PE1426/L

Update on Donor Milk Banking in Scotland (PE1426)



24th April 2013

1. <u>Introduction</u>

The purpose of this briefing paper is to update on the progress of the expansion of Donor Milk Banking (DMB) in Scotland for the Scottish Government PE1426.

2. Summary

NHS Greater Glasgow and Clyde (GGC) has completed all of the agreed actions and entered into dialogue with all Boards. Currently GGC is progressing with the refurbishment of a new location for the DMB to enable it to manage the additional capacity and this is due to complete in the week commencing 27th May 2013. GGC is negotiating the Service Level Agreements with the Commissioning Boards. In the meantime, milk donation levels are extremely high and all requests for milk are being accepted.

3. Context

The DMB has been located within Neonatal Intensive Care Unit, Yorkhill, Hospital, serving the population of NHSGGC. However, increasing demand for milk from across Scotland has necessitated a move to a Scotland wide service with financial support from participating Health Boards. This has also prompted relocation to a larger site at the Southern General Hospital in Glasgow which will be able to cope with the ongoing and increasing demand.

4. <u>Discussion with other Boards</u>

- **4.1 Meeting with the Boards**: A meeting was held in Glasgow on 15th August 2012 chaired by Mr. Kevin Hill, Director of NHS Greater Glasgow and Clyde (NHSGGC) Women and Children's Directorate, at which all Scottish NHS Boards were invited. Orkney and Shetland did not participate but have been kept up to date on the proceedings. A full discussion was held following presentations with all participating Boards agreeing to pursue further clarification on a single provider with the potential to explore a hub and spoke model at a later date if required.
- **4.2 Post Meeting Actions**: Several actions followed this meeting. A set of criteria for use of donor breast milk was updated and sent to the Boards for

comment. A financial framework was also developed and each Board was asked to agree to share costs (NRAC). Member representatives were to return to local Boards to discuss. In the meantime, Mr. Hill agreed that the GGC Donor Milk Bank would continue to provide donor milk to other Health Boards on request as available until agreement is reached and service is implemented.

5. Summary of Progress

- **5.1 Governance:** The Donor Milk Bank is managed in NHSGGC supported by a DMB Coordinator, a Medical Lead and DMB Management Group which provides expertise and guidance in all matters relating to the operation of the DMB. The DMB Management Group provides an annual operational report and quarterly performance reports to the local governance infrastructure and in future to all Commissioning Health Boards. The 2012/13 annual report has been completed and circulated.
- **5.2 Building Refurbishment:** An action plan has been updated and reflects the complexity and scope of managing the project. An operational policy is in the process of being developed as part of the change process. Following consultation with Infection Control and IT final plans have been agreed and the refurbishment work is well underway with a completion date for the end of May. Equipment has been scoped and ordered for delivery to fit this time line. Local Facilities and Estates Departments have been informed of the relocation and discussions commenced to ensure that the appropriate support services are in place.

The building upgrade and new equipment costs have been provided from a charitable donation by Yorkhill Children's Foundation (YCF) (£192,500). They are rebranding and highlighting some of the projects they are supporting and have requested that the DMB be one of those.

5.3 Costs and Commissioning Health Boards (table 1): Some English DMB charge per litre of milk but they do not cover costs adequately and rely on charitable donations. This would not provide NHSGGC with the level of security required. Additionally, many tertiary units send their sickest infants, who are mostly likely to receive milk, to regional centres such as, NHSGGC, Lothian, Highland and Grampian. The most pragmatic solution is to divide costs by NRAC share. The estimated total annual revenue cost for the expanded

Scotland wide DMB service in 2013/14 is £165,155.

Ten Health Boards have committed to contributing NRAC share. **Appendix 1**. One Board has not responded and another would like to consider another financial arrangement. Currently, we have a potential shortfall of £28,206. Some Neonatal Units in Scotland will not be proactively offering donor milk to infants who meet the clinical criteria. The next stage is to take a paper to the Regional Planning Group to ensure senior decision makers for each Health Board are aware of their respective Board position compared with others. They also need to consider how to manage the provision of milk for infants from non commissioning Boards who are receiving care in commissioning Boards.

5.4 Launch: The GGC press office has been informed of the request to officially launch the Scotland wide DMB service with a potential date in June. A formal launch is being considered for during Breastfeeding Awareness Week commencing on 23rd June 2013.

Linda Wolfson, Maternal and Infant Nutrition Lead, NHSGGC,
Kevin Hill Director of the Women and Children's Directorate.

Debbie Barnett, Donor Milk Bank Coordinator

Dr Judith Simpson, Consultant Neonatologist, Donor Milk Bank Medical Lead

Appendix 1. Table 1. Progress with Boards to date - as at 19 April 2013.

Board	Annual Cost (NRAC Share)	Decision	Comments	Board Lead
NHS Greater Glasgow and Clyde	£41,235 (24.97%)	Participating	Service Provider. Also cares for Neonates from across Scotland	Kevin Hill Director, Women and Children
2. Highland	£10,552 (6.39%)	Participating	Commissioning, also provides care for infants from Island Boards	Karen McKay, Infant Feeding Advisor
3. Western Isles	£1,255 (0.76%)	Participating	Commissioning, Primarily sends sick Neonates to other Boards	Lorraine Gilles, HP Senior, Emetine Collier, PH Lead
4. Orkney	£694 (0.42%)	Declined to participate	Primarily sends sick Neonates to other Boards	Marie O'Sullivan, Head of Children's Services
5. Shetland	£793 (0.48%)	No response (emails read)	Primarily sends sick Neonates to other Boards	Nicola Blance, Maternal and Infant Nutrition Lead
6. Grampian	£15,176 (9.19%)	Participating	Commissioning, also provides care for infants from Island Boards	Gail Thomson, Unit Operational Manager, Obs and Gyn
7. Fife	£11,081 (6.71%)	Would like to participate but require support to progress through the regional planning framework.	Commissioning , tertiary unit plus sends sick Neonates to other Boards	Belinda Morgan, Head of Health Improvement
8. Tayside	£13,013 (7.88%)	Participating	Commissioning, Tertiary unit plus sends sick Neonates to other Boards	Allison Wright, Senior Nurse, Neonatal Services
9. Forth Valley	£8,901 (5.39%)	Declined to participate	Tertiary unit plus sends sick Neonates to other Boards	Lynette McKenzie, Clinical Coord Paeds and Gail Bell. Department Manager.
10. Lothian	£23,251 (14.08%)	Participating	Commissioning. Also provides care for significant numbers of ill infants from other Boards.	Dr James Boardman, Consultant Neonatologist
11. Lanarkshire	£17,818 (10.79%)	No decision (would like to consider this within the current West of Scotland arrangement).	Cares for high risk cases and sends significant numbers to GGC and continues to request milk.	Stewart, Susan, Associate Director of Nursing & Midwifery
12. Ayrshire and Arran	£12,484 (7.56%)	Participating	Commissioning Cares for high risk cases, sends significant numbers to GGC.	Angela Cunningham, Head of Midwifery
13. Borders	£3,633 (2.2%)	Participating	Commissioning, Tertiary unit plus sends sick Neonates to other Boards	Elaine Cockburn, Head of Midwifery and Child Health
14. Dumfries and Galloway	£5,251 (3.18%)	Participating	Commissioning, Tertiary unit plus sends sick Neonates to other Boards	Linda Williamson, General Manager, Women and Children