



Principles for Operation of Cheshire & Mersey Critical Care Transfer Vehicle & Driver (CMCCN CCTVD)

Prepared by CMCCN Nov 2021, updated Jan 2022, updated April 2022, updated September 2024

Aim

To provide additional 'blue light capable' vehicle and driver capacity to facilitate:
Critical care transfers for (in order of priority for this service to provide)

1. Mutual aid
2. Repatriation
3. Specialist care &/or interventions (not if time-critical*)

If not required for critical care transfers in any one day it may be formally released for other uses, subject to change if a critical care transfer is identified.

*NB this service is not suitable for time-critical transfers which will continue to be the remit of NWAS.

Operating principles

Vehicle and driver commissioned by The Walton Centre on behalf of CMCCN with funding from NHSEI national monies identified for this purpose. Contract will match funding available.

Contract awarded to an existing private ambulance service (Sparks) using NWAS's established framework for securing additional ambulance capacity; this will ensure the provider meets required standards.

Vehicle and driver are 'blue light capable' and have the same level of equipment as a front-line NWAS vehicle.

NB. Units will need to provide the transfer trolley or request the use of the LHCH one (if available).

Operational management is the responsibility of LHCH where the service is based alongside their existing private ambulance service. LHCH will complete daily logs of use, referring and receiving sites and the personnel accompanying the patient (clinical staff provided by referring site).

On each and every occasion a CMCCN transfer form will be completed in full by the transferring team with the white copy retained in the patient's notes and the yellow copy retained by LHCH for audit (coordinated by the unit LSILs) and governance purposes according to NHS information governance standards.

Local geography will limit number of transfers to 2 (possibly 3 if very local) in any one day. Transferring teams will be returned to base with accompanying equipment whenever possible; however alternative means of transport may be required, if so this is the responsibility of the relevant transfer team lead to arrange.

Hours of operation:

7/7 between 10.00 & 20.00 (deadline for request to be accepted is 18.00)

Governance

Joint responsibility of LHCH (tbc) and CMCCN. Accountability for compliance lies with NHS statutory bodies as applicable to patient pathway.

Use established processes for auditing critical care transfers and incident management.

Clinical priorities

The CMCCN critical care transfer policy will be adhered to at all times including consultant-consultant referral and acceptance. Critical care transfers are an inherently high risk clinical procedure (The Transfer of the Critically Ill Adult (FICM & ICS 2019). The patient is moved from a 'place of safety' and transported in an ambulance to another hospital site. It must be clear that the transfer is of benefit.

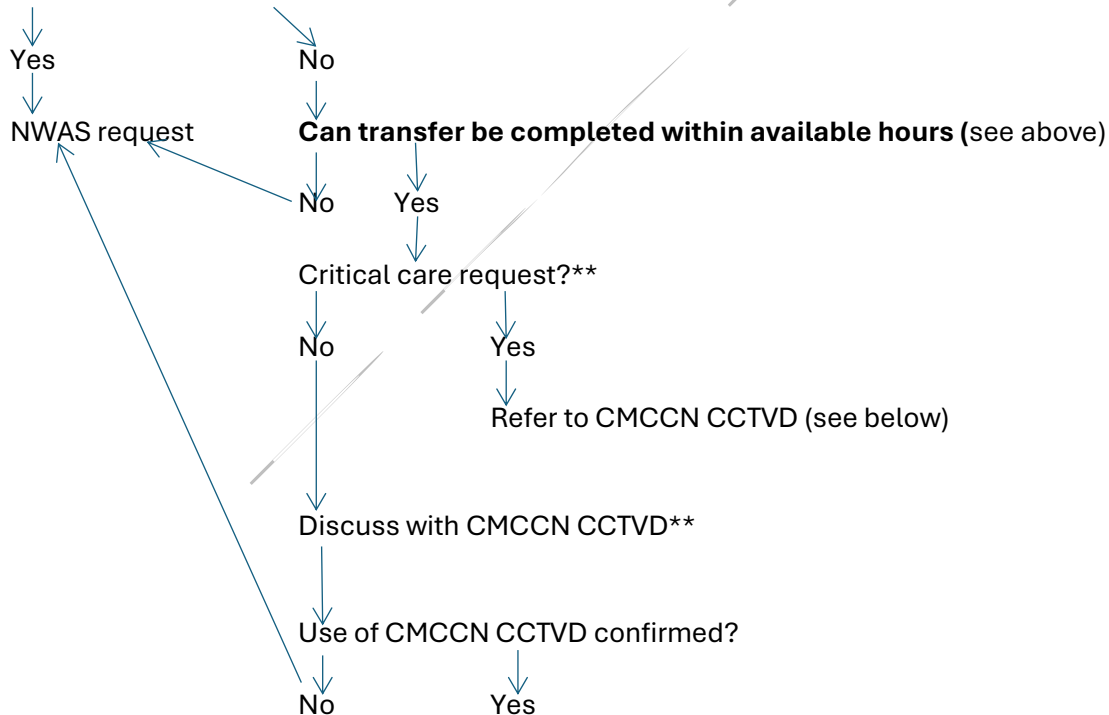
The algorithm below is to be followed to support clinical decision making.

Process outline

Pre-requisites

- Need for critical care transfer identified
- Consultant-consultant referral (through a direct conversation) must be accepted and receiving site identified with critical care bed availability confirmed.

Is transfer time critical?



Process for non-critical care transfers should follow established LHCH policy.

Process for use of CMCCN CTVD

NB. The CMCCN critical care transfer policy must be adhered to at all times.

Request for vehicle

The following information **must be available before a request is made**, and provided with the request:

- Reason for transfer (see above categories)
- Referring site
 - Unit name & direct dial phone number
 - Name & contact details (email & phone) of consultant making the referral
 - Patient name and age
 - Diagnosis
- Receiving site
 - Unit name & direct dial phone number
 - Name & contact details (email & phone) of consultant accepting the referral
- Further details to be added as relevant

Ring LHCH switchboard (0151 600 1616) and ask for the hospital coordinator to be 'bleeped' for a critical care transfer. Ensure that the switchboard know it is for a Critical Care Transfer, they will do a bleep voice over. Convey the above details and note date and time referral made.

There is **no** need to send an email to CMCCN office.

If more than 1 critical care transfer request is received at any one time clinical priority will be assessed 08.30 – 16.00 Mon – Fri (excluding BHs) by a CMCCN team member (Dr Tristan Cope, or Karen Wilson). Outside those hours this assessment will be done by Dr Walker or the designated consultant intensivist (details will be confirmed to LHCH on a rotational basis).

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