

Mr Durie thanked Mr Smith for the considerable work in which he was involved for the Policy Planning and Resources Committee.

144/86 STRATEGY FOR NEONATAL CARE

Members received the proposed Strategy for Neonatal Care which Mr Smith reported had been approved by the PPRC for submission to the Regional Health Authority by 31st May (copy filed with the minutes).

Dr. Baker said the strategy had been drawn up with a number of factors and prerequisites in mind which were:-

- i) its relation to maternity and other childrens services for which strategies had not yet been agreed
- ii) the present exclusions of the service from priority classification
- iii) the maintenance of the existing level of resources
- iv) an expected increase of 9% in the birthrate in Avon
- v) an intended increase in neonatal services in other Districts
- vi) the specific funding of expanded neonatal cardiac services for three years
- vii) the maintenance of the quality of the service

In answer to Mrs Perriam, the General Manager said that he believed that the request by the RHA to receive this part of the strategy for acute services at an early date was an attempt to help other authorities in the Region to plan their own services.

Mr Witherow said the unit had a high reputation for the quality of care and was equally efficient. There was, however, an element of despair for the staff because of the lack of development money. The unit was dealing with a greater number of births and was achieving life-saving techniques at earlier stages and the clinicians felt they were already under-funded.

Mrs Davey expressed concern that the strategy made no mention of the staffing level that was meant to cover the support of the family in special cases and considered that preventive medicine would do much to halt the need for a special care service. She was also concerned about the rates of lethal malformations compared to national rates. Dr. Baker explained that the latter were the sort of occurrences for which no treatment was available and could not be taken into account when judging the performance of neonatal care services.

Dr Baker undertook to supply, on an electoral ward basis, the mortality and morbidity rates. It was AGREED to:-

- i) accept the strategy bearing in mind that the clinicians believed the service to be already under-funded.
- ii) request the Regional Health Authority to include neonatal care as a priority service.