

SEC Perinatal Networks Pathways & Transfer document:

This information applies to both Kent & Medway and Surrey & Sussex Perinatal Networks.

All provider units for neonatal services are within one of the above named networks, which are collectively managed by SEC SCG by the Perinatal Network Manager. All units are defined as per the DH Toolkit for High-Quality Neonatal Services. Across SEC there are three types of units and all units are aware of their defined level as follows:

Neonatal Intensive Care Units:

Medway Maritime Hospital
Royal Sussex County Hospital
St Peter's Hospital
William Harvey Hospital.

Local Neonatal Units:

East Surrey Hospital
Tunbridge Wells Hospital

Special Care Units:

Conquest Hospital
Darent Valley Hospital
Eastbourne Hospital
Frimley Park Hospital
Princess Royal Hospital
QEQM Hospital
Royal Surrey Hospital
Worthing Hospital

Unit definitions as per DH Toolkit for High-Quality Neonatal Services : 2009 .

Neonatal Intensive Care units: will provide the whole range of medical intensive care for their local population, along with additional care for babies and their families referred from the neonatal network.

Local Neonatal units: will provide care for their own catchment area, they provide all levels of care , but they transfer out babies requiring complex or longer term intensive care to a NICU. The majority of babies over 27 weeks will receive their full care, including short periods of intensive care within their LNU. LNU's transfer out if ventilated more than 48 hours, as per DH Toolkit: Principle 7: Clinical Governance .

Special Care units: will provide special care for their own population, depending on arrangements within their own neonatal network, they may also provide some high dependency services. In addition, SCU's provide a stabilisation facility for babies requiring transfer to a NICU.

Across SEC Perinatal Networks there were agreed network pathways for transfer in Surrey & Sussex that were produced in 2007 and no written transfer pathways in Kent & Medway, units transfer out using the above criteria. Therefore an updated pathway using the DH Toolkit 2009 criteria is required, this can also be referenced to BAPM 2010 Service Standards for Hospitals Providing Neonatal Care (3rd edition).

Care levels provided in each unit:

NICU: all levels of care, they will provide nitric oxide, neuroprotection cooling therapy.

LNU: all levels of care, accept infants of 27 weeks gestation upwards, maximum ventilation of 48 hours, they will not provide nitric oxide, neuroprotection cooling therapy.

SCU: can provide special care & high dependancy care, they do not provide intensive care other than initial stabilisation prior to transfer, therefore cannot offer short term ventilation unless agreed within these transfer pathways.

The rationale for the above criteria is taken from the DH Toolkit 2009 and is supported in the BAPM Service Standards 2010, this takes into account the workload & dependancy of babies requiring anything above special care. Units providing short term intensive care must have 24 hour medical cover for provision of direct care with sole responsibility for the neonatal service. Additionally a nursing rota which can provide 1:1 nursing care from a Qualified in Speciality nurse, who does not have overall managerial responsibility for the whole unit.

Gestational thresholds & criteria across SEC Special Care Units: The following criteria reflect the high dependancy care that can be undertaken at each unit.

Frimley Park – 28 weeks+, CPAP/HNFC, Parenteral nutrition, invasive ventilation up to 6 hours

Royal Surrey – 28 weeks+, CPAP/HFNC, Parenteral nutrition, invasive ventilation up to 6 hours

Worthing – 31 weeks and above, CPAP/HFNC, Parenteral nutrition.

