

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No:	
Service	Adult Critical Care Transfer Services
Commissioner Lead	<i>For local completion</i>
Provider Lead	<i>For local completion</i>
1. Scope	
1.1	<p>Prescribed Specialised Service This service specification covers the provision of Adult Critical Care Transfer Services (ACCTS).</p>
1.2	<p>Description 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. 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 Adult Critical Care (ACC) service is under pressure.</p>
1.3	<p>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.</p> <p>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.</p>
2. Care Pathway and Clinical Dependencies	
2.1	<p>Care Pathway ACCTS ensure critically unwell patients receive high standards of critical care throughout the transfer process. 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: <ul style="list-style-type: none"> ○ Time critical and urgent escalation of care; ○ Repatriation;

- 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, Regions should work collaboratively to determine the most effective solution. A formal agreement must describe the ACCTS with primary responsibility for such patients.

ACCTS must have close strategic links to regional Adult Critical Care Operational Delivery Networks (ACC ODN) in order to:

- Represent ACC ODN 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 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 (add link).

2.2 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);
- Support transfer between regions, when required;
- Develop standard operating procedures and policies to ensure consistency and interoperability;
- Share learning and operational experience with other services and regions to support continued quality improvement, audit, research and further service development;
- Coordinate, develop and deliver transfer training, based on National standards, and provide opportunities for all staff undertaking critical care transfers within and between hospitals.

2.3 Interdependence with other Services

Each ACCTS must have formal agreements with the regional NHS Ambulance Service Trust(s) to:

- 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 (eg. 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.

ACCTS will work collaboratively with regionally commissioned paediatric critical care transport services to:

- Provide resilience, where necessary;

- Consider economies of scale by sharing of resources, such as operational base, transport provider and call handling.

ACCTS will work collaboratively with Extra Corporeal Membrane Oxygenation (ECMO) retrieval teams to:

- Provide transfer team resilience for each other, where necessary;
- Support NHS England Emergency Preparedness, Resilience and Response (EPRR) plans.

2.4 Reporting requirements and data collection

The ACCTS must:

- Collect and report operational and clinical national mandatory minimum data sets and clinical incident summaries for all referrals and transfers as described in contracts. This will include those undertaken by referring hospital clinical teams or other providers;
- 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.

2.5 Staffing

The ACCTS must have a leadership team with responsibility for the regional transfer service(s) including:

- Lead Consultant
- Service Manager
- Lead Practitioner

The ACCTS must have adequate numbers of staff to provide a safe, effective and resilient service. Team composition will be based on clinical need.

For each operational shift, the service must have:

- A dedicated Consultant in Intensive Care Medicine (as defined by the Faculty of Intensive Care Medicine) or Anaesthesia with appropriate 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:
 - 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 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:
 - A doctor in Intensive Care Medicine or Anaesthesia, ACCP (holding Faculty of Intensive Care Medicine ACCP membership) or Advanced Practitioner with appropriate 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.

3. Population Covered and Population Needs

3.1 Population Covered by This Specification

This specification is for critically ill patients aged 16 years and over, defined by the Intensive Care Society Levels 1, 2 and 3 as detailed in the ACC Service Specification.

<https://www.england.nhs.uk/wp-content/uploads/2019/05/Adult-Critical-Care-Service-Specification-FINAL.pdf>. The commissioning of the ACCTS will provide equitable access for all adult patients to a minimum standard of care during transfers.

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.

3.2 Population Needs

There is a daily requirement within each region to move critically ill patients between hospitals for the following reasons:

- **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.
- **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.

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.

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 demographic and geographic needs. 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.

The overriding principles against which a service will deliver are:

- 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)
 - Each region will establish an ACCTS implementation plan to meet the majority of these time critical transfers when services are fully developed.
- Undertake all urgent and planned transfers

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.

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.

4. Outcomes and Applicable Quality Standards

4.1 Quality Statement – Aim of Service

The aim of the ACCTS is to provide triage, coordination, decision-support and clinical care to all critically ill patients requiring transfer between hospitals.

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.

NHS Outcomes Framework Domains

Domain 1	Preventing people from dying prematurely	X
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	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

4.2 Indicators Include:

Number	Indicator	Data Source	Outcome Framework Domain	CQC Key question
Clinical Outcomes				
101	Proportion of cases referred to the adult critical care transfer service that were considered time critical in terms of escalation of care (these are defined as patients requiring transfer to a specialist centre for immediate (within 1 hour of arrival) life, limb or sight-saving intervention).	Provider submitted	1, 3, 4, 5	Effective, responsive, well-led
102	Proportion of time critical patients transferred by the commissioned service	Provider submitted	1, 3, 4, 5	Effective, responsive, well-led
103	Proportion of occasions where the transfer team departs from the transport base within 5 minutes of the clinical decision that transfer is required for a time-critical patient	Provider submitted	1, 3, 4, 5	Effective, responsive, well-led
104	Proportion of occasions where the transfer team delivers a patient to the destination hospital within 240 minutes (4 hours) of the decision to retrieve a time critical patient.	Provider submitted	1, 3, 4, 5	Effective, responsive, well-led
105	Proportion of occasions where transfer team departs from the transport base within 15 minutes of the clinical decision that transfer is required for a non-time critical escalation of care patient.	Provider submitted	1, 3, 4, 5	Effective, responsive, well-led
106	Proportion of cases where a clinical incident was reported.	Provider submitted	1, 3, 4, 5	Effective, responsive, well-led
107	Proportion of patients in whom a completed minimum mandatory dataset was submitted to the national database.	Provider submitted	2	Effective, responsive, well-led
Patient Experience				
201	There is written information about the adult critical care transfer service for relatives and carers.	Self declaration	3, 4	caring, responsive

202	There is a policy in place regarding transfer of the patient's next of kin / carer	Self declaration	3, 4	caring, responsive
Structure and Process				
301	The Adult Critical Care Transfer service has the leadership team as described in the service model.	Self declaration	1, 2, 3, 4, 5	safe, effective, responsive, well led
302	The service is consultant led 24/7.	Self declaration	1, 2, 3, 4, 5	safe, effective, caring, responsive and well led
303	For each operational shift the Adult Critical Care Transfer service has team members as per the service model.	Self declaration	1, 2, 3, 4, 5	safe, effective, responsive, well led
304	There is a communications infrastructure in place as detailed within the service model.	Self declaration	1, 3, 4	Safe, effective, responsive, well-led
305	There is a Partnership Board, or equivalent, that provides accountability for the Adult Critical Care Transfer service.	Self declaration	2, 4, 5	safe, effective, caring, well led
306	A QIA has been undertaken in the last 12 months to review the impact on the wider service and any services changes/innovations following COVID-19.	Self declaration	1, 3, 4, 5	safe, effective, caring, well led
307	Following the QIA detailed above, please list any patient safety issues within the current service that have been identified.	Self declaration	1, 3, 4, 5	safe, effective, caring, well led
308	There are agreed clinical guidelines as per the service model.	Self declaration	1, 2, 3, 4	safe, effective, caring,

Detailed definitions of indicators, setting out how they will be measured, is included in schedule 6.

4.3 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

5. Applicable Service Standards

5.1 Applicable Obligatory National Standards

- National Institute of Clinical Excellence. Emergency and acute medical care in over 16s: service delivery and organisation (NG94), 2018 <https://www.nice.org.uk/guidance/ng94>
- National Institute of Clinical Excellence. Major trauma: service delivery (NG40), 2016 <https://www.nice.org.uk/guidance/ng40>

5.2 Other Applicable National Standards to be met by Commissioned Providers

National Standards which relate to ACC are listed in the service specification for ACC.

The following documents include core standards of care for critically ill adult patients:

- NHS England and Improvement. D02: Major Trauma, 2013
<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/04/d15-major-trauma-0414.pdf>
- NHS England and Improvement. D02: Specialised Burn Care, 2013
<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/04/d06-spec-burn-care-0414.pdf>

The following documents include core standards of care for critically ill adult patients requiring transfer:

- The Faculty of Intensive Care Medicine & Intensive Care Society. Guidance On: The Transfer of the Critically Ill Adult, 2019
https://www.ficm.ac.uk/sites/default/files/transfer_critically_ill_adult_2019.pdf
- Association of Anaesthetists and the Neuro Anaesthesia and Critical Care Society. Guidelines for the safe transfer of the brain-injured patient: trauma and stroke, 2019
<https://onlinelibrary.wiley.com/doi/full/10.1111/anae.14866>
- Healthcare Safety Investigation Branch. Transfer of Critically Ill Adults: Healthcare Safety Investigation I2017/002A, 2019
https://www.hsib.org.uk/documents/84/hsib_report_transfer_of_critically_ill_adults.pdf

5.3 Other Applicable Local/National Standards

NHS England - Emergency Preparedness, Resilience and Response: Concept of Operations for managing Mass Casualties
<https://www.england.nhs.uk/wp-content/uploads/2018/03/concept-operations-management-mass-casualties.pdf>
NHS England National Model for Adult Critical Care Transfer Services Toolkits published alongside this specification

6. Designated Providers (if applicable)

Not applicable

7. Abbreviation and Acronyms Explained

The following abbreviations and acronyms have been used in this document:

ACC	Adult Critical Care
ACCTS	Adult Critical Care Transfer Service
ECMO	Extra Corporeal Membrane Oxygenation
HCID	High Consequence Infectious Disease
ODN	Operational Delivery Networks
QIA	Quality Impact Assessment

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