

Neonatal transport within the Central South Coast Neonatal Network

The Central South Coast Neonatal Network (CSCNN) was formed in 2003 following recommendations for a more structured and collaborative approach to caring for sick neonates¹. It comprises nine units across Hampshire, Isle of Wight, West Sussex, Dorset and Wiltshire. Within the network there are two Level 3 units based at Southampton and Portsmouth and early plans included centralisation of the care of the sickest and smallest infants in these Level 3 centres. It was recognised early on in this process that a Neonatal Transport Service (NTS) would be essential to permit prompt transfer of sick neonates and enable efficient use of capacity within the network. In August 2004 the Central South Coast Neonatal Transport Service, hosted by the neonatal unit at St. Mary's Hospital, Portsmouth, and funded by the Network's PCTs began operation.

While a plan for a dedicated ambulance service was developed, the NTS utilised all five ambulance providers that serve the CSCNN (Sussex, Hampshire, Isle of Wight, Dorset and Wiltshire NHS Ambulance Trusts) and occasionally a private ambulance provider. As anticipated this was fundamentally inefficient and required significant organisation to co-ordinate transfers. It also helped to demonstrate that the ability of the service to operate would be crucially dependent on a responsive ambulance service that was able to cross county borders.

Within a few weeks an agreement was reached with Hampshire Ambulance Service to provide a dedicated service to the Neonatal Network. This was made possible by the donation of a Specialist Transport Vehicle, raised by charitable funds. Working in partnership with Hampshire Ambulance the nursing and medical team of the NTS are now



The NTS transport team arrives to retrieve a baby.

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complemented by a team of dedicated ambulance personnel whose sole responsibility when on duty is to the NTS.

The level of service provided by the NTS has developed in stages. Currently the service provides dedicated medical cover (at consultant and SpR level) eight hours a day, six days/week, with a dedicated nurse and driver available seven days/week. As finances allow, the network intends to develop the service further to cover seven days/week and extend the hours covered.

Despite the limited number of hours covered by the NTS, it achieves 90-95% of all neonatal transfers within the CSCNN. In the year 2005-2006 just over 350 transfers were performed, 50% of which were repatriations. The CSCNN has also established a Transport User Group which meets to address the clinical governance issues of the NTS.

As a senior nurse working within a District General Hospital, it is apparent that the NTS has made a major difference to the unit. Prior to the development of this service a transfer would often necessitate calling in extra nursing staff or arranging medical/nursing cover from the paediatric ward. Recognising the vulnerability of an infant while being transferred, the unit had an informal policy of ensuring that an experienced senior nurse and doctor must accompany an infant, if the infant was so sick that it required surgery, for example. This policy while appropriate could also deplete the expertise remaining on the unit or cover for other paediatric emergencies. Now, these staffing problems rarely arise. In addition, previously staff who were already busy had to spend valuable time arranging the ambulance but now one phone call to the Transport Team and this is organised. The NTS has provided a consistent method for ensuring sick neonates are transferred quickly, efficiently and safely.

The Transport Team have also developed a training programme for network nursing and medical staff. These multidisciplinary one day courses have been very successful, not only for imparting knowledge and skills but also for allowing staff to network with staff from other units. Nursing and medical staff from units across the network also take part in the faculty for this course.

Reference

1. **Department of Health**. Report of the Neonatal Intensive Care Services Review Group. DH, London. 2003.

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