

NETWORK STANDARD OPERATING PROCEDURE

Guideline:	Babies Requiring Treatment for Retinopathy of Prematurity (ROP)
Version:	1
Date:	February 2024
Review Date:	February 2027
Approval:	EMNODN Clinical Governance Group
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Consultation:	EMNODN Clinical Governance Group
Distribution:	Neonatal Units within EMNODN
Risk Managed:	Timely treatment for ROP to meet national guidance

This document is a standard operating procedure. Its interpretation and application remains the responsibility of the individual clinician, particularly in view of its applicability across the different Trusts in the East Midlands Neonatal Operational Delivery Network. Please also consult any local policy/guideline document where appropriate and if in doubt contact a senior colleague.

Caution is advised when using guidelines after a review date.

REVIEW AND AMENDMENT LOG

Version	Type of Change	Date	Description of Change
1		Jan 2024	Amalgamation and update of the 2 previous guidelines for the north and south hubs

Background

The purpose of this document is to outline the referral processes for babies requiring treatment for ROP (laser or Bevacuzumab (avastin) injection). Clinical decisions around the need for treatment rest with the ophthalmology team. Communication is required between ophthalmology services, neonatal services and transport services.

Scope

The guideline applies to all units in the EMNODN.

The usual referral pathway for babies in EMNODN North Hub units, is to Queen's Medical Centre.

Organisational Factors

Staff supporting delivery of ROP screening and treatment should be aware of organisational factors that may need to be considered to ensure timely diagnosis and treatment of babies with ROP:

LRI

- Availability of staff on the neonatal unit to support ROP treatment. The usual day for treatment is a Tuesday but this can be changed based on the clinical needs of the baby. Avoid screening on a Friday to optimise the chances of coordinating a laser slot.

Nottingham

- Screening is best carried out as early in the day (and in the week) as possible to allow for referral to and organization of surgery and theatres. Theatre times for laser therapy are currently Wednesday and Thursday mornings between 8.30-12.30

All units should consider:

- The need for referral to both ophthalmology and neonatal services,
- Bed availability
- Transport capacity

The ultimate responsibility for organising a bed for ROP laser rests with the screening ophthalmologist if there are difficulties with locating a cot; this will need escalating at Trust level.

Referral Process

- Surgical treatment for ROP is a time critical procedure and therefore referrals and arrangements for a suitable bed need to be held urgently to ensure surgery can be delivered within the required time window.
- It is important that the screening ophthalmologist and local paediatrician from the referring unit are both involved.
- The referral process needs to include an ophthalmology consultant-to-consultant referral in the first instance and prior to the agreement for treatment. An urgent letter will not be accepted in place of a phone call.
- Subsequent to agreement, involvement of local paediatricians will be required to arrange the logistics of the transfer to a suitable centre.

Infants that have already been discharged from the neonatal unit

- This is a special circumstance due to the time critical nature of this procedure as ROP that requires surgery is sight-threatening.
- A bed needs to be organised in a timely manner.
- Ideally babies that have been discharged from NNU should have their pre and post-surgery care on PICU. However, in the event of a PICU bed being unavailable, admission to the neonatal unit is an acceptable alternative providing, the baby is barrier nursed. This may need to be a decision of last resort to avoid delays in surgery and discussion needs to include the impact on delivery of care to other inpatients.
- This is a local arrangement and it may be more difficult to accommodate the baby on the neonatal unit if they are >44 weeks corrected gestational age at the time of the procedure.

Key Contacts for Referral

The pathway for each unit is summarised below. Due to the geography of the units in the EMNODN South Hub there are a number of pathways in operation.:

Table 1: Key contacts for ROP screening

Hospital Name	Centre responsible for screening	Centre responsible for ROP surgery	Lead Ophthalmologist name and contact details
NORTH HUB			
Queen's Medical Centre, Nottingham	Nottingham Neonatal Service	Nottingham Neonatal Service (QMC site)	Mr Shery Thomas (Consultant Ophthalmologist QMC) – 07759 891814 (sec 0115 969 62679) Miss Rosemary Lambley (Consultant Ophthalmologist QMC) – 07443 529107 (sec 0115 924 9924 X 88485) rosemary.lambley@nuh.nhs.uk Mr Imran Jawaid Consultant Ophthalmologist Imran.Jawaid@nuh.nhs.uk
City Hospital, Nottingham	Nottingham Neonatal Service		Mr Shery Thomas (Consultant Ophthalmologist QMC) – 07759 891814 (sec 0115 969 62679) Shery.thomas@nuh.nhs.uk Miss Rosemary Lambley (Consultant Ophthalmologist QMC) – 07443 529107 (sec 0115 924 9924 X 88485) rosemary.lambley@nuh.nhs.uk
Royal Derby Hospital	Nottingham Neonatal Service		harminderkumar.rai@nhs.net

King's Mill Hospital	Chesterfield and Derby team		Apr 24 – screening currently provided by locum Ophthalmologist cover pending appointment of new substantive consultant. For all queries, contact the Nurse in Charge on SCU
Lincoln County Hospital	Lincoln County Hospital Team		Consultant Mr Bekir oral.bekir@ulh.nhs.uk Mr Bekir's secretary (to book appointment) Sharon.hall@ulh.nhs.uk ROP link nurse on NNU Sarah Russell sarah.russell@ulh.nhs.uk
Pilgrim Hospital Boston	Pilgrim Hospital team		Consultant - Mr Mathew Sebastian.Mathew@ULH.nhs.uk ROP coordinator - Holli Elston Holli.Elston@ULH.nhs.uk Ward clerks book the appointments
SOUTH HUB			
Leicester General Hospital	Leicester Neonatal Service (screening done at LGH)	Leicester Neonatal Service (LRI site)	Ms S Anwar Mr S Tyradellis Miss C Routledge Contact via ophthalmology secretary Susie Vann 01162 587661 susie.vann@uhl-tr.nhs.uk
Leicester Royal Infirmary	Leicester Neonatal Service (screening done at LRI)		
Kettering General Hospital	Kettering General Hospital		
Northampton General Hospital	Northampton General Hospital	John Radcliffe Hospital (Oxford)	Northampton: Screening is performed by a specialist nursing team. Contact with this team is via the nurse in charge of the NGH Neonatal Unit Oxford: Mr CK Patel Secretary Shirin.kumar@ouh.nhs.uk
Queen's Hospital Burton	Queen's Hospital Burton	Nottingham Neonatal Service (QMC site) NB Previously this was Birmingham: ROP coordinator: Fiona Flynn	Burton: Mr Bandyopadhyay chitrabhanu.bandyopadhyay@nhs.net Mr Shery Thomas (Consultant Ophthalmologist QMC) – 07759 891814 (sec 0115 969 62679)

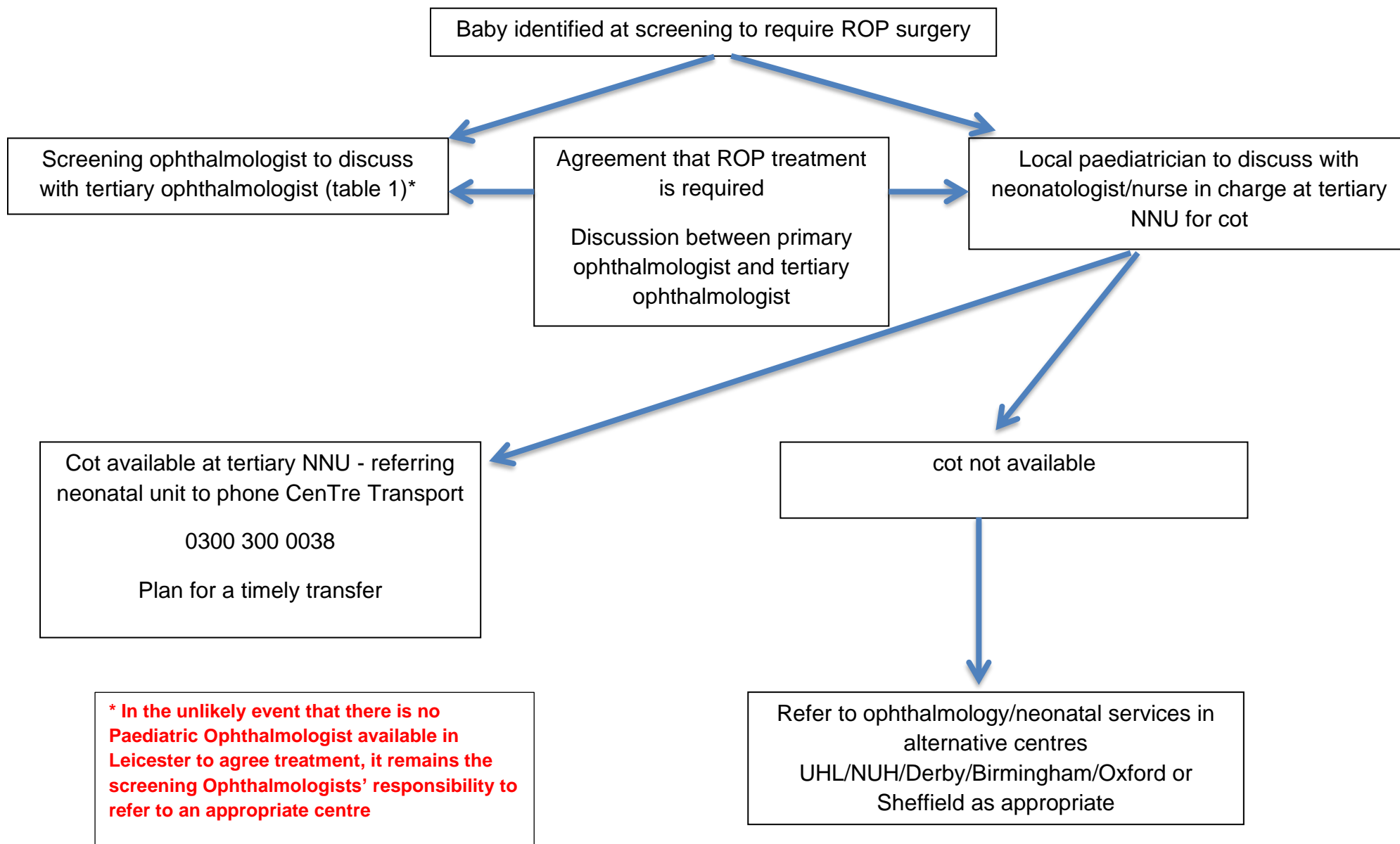
		Fiona.flynn3@nhs.net 0121 333 9465	Miss Rosemary Lambley (Consultant Ophthalmologist QMC) – 07443 529107 (sec 0115 924 9924 X 88485) rosemary.lambley@nuh.nhs.uk Mr Imran Jawaid Consultant Ophthalmologist Imran.Jawaid@nuh.nhs.uk
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References:

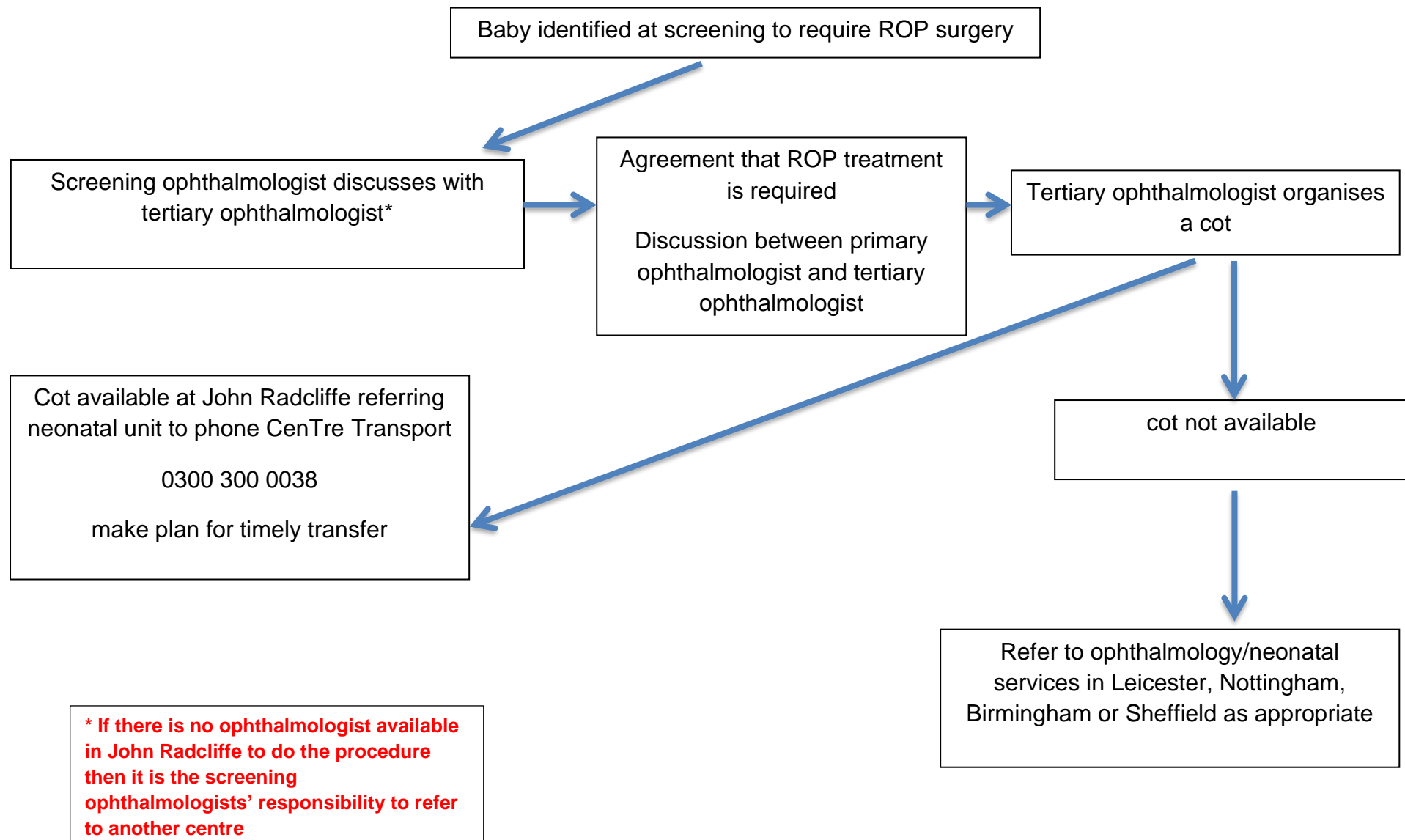
1. RCPCH & BAPM UK Screening of Retinopathy Guideline
https://www.rcpch.ac.uk/sites/default/files/2022-12/FC61116_Retinopathy_Guidelines_14.12.22.pdf

Summary Process

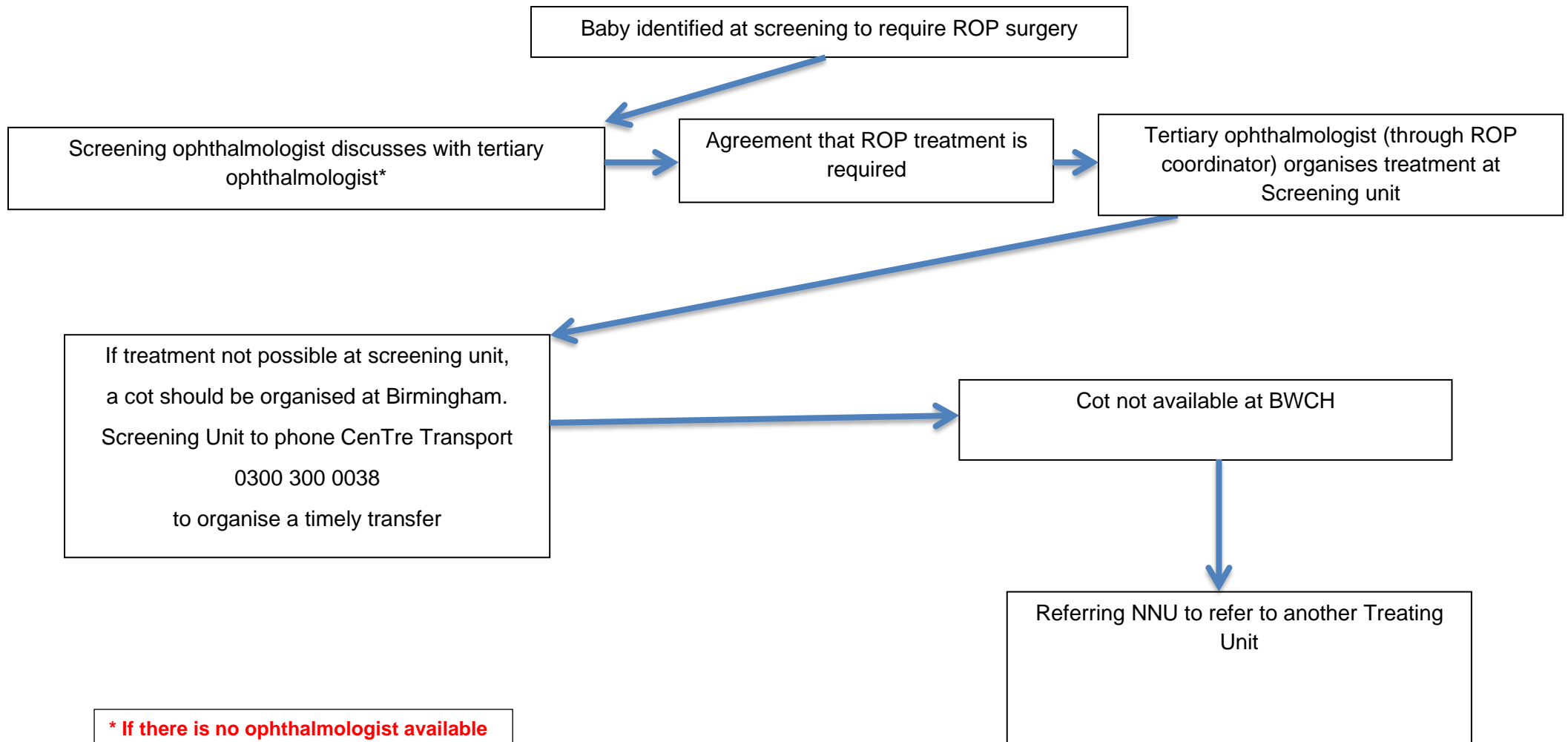
1. Babies having treatment at Leicester Royal Infirmary / Nottingham QMC



2. Babies having treatment at John Radcliffe – Oxford



3. Babies having treatment at Birmingham Women and Children's Hospital (BWCH)/West Midlands – may occur when QMC and LRI are at capacity



*** If there is no ophthalmologist available in Birmingham to do the procedure then it is the screening ophthalmologist's responsibility to refer to another centre. This is rare as there is a 5 Duty Consultant system – see MOU**