

Stephen Anderson, Programme Director, Maternity Transformation Programme Team, NHS England
Sent via email

June 2023

Dear Dr Anderson,

RE: Digital Transformation in Neonatal Care: the need for interoperability between EPR systems and support for neonatal electronic prescribing systems

We write to you as the professional association for perinatal care in the UK to raise our concerns about safety and efficiency issues around the digital transformation of neonatal data systems. We are concerned that without national guidance, the quality of neonatal data will significantly deteriorate from the excellent levels that we have achieved to date.

Neonatal services in the UK are delivered in a networked model of care and safe, efficient delivery of neonatal care relies on the ability to transfer babies and share information seamlessly between hospitals.

Over the last decade, a common national electronic neonatal platform supported by a single commercial supplier (Badgernet) has facilitated the ease of sharing clinical information (such as admission and discharge summaries) between hospitals and for collation of data across the whole of the UK. The system is also widely used by commissioners, neonatal operational delivery networks and trusts for activity, payment, data collection for national use (eg. SUS, NCCMDS) patient pathway monitoring, National Neonatal Audit Programme, MatNeoSIP and SBLCB v3 data collection (see appendix 3 for further details).

In recent years, a growing number of hospital trusts have implemented trust-wide EPR systems that do not interface with each other and do not interface with Badgernet. This has necessitated the continued use of the Badgernet neonatal platform and for hospitals to work with multiple EPR systems in parallel. This not only incurs additional costs, but also requires double data entry by busy clinical teams (See appendix 1). In some units, there is a further internal double data entry from maternity EPR system to the neonatal system. As well as being very labour intensive, this also increases the chance of human error potentially causing safety issues and inaccuracies in the data. Indeed, in recent years, there has been evidence of poorer data quality at a network level and in the NNAP submissions in some units.

BAPM strongly advocates for interoperability between neonatal and maternity EPR systems. We are currently developing a service specification toolkit (due Autumn 2023) to support conversations between neonatal clinical and hospital procurement teams with EPR procurement. We ask that this issue is addressed urgently at a national level to prevent more inefficiency and ensure that access to comprehensive neonatal data is not jeopardised in the future.

There are also significant challenges with electronic prescribing for neonatal units with most neonatal units still prescribing on paper despite the incidence of drug errors being very significantly higher in neonatal units than in paediatric or adult practice. Additional attention and resource is required to develop neonatal prescribing systems to improve drug safety in this population.

We would be happy to meet with you to discuss how to resolve these important and urgent issues.

Dr. Eleri Adams

President of the British Association of Perinatal Medicine

Dr Cheryl Battersby

Data Lead, British Association of Perinatal Medicine

Appendix 1 – Example of a neonatal unit’s current data systems:

A Neonatal unit in London. The trust has introduced CERNER, both CERNER and Badger are being used in the neonatal unit for the following purposes:

i)Badger system:

- to complete admission and discharge summaries for ease of sharing information between hospitals when babies are transferred
- contribution to national data collections (e.g. neonatal dataset, neonatal critical care minimum dataset, NNAP, commissioning purposes) as the CERNER system is unable to capture or flow data items

ii)CERNER:

to enter day to day medical notes on, order blood tests, review investigation results etc. As Badger doesn’t interface with CERNER, the doctors save and then upload the PDF of the admission and discharge summaries from Badger to CERNER.

Appendix 2 – A suggested solution

Our suggested perinatal solution is a national data warehouse that captures all required datasets from EPR systems in a standards compliant fashion. This requires NHS England to create a [Fast Healthcare Interoperability Resource \(FHIR\)](#) API for the Neonatal Data Set. This will also facilitate future linkage between maternity and neonatal datasets, which should be the direction of travel if we are to harness the childhood health, education and maternity datasets to be able to interrogate and improve outcomes over the life course.

Appendix 3 – Neonatal Data Landscape article – Infant Magazine, May 2023

[See separate attachment]