

SUMMARY

London NTS will carry out unplanned emergency transfers of babies in or out of a London neonatal unit, including:

- Any baby needing respiratory support who is moving up a level of care, or being moved for specialist care which is not available locally (could include referring unit full).
- Any transfer of a sick newborn baby (baby has respiratory, gastrointestinal, renal or neurological problems, congenital abnormality, cardiac problem, even if not ventilated).
- Any baby presenting with a new condition after the immediate neonatal period (e.g. a baby presenting with necrotising enterocolitis, respiratory collapse or sepsis).

In the event of the team not being immediately available due to call stacking, referrals will be triaged by the NTS duty consultant, taking into account the condition of the baby, and the level of expertise available in the referring unit.

The emergency service cannot guarantee to undertake pre-booked journeys, but will endeavour to transfer infants for the following reasons:

- Babies being transferred for specialist investigations or a planned procedure such as PDA ligation or stoma reversal.
- Back transfers of ventilated babies being transferred out of a London NICU to another London neonatal unit, following their specialist investigation or planned procedure.
- Babies being transferred for palliative care, either to a hospice or to a neonatal unit closer to home.

Returning ventilated babies

- Pre-booking cannot be guaranteed, as higher priority calls will always take precedence.
- Should not involve a shift over-run.

What we cannot do:

- Take babies to a hospital and stay with them whilst they are investigated – the baby must have a bed arranged, and be admitted to the accepting hospital.
- Undertake back transfers of ventilated babies where the accepting unit is outside of the geographical area covered by London NTS (see below). These babies should be repatriated by the transfer service which covers the region that the baby is returning to.

Clear Emergencies include:

- Any transfer of a newborn baby requiring respiratory support who is moving up a level of care for medical intensive care
- Any baby requiring urgent surgery, whether or not they are ventilated.
- Any baby being moved for specialist care which is not available locally, whether or not they need respiratory support. However, the baby must have a bed arranged, and be admitted to the accepting hospital.
- Any baby presenting with a new condition after the immediate neonatal period (e.g. a baby presenting with necrotising enterocolitis, respiratory collapse or sepsis). This would include babies who are readmitted from home to A&E or a paediatric ward, who are being transferred to a London neonatal unit.
- This list is not exhaustive, and the final decision will be made by the NTS Duty Consultant.

Time Critical Referrals

There are a set of nationally defined conditions which warrant a 'time critical' response by a transfer service. The National Service Specification for Neonatal Critical Care (Transport) stipulates that transfer services should dispatch to 95% of these time critical calls within 60 minutes of the referral being made. Locally, London NTS aim to dispatch to **all** unplanned emergency calls within 30 minutes of the call being made. (See NTS Guidelines for Time Critical Referrals document for further details).

Pre-booked emergency transfers

Emergency calls can also include ventilated patients moving for planned treatment and the transfer is time-constrained or pre-booked. This might include babies for PDA ligation, planned surgery, specialist investigations that are not available in the referring hospital, or ventilated babies being transferred out of a tertiary centre. We do not carry out transfers when the team will have to stay with the baby through their investigations.

There should be a maximum of one pre-booked transfer per shift. Units should be warned that we may have difficulty in accommodating the request, due to potential conflict with other emergencies, and that up until the point the baby has left the referring unit with the team, they may have to divert to a time critical call in the event of multiple demands.

If there is a need to divert the team after they have arrived at the referring unit, this must be discussed as soon as possible with the NTS Duty Consultant and senior staff in the referring and accepting hospitals.

Capacity transfers of well babies

We cannot transfer babies for capacity reasons to create an 'emergency space' for a unit, and will only carry out capacity transfers if by doing so it will prevent a sicker baby needing to be transferred out, if a unit is already over capacity. Details of both babies will need to be given at the time of referral.

Simultaneous demands

When faced with conflicts, the following priorities may help:

- Sick babies in SCBU or LNU units have priority over babies in NICU units
- London unit babies have priority over those outside London
- Once we agree a transfer and arrive at the referring unit, we are committed to carrying it out, except in most unusual circumstances. (always discuss with consultant)
- For simultaneous calls, clinical priority
- EBS must not contact a team during a call; any new calls must be passed to the NTS Duty Consultant who will triage each referral based on the clinical need and condition of the baby.

Interaction with other Neonatal and Paediatric Transfer Services

London NTS works closely with the NTS teams which cover Kent, Surrey and Sussex, and provide cross cover for time critical transfers in the event of simultaneous demand on the service. We also liaise with the Acute Neonatal Transfer Service (ANTS) team which covers the East of England, and the Children's Acute Transport Service (CATS), and the South Thames Retrieval Service (STRS), who together provide emergency paediatric retrievals for London and the South East. Some transfers, particularly those being transferred into Great Ormond Street, or from a neonatal unit to a paediatric or cardiac intensive care unit fall between the remit of both the neonatal and paediatric transfer services. Please see the NTS – STRS – CATS remit document for further clarification.

