

Elizabeth Howlett AM  
Health and Public Services Committee  
City Hall  
The Queen's Walk  
London SE1 2AA

01 April 2008

Dear Ms Howlett,

Ruth Carnall has asked me to respond to your letter requesting an update on the current situation in London Neonatal Units after the 'Counting the Cots' report of 2006. I am the Chief Nurse for London, and am able to share with you the developments and changes in London since the report was published.

The establishment of five Neo/Perinatal Networks in London over recent years has driven real improvements in the delivery of care at a local level. Three years in to their development, the Counting the Cots report served as a timely catalyst for Networks to appraise where they were, to consider the impact of their developments on the delivery of care, both locally and across London, and to consider the strategic planning, provision and commissioning of neonatal services for the future.

There are currently 30 Neonatal Units of different levels across London with 9 tertiary (Intensive Care) Units. Since the report 'Counting the Cots' was published in 2006 progress has been made across London Neonatal services.

Capacity across London is under constant review but the current configuration of intensive, high dependency and special care can be seen below. Where networks have increased their capacity in the designated intensive care centres the number of intensive care cots declared in smaller units has reduced as this activity has been transferred to the tertiary centre.

A comparison of the number of cots declared by the neonatal units in 2006 compared to the number declared in 2008 is detailed below. As can be seen from the total numbers, across London there has been an increase in cot numbers from a total of 611 in 2006 to a total of 636 cots in 2008.

Network	Hospitals	Number of cots declared 2006				Number of cots declared 2008			
		IC	HD	SC	Total	IC	HD	SC	Total
NCL	Barnet	4	2	14	20	4	2	14	20
NCL	Chase Farm				10	0	0	10	10
NCL	Royal Free	1	1	12	14	2		14	16
NCL	The Whittington	6	5	5	16	6	5	5	16
NCL	University College	7	3	15	25	7	3	15	25
<b>NCL Total</b>		<b>18</b>	<b>11</b>	<b>46</b>	<b>85</b>	<b>19</b>	<b>10</b>	<b>58</b>	<b>87</b>

London Strategic Health Authority

Chair: Dr George Greener CBE

Chief Executive: Ruth Carnall CBE

NEL	King George's	7	4	26	37	0	0	14	14
NEL	Queen's Hospital					7	5	13	25
NEL	Barts & the London	9	2	12	23	9	2	12	23
NEL	Homerton	11	1.16	20	32.16	11	1	20	32
NEL	Newham General	2	2	18	22	2	2	18	22
NEL	North Middlesex	2	1	15	18	2	1	15	18
NEL	Whipps Cross	1	3	11	15	1	3	11	15
<b>NEL Total</b>		<b>32</b>	<b>13</b>	<b>102</b>	<b>147</b>	<b>32</b>	<b>14</b>	<b>103</b>	<b>149</b>
NWL	Chelsea & Westminster	10	5	14	29	8	9	15	32
NWL	Ealing	0	0	15	15	0	0	15	15
NWL	Hillingdon	5	3	12	20	7		15	22
NWL	Northwick Park	5	3	25	33	5	3	20	28
NWL	Queen Charlotte's and Chelsea	12	3	17	32	20		20	40
NWL	St Marys Paddington	8	6	8	22	8	6	8	22
NWL	West Middlesex	1	1	10	12	3		13	16
<b>NWL Total</b>		<b>41</b>	<b>21</b>	<b>101</b>	<b>163</b>	<b>51</b>	<b>18</b>	<b>106</b>	<b>175</b>
SEL	Bromley Hospital	0.5	0.5	9	10	1	4	9	15
SEL	Guys & St Thomas'	9	3	24	36	12	0	24	36
SEL	Kings College	10	1	16	27	12	6	16	34
SEL	Lewisham	6	6	11	23	6	6	11	23
SEL	Queen Elizabeth Woolwich								
SEL	Queen Mary Sidcup	0.5	0.5	13	14	0	1	10	11
<b>SEL Total</b>		<b>26</b>	<b>11</b>	<b>73</b>	<b>110</b>	<b>31</b>	<b>17</b>	<b>70</b>	<b>119</b>
SWL	Epsom	0.5	0.5	9	10	0.5	0.5	9	10
SWL	Kingston	4	2	14	20	4	2	14	20
SWL	Mayday	4	5	17	26	4	5	17	26
SWL	St Georges	11	7	12	30	12	7	11	30
SWL	St Helier	5	6	9	20	5	6	9	20
<b>SWL Total</b>		<b>24.5</b>	<b>20.5</b>	<b>61</b>	<b>106</b>	<b>25.5</b>	<b>20.5</b>	<b>60</b>	<b>106</b>
<b>Total London</b>		<b>142</b>	<b>77</b>	<b>383</b>	<b>611</b>	<b>159</b>	<b>80</b>	<b>397</b>	<b>636</b>

There are plans to increase this capacity further during 2008 with new intensive care cots being opened in St Thomas', University College and St George's hospitals. These increases in capacity are a direct result of activity and capacity monitoring and network developments.

Each of the five perinatal networks has designated level 3 (intensive care units), level 2 (high dependency units) and level 1 (special care baby units) for each network and developed transfer and referral guidelines to ensure that the sickest babies are transferred from the level 2 and 1 units to the recognised tertiary specialist centre.

Since the inception of the networks across London a lot of work and development has taken place and it was acknowledged that the networks were developing at different rates and neonatal activity across London needed to be looked at in a whole system approach. In 2007 it was agreed that the 5 networks would be best served if they had a single management structure to allow for London wide strategy development and management, overseen by a London Perinatal Board, chaired by a PCT Chief Executive.

The Director with responsibility for the management of the 5 perinatal networks across London was appointed in November. The priorities of the single management structure are:

- To provide leadership for the development of perinatal services across London
- Develop strategy to ensure that babies born in London have equity of access to services and that commissioning is reflective of this to ensure best outcomes.
- To ensure that capacity in London matches demand and avoid unplanned transfers out of London

The overall strategy is to work collaboratively with the developing Neonatal/Perinatal Networks.

I hope that this is useful and updates you on the progress made to date and answers your queries. If you require any further information please do not hesitate to contact me.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Trish Morris-Thompson', followed by a horizontal line.

Trish Morris-Thompson  
**Chief Nurse**