The National Neonatal Transport Programme (NNTP) read with interest the recent review of the inter-hospital transfer of children from Cork University hospital (CUH). While concurring with the authors’ conclusions regarding the urgent need for a 24-hour retrieval service for both critically ill neonatal and paediatric patients, the NNTP is obliged to respond to some inaccuracies in the paper regarding its programme. Since its inception in 2001, the NNTP has operated a 7 days a week, 365 days a year service, not a 5-day service as referred to in the article. In addition, our remit has always been the transfer of critically ill neonates up to six weeks old, who require specialised/neonatal care during transfer. However, as with all critical-care transport services (which are by nature resource intensive, costly and so limited), the NNTP cannot routinely transfer medically stable patients. NNTP criteria for transport are clearly available for review on its website.

We question therefore why only 4 of 17 neonates (24%) deemed “critical” by CUH were transported by the NNTP? Was CUH unaware of our days of operation? Did these infants present outside the scheduled hours of service? Was the NNTP already engaged with other calls? Or did these infants, in fact, not meet the criteria for critical-care transfer? The latter point is of particular relevance as 21.5% of the study group were ultimately transported “unsupervised” by private vehicle, train or taxi.

While the study’s aim may have been to emphasize the need for a Paediatric Transport Service, the cohort of patients actually reviewed is inconsistent. If the article is to include neonates and not limit itself to paediatric patients as mentioned in its title, it should refer to all NNTP transports originating in Cork during that time frame. In 2005-2006, 34 critical-care neonates were transported by the NNTP from Cork hospitals to Dublin - 23 from the Erinville, 5 from St. Finbarr’s, 1 from the Bon Secours and 5 from CUH. Another 3 infants from Cork were transported to other tertiary neonatal units, 4 infants were brought to Cork for tertiary neonatal care and 19 infants requiring critical care were returned to Cork from Dublin. To put these figures in perspective, 11% (60) of all transports undertaken by the NNTP in the time period mentioned, either originated/terminated in Cork.

Of the 2,300 critical care transports undertaken by the NNTP to date, there have been fortunately no deaths on transport. The programme is however involved in the transfer of critically ill infants many of whom are at high risk of dying. It undertakes these cases when the benefits of transfer to a tertiary centre outweigh the risks of the neonate dying en route, risks that are fully discussed with the family in advance of departure. As with any centralized transport service, there will be delays based on the geographical location of the referring hospital. However, the NNTP has a well-established air transport facility that is utilized when distance and urgency of transport are critical factors. All of these options are considered during the planning and co-ordinating stages of any transfer. During 2005-2006, 10% (6) of NNTP transfers to/from Cork were by air. Even with the availability of a 24-hr retrieval service, there will always be situations where individual hospitals will have to conduct transport themselves. Primary referring hospitals have the responsibility for establishing guidelines for such events. All hospitals are welcome to refer to the NNTP’s website for standardised national neonatal referral and transport documentation which is readily available for download. These remarks aside, the NNTP supports the articles conclusion that there is an urgent need for the provision of a 24-hour paediatric and neonatal retrieval service in Ireland.

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Comments: