



## Guidance for ringing the NNeTS Hotline (0191 230 3020)

Telephoning the NNeTS hotline (available 24 hours a day) allows perinatal teams working within the Northern Neonatal Network to access one of four main functions:

### 1. Arranging Intrauterine Transfers

When telephoned for intrauterine transfer, NNeTS will find a centre where there is both a neonatal cot at the appropriate level of care and with a maternity bed, and then link referring/receiving obstetric teams to allow effective and timely liaison.

### 2. Arranging acute uplifts of sick babies

Where arranging acute uplift NNeTS will triage and respond to the uplift request and may use call conferencing to assist this process. A similar process is followed for repatriation requests. Requests for routine repatriation should not occur outside of normal working hours (9-5pm). Referring centres should ensure they are familiar with published retrieval timeframes to ensure that colleague and parental expectation is appropriately managed. Parallel referrals to other transport services **must not be made** by referring centres: if NNeTS cannot fulfil a request, NNeTS will arrange an alternative pick-up centrally.

### 3. Arranging repatriation of well babies closer to home; planned/elective transfer for specific care

If arranging planned work (OPD, specialist review, PDA referrals) NNeTS can assist in linking with specialist services, via the hotline number. If the referring team does involve NNeTS, it is essential that they take time to ring NNeTS to inform them of the potential transfer **during the planning process** so NNeTS can advise if there are any likely clashes OR best dates to be able to provide a transport service. Contacting NNeTS only **after** finalised arrangements have been set between referring and specialist teams risks NNeTS being unable to complete the move, especially if a medical team is required for patient safety. Referrals for this type of work must be made by a Consultant, during daytime hours, and more than 48 hours in advance of the anticipated date of transport. These transport episodes must have been discussed with the NNeTS consultant on call.

### 4. Advice from a Consultant Neonatologist about acute or ongoing neonatal care

When telephoning for advice it is expected that this will be done most often by a Consultant, or equivalent, who has seen and assessed the baby about whom they are ringing (to speak to a Consultant Neonatologist via NNeTS). Where, due to circumstance, a registrar is ringing about a baby, then the local consultant should be aware of the immediate current clinical state of baby (before the call is made) and ideally be in-house reviewing the baby while the call is being made. The advice available via the NNeTS hotline should **never** be considered as a replacement for the in-house SHO/SpR ringing the responsible local Consultant in the first instance of a query arising, as the local Consultant remains responsible for the care of the baby regardless of NNeTS involvement.