NHS
London Ambulance Service
NHS Trust

Inter-facility transfers (Winter 2023)

This guidance is intended for patients who require transfer by emergency ambulance between healthcare sites (with inpatient facilities) due to an increase in their medical or nursing care need.

Your call will be answered by a 999 Emergency Call Handler. You may also speak to a clinician.
A clinician responsible for the patient's care must be immediately available to discuss the patient's needs.

Use this service when:

- ✓ The patient has a need for immediate or emergency management and treatment in another facility
- ✓ Treatment/monitoring cannot be stopped during an emergency transfer *(this requires the referring hospital/unit to provide a suitability qualified clinical escort)*

This service should not be used when:

- × The patient can safely make their own way to the receiving facility, for example in a taxi
- × Immediate management can be facilitated on site
- × The transfer meets the criteria for your Trust's contracted provider, e.g. immediate management is not required on arrival at the facility

7 minute target (Critical assistance) Category 1 For exceptional circumstances when a facility is unable to provide an immediate life-saving clinical intervention like resuscitation or adrenaline for anaphylaxis. A solo responder on a car may be sent to provide immediate assistance.	Do you need our clinical help right now to deliver an immediate life-saving intervention or are you declaring an obstetric emergency?
18 minute target (Emergency) Category 2 This level of response is based on the clinical condition of the patient and the need, or a high likelihood of the need, for immediate management in another healthcare facility, rather than the patient's diagnosis. Examples include patients going directly to theatre for immediate neurosurgery, PPCI for a heart attack and stroke thrombolysis or thrombectomy.	Is there a need for an immediate intervention that cannot be carried out at the current facility and is the patient at immediate risk of death or life changing loss of a limb or sight?
120 minute target (Urgent) Category 3 This level of response is for patients who do not require immediate life or limb saving interventions, but require an increase in their level of clinical care as an emergency which requires transfer by ambulance to another healthcare facility. Examples include immediate emergency surgery.	Does the patient require additional clinical management upon arrival at the new facility? (if non-emergency transport is not clinically appropriate)

To escalate concerns request to speak to a clinician and provide a direct dial number (not switchboard).

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Inter-facility transfers FAQ 0203 162 7525

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Why have I been given a response time that doesn't align with nationally defined response time targets (7, 18, 120 minutes)?

The London Ambulance Service will always aim to respond within nationally defined response time targets. However when it is unlikely we will be able to do this we will give you an expected response time. If an ambulance isn't available to respond a clinician will review the details provided on the call to ensure the call is appropriately prioritised against other emergency calls in the area. In some cases this may require us calling you back to gain more detailed information. The LAS may ask the local Emergency Department to release an ambulance crew to undertake the transfer.

How do I discuss individual clinical needs or escalate a concern about a live case?

To discuss the individual clinical needs of the patient or discuss clinical risks request to speak to a clinician. If a clinician is not immediately available the Emergency Call Handler will arrange for a clinician to call back. Please provide a direct dial number (not a switchboard number).

Why do I need to repeat information on the emergency call?

Emergency Call Handlers are specifically trained to ask callers to repeat information to make sure it has been taken correctly. This is especially important for calls from healthcare facilities as it common for facilities to operate across multiple sites, share similar names and for multiple calls to be received at the same time for different patients on the same site. Expect the call to last around 5 minutes. Please answer all questions even if they don't seem relevant as otherwise it can slow the process.

Do I need to provide an escort?

The LAS is not able to guarantee a paramedic crew. It is the responsibility of the referring Trust to ensure that the patient is accompanied by appropriate Healthcare Professionals who are able to undertake any treatment needed during the journey. This may require a discussion with the attending crew to understand what is within their scope of practice. In the context of a patient who requires immediate or emergency management in another facility, an escort is generally only required if the patient is intubated or on drug infusions (including blood transfusions) which cannot be managed by an ambulance crew. The LAS crew will be unable to return staff or equipment following the transfer. If on arrival at the receiving facility onward conveyance is required, this must be booked via the appropriate service.

Requests for hospital transfers cannot be pre-booked – they should be requested at the time they are needed. The patient and the accompanying escort must be ready for transfer when LAS arrive. If the transfer is delayed more than 15 minutes the LAS crew will be stood down and the transfer will need to be re-booked.

Who should I contact if the journey does not meet the criteria for LAS?

Patient Transport Services are commissioned to undertake routine transfers. These cannot be organised through the LAS as these services are locally commissioned by your Trust. Please speak to your bed or site manager for advice.

Some patients may also be suitable for specialist services like the Adult Critical Care Emergency Support Service (ACCESS) or paediatric transfer services (e.g. CATS/STRS/NTS). These services should be contacted directly to arrange the transfer.

