

SCHEDULE 2 – THE SERVICES

A. Service Specification

1. Service name	Adult Critical Care Transfer Services (ACCTS)
2. Service specification number	220501S - 240401S
3. Date published	April 2024
4. Accountable Commissioner	NHS England Trauma Programme of Care

5.	Population and/or geography to be served
5.1	<p>Population Covered</p> <p>This specification is for critically ill patients aged 16 years and over, defined by the Intensive Care Society Levels of Care and as detailed in the Adult Critical Care (ACC) Service Specification.</p> <p>The commissioning of the ACCTS will provide equitable access for all adult patients to a minimum standard of care during transfers.</p> <p>By exception (and following collaboration and agreement with a designated commissioned paediatric critical care transport service) mutual aid may be provided to facilitate the transfer of younger patients, with minimum age determined locally.</p> <p>Population Needs</p> <p>There is a daily requirement within each region to move critically ill patients between hospitals for the following reasons:</p> <ul style="list-style-type: none"> • Escalation: patients requiring specialist care not available in the referring hospital, including, but not limited to, burns, cardiac, interventional radiology, major trauma, neurosurgery, severe acute respiratory failure, stroke and vascular. A small but important number of these patients are classified as time critical transfers. • Repatriation: to maintain adult critical care flow and return patients closer to their home and family. • Continuation of Care: transfer of patients to a facility or location that is better suited to provide their ongoing care but is not an escalation. This is usually a step down in the overall acuity of care. • Capacity: transfer from areas of high to low operational activity to ensure equity of access to high quality critical care, as seen during periods of surge and super-surge.

<p>5.2</p>	<p>Minimum population size</p> <p>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.</p> <p>ACCTS will be commissioned to provide for the needs of the catchment population and services provided within regions. The number and location of operational bases and teams will be determined by local commissioners considering demographic and geographic needs.</p> <p>The overriding principles against which a service will deliver are:</p> <ul style="list-style-type: none"> • Undertake time critical transfers (for those patients requiring, or likely to require, specialist critical care clinical escort and intensive monitoring, organ support, and/or specialist treatment) • Undertake all urgent and planned transfers. 										
<p>6.</p>	<p>Service aims and outcomes</p>										
<p>6.1</p>	<p>Service aims</p> <p>The aim of the ACCTS is to provide triage, coordination, decision-support, and clinical care to all critically ill patients requiring transfer between hospitals.</p>										
<p>6.2</p>	<p>Outcomes</p> <p>Transfer teams will submit data to the nationally agreed research and audit database to allow the collection and reporting of outcomes for case mix adjusted patients.</p> <p><u>NHS Outcomes Framework Domains & Indicators</u></p> <table border="1" data-bbox="185 1218 1198 1680"> <tr> <td>Domain 1</td> <td>Preventing people from dying prematurely</td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> </tr> <tr> <td>Domain 3</td> <td>Helping people to recover from episodes of ill-health or following injury</td> </tr> <tr> <td>Domain 4</td> <td>Ensuring people have a positive experience of care</td> </tr> <tr> <td>Domain 5</td> <td>Treating and caring for people in safe environment and protecting them from avoidable harm</td> </tr> </table>	Domain 1	Preventing people from dying prematurely	Domain 2	Enhancing quality of life for people with long-term conditions	Domain 3	Helping people to recover from episodes of ill-health or following injury	Domain 4	Ensuring people have a positive experience of care	Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm
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The required quality metric is detailed below						
Indicator	Rationale	Numerator	Denominator	Reporting frequency	Target	Data Source
Proportion of patients transferred by an ACCTS who are alive when handed over in the receiving hospital	This provides an understanding of the mortality associated with adult critical care transfer	Of those in the denominator, the number of patients who died during transfer	Number of patients transferred by ACCTS in reporting period	Quarterly	0%	Provider Submission
<p>Detailed definitions of indicators, setting out how they will be measured, are included in schedule 6A Reporting Requirements – Local Requirements Reported Locally - of the NHS Standard Contract (Specialised Commissioning template). See section regarding the Specialised Quality Services Dashboards (SSQD).</p> <p>Commissioned providers are required to participate in annual quality assurance and collect and submit data to support the assessment of compliance with the service specification as set out in Schedule 4A-C.</p>						
7.	Service description					
7.1	Service model					
	<p>ACCTS is regionally based, providing coordination, triage, decision-support, and transfer of critically ill patients between hospitals for escalation to specialist care, repatriation, continuation of care and capacity reasons. It is primarily focussed on intra region transfers but must be capable of delivering inter regional transfers and have the ability to surge capacity when the ACC service is under pressure.</p>					
7.2	Pathways					
	<p><u>Overall patient pathway</u></p> <p>ACCTS ensure critically unwell patients receive high standards of critical care, commensurate with those delivered in ACC units, throughout the transfer process.</p> <p>The care pathway for all patients requiring ACC transfer encompasses:</p> <ul style="list-style-type: none"> • Electronic referral and single point of access telephone number. • Real-time consultant-led joint decision-making involving referring and receiving clinicians, transfer service and specialty teams to ensure a concurrent and efficient referral process. • Coordination and triage to regionally agreed criteria, including circumstances where the ACCTS does not undertake the transfer. • Consultant-delivered decision-support throughout the referral and transfer pathway. • Consultant-led dedicated transfer teams, equipment, and vehicles. 					

- ACC patients (those requiring, or likely to require, specialist critical care clinical escort and intensive monitoring, organ support, and/or specialist treatment) requiring transfer for:
 - Time critical and urgent escalation of care.
 - Repatriation.
 - Continuation of care.
- Operational ACC capacity transfer coordination and management within and between regions during periods of high operational activity.
- Clear protocols for handover from referring to receiving units.

The care pathway follows existing specialty referral pathways, including their regional and geographical variations. Where these pathways cross regional boundaries, regional teams should work collaboratively to determine the most effective solution. A formal agreement must describe the ACCTS with primary responsibility for such patients.

ACCTS must be involved in the regional coordination and delivery of transfer for patients at high risk of deterioration during transfer. These include, but are not limited to:

- Acute aortic dissection.
- Stroke requiring mechanical thrombectomy.
- Sub-arachnoid haemorrhage.
- Thrombotic thrombocytopenia purpura.

Where national and/or regional pathways exist for these patients, ACCTS must be involved.

ACCTS must have close strategic links to regional Adult Critical Care Networks (ACCN) in order to:

- Represent ACC Network membership and provide expert advice to commissioners and host Trust to inform the implementation and development of the service,
- Provide quality assurance of the service.

In order to achieve high quality transfer for all critically ill patients, the ACCTS will work in partnership with the ACC Networks ODN and regional hospitals to provide:

- Guidelines, based on National standards, for stabilisation and transfer.
- Transfer training, based on National standards, across professional groups.
- A locally developed outreach education programme.

ACCTS must:

- Anticipate, plan for, and manage seasonal variation within their operational area. This must include a local surge plan to increase the number of available transfer team numbers to an agreed extended capacity. The local/regional/geographical surge plans must align with the [National Adult Critical Care Transfer Services Surge Plan](#)

Interdependence with other ACCTS

ACCTS must work collaboratively as part of a national network of transfer services to:

- Provide resilience and respond on a national basis to unanticipated surges in demand for general or specialised ACC, to support NHS England Emergency Preparedness, Resilience and Response (EPRR).

