

Emergency Critical Care Transfers from Independent Sector Hospitals to NHS Care within the Greater Manchester Critical Care Network

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1. Introduction

The following document sets out principles for the safe transfer of critically ill adult patients from independent sector (IS) hospitals to NHS critical care units in Greater Manchester.

These principles should be followed on occasions when patients receiving care in independent sector hospitals become critically ill and require a level, or expertise, of critical care that is unavailable at the residing private hospital.

The document should be read in conjunction with the guidance **‘Transfer of the Critically Ill Adult within the Greater Manchester Critical Care Network’ (June 2024)**.

This document does not replace any agreements that have been developed between NHS and IS organisations in relation to the wider management and support of deteriorating patients but should be used to complement such arrangements.

2. Scope

The following organisations are within scope for this guidance.

NHS Provider units:

Trust	Hospital	Unit Type
Bolton NHS Foundation Trust	Royal Bolton Hospital	ICU/HDU
The Christie NHS Foundation Trust	The Christie Hospital	ICU/HDU (oncology)
East Cheshire NHS Trust	Macclesfield District General Hospital	ICU/HDU
Manchester University NHS Foundation Trust	Manchester Royal Infirmary	ICU/HDU Cardiac ICU/HDU
	Wythenshawe Hospital	ICU/HDU Cardiac ICU/HDU (ECMO)
	North Manchester General Hospital	ICU/HDU
Northern Care Alliance NHS Foundation Trust	Salford Royal Hospital	ICU/HDU (neuro / general)
	Royal Oldham Hospital	ICU/HDU
	Fairfield General Hospital	HDU (with escalation beds)
Stockport NHS Foundation Trust	Stepping Hill Hospital	ICU/HDU
Tameside and Glossop Integrated Care NHS Foundation Trust	Tameside Hospital	ICU/HDU
Wrightington, Wigan and Leigh Teaching Hospitals NHS Trust	Royal Albert Edward Infirmary	ICU/HDU

Independent Sector Organisations¹:

IS Organisation	Hospital
Spire Healthcare	Manchester Hospital
Circle Health Group	The Alexandra Hospital
	Beaumont Hospital
	The Highfield Hospital
Ramsay Health Care	Oaklands Hospital
HCA Healthcare UK	The Christie Private Care
	The Wilmslow Hospital
The Harley Medical Group	The Pines Hospital

3. Procedure

Prospectively, independent hospitals should seek to agree procedures with their local NHS provider for patients who unexpectedly require critical care services that are not available on site or within the IS group of hospitals. This may be a memorandum of understanding, formal service level agreement or standard operating procedure but is the responsibility of the organisations involved.

These pre-agreed arrangements should be the first recourse in the event of patients requiring an NHS critical care bed; however, if no beds are available, or a specialist critical care service is required, IS hospitals should follow the same guidelines for sourcing a bed as NHS Critical Care units, which is to consult the Directory of Services directoryofservices.nhs.uk and to contact the nearest appropriate critical care unit. Direct unit contact numbers are attached in [Appendix A](#).

- a) Decisions about the (clinical) need for transfer from the IS to the NHS, should always be taken at consultant level (the anaesthetist or admitting consultant, or in their absence the consultant who has been designated to manage the patient's care).
- b) In the first instance, IS hospitals should contact critical care units with whom MoUs/SLAs have been agreed. If no bed is available, the IS hospital should contact the (next) nearest NHS critical care unit to confirm bed availability.

¹ Table includes principal independent sector hospