

Request for Hospital Transfer by the London Ambulance Service **0203 162 7511**

**For patients requiring transfer for an immediate lifesaving intervention e.g. going straight to theatre or for an intervention?**

- ✓ Immediate cardiovascular or vascular surgery (e.g. leaking / dissecting aortic aneurysm)
- ✓ Rescue or Primary Angioplasty (PCI)
- ✓ Obstetric emergencies from midwife led units (Inc. birthing centres)
- ✓ Transfer to Hyper Acute Stroke Unit for treatment within 4.5 hours of onset of symptoms
- ✓ Stroke patients going for thrombectomy
- ✓ Thrombotic Thrombocytopenic Purpura (TTP)
- ✓ Transfer to Major Trauma Centre for an immediate operation – haemorrhage control
- ✓ Haemorrhage requiring immediate interventional radiology / embolisation
- ✓ Neurosurgical transfer requiring immediate operation / intervention
- ✓ Burns transfer for immediate escharotomy or inhalation injury

**Hospital Transfer 1**

18 mins

**INFORM THE CALLER – Patient and HCP escort MUST be ready when the crew arrives**

**For patients requiring transfer for ongoing management not available at the current facility?**

- ✓ Neurosurgery needing urgent but not immediate intervention (e.g. for admission and observation not immediate theatre) including cauda equina
- ✓ Paediatric sepsis / critical emergency (e.g. neurosurgery) if CATS not available
- ✓ Transfer to Major Trauma Centre for ongoing assessment and management
- ✓ Patients externally paced or going for emergency pacemaker insertion
- ✓ Intra-Aortic Balloon Pump (IABP)
- ✓ Testicular Torsion
- ✓ Patients going for surgery or intervention not available at local site (e.g. bariatric)
- ✓ Burns, Hyperbaric and bariatric patients going to specialist centres
- ✓ Sudden loss of vision
- ✓ New onset ischaemic limb
- ✓ ENT emergency including epistaxis where nose has been packed
- ✓ Emergency renal dialysis – i.e. not routine appointment

**Hospital Transfer 2**

60 mins

**Surge Blue or Black - Will be reviewed by the Clinical Hub. Advise the caller of a potential ring back**

Concerns raised by the referring HCP should be referred to the Clinical Hub for a clinician to clinician conversation **at the time of booking**

- ✓ HAC-X or Non-STEMI patients
- ✓ Emergency radiotherapy
- ✓ Transfer between CCU / ITU / ICU or admission to an ITU
- ✓ In-utero emergencies (where labour has started/been slowed with drugs/very high risk pregnancy i.e. placenta praevia, pre-eclampsia)
- ✓ Patients with monitors / infusions / sedation which cannot be switched off
- ✓ Children on continuous oxygen or monitoring or infusion
- ✓ Diagnosed stroke with onset of symptoms over 4.5 hours but under 24 hours

**Hospital Transfer 3**

120 mins

**Surge Blue or Black – for review by the Clinical Hub. Advise the caller of a potential ring back**

Any other significant **CLINICAL** reason for the transfer? E.g. transplants; LVADs; ECMO. Patients going from private hospitals to NHS hospitals for emergency treatment; special patient groups e.g. humanitarian journeys etc.

**Contact the Clinical Hub - clinician to clinician conversation**

Calls from a MIU or UCC or hospital without an A&E department or capabilities e.g. Mental Health Units, Community Hospitals, Satellite Units and Hospice admission for symptom control / EOLC discharge with death expected within 48 hours

**Protocol 35 only if speaking to a clinician otherwise triage through MPDS**

**Examples of Hospital Transport Suitable Journeys;**

- X Stroke diagnosis with onset over 24 hours
- X Specialist patients going for review at a specialist centre who are stable e.g. burns or plastics patients not on infusions or with airway involvement
- X 'Take home' journeys
- X Transfer due to bed availability for a stable patient
- X Transfer post treatment including return journeys
- X Patients with IV access where fluids can be stopped and the IV cannula capped
- X Routine appointments
- X Hospice journeys unless to PPD and expected to die within 48 hours

**Refer to hospital transport provider and cancel the request For contractual issues refer to the EOC Watch Manager. For clinical queries speak to the Clinical Hub.**

# LAS Hospital Transfer Flow Chart – Version 11.8 November 2017

## Acute NHS Trust guidance on London Ambulance Service Inter-Hospital Transfers

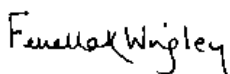
1. The London Ambulance Service (LAS) is not able to undertake routine transfer of patients between hospitals for booked admission, clinic appointments or routine treatments e.g. radiotherapy, pre-booked angioplasty, routine renal dialysis.
2. This is not a change to our current contractual obligations but aims to eliminate inter-hospital transfer requests we receive that fall outside of the contract.
3. Where the LAS hold 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 Inter-Hospital Transfers or Doctors' request line.
4. PTS contracts are unaffected by this Hospital Transfer policy.
5. Routine transfers between different hospital sites (intra-Trust) are not the responsibility of LAS unless the patient falls into either of the above categories or the LAS holds the PTS contract with the Acute Trust.

## Guidance for use of Category 1-3 Transfer Flowchart

1. Requests for a Hospital Transfer (**0203 162 7511**) **must** be made by someone able to give appropriate clinical information and answer clinical questions asked by LAS. If there is any delay in answering please do not hang up – it means the 999 system is very busy but a call handler will answer as soon as they are available.
2. The LAS will undertake transfers from Private Hospitals to NHS sites where the patient meets the criteria overleaf.
3. Requests for hospital transfers cannot be pre-booked – they should be requested at the time they are needed.
4. It is the responsibility of the referring Acute Trust to ensure that the patient is accompanied by appropriate Healthcare Professionals (HCP) 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. For immediately life-threatening emergencies e.g. penetrating trauma, STEMI, leaking AAA where the need to get to definitive care is time critical delaying to arrange an HCP escort is only needed if the patient is intubated or on drug infusions (including blood transfusion) which cannot be managed by an ambulance crew.
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. The LAS crew are unable to return hospital staff at the conclusion of the patient transfer.
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 regarding transfers should be passed to the Clinical Hub for a clinician to clinician conversation. The Clinical Hub 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.

## Other 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 hospital transfers telephone line (0203 162 7511). 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, ECMO.
  - 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 must be accompanied by an approved mental health professional.
  - e. Neonatal transfers to and from specialist centres/units.
  - f. Humanitarian responses.



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Approved 27<sup>th</sup> October 2017