Conquest & Eastbourne – 31 weeks and above, CPAP/HFNC

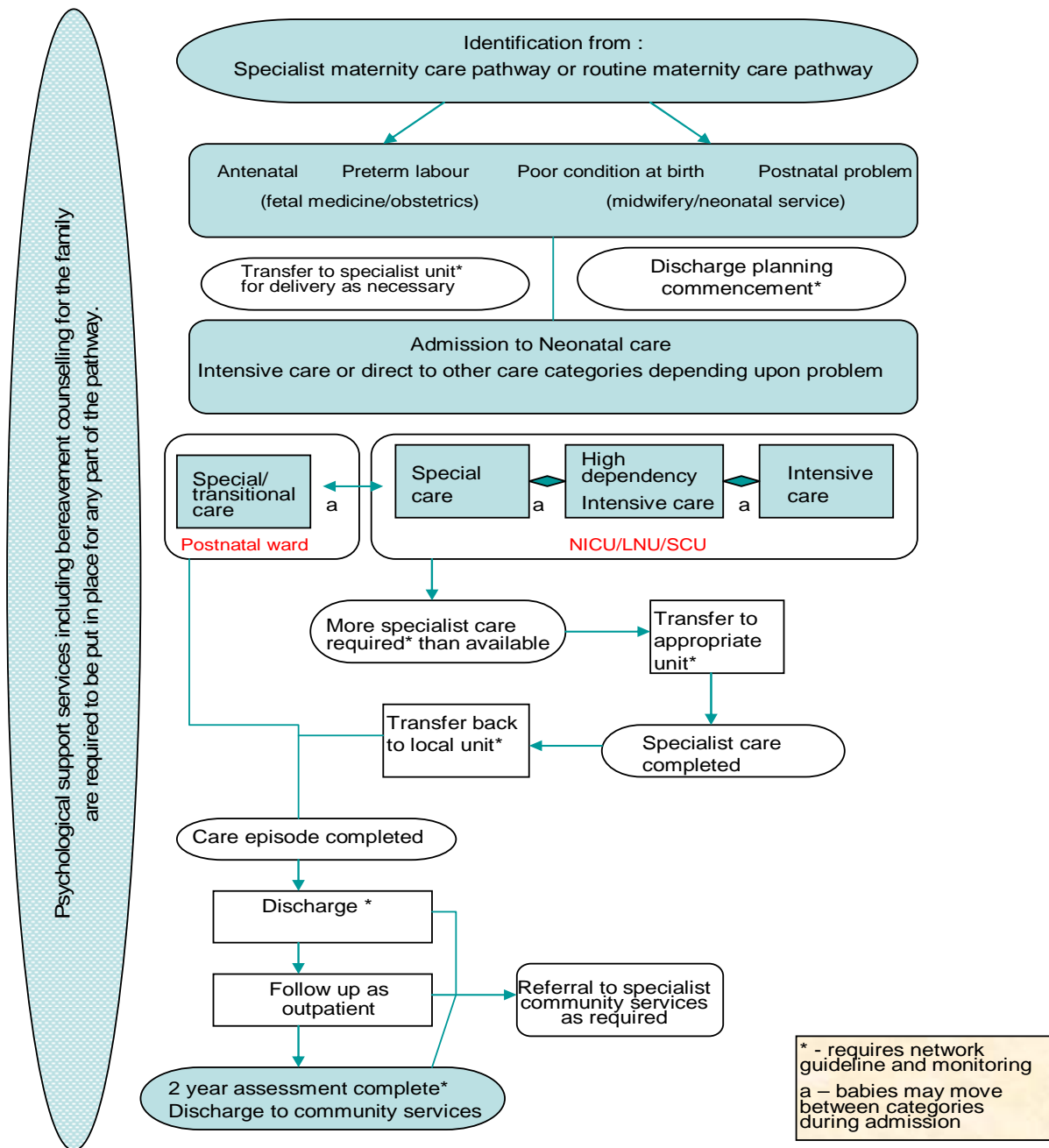
Princess Royal – 34 weeks and above, CPAP/HFNC

Both Frimley Park and Royal Surrey Hospital previously managed babies up to 48 hours ventilation, after a joint meeting with the clinical teams, agreement has been reached for them to discuss all ventilated babies at 6 hours of age, who are not ready for extubation, with the Lead NICU, these babies will be transferred if necessary on clinical advice.

The Ex-utero transfer pathways have been produced to reflect the types of units in SEC and levels of care available in those units, these have been based on the original Surrey & Sussex transfer pathways with changes for those units currently operating outside of the DH Toolkit 2009 criteria. The two lead clinicians in Kent & Medway and Surrey & Sussex have led this work and the proposed pathways are to their recommendations. In May 2011 all units were asked to complete a self assessment document for the DH Toolkit 2009 to ensure the network manager was aware of local services & how they matched to DH Toolkit criteria. This was followed up during the summer when all units were visited by the network manager & lead clinician to ensure they were up to date on local facts & issues. The Perinatal Networks have a responsibility to ensure that neonatal services operate in accordance with national guidance, there is a Service Specification for Neonatal Care Services in SEC SCG which was agreed January 2011 based on DH Toolkit criteria. All providers have a responsibility to ensure that every baby receives high quality care at the level required in accordance with national and local guidance. Quality is defined as ensuring the best outcomes, with care delivered safely and with positive parent satisfaction.

These pathways will be reviewed on an annual basis, the above criteria will apply from the date of agreement at the Network Boards in January 2012 until March 2013, review in October 2012.

Neonatal Care Pathway: DH Toolkit for High Quality Neonatal Services 2009



The SEC Perinatal Pathways & Transfer document relates to the *boxes in the pathway regarding the transfer of babies. These pathways have been through a four week network consultation & review process with several changes that have been discussed with clinical teams. Final agreed at Network Boards January 2012.