

## **Networks Neonatal Outreach Group - Written evidence (PRT0022)**

1. Neonatal outreach services provide support for preterm/term babies with ongoing additional medical needs at home. Some teams include provision of 'hospital at home' services for example home nasogastric tube feeding programmes, or home phototherapy programmes allowing babies to be cared for at home rather than in the acute setting. This can support earlier discharge from hospital sooner than traditionally accepted.
2. As neonatology advances and more pre-term babies are surviving the babies' and families' needs post discharge have become more complex. Providing support for this is vital to the babies long-term physical and psychological health outcomes. The outreach nursing teams work with the multidisciplinary team including allied health & psychology professionals and medical staff to support families with the difficult period of transitioning from the neonatal unit into the community.
3. The evidenced benefits of neonatal outreach services include:
  - Maximising neonatal and postnatal ward capacity
  - Reducing length of hospital stay
  - Reduction in transfer of preterm babies between acute settings
  - Minimises separation of mother and baby
  - Reduces avoidable readmissions to hospital
  - Improves family experience and reduces financial implications for families when staying on a neonatal unit
  - Improves breastfeeding rates
  - Improves parents' mental health

- Increased health promotion (i.e. safe sleeping, car seat safety, infant resuscitation skills, and ICON programme to help prevent abusive head trauma)
  - Linking primary and secondary neonatal and paediatric services, such as health visitors and GP's
4. Historically outreach services provided some support for families on the neonatal unit, but the introduction of transitional care on postnatal wards to support keeping mothers and babies together has resulted in a collaborative approach with maternity services. In areas with well-established outreach teams, they have formed an important link between maternity and neonatal services.
  5. Nationally, there are many different staffing models. Some offer pre-discharge support in hospital and in the community, and others are predominantly community based. All offer home visits, telephone support, and in-reach to hospital. Some also offer virtual visits.
  6. Across the UK healthcare system there is huge inequity of access to neonatal outreach services with only 69% of neonatal units in England (70% including Scotland) offering specialised community neonatal outreach support. Thirty one percent of neonatal units (30% including Scotland) do not have a specialised outreach service and discharge families straight to generic health visiting care or paediatric community nursing teams. These teams do not have the skill set or staffing levels to meet the baby and families' needs at hospital discharge and parents have reported this transition as very difficult.
  7. The NHS England Neonatal Critical Care Service Specifications state that community support should be provided by an integral hospital-community neonatal team that have adequate training and appropriate skills and competencies. As highlighted above these

services are still very sporadic throughout the UK, and the role that they can play in the patient experience was not considered within the Neonatal Critical Care Review (NCCR) or the three-year delivery plan for maternity and neonatal services.

8. The UK Neonatal Partnership Board, Bliss, British Association of Perinatal Medicine (BAPM), Getting It Right First Time (GIRFT), Institute of health visiting, MBRRACE-UK, and National Neonatal Audit Programme (NNAP) all recommend that the development of neonatal outreach services should accompany neonatal transitional care, to further reduce neonatal unit length of stay and facilitate attachment. BAPM recommends that all neonatal units should have an outreach service covering 7 days a week. Currently there is no national guidance or agreed commissioning pathways on how neonatal outreach care should be delivered leading to large inequalities in service provision. In 2023, a specialist group formed to review outreach services across the country named NNOG (Networks Neonatal Outreach Group), and in 2024, a BAPM expert working group has formed to publish a service framework document, expected to be published late 2024.
9. Parents who have received care through a neonatal outreach service have voiced what it meant to them to receive this support:

“After having 24/7 NICU support and then coming home to cope on our own was exciting, but quite daunting and lonely. Knowing the outreach team were on hand and would visit was a great comfort.”

“This support was invaluable. After a traumatic experience and a premature baby – having someone who was specialised in this area really helped me feel more confident as a new mum and I felt really taken care of.”

"I really liked knowing there was someone who could come out to help us if we needed. With two other small children at home, it wasn't always ideal to travel for help."

10. Families have also highlighted the inequalities in service:

"Sadly, no service was available. My twins were discharged from a special care baby unit and no such team was available (we got to know the outreach service in the NICU where they were born and spent most of their 3+ month stay so I know what service they can offer)."

"It was very hard to go from the highly specialised unit to generic community care."

"My hope is that other families get better support and help from neonatal outreach services because it would really save a lot of anxiety, concern and sleepless nights."

11. 80% of parents whose babies were admitted into neonatal care think that their mental health suffered after their experience. NNOG are asking neonatal parents as to where improvements should be made to improve their experience in going home from hospital. Parents have flagged mental health support as an important area to focus on. Neonatal outreach services can help to listen, support and signpost families when at home. As one mum describes "I cannot describe how much of a difference they made to us as a family. They truly set us up to be able to move on from our NICU experience and made an incredibly positive impact on my mental health".

12. We would like to recommend that all families should have access to a multi-disciplinary neonatal outreach service designed to meet the needs of the babies and parents. There is a need for enhanced education and training for this group of neonatal staff, including sharing skillsets, signposting to community services, and standardising the collection of data metrics.

13. With additional resources, formalised commissioning pathways, increased guidance and governance for neonatal outreach services, families can be supported to be cared for at home when appropriate. There is great potential to improve physiological and psychological health outcomes for our families and support cot capacity across neonatal and maternity departments nationally.

*26 March 2024*