Dear Dr

Re: OPTI-PREM: Optimising neonatal service provision for preterm babies born between 27 and 31 weeks of gestation using national data, qualitative research and economic analysis (NIHR grant 15/70/104, Research Ethics Committee reference 212034)

I am writing to introduce myself as the Chief Investigator for OPTI-PREM, a research project involving collaboration with the Universities of Leicester, Oxford, Imperial College and the NDAU. OPTI-PREM is funded by the NIHR Health Services and Delivery Research programme to investigate the optimal place of care for preterm babies born between 27 and 31 weeks of gestation in England.

The project aims to improve neonatal service delivery for babies born between 27 and 31 weeks of gestation in England, by providing evidence-based data for the development of national policy on the optimal place of care for such babies. This evidence will be obtained from studying anonymised data held in the NNRE for all babies born between 27 and 31 weeks gestation at birth, admitted to a neonatal unit in England between 01/01/2014 and 31/12/2017.

As you know, currently babies born between 27 to 31 weeks of gestation may be managed in either a NICU or a LNU. The decision on where individual babies are born is based on maternal choice at booking, presentation to the nearest hospital and cot capacity at the time of delivery.

Significant new evidence shows that care in a NICU, as opposed to a LNU, has benefit in terms of improved survival to discharge for those born at <26 weeks gestation; this is shaping policy for this group in England. In contrast, there is no evidence to guide care of the larger number of babies born between 27 and 31 weeks of gestation. It is possible that the
bigger babies in this cohort, may benefit from being cared in a LNU while the smaller of the
group, in a NICU. Our research will determine whether the type of unit in which neonatal
care is delivered influences clinical outcomes, cost-effectiveness of care and takes into
account parent and staff perspectives on best place of care. We will use population level
data held within the NNRD to explore associations between place of care and clinical
outcomes to discharge from neonatal units. We will follow up to one year of age through
linkage with Hospital Episode Statistics and Office for National Statistics data.

OPTI-PREM has been endorsed by the British Association of Perinatal Medicine, the
Neonatal Clinical Reference Group and BLISS. The results will be used to produce
recommendations to guide the commissioning and delivery of future neonatal health services
in England.

I am writing to seek agreement that data contributed by your unit to the NNRD may be
included in this study. As this study uses data held in an existing research database,
participation does not require approval from individual Trusts contributing data (Data
Collection Centres) but only from the NHS Trust holding the database, Chelsea and
Westminster NHS Foundation Trust, which has been obtained. The study already holds
United Kingdom Research Ethics Committee approval (attached) and Health Research
Authority Approval (attached). Authorship of publications arising from this study will include
“members of the UK Neonatal Collaborative”.

If you would not like your neonatal unit’s data to contribute to this project (i.e. you would like
your unit to “opt-out”) please inform ndau@imperial.ac.uk by 31 May 2017

If you have any questions about this study please do not hesitate to contact me directly at
tilly.pillay@nhs.net

Yours Sincerely,

Tilly Pillay
Clinical Lead, Senior Neonatologist, Royal Wolverhampton NHS Trust, SSBCNMN

Collaborators: N Armstrong, EM Boyle, ES Draper, M Greenaway-Crissold, B Manktelow, N
Modi, O Rivero-Arias, SE Seaton

Please note: By placing the attached parent information leaflet in your neonatal unit
admission packs, current babies managed on your neonatal unit, up until 31/12/2017, will
count as CRN accruals towards your NIHR portfolio targets.