Geography

The London Neonatal Transport Service is available for all emergency transfers (as described above) from London neonatal units to other London neonatal units, (this includes surgical and cardiac units).

If a baby needs an emergency transfer to a neonatal unit outside of London due to an acute lack of capacity in London, then it is within the remit of the London NTS to undertake the transfer. This does not apply to planned repatriations to the baby's 'home' unit.

If however a baby is being transferred to a London neonatal unit from a unit outside of London, then the transfer should be undertaken by the transfer service which covers the area that the referring unit is located in.

The London region is defined by the boundaries of the M25. Below is a list of neonatal units which are located in the region covered by London NTS.

Neonatal Intensive Care Units (NICU) - formerly known as level 3 units

Chelsea and Westminster Hospital (includes surgery)

Homerton University Hospital

Kings College Hospital

Queen Charlottes Hospital

Royal London Hospital (includes surgery)

St George's Hospital (includes surgery)

St Thomas Hospital (includes surgery)

University College Hospital

Local Neonatal Units (LNU) – formerly known as level 2 units

Croydon University Hospital

Hillingdon Hospital

Kingston Hospital

Barnet Hospital

Lewisham University Hospital

Newham University Hospital

North Middlesex Hospital

Northwick Park Hospital

Queen Elizabeth Hospital, Woolwich

Queens Hospital

St Helier Hospital

St Mary's Hospital

Whipps Cross Hospital

Whittington Hospital

Special Care Baby Units (SCBU) – formerly known as level 1 units

Epsom Hospital

Princess Royal Hospital

Royal Free Hospital

West Middlesex Hospital

Specialist Units

Great Ormond Street

Evelina Hospital

Royal Brompton Hospital

Exceptions

This guideline provides some basic guidelines but many clinical situations do not fit neatly into one category. If you are in doubt about whether the baby falls within the operational remit of our team, discuss this with the NTS Lead Nurse (Louise Howarth), NTS Service Manager (Claire King) or the NTS Duty Consultant (see rota), who should be pleased to help you.

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Operational Remit Guidelines for NTS – CATS - STRS Teams

Baby's Clinical Problem and Destination	Neonatal Transfer Service		Childrens Acute Transport Service (CATS)	South Thames Retrieval Service for Children (STRS)
	London	KSS		
Need for medical NICU	London to London London to outside London for uplift, if no cots in London	KSS to KSS KSS to outside KSS for uplift, if no cots in KSS	Only if NTS are unable to undertake transfer, and a delay would compromise baby. Liaison at CONSULTANT level between NTS and relevent CATS / STRS team	
Identified need for ECMO	Only if CATS are unable to undertake transfer, and a delay would compromise baby. Liaison at CONSULTANT level between NTS and relevent CATS team		YES	Only if CATS are unable to undertake transfer, and a delay would compromise baby. Liaison at CONSULTANT level between STRS and CATS
SERIOUS cardiac condition (eg hypoplastic left heart or deeply cyanosed transposition) for transfer to St Thomas, Brompton, or GOS	Only if CATS/STRS are unable to undertake transfer, and a delay would compromise baby. Liaison at CONSULTANT level between NTS and relevent CATS / STRS team		Babies referred from North Thames	Babies referred from South Thames
Cardiac condition for transfer to St Thomas, Brompton, or GOS	Discussion to take place at clinical and operational level to decide best team for specific request. Response time should be considered.			
Neonatal surgical conditions (including diaphragmatic hernia)	YES (excluding GOSH unless <1.5kg or if >1.5kg and CATS unavailable)		YES (baby over 1.5kg being admitted to GOSH NICU or PICU)	YES (baby over 2kg being admitted to St Thomas)
Babies less than one month old, presenting to A&E	Only if CATS/STRS are unable to undertake transfer, and a delay would compromise baby. Liaison at CONSULTANT level between NTS and relevent CATS / STRS team		Babies referred from North Thames requiring intensive care	Babies referred from South Thames requiring intensive care
Sick babies needing acute transfer from home or birthing unit	These babies will be best served by the local ambulance service taking the baby to the nearest hospital with a neonatal unit, as the '999' response time will be much quicker.			
Elective Repatriations	Repatriate babies to London neonatal units. (Journeys are chargeable, as elective service is uncommissioned)	Repatriate babies to neonatal units in KSS (commissioned)	Will provide repatriations following ECMO transfers only	Each PICU facilitates their own back transfer.
The Future	As teams evolve, these arrangements will be subject to review on an annual basis. Appropriate and timely care will remain the driving force for change.			
Information for EBS Operators	Any deviation from the normal referral pattern should be discussed with on call NTS consultant before approaching other transfer teams or services			