery Network undertook a review of the current unit at St Mary's Hospital, Newport.
3. A meeting was held on 15 February 2018 involving the Chairman of the Committee, the Council's Scrutiny Officer and Joanna Smith, IW Healthwatch Manager with Sian Summers, Service Specialist – Specialised Commissioning, NHS England (South); Dr Liz Mearns, Wessex Area Team Medical Director; and Carol Wood, Head of Communication and Engagement, NHS England (South East and South West).
4. This provided an overview of the current situation and proposals to ensure that Island patients are able to receive a safe, high quality and sustainable service. The briefing paper circulated at that meeting is attached.
5. There are three types of neonatal unit providing different levels of care, these are;

Neonatal Intensive Care Unit (NICU) – for babies who need:

- respiratory support (ventilation)
- additional support due to low birth weight of less than 1,000g
- CPAP and are born at less than 28 weeks gestation
- support due to severe respiratory disease

- surgery

Local Neonatal Unit (LNU) – for babies who need:

- short term intensive care support following apnoeic attacks
- continuous positive airway pressure (CPAP)
- parenteral nutrition (tube feeding)

Special Care Unit (SCU) – for babies who need:

- continuous monitoring of their breathing or heart rate
- additional oxygen
- tube feeding phototherapy (neonatal jaundice)
- recovery and convalescence from other care

6. It was accepted that the current processes could not continue. There was a need for those patients identified with complex delivery deliveries or problems to receive care at a relevant unit. This is already happening in many instances but will become the standard approach for all patients.
7. The Chairman was satisfied that there was a clinical need for the proposals being implemented but a number of issues requiring clarification were identified. These are as follows :-
 - a. Actual target date for full implementation.
 - b. Arrangements for the return of a patient taken to a mainland LNU when taken by SONeT but does not give birth. Is this by patient transport or does the patient have to sort out and pay for?
 - c. What facilities are available for a family member to stay at a LNU. Reference was made to Ronald McDonald House at Southampton. Is there a similar facility at Portsmouth? What is the capacity and cost of a stay? What other facilities are available in the vicinity that can be utilised by a family member?
 - d. Will those mothers that give birth at a LNU have to return to it for any follow up checks and if so will the transport arrangements be for the patient to sort out and fund?
 - e. Assurance that the comments of patients who have used a mainland LNU over the past three years will be sought and shared with us and that arrangements will be put in place to provide an annual feedback on patient experience after the changes?
 - f. Assurance that SONeT (Southampton Oxford Neonatal Transport) has sufficient capacity to provide transport from the Island?
 - g. On the SONeT website there is a section on ferry transfer. This indicates that the guidelines represent the views of the Southampton

Oxford Neonatal Transport team. They have been produced after careful consideration of available evidence in conjunction with clinical expertise and experience. Can these guidelines be made available?

- h. Assurance that staff within the St Mary's special care unit will get the benefit of upskill training by staff from a local neonatal unit. This will assist with management of preventative labour to stabilise patients before being transported to a mainland unit.
 - i. There is sufficient capacity within Portsmouth and Southampton to deal with small numbers anticipated from the Island.
8. A response is awaited and will be circulated when received. On the basis of the information provided there does seem to be clear clinical evidence for the change.
9. Reference was made in the briefing document, and at the meeting, to a recent similar change in Dorchester. Contact has been made with scrutiny colleagues in Dorset and it was noted that there were no concerns raised as the result of the change there.

MODERNISING RADIOTHERAPY SERVICES IN ENGLAND – DEVELOPING PROPOSALS FOR FUTURE SERVICE MODELS

10. At the end of 2017 the Head of Communications and Engagement at NHS England (South East and South West) drew attention to a national consultation that NHS England was undertaking on adult radiotherapy services.
11. The development of the proposed service specification sits alongside NHS England's £130 million investment in radiotherapy equipment, which was announced in 2016 aimed at delivering the vision for radiotherapy services.
12. Radiotherapy providers will be encouraged to work together in Networks to concentrate expertise and improve pathways for patients requiring radical radiotherapy for the less common and rarer cancers. This is to help to increase access to more innovative radiotherapy treatments, increase clinical trial recruitment and make sure radiotherapy equipment was fully utilised, securing greater value for money. There is no intention to reduce the number of radiotherapy providers, nor is it considered to be a likely outcome of these proposals.
13. After reading the Radiotherapy Service Specification and Consultation Guide it was noticed that there could be implications for Island patients accessing this service which would be located at Oxford. Although the numbers are not known at this stage it is thought to be very low. As the consultation closed on 24 January 2018 the chairman, after consultation with the Committee, agreed to comments being submitted to NHS England. A copy of the letter sent is attached.

14. Over 11,000 responses have been submitted to NHS England and these are now being analysed so that it can carefully consider the proposals in light of the feedback. Due to the high number of responses received, it will take some time to understand the different views put forward. A formal response to the consultation will be published on the NHS England website in due course.
15. Whilst the actual numbers that would require access to any new service located at Oxford are not known at this stage concerns must be expressed as to the implications, both financially and practically, on any Island patient using this. There has to be due recognition made in the proposals of the transport requirements together with implications on clinical outcomes of these.
16. I have been in contact with scrutiny colleagues in Dorset who have also made representations to NHS England as patients in that area would be affected.

RECOMMENDATION

17. THAT, subject to clarification on a number of issues, the proposed redesignation of the local neonatal unit at St Mary's Hospital, Newport be accepted.
18. THAT the results of the national consultation on radiotherapy services be awaited before a view can be taken by the committee on whether NHS England is formally advised that the change is deemed to be a substantial variation in service delivery for Island patients.

APPENDICES ATTACHED

19. [Appendix 1](#) – IOW Neonatal Unit Redesignation briefing.
20. [Appendix 2](#) – letter to NHS England

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