

Engagement Report for Neonatal Critical Care Service Specification

11 March 2024, Version 1

Topic details

Programme of Care

Women and Children

Clinical Reference Group

Neonatal Critical Care

1. Summary

This report summarises the feedback NHS England received from engagement during the development of this service specification, and how this feedback has been considered.

2. Background

This service specification has been developed by a Specification Working Group (SWG) made up of:

- Clinical Lead, nominated by the Neonatal Critical Care Clinical Reference Group (CRG)
- Clinicians from the Neonatal Critical Care clinical community.
- Representation from Allied Health Professions (AHP) involved in Neonatal Critical Care
- Neonatal Nursing representation
- Public Health representation
- Quality and Nursing Team representation

• Patient and Public Voice representation – Bliss Baby Charity.

In addition to stakeholder testing this specification has been shared extensively with NHS England Regional Commissioners and Neonatal Critical Care Operational Delivery Networks (ODNs). It has also been shared through the Neonatal Critical Care CRG informally utilising members' networks and contacts. The CRG has several patient and public voice representatives on it including Bliss Baby Charity, Spoons – Neonatal Family Support group and further service user voice representation.

3. Engagement Results

3.1 Stakeholder Testing

NHS England has a duty under Section 13Q of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning. Full guidance is available in the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning. In addition, NHS England has a legal duty to promote equality under the Equality Act (2010) and reduce health inequalities under the Health and Social Care Act (2012).

The service specification was sent for stakeholder testing for 2 weeks in October 2022. The comments have then been shared with the Specification Working Group to enable full consideration of feedback and to support a decision on whether any changes to the specification might be recommended.

Respondents were asked the following questions:

- Do you support the proposal you have reviewed? Please give brief details for your answer
- Do you believe that there is any additional information that we should have consider as evidence as part of this process? If so, please give brief details.
- Do you believe that there are any potential positive and/or negative impacts on patient care as a result of this proposal? If so, please give details.
- Do you have any further comments on the proposal? If so, please describe below in no more than 500 words.
- Please declare any conflict of interests relating to this document or service area.

3.2 Stakeholder testing results and summary of participants

A total number of 25 responses were received from the stakeholder testing exercise conducted in October 2022. They were considered at an extended meeting of the SWG on 31 February 2023.

In summary the responses were largely supportive of the specification especially around the inclusion of allied health professionals and pharmacy in neonatal care of babies and inclusion of family integrated care. Further positive impacts were noted including strengthening the alignment with Maternity Services particularly the provision of seamless maternity and neonatal care for mother / parents and their baby. Some responses informed the SWG of updated guidance to be included which has now been amended in the service specification.

Further suggestions of changes in the wording for Family Experience, Communication and Facilities has been taken into consideration by the SWG and changes to the specification have been made. The SWG have also strengthened language related to psychological support and the presence of AHPs in units in response to stakeholder comments.



A 13Q assessment has been completed following stakeholder testing.

The Programme of Care has decided that the service specification and proposed amendments does not constitute material changes to the way in which services are delivered or the range of services available and therefore further public consultation was not required. This decision has been assured by the Patient Public Voice Advisory Group.

4 How has feedback been considered

Responses to engagement have been reviewed by the Specification Working Group and the Women & Children PoC. The following themes were raised during engagement:

Engagement activity theme identified in e.g stakeholder testing, public consultation	Keys themes in feedback	NHS England Response
	Current Patient Pathway	
Stakeholder Testing	References to Allied Health Professionals (AHPs).	SWG agreed and wording was strengthened around linkage to AHPs.
Stakeholder Testing	Linkages to associated services i.e. fetal medicine / maternal medicine pathways / neonatal critical care transport / palliative care.	SWG agreed and amendments made reinforcing links to additional services.
	Potential impact on equality and health inequalities	
Stakeholder Testing	Language used when referencing ethnic minority patient groups.	SWG agreed and language has been amended throughout.
Stakeholder Testing	Additional wording strengthening provision of Family Integrated care.	SWG agreed and suggested wording was included.
	Changes/addition to policy	
Stakeholder Testing	Outdated links identified to external guidance (NICE, Royal Colleges, professional societies etc).	Updated in the specification.

5 Has anything changed in the service specification as a result of the stakeholder testing and consultation?

A number of changes have been made to the service specification to improve clarity in certain areas and content/specification requirements. The responses are included in the Engagement Report Appendix.

6 Are there any remaining concerns outstanding following the consultation that have not been resolved in the final service specification?

No.

7 What are the next steps including how interested stakeholders will be kept informed of progress?

Updates on development have been given to the Neonatal Critical Care CRG as well as to Neonatal Critical Care ODNs and Regional Commissioners.