TAYLOR, Emma (NHS NORTH OF ENGLAND COMMISSIONING SUPPORT UNIT)

From: Tinnion, Robert <Robert.Tinnion@nuth.nhs.uk>
Sent: 23 August 2017 16:26
To: EXCELLENCE, Nhs (NHS NORTH OF ENGLAND COMMISSIONING SUPPORT UNIT)
Subject: Proposed options across Sunderland/South Tyneside hospitals
Attachments: Response to consultation document on behalf of NNeTS.docx

Follow Up Flag: Follow up
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Dear Sir,
With reference to your email to corporate stakeholders dated 18th August 2017, I am writing to you as medical lead for the Northern Neonatal Transport Service (NNeTS). Our remit is moving babies within the Northern Neonatal Network and this email is intended to set out how the two proposals for maternity and neonatal services across your two sites would impact our current workload at NNeTS. I have attached a word document which has more detail in is which I have already submitted to NHSE (dated 5th May 2017) at the earlier stages of the consultation process.

Currently NNeTS moves a small number of babies born in STGH to SRH for intensive care when required and in the opposite direction when step-down care from intensive to special care is required. If there was no longer a SCBU or any maternity services at STGH, then these transport episodes would not occur.

If the option to set up an MLU at STGH is chosen, this will also **NOT** impact NNeTS as a service as this arrangement would necessitate the Trust putting in place arrangements for emergency transport of babies and/or mothers from STGH to SRH if problems arose (with the assumption that exquisite case selection for mothers using the MLU facilities will minimise the likelihood of a complication requiring intrapartum or post-partum transfer being needed). There is a national agreement that neonatal retrieval/transport services **do not serve MLUs** as the response times to which they work would preclude timely transport for those babies needing emergency care: most Trusts have agreements/mechanisms in place for these situations, usually summoning an on-site or 999 ambulance and taking mother and/or baby via blue light to a designated reception area in the hospital within the Trust where NICU services are available. Models for this sort of contingency planning exist for MLUs at Hexham, Berwick, Penrith and Northallerton and I would expect the Trust to review these and in the event that the MLU option is chosen, ensure that they are in place before starting accepting labouring mothers.

The other important issue for both proposed options is that of cot capacity. Our assumption at NNeTS would be that an amalgamation of the STGH and SRH neonatal services (i.e. both options on the table) should **not** lead to a loss of cot capacity as the cots are funded externally, and thus if the deliveries across the patch were moved onto one site, then there would be no net need for more or less cot space. IF however, the physical cot spaces are moved **but** staffing the cots becomes an issue (i.e. functional capacity to complete the NICU/SCBU work combined on the one site is reduced), then this **will** impact on the Network and NNeTS: currently the NICU at SRH is one of four in the region and a contributor to taking babies from other SCBUs who need intensive care as part of their involvement as a NICU in the network. In addition there was a key report in the general direction for caring for the most preterm babies in the Northern Region (for NHS England Specialist commissioning, compiled by Professor David Field) which outlined that there should be a level 2 NICU at Sunderland working closely with the RVI looking after babies of slightly older gestations. To fulfil the suggestions of the report, capacity would have to not be lost through any proposed amalgamation. Any loss of capacity subsequent to the merger will impact NNeTS by meaning that babies from SCBUs in the region who would have been cared for at SRH might have to be moved longer distances to get the required NICU care (and likewise longer distances back for step down care after their intensive care finishes).

The final issue is around transport of babies from paediatric wards for 'neonatal' problems: sometimes NNeTS is the most appropriate team to move babies who have been home who present to paediatric services (for example ex-preterm babies who have been home a very short while, or babies with evolving congenital congenital cardiac lesions). We do not as a routine service satellite paediatric day units as they tend to have their own arrangements for moving sick children to the 'hub' paediatric unit (in this case SRH) but we might retrieve a baby from a paediatric ward at SRH or A&E at SRH if it met the right criteria for moving. If we felt it was not a 'neonatal' problem we would liaise ourselves with NECTaR and decide which of our services was best placed to complete the job (the referring team would not have to ring both services). These sorts of transport form a tiny percentage of our overall work and we do not feel that any of the proposed options would impact this in any significant way.

I hope this gives you the required insight into the effects of your proposed changes from our perspectives at NNeTS as they currently stand.
If you have any questions or queries around this response please do not hesitate to contact me.
Yours faithfully
Rob

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