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Admission/transfer list – examples (not exhaustive)

0203 162 7525

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This guidance is intended for patients who require transfer by emergency ambulance between healthcare sites (with inpatient facilities) due to an increase in their medical or nursing care need. Use this service when:

- ✓ The patient has a need for immediate or emergency management in another facility
- ✓ The patient requires treatment or management that cannot be stopped during emergency transfer. (requires suitability qualified clinical escort)

In some cases, the patient's clinical needs may not align with the guidance below. Please request to speak to a clinician to discuss the case where required.

7 minute target (Critical assistance)

For exceptional circumstances when a facility is unable to provide an immediate life-saving clinical intervention like resuscitation or adrenaline for anaphylaxis. A solo responder on a car may be sent to provide immediate assistance.

Do you need our clinical help right now to deliver an immediate life-saving intervention or are you declaring an obstetric emergency?

- Cardiac arrest
- Obstetric emergency
- Anaphylaxis
- Life threatening asthma

18 minute target (Emergency)

This level of response is based on the clinical condition of the patient and the need, or a high likelihood of the need, for immediate management in another healthcare facility, rather than the patient's diagnosis.

Is there a need for an immediate intervention that cannot be carried out at the current facility and is the patient at immediate risk of death or life changing loss of a limb or sight?

- Immediate neurosurgery – going straight to theatre
- Primary percutaneous coronary intervention (PPCI) / angioplasty
- Stroke thrombolysis or thrombectomy; provide onset time of symptoms
- Emergency surgery for a leaking or ruptured aortic aneurysm / cardiothoracic surgery
- Emergency laparotomy
- Emergency surgery for ectopic pregnancy
- Limb or sight saving surgery
- Transfers for immediate management of neutropenic sepsis
- Treatment of Thrombotic Thrombocytopenic Purpura
- Patients going to a Major Trauma Centre for an immediate operation
- Haemorrhage requiring immediate interventional radiology / embolisation
- Patient with burns going for immediate escharotomy or treatment of inhalation injury
- Mental health patients requiring active physical or chemical restraint
- End of life care patients being moved for breakthrough pain management

120 minute target (Urgent)

This level of response is for patients who do not require immediate life or limb saving interventions, but require an increase in their level of clinical care as an emergency which requires transfer by ambulance to another healthcare facility.

Does the patient require additional clinical management upon arrival at the new facility? (if non-emergency transport is not clinically appropriate)

- Patients going for neurosurgery, needing urgent but not immediate intervention (e.g. for admission and observation no immediate theatre), including cauda equina
- Paediatric patients being moved for the management of sepsis / high dependency if paediatric transfer service not available.
- Transfer to a Major Trauma Centre for ongoing treatment and management
- Patients externally paced or going for emergency pacemaker insertion
- Transfers for immediate management of testicular torsion
- Patients being treated with an Intra-Aortic Balloon Pump (IABP)
- Immediate surgery (incl. specialist patient groups e.g. bariatric)
- Burns patients going to specialist centres
- Hyperbaric and bariatric patients going to a specialist centre for intervention
- ENT emergency including epistaxis where nose has been packed
- Management of life changing hand injuries if unsafe/unable to transfer by other means
- Emergency renal dialysis not available on site (i.e. not routine appointment)
- Patients experiencing an acute mental health crisis
- Patients going for other specialist care that cannot be provided at the current site
- Patients being moved to free a critical care bed

240 minute target - If non-emergency transport is not clinically appropriate

This level of response is for all other patients who do not fit the above definitions and require urgent transport for ongoing care but do not need to be managed as an emergency transfer.

- Patient's being transferred to a Heart Attack Centre that are not going for PPCI
- Patient being transferred for emergency radiotherapy
- Transfer between CCU/ITU/ICU or admission to ITU (if ACCESS not available)
- In-utero emergencies requiring urgent transfer to tertiary level care (e.g. placenta accreta spectrum, extreme prematurity)
- Patients with monitors / infusions / sedation which cannot be switched off
- Children on continuous oxygen or monitoring or infusion
- Patient diagnosed with a stroke that are not going for an immediate intervention
- Patient detained under the Mental Health Act that are of low risk

Journey/timeframe to be agreed on discussion with clinician

- Patients being moved for immediate transplant surgery
- Patients being moved for management of an LVAD or associated problem
- Patent on or requiring ECMO
- EOLC patient being moved to their preferred place of death, where expected within 24 hours

Journey's that are NOT within the remit of this service

- Stroke diagnosis with onset over 24 hours
- Patients for review at a specialist centre who are stable e.g. no airway involvement
- Transfer for a stable patient due to bed availability
- Transfer post treatment, including return journeys
- Patients with IV access where fluids can be stopped and the IV cannula capped
- Routine appointments / Respite Care / Take home journey
- Hospice journeys (unless to preferred place of death and expected to die within 24 hours)

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