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As a group of National Neonatal Network Physiotherapy Leads, we would like to submit evidence based on our clinical experiences and knowledge of the networks we work in.

Neonatal Care and longer term support

Since the publication of the Neonatal Critical Care Review (NCCR) recommendations, there has been a commitment from NHS England to embed the Allied Health Professionals (AHP) and Clinical Psychologists within the neonatal networks at both a unit and a network level. Since the Network Lead Neonatal Physiotherapy roles, have been implemented, we have completed a regional gap analysis on the AHPP roles within the neonatal units, which has highlighted that there is a significant lack of these roles within the inpatient services. The release of the Ockenden Funding has seen a moderate improvement in AHPP staffing levels across the networks but they are still well below the BAPM recommendations and the requirement of the Maternity 3 year service delivery plan published in 2023. There are also still some units with minimal or no neonatal AHPP provision.

Neonatal Physiotherapists' are crucial in their role to support premature babies' short and long term physical and behavioural outcomes. The Neonatal Physiotherapy role is a specialist role, which needs extensive post registration training usually from those with a paediatric background. There is a national shortage of appropriately trained professionals within both paediatric and neonates and teaching at undergraduate level is minimal. There has been development of the Health Education England (HEE) modules to support training of Physiotherapists new to neonates and enhanced training packages are in development for more experienced staff. However, with such minimal staffing levels across many units it is

hard to provide development opportunities and career progression to grow the experience in this specialist area within the workforce.

Much more focus needs to centre on the impact for families who have premature or sick babies. The aim being to provide strategies to support families in the short and long term and shift from traditional medical models of care to support neurodevelopmentally sensitive models of care, including Psychological support for all the family, and staff. Where a whole AHP Multi-Disciplinary Team (MDT) can be in place this provides a holistic optimum balance of knowledge, skills and expertise to fully optimise the development of the baby and the family unit, when establishing relationships and nurturing parenting behaviours is crucial for optimum long-term outcomes.

The provision of neurodevelopmental follow up for this population continues to be a postcode lottery despite the publication of the NICE guideline in 2017. At a network level we have identified that there are areas of good practice with comprehensive (MDT) follow up programs, but there are also areas that have minimal or no provision of MDT follow up services. Our clinical experience has identified, that there are many pre term babies who are not receiving adequate follow up. These babies can later present with significant delay and/or neurological impairment. This is not an incidental finding and there are numerous examples of children presenting to therapy services much later for example at 18-24 months. There is multiple evidence to support early intervention for those high-risk babies, which can have a significant impact on their longer term outcomes. The delay in referral and provision of early intervention and follow up can often have a negative impact on both the family and the child.

27 March 2024