Does the call relate to a patient requiring an immediately life saving transfer? e.g.
- Neurosurgery (e.g. extradural, subdural, subarachnoid haemorrhage)
- Immediate cardiovascular or vascular surgery (e.g. leaking aortic aneurysm, dissecting aortic aneurysm)
- Rescue or Primary Angioplasty (PCI) for cardiac or stroke patients
- Paediatric sepsis / critical emergency (eg neurosurgery) if CATS not available
- Transfer to Major Trauma Centre for treatment or management
- Transfer to Stroke unit for treatment within 4.5 hours of onset of symptoms
- Patients externally paced or going for emergency pacemaker insertion
- Haemorrhage requiring immediate interventional radiology / embolization
- Thrombotic Thrombocytopenic Purpura may be referred to as TTP

Patient being transferred for life or limb saving treatment or management?
- HACK or Non-STEMI patients
- Patients going for immediate surgery (inc special pt groups eg bariatric)
- Hyperbaric patients going to specialist centre
- Sudden loss of vision
- Immediately limb threatening injury
- New onset of ischaemic limb
- Cauda Equina / Spinal cord compression (including going for emergency radiotherapy)
- ENT emergency including epistaxis where nose has been packed
- Transfer between CCU / ITU / ICU or admission to an ITU or hyperbaric unit / burns unit
- In-utero emergencies (where labour has started / been slowed with drugs / very high risk pregnancy eg placenta praevia, pre-eclampsia)
- Patient with monitors / infusions / sedation which cannot be switched off
- Acutely sick patient in a NON A&E Hospital including mental health units
- Children on continuous oxygen or monitoring or IV fluids
- Emergency renal dialysis – i.e. not routine dialysis session
- Testicular Torsion
- Neonatal Transfers where NTS (BETS) not available

Diagnosed Stroke with onset of symptoms over 4.5 hours but under 24 hours

Calls from a Minor Injury Unit, Urgent Care Centres or Mental Health unit
- Hospice admission for symptom control / EOLC discharge with death expected within 48 hrs

Any other significant clinical reason for the transfer? Eg transplants; LVADs; ECMO; non critical or immediate patients from private hospitals going to NHS hospitals for emergency treatment; special patient groups’ eg bariatric or humanitarian journeys, transplants

Examples of Hospital Transport Suitable Journeys;
- Stroke diagnosis with onset more than 24 hours
- Specialist patients going for review at specialist centre who are stable eg burns or plastics patients not on infusions or with airway involvement
- ‘Take home’ journeys
- Transfer due to bed availability in stable patient
- Transfers post treatment including return journeys
- Patients with IV access – fluids can be stopped and the IV cannula capped
- Routine appointments eg dialysis, scans
- Hospice journeys: booked admissions, discharge after respite care; outpatient journeys (to and from appointments)
Acute NHS Trust guidance on London Ambulance Service Inter-Hospital Transfers

1. London Ambulance Service is not able to undertake routine transfer of patients between hospitals for booked admission, clinic appointments or routine treatments e.g. radiotherapy, pre-booked angioplasty, routine renal dialysis.
2. This is not a change to our current contractual obligations but it will eliminate the un-necessary inter-hospital transfer requests we receive that fall outside of the contract.
3. Where LAS holds the Acute NHS Trust’s PTS contract these requests should be booked via their own hospital transport office and not using the dedicated telephone number for Critical or Immediate Transfers or Doctors’ request line. The PTS contracts are unaffected by the Critical or Immediate Transfers policy.
4. Routine transfers between different hospital sites (intra-Trust) are not the responsibility of LAS unless the patient falls into the Critical and Immediate Transfer groups or LAS holds the PTS contract with the Acute Trust.

Guidance for use of Critical and Immediate Transfer Flowchart

1. Requests for a Critical or Immediate Transfer (0207 902 2511) must be made by someone able to give appropriate clinical information and answer clinical questions asked by LAS.
2. LAS will undertake critical and immediate transfers from Private Hospitals to NHS sites.
3. Requests for Critical or Immediate transfers cannot be pre-booked – they should be requested at the time needed.
4. It is the responsibility of the referring Acute Trust to ensure that the patient is accompanied by appropriate Healthcare Professionals (HCPs) who is able to undertake any treatment that may be needed during the journey – LAS is unable to guarantee a paramedic crew for transfers. For maternity transfers this means an HCP capable of caring for both mother and baby.
5. The patient and the accompanying HCP must be ready for transfer when LAS arrive – where the transfer is delayed more than 15 minutes the LAS crew will be stood down and the transfer will need to be re-booked.
6. There is no guarantee the member of hospital staff will be returned to the hospital if the crew are tasked to another emergency call.
7. Requests for inter-hospital transfers will be monitored by LAS and feedback provided to the Acute Trusts particularly where there is discrepancy between the information provided when the request is made and the clinical condition documented on the LAS patient report form.
8. Any queries re transfers should be passed to the CSD for a clinician to clinician conversation. The CSD will escalate to the Medical Directorate on-call advisor if needed.
9. The final decision about any transfer will lie with the LAS Medical Directorate.

Non-Critical or Immediate Transfers i.e.: special patient groups

1. A small number of patients will be transferred by LAS where clinically indicated – the request should be made through the doctor telephone line (0207 827 4555) not using the Critical or Immediate dedicated telephone line. The request must be made by someone able to give detailed clinical information.
2. These requests will be considered on a case-by-case basis by a senior LAS clinician.
3. The same guidance re escorts and return of medical teams applies as is documented above.
4. The following groups of patients will currently be considered for transfer by LAS
   a. Acutely unwell barrier nursed patients following agreement from the LAS Medical Directorate.
   b. Transfer of patients to specialist units for treatment e.g. neurosurgical or cardiac intervention, severe burns (non-ventilated) and hyperbaric patients
   c. Where specialist medical equipment is needed for the transfer e.g LVAD, transplant
   d. Mental health patients – a risk assessment tool will be used to ensure an appropriate response. Patients who are sectioned under the MHA or are considered high risk should be accompanied by an approved mental health professional
   e. Neonatal transfers to and from specialist centres / units
   f. Humanitarian responses

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