

<b>Title:</b>	<b>NTS Operational Remit</b>		
Authored by:	S Kempley (2004)	Reviewed date:	June 2014
Reviewed by:	C King, Service Manager NTS	Next review date:	June 2016

## **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.

### **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 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 transfers 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.

### **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

Ealing Hospital  
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 (Julie Stockwell), NTS Service Manager (Claire King) or the NTS Duty Consultant (see rota), who should be pleased to help you.