	<ul style="list-style-type: none"> • Support transfer between regions, when required. • Develop standard operating procedures and policies to ensure consistency and inter-operability. • Share learning and operational experience with other services and regions to support continued quality improvement, audit, research, and further service development. • Coordinate, develop and support delivery of transfer training, based on National standards, for all staff undertaking critical care transfers within and between hospitals.
7.3	<p>Clinical Networks</p> <p>Critical care transfer is an essential component of many patient pathways and Clinical Networks. ACCTS should be involved early in the development and/or update of these to ensure:</p> <ul style="list-style-type: none"> • Transfer coordination and delivery is considered as a core element. • Transfer factors are considered, and ACCTS represented in clinical governance processes <p>ACCTS should be closely linked to the relevant Adult Critical Care Network(s).</p>
7.4	<p>Essential Staff Groups</p> <p>The ACCTS must have a leadership team with responsibility for the regional transfer service(s) including:</p> <ul style="list-style-type: none"> • Lead Consultant • Service Manager • Lead Transfer Practitioner <p>The ACCTS must have adequate numbers of staff to provide a safe, effective, and resilient service. Team composition will be based on clinical need.</p> <p>For each operational shift, the service must have:</p> <ul style="list-style-type: none"> • A dedicated Consultant with appropriate critical care training, competencies, and current Adult Critical Care experience to provide coordination, triage, and decision-support, and who may cover more than one transfer team. This Consultant, or another equivalent Consultant, will be available to join and supervise the transfer team, if required. • Minimum transfer team for Level 3 patients, available at all times, consists of 2 specialist critical care clinical members: <ul style="list-style-type: none"> ○ A doctor or Advanced Critical Care Practitioner (ACCP) (holding Faculty of Intensive Care Medicine ACCP membership) with appropriate critical care training, competencies, and critical care experience to clinically lead transfers. ○ A second practitioner with appropriate critical care experience and training to carry out transfers available at all times. • Minimum transfer team for Level 1 and 2 patients, available at all times (may be the same team as above, or additional team), consists of 2 specialist critical care clinical members:

	<ul style="list-style-type: none"> ○ A doctor or ACCP (holding Faculty of Intensive Care Medicine ACCP membership) or Advanced Transfer Practitioner with appropriate critical care training, competencies and critical care experience and training to clinically lead transfers. ○ A second practitioner with appropriate critical care experience and training to carry out transfers available at all times.
7.5	<p>Essential equipment and/or facilities</p> <p>ACCTS must have a contracted transport provider who meets the following requirements:</p> <ul style="list-style-type: none"> ● Dedicated critical care transfer ambulances. ● A driving team appropriately skilled, trained, and compliant with Section 19 of the Road Traffic Act (add reference). <p>ACCTS and the contracted transport provider must have an agreed policy covering the use of response driving and blue light use including decision-making, documentation, recording, audit, and review.</p> <p>ACCTS must have dedicated critical care transfer equipment suitable for the range of sizes and dependencies of adult patients. Additional detail on equipment is published in the ACCTS Toolkits (add reference).</p>
7.6	<p>Interdependent Service Components – Links with other NHS services</p> <p>Each ACCTS must have formal agreements with the regional NHS Ambulance Service Trust(s) to:</p> <ul style="list-style-type: none"> ● Ensure all referrals for ACC transfer are redirected to the ACCTS single point of access telephone number. ● Provide emergency ambulance transport in situations where the referring hospital clinical team need to undertake the transfer themselves following consultant-delivered triage by the ACCTS (e.g. a time critical escalation of care transfer where the ACCTS is committed on another transfer). ● Work collaboratively to support Hazardous Area Response Teams (HART) in the transfer of High Consequence Infectious Disease (HCID) ACC patients in line with HART Contract Standards. ● Provide ambulance transport resilience in event of an unanticipated extreme surge in demand for ACC transfer. <p>ACCTS will work collaboratively with regionally commissioned paediatric critical care transport services to:</p> <ul style="list-style-type: none"> ● Provide resilience, where necessary. ● Consider economies of scale by sharing of resources, such as operational base, transport provider and call handling. <p>ACCTS will work collaboratively with Extra Corporeal Membrane Oxygenation (ECMO) retrieval teams (where applicable) to:</p> <ul style="list-style-type: none"> ● Provide transfer team resilience for each other, where necessary. ● Support NHS England Emergency Preparedness, Resilience and Response (EPRR) plans.

	<ul style="list-style-type: none"> Consider economies of scale by sharing of resources, such as operational base, transport provider and call handling.
<p>7.7</p>	<p>Additional requirements</p> <p>Reporting requirements and data collection</p> <p>The ACCTS must:</p> <ul style="list-style-type: none"> Collect and report operational data daily through the NHS Directory of Services (DoS) system. Collect and report operational and clinical national minimum mandatory data set and clinical incident summaries for all referrals and transfers as described in 5.1. This will include those undertaken by referring hospital clinical teams or other providers to provide oversight, support the delivery of high-quality transfer care and identify opportunities to continually improve service delivery. Record all clinical incidents, including them in transfer records and follow host Trust and regional processes for investigation, reporting and improvement. Submit ACC research and audit data to support national analysis of transfer activity and ongoing research into ACC patient outcome that aligns with current audit and is case adjusted as part of the patient pathway. Produce regular activity reports and an annual report for all stakeholders and service commissioners. Report to the ACCTS Regional Partnership Board, or equivalent. <p>Applicable Obligatory National Standards</p> <ul style="list-style-type: none"> National Institute of Clinical Excellence. Emergency and acute medical care in over 16s: service delivery and organisation (NG94), 2018 National Institute of Clinical Excellence. Major trauma: service delivery (NG40), 2016 <p>Other Applicable National Standards to be met by Commissioned Providers</p> <ul style="list-style-type: none"> National Standards which relate to ACC are listed in the service specification for ACC. <p>The following documents include core standards of care for critically ill adult patients:</p> <ul style="list-style-type: none"> NHS England National Service Specification. D02: Major Trauma, 2013 NHS England National Service Specification D02: Specialised Burn Care, 2013 NHS England Mechanical Thrombectomy service specification <p>The following documents include core standards of care for critically ill adult patients requiring transfer:</p> <ul style="list-style-type: none"> The Faculty of Intensive Care Medicine & Intensive Care Society. Guidance on the Transfer of the Critically Ill Adult 2019 Association of Anaesthetists and the Neuro Anaesthesia and Critical Care Society. Guidelines for the safe transfer of the brain-injured patient:

	<p>trauma and stroke, 2019</p> <ul style="list-style-type: none"> Healthcare Safety Investigation Branch. Transfer of Critically Ill Adults: Healthcare Safety Investigation I2017/002A, 2019 <p>Other Applicable Local/National Standards</p> <p>NHS England - Emergency Preparedness, Resilience and Response: Concept of Operations for managing Mass Casualties</p>
7.9	<p>Links to other key documents</p> <ul style="list-style-type: none"> NHS England National Model for Adult Critical Care Transfer Services Toolkits published alongside this specification NHS England ACCTS Surge Standard Operating Procedure, 2024 NHS England Adult Critical Care Surge Planning Guidance 2023

Change form for published Specifications and Products developed by Clinical Reference Group (CRGs)

Product name: Adult Critical Care Transfer Services Service Specification

Publication number: 220501S - 240401S

CRG Lead: Adult Critical Care Transfer National Clinical Leads as part of the Specification Working Group

Description of changes required

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
1.3 How the Service is Differentiated from Services Falling within the Responsibilities of Other Commissioners Adult critical care services are commissioned by both NHS England and Clinical Commissioning Groups whereas ACCTS are commissioned by NHS England.	NHS England Trauma Programme of Care	4.Accountable Commissioner	Changed to the new template	Adult Critical Care Transfer National Clinical Leads	09/06/2023
New	Continuation of Care: Transfer of patients to a facility or location that is better suited to provide their ongoing care but is not an escalation. This is usually a step down in the overall acuity of care.	5.1 Population needs	A fourth category ('Continuation of care') has been added to accommodate those patients that do not fall within the existing categories. As such this is not a change to the patient pathway but a clarification of existing arrangements	Adult Critical Care Transfer National Clinical Leads	28/04/2023
3.4 Evidence Base This service specification has been developed from the NHS England National Model for Adult Critical Care Transfer Services, a clinical consensus document published after broad engagement and consultation with stakeholders.	Removed	5.1	Not required in the new template	Adult Critical Care Transfer National Clinical Leads	09/06/2023

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
The Identification Rules for Prescribed Specialised Services state that any adult critical care period that is linked with a specialist spell is considered specialised and is commissioned by NHS England. A critical care transfer undertaken by an ACCTS is considered part of an ACC episode and a specialised spell.	Removed	5.1	Not required in the new template	Adult Critical Care Transfer National Clinical Leads	09/06/2023
3.3 Expected Significant Future Demographic Changes Demographic changes are expected in line with general population changes and alterations to the delivery of regionally specialised services and critical care.	Removed	5.2	Not required in the new template	Adult Critical Care Transfer National Clinical Leads	09/06/2023
ACCTS will be commissioned to provide for the needs of the catchment population and services provided within regions. The number and location of operational bases and teams will be determined by regions considering	ACCTS will be commissioned to provide for the needs of the catchment population and services provided within regions. The number and location of operational bases and teams will be determined by local commissioners considering demographic and geographic needs.	5.2	Clarification of delegation of commissioning.	Anna Vogiatzis	26/03/24
Based upon the paucity of high-quality activity data, services will evolve over a 1-3-year period with regular needs assessment and gap analysis to ensure adequate provision.	Removed sentence	5.2	Unnecessary detail which will quickly become outdated	Anna Vogiatzis	26/03/24

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
6.2 Detailed definitions of indicators, setting out how they will be measured, is included in schedule 6 <u>of the NHS Standard Contract.</u>	Detailed definitions of indicators, setting out how they will be measured, are included in schedule 6A Reporting Requirements – Local Requirements Reported Locally - of the NHS Standard Contract (Specialised Commissioning template). See section regarding the Specialised Quality Services Dashboards (SSQD).	6.2	To provide clarification of the Contract mechanism for monitoring of quality indicators and metrics	Anna Vogiatzis	26/03/24
ACCTS is regionally based providing coordination, triage, decision-support, and transfer of critically ill patients between hospitals for escalation to specialist care, repatriation, and capacity reasons	ACCTS is regionally based providing coordination, triage, decision-support, and transfer of critically ill patients between hospitals for escalation to specialist care, repatriation, continuation of care and capacity reasons.	7.1 Service model	To incorporate the revised transfer categories	Adult Critical Care Transfer National Clinical Leads	09/06/2023
ACCTS ensure critically unwell patients receive high standards of critical care throughout the transfer process.	ACCTS ensure critically unwell patients receive high standards of critical care, commensurate with those delivered in Adult Critical Care units, throughout the transfer process.	7.2 Pathways	To clarify that the primary care is critical care with transfer expertise	Adult Critical Care Transfer National Clinical Leads	28/04/2023

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
New	Continuation of care;	7.2 Pathways	During the 2 years of operational experience in many NHS England regions, it has become apparent that there are a small group of patients that do not easily fall into the existing categories. Consequently, a fourth category ('Continuation of care') has been added to accommodate those patients that do not fall within the existing categories.	Adult Critical Care Transfer National Clinical Leads	28/04/2023
New	<p>ACCTS must be involved in the regional coordination and delivery of transfer for patients at high risk of deterioration during transfer. These include, but are not limited to:</p> <ul style="list-style-type: none"> • Acute aortic dissection. • Stroke requiring mechanical thrombectomy. • Sub-arachnoid haemorrhage. • Thrombotic thrombocytopenia purpura. <p>Where national and/or regional pathways exist for these patients, ACCTS must be involved.</p>	7.2 Pathways	During the 2 years of operational experience in many NHS England regions, it has become apparent that these patient groups benefit greatly from the involvement of ACCTS	Adult Critical Care Transfer National Clinical Leads	28/04/2023

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
<ul style="list-style-type: none"> Coordinate, develop and delivery transfer training, based on National standards, and provide opportunities for all staff undertaking critical care transfers within and between hospitals. 	<ul style="list-style-type: none"> Coordinate, develop and support delivery of transfer training, based on National standards, for all staff undertaking critical care transfers within and between hospitals. 	7.2 Pathways	Changed for clarification purposes	Adult Critical Care Transfer National Clinical Leads	28/04/2023

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
<p><u>Transition</u> All healthcare services are required to deliver developmentally appropriate healthcare to patients and families. Children and young people with ongoing healthcare needs may present direct to adult services or may be required to transition into adult services from children's services.</p> <p>Transition is defined as a 'purposeful and planned process of supporting young people to move from children's to adults' services. Poor planning of transition and transfer can result in a loss in continuity of treatment, patients being lost to follow up, patient disengagement, poor self-management, and inequitable health outcomes for young people. It is therefore crucial that adult and children's NHS services, in line with what they are responsible for, plan, organise and implement transition support and care (for example, holding joint annual review meetings with the child/young person, their family/carers, the children's and adult service). This should ensure that young people are equal partners in planning and decision making and that their preferences and wishes are central throughout transition and transfer. NICE guidelines recommend that planning for transition into adult services should start by age 13-14 years at the latest, or as developmentally appropriate and continue until the young person is embedded in adult services</p>	Removed	7.2	This is a non-elective, standalone intervention as such ongoing care is not required. Based on this transition of care from paediatrics to adult services does not apply to this service.	Anna Vogiatzis	26/03/24

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
New	<p>Critical care transfer is an essential component of many patient pathways and Clinical Networks. ACCTS should be involved early in the development and/or update of these to ensure:</p> <ul style="list-style-type: none"> • Transfer coordination and delivery is considered as a core element. • Transfer factors are considered, and ACCTS represented in clinical governance processes <p>ACCTS should be closely linked to the relevant Adult Critical Care Operational Delivery Network(s)</p>	7.3 Clinical Networks	New requirement of service specification and reflects clinical practice	Adult Critical Care Transfer National Clinical Leads	28/04/2023
A dedicated Consultant in Intensive Care Medicine (as defined by the Faculty of Intensive Care Medicine) or Anaesthesia with appropriate critical care	A dedicated Consultant with appropriate critical care training, competencies, and current Adult Critical Care	7.4 Essential Staff Groups	To clarify that the role is available to consultants who have critical care and transfer competencies and experience	Adult Critical Care Transfer National Clinical Leads	28/04/2023
A doctor in Intensive Care Medicine or Anaesthesia or Advanced Critical Care Practitioner (ACCP) (holding Faculty of Intensive Care Medicine ACCP membership) with appropriate critical care experience and training to clinically lead transfers.	A doctor or Advanced Critical Care Practitioner (ACCP) (holding Faculty of Intensive Care Medicine ACCP membership) with appropriate critical care training, competencies, and critical care experience to clinically lead transfers.	7.4 Essential Staff Groups	To clarify that the role is available to consultants who have critical care and transfer competencies and experience	Adult Critical Care Transfer National Clinical Leads	28/04/2023

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
New	<p>ACCTS must have a contracted transport provider who meets the following requirements:</p> <ul style="list-style-type: none"> • Dedicated critical care transfer ambulances • A driving team appropriately skilled, trained, and compliant with Section 19 of the Road Traffic Act (add reference). <p>ACCTS and the contracted transport provider must have an agreed policy covering the use of response driving and blue light use including decision-making, documentation, recording, audit, and review.</p> <p>ACCTS must have dedicated critical care transfer equipment suitable for the range of sizes and dependencies of adult patients. Additional detail on equipment is published in the ACCTS Toolkits (add reference).</p>	7.5 Essential equipment and/or facilities	New requirement of service specification and covers the blue light driving regulations that ACCTS must comply with.	Adult Critical Care Transfer National Clinical Leads	28/04/2023
New	<ul style="list-style-type: none"> • Consider economies of scale by sharing of resources, such as operational base, transport provider and call handling. 	7.6 Interdependent Service Components – Links with other NHS services	Included to support operational efficiencies leading to clinical improvements based on the experiences in 2 regions	Adult Critical Care Transfer National Clinical Leads	28/04/2023