

Engagement Report

Topic details

Title of Document:	Adult Critical Care Transfer Services service specification
Programme of Care:	Trauma
Clinical Reference Group:	Adult Critical Care

1. Summary

This report summarises the outcome of a stakeholder engagement that was undertaken to test the service specification.

2. Background

Critically ill and injured adult patients should receive the same high standard of critical care throughout their patient journey, from point of onset of illness or injury through to discharge from critical care and including transfer within and between hospitals.

There is a daily requirement within each region to move critically ill patients between hospitals for escalation to specialist care, repatriation and in order to balance critical care capacity. NHS England data from the 2019/2020 year demonstrated that there were between 20,000 and 25,000 adult critical care transfers performed, and true numbers may be higher.

The COVID-19 pandemic has demonstrated the effectiveness of dedicated Adult Critical Care Transfer Services (ACCTS) in delivering safe, high-volume transfer of critically ill patients. Many regions have rapidly developed ACCTS to manage the mutual aid transfers required to balance critical care capacity.

There is a requirement to develop and maintain these essential services to address a long-standing deficit in this area of critical care delivery.

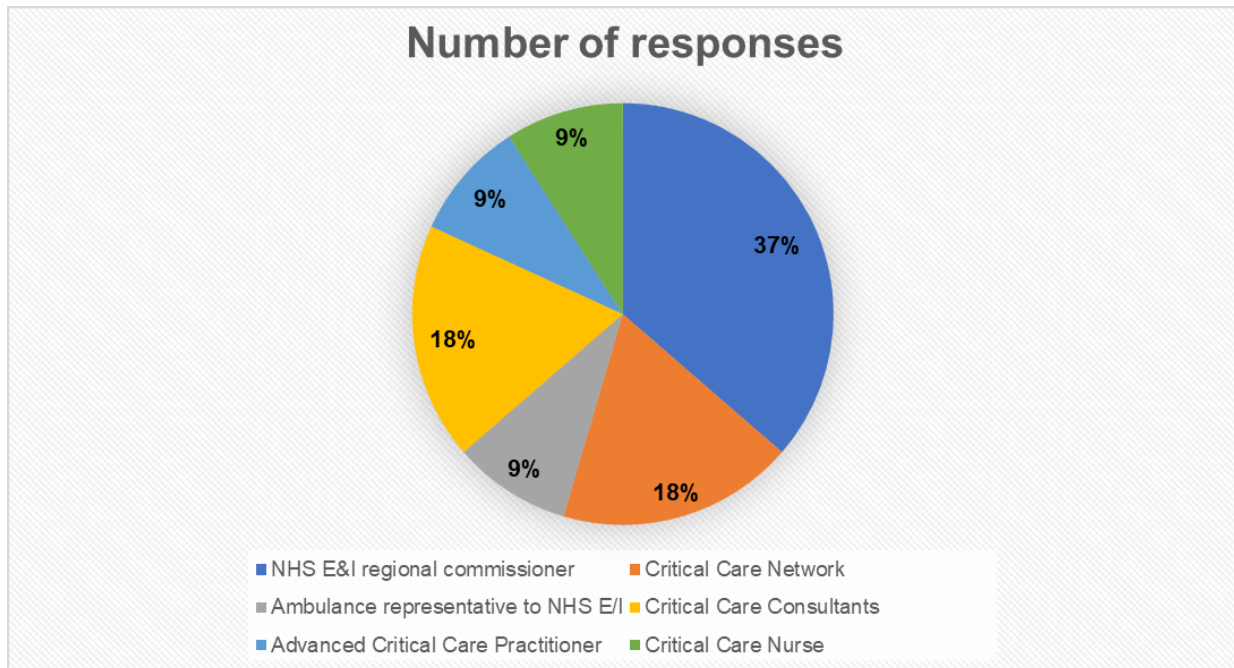
3. Publication of engagement

The service specification was circulated to stakeholders on the 26th February 2020 for a period of 14 days and feedback was requested by the 10th March. Respondents were asked to provide comments on the specification and not answer specific questions.

Engagement comments have been reviewed and the service specification has been amended and refined, where necessary.

4. Results of consultation

11 stakeholders responded on behalf of



5. How have consultation responses been considered?

Responses have been carefully considered and are captured within the following themes.

Scope of service

- Clarification of the scope of service for **the regional and geographical footprint; patient flow**, Adult Critical Care' patient definition; and time critical escalations of care. Amendments have been made to the service specification.
- Reference to 24/7 service made by several respondents; modified reference and further narrative will be included in the implementation documentation.

Patient pathway and referral process

- Clarification around regional and geographical footprints; and referral handling and concurrent discussion (involving referring and receiving hospitals, transfer service and specialty teams). Amendments have been made to the service specification.

Host Trusts

- Commentary around Acute Providers hosting ACCTS received. Further narrative is outside the scope of a service specification and will be included in the implementation document.

Critical Care Operational Delivery Networks

- Commentary around role of ACC ODNs received. Clarity of their importance and role in the strategic direction and quality assurance of ACCTS provided.

Staffing

- Leadership team
- WTE
- Consultant-led

Education and training

- Feedback received asking for emphasis on standardised training and education including a national approach. Improved clarity concerning standardised training of professional groups. National education work is outside the scope of the service specification but is anticipated to be a major workstream under the Adult Critical Care Transfer Group which is to be formed this year.

Quality indicators

- Comments concerning time critical quality indicators have been noted. No changes to the specification as additional definition provides clarity (see above)
- Number of critical incidents reported highlighted as incorrect metric. Changed to proportion of transfers where a critical incident has occurred.

Ambulance services

- Extensive feedback around the use and development of ambulance services during the COVID-19 pandemic received. This does not directly affect ACCTS and overlap between services is minimal.
- Requests made to reference the NHS England Ambulance Service Interfacility Transfer Framework. This is out of scope of the service specification but is extensively referenced in the accompanying National Model for Adult Critical Care Transfer Services and there is a dedicated toolkit providing correlation between the IFT categories and ACCTS categories. This toolkit was developed in collaboration with the authors of the IFT Framework and underwent stakeholder engagement prior to publication.
- Concern raised about ambulance services needing to provide redundancy and additional capacity for ACCTS. Feedback noted. ACC escalations of care transfers are currently undertaken by NHS Ambulance Service Trusts and thus the development of ACCTS will lead to a decrease in the demand seen by ambulance services for such transfers.

6. Has anything been changed in the specification as a result of the consultation?

The majority of changes were minor changes to wording to improve clarity.

Major changes to wording were made to the following:

- Additional definition of adult critical care patients provided to improve clarity.
- Additional wording concerning geographical and regional boundaries provided to describe patient pathways.
- Additional wording concerning ACC Operational Delivery Networks to more accurately describe their strategic relationship with ACCTS.
- Modification to ACCTS Leadership Team to clarify principles without being overly prescriptive.

7. Are there any remaining concerns outstanding following the consultation that have not been resolved in the final service specification proposal?

The service specification has been shared widely through the NHS England Severe COVID Response Cell and Critical Care Capacity Panel memberships as well as the Critical Care Clinical Reference Group with patient representation and the Trauma Programme of Care Assurance Group. Support has been overwhelmingly positive with the majority of changes requested being minor in nature or seeking greater clarification of terminology. There are no outstanding concerns.