



Update on Neonatal Services

Northern Neonatal Network
NHS England - Specialised Commissioning
North East and North Cumbria ICB

June 2026



Introductions

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Today



- Overview of Neonatal Care
- Implementation of national Neonatal Critical Care Review
- Impact for patients and families
- Summary and next steps

Overview of Neonatal Care



- Neonatal critical care includes intensive care, high dependency care and special care. Neonatal Critical Care Services provide specialist medical and surgical inpatient care for newborn babies requiring ongoing hospital admission after their birth.
- Neonatal services are currently delivered as part of a networked arrangement across the North East and North Cumbria region. This means that when a mother and baby need a neonatal intensive care cot, it is dependent on cot availability – with families having to travel further to access the specialist care they need.
- There is a dedicated neonatal transport service (NNETs) to coordinate the movement and support babies being transferred to and from neonatal units of babies around the region, which is fully functional.

Overview of current Neonatal Care

Northern Neonatal Network

Neonatal Intensive Care Units (NICU)

- Royal Victoria Infirmary (RVI) Newcastle
- Sunderland Royal Hospital
- James Cook Hospital, Middlesbrough

Local Neonatal Units (LNU)

None

Special Care Units (SCU)

- NSECH, Cramlington
- Queen Elizabeth Hospital, Gateshead
- University Hospital of North Durham
- Darlington Memorial Hospital
- University Hospital of North Tees, Stockton
- Cumberland Infirmary, Carlisle
- West Cumberland Hospital, Whitehaven

Background to NCCR...



- **2019** - The Neonatal Critical Care Review (NCCR) was published in 2019 with the aim of standardising neonatal services across the UK by aligning units with defined service specifications.
- **2019- 2023** The Neonatal Network completed the actions and recommendations from a previous review in 2015. This included a pathway change at South Tyneside and Sunderland FT (Sunderland NICU)
- **March 2024** - The Northern Neonatal Network was instructed by NHS England to review the regional service provision and make recommendations to bring services in line with both the NCCR recommendations and the Specialised Commissioning neonatal critical service specification in March 2024.
- **June 2024** - The Neonatal Network constituted a task and finish group in 2024 to take a proposal to the Network Board, Local Maternity and Neonatal Services (LMNS) and NHS England.
- **June 2025 – to December 2025** - A briefing paper describing the proposal for reconfiguration of neonatal services in the network and the associated impact was then taken through NHS England governance meetings and to the ICB Sub-Committee.
- **January 2026** – Communications to advise system partners of implementation of pathway threshold plans for SCUs in line with national service specification. Face to face presentation to North East Joint Overview and Scrutiny committee, information and offers for meetings to Tees Valley and Cumberland OSCs.



Wider national and regional context

- Nationally NHS England does not support deviation from the national service specification, the threshold for any exceptionality must be high, for example remote units on a geographical basis.
- There is a lack of support from regulators for models elsewhere in the North East and Yorkshire region that operate outside of the prescribed national service specification.
- There is a declining birth-rate across the North East region.



Regional position

Review undertaken of all units and their designation by the Neonatal Network to ensure best birth outcomes, consistent with NCCR standards.

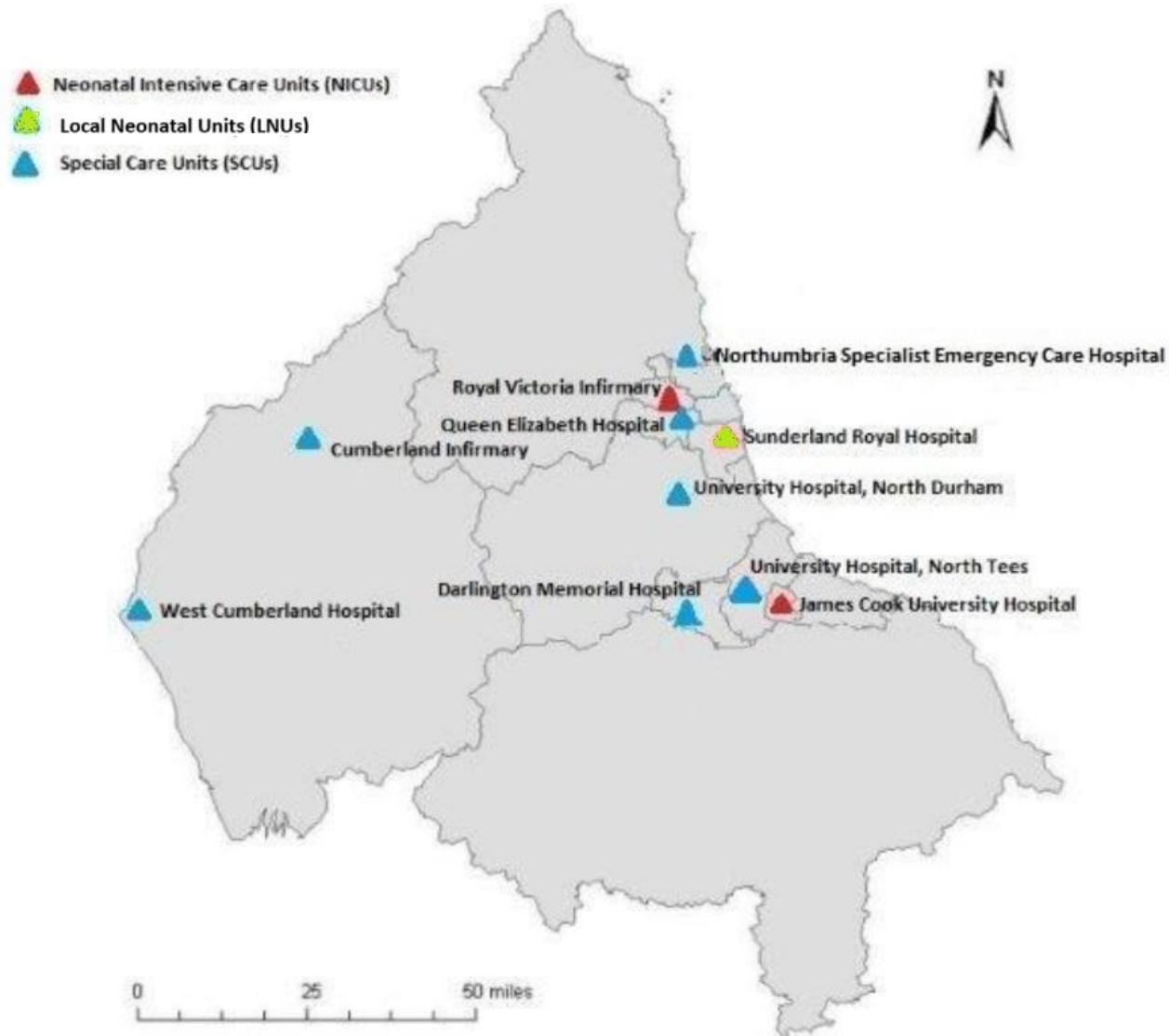
The main changes required in NENC to meet the standards are:

- **5 out of the 7 Special Care Units (SCUs)** need to increase their admission threshold from 30 weeks to 32 weeks gestation in line with NCCR standards and national prescribed service specification (including University Hospital of North Tees and Darlington Memorial Hospital)
- **Sunderland Neonatal Intensive Care Unit (NICU)** to be designated a Local Neonatal Unit (LNU). Sunderland NICU currently takes babies from 26 weeks gestation, and this admission threshold as an LNU will change by one week i.e. to 27 weeks gestation

The above changes will give NENC a dedicated Local Neonatal Unit and 7 Special Care Units that will meet all the national requirements and have potential for them to be gold standard units

Any delay in agreeing the recommendations impacts on wider network changes.

Future neonatal network model...





Impact for families

Context

Between 800 to 850 babies are already moved across the region each year to ensure care is delivered at the right place.

Special Care Units (SCUs)

Approximately **14 babies across the NENC region** will be moved per year with the updated two week pathway (i.e. from SCUs to an LNU or NICU)

For North Tees this would be between 1 to 4 babies per year

For Darlington this would be between 1 to 5 babies per year

These babies would be cared for outside of the North Tees and Darlington SCUs i.e. at South Tees Hospitals (James Cook) until ready to be returned to their local SCU.

Estimated between 2 to 9 babies moved in a year out of 4,320 births (less than 1%)

Feedback from families 2023

'Parents need to understand the reasons why they are being sent where they are being sent'

'There is only a small number impact, but what about the financial impact for these families'

'There is a need to consider the mental health impact for Mums who are accessing neonatal services'

'There is a need for support travelling to a non-local neonatal unit – more information should be made available about this.'



Information on support services

Following families asking for clearer information about practical neonatal support services, the Neonatal Operational Delivery Network has undertaken a comprehensive review of what is available at all sites covering:

- Accommodation available for neonatal families
- Availability of food and refreshments
- Travel
- Parking facilities

The network has provided assurances that there are sufficient support services, facilities and capacity across all sites to support the changes required to meet the service specifications.

Ongoing patient involvement



- Task and finish group in place which includes:
 - Patient representatives from across the region through a Parent Advisory Group
 - Care Co-ordinators from the Neonatal Network who have very close relationships with families
- Key themes from discussions to date have focussed on clearer communication for families accessing neonatal services, specifically in relation to support services that might be available.
- Additional engagement has involved families that have recently used neonatal services as well as women who were currently pregnant but had not had neonatal experience.
- This work was undertaken as informal conversations at neonatal playgroups, on NICUs and SCUs and during several listening events, and **secured feedback from 52 participants.**

Feedback from families 2024/25



Discussions to date have identified the following themes that are being taken forward:

- **Early availability of information:** Neonatal families said they would find travel around the region manageable if they have the correct information beforehand and feel involved in the discussions around any move.
- **Antenatal care conversations:** Families felt neonatal information would be useful at 16-20 weeks, if not at the initial time of booking. There should be an on-going conversation with maternity staff regarding the possibility of families requiring neonatal care for it to become less scary and more normalised.
- **Specialist ambulance transport:** Families provided useful information about the actual movement around the network and the use of the NNeTS transport service and what to expect based on their experiences.
- **Families who have not experienced neonatal care:** Participants understood that if moving their baby led to improved care in terms of meeting their needs, it would be a good thing. Areas of interest to manage any anxieties included family support close to them, having access to their child and information about how the baby would be transferred and if any of this would have any detrimental effects.



Commissioner and wider stakeholder involvement

The changes are supported by system partners:

- Northern Neonatal Network and NHS Foundation Trust representatives
- The North East and North Cumbria Local Maternity and Neonatal System
- NHS England (North East and Yorkshire region)
- North East and North Cumbria Integrated Care Board (via its Joint Committee arrangements with Specialised Commissioning)



Summary and next steps

- Babies already move across the region to ensure that the right care is provided in the right place to ensure the highest level of care is given to our babies and families
- The Northern Neonatal Network seeks to progress with implementation of the pathway standards in line with the national review recommendations during summer 2026.
- Further engagement will take place with patients and staff as part of implementation plans and transition to any new pathway arrangements.

Although the impact is small in terms of numbers, the impact of the change and on patient experience will be monitored closely by the Northern Neonatal Network.



Thank you and questions