

Title: Delivery of ROP treatment

Authors: Dr Chris Day, Prof Rachel Pilling

Date written: May 2021

Review date: September 2026

This clinical pathway has been developed to ensure appropriate referrals and standards of care throughout the Yorkshire and Humber ODN. The appropriate use and interpretation in providing clinical care remains the responsibility of the individual clinician. If there is any doubt discuss with a senior colleague.

Background

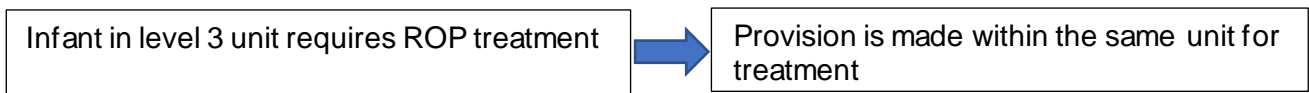
Retinopathy of Prematurity is a sight threatening complication of premature infants. All NNU must provide a screening programme delivered by a paediatric ophthalmologist. Level 3 units offer a treatment service, delivered by a paediatric ophthalmologist on the NNU or in theatre. Around 5% of premature infants will require treatment. Once a baby is identified as needing treatment, this must be delivered within 72 hours, preferably 48 hours, to prevent life long blindness.

There has been a 2.5x increase in workload due to better survival rates, more cot numbers, national guidelines and network arrangements. The aim of this document is to propose options for the safe and effective delivery of ROP treatments across the Y&HNN.

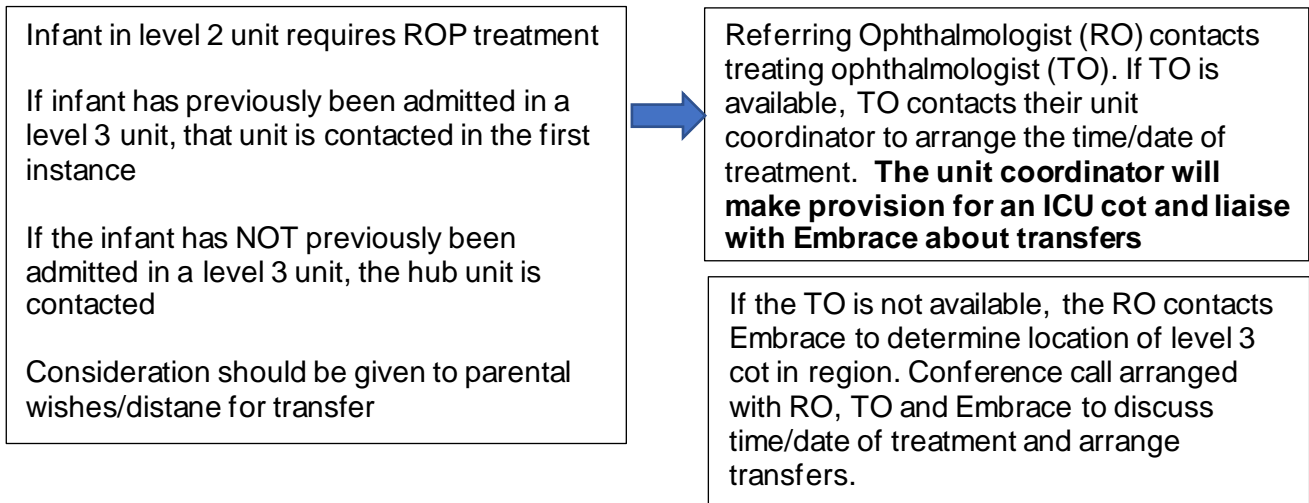
An ROP treatment service should:

- A) Offer treatment within the timeframe set out in Royal College of Ophthalmologists guidance
- B) Minimise transfers of infants from unit to unit
- C) Offer treatment within its "hub" unit, unless the infant has previously been admitted to another "hub" unit. Transfers from West/East to South and vice versa will occur only in exceptional circumstances
- D) Make provision for a ICU cot where there is a treating ophthalmologist available
- E) Offer a streamlined referral pathway for referring ophthalmologists

Scenario 1:



Scenario 2:



Referral pathways:

Local unit	1 st choice NICU	2 nd choice NICU
Harrogate	Leeds	Bradford, Hull
Pinderfields	Leeds	Bradford, Hull
Calderdale	Bradford	Leeds, Hull
Scarborough	Hull	Leeds, Bradford
York	Leeds	Hull, Bradford
Grimsby	Jessop Wing	Hull
Scunthorpe	Jessop Wing	Hull
Doncaster / Bassetlaw	Jessop Wing	SCH
Barnsley	Jessop Wing	SCH
Rotherham	Jessop Wing	SCH
Chesterfield	Jessop Wing	SCH

Expectations:

This proposal relies on the expectation that if a TO is available in the first choice unit, a NICU bed WILL be made available. The corollary is that wherever a bed is available, the TO will make themselves available. Both of these may present a culture change for some staff and the practicalities may take some time to work through.

Whilst TO can manage the workload/treatment burden for their “own babies” to work around availability each week, the nature of ROP is that without notice, a RO may call upon their services. Providing watertight availability such that “wherever there is a bed, there is a TO” at 48 hours notice, 52 weeks a year for an increasing burden of infants is likely to require change in working patterns and increased clinical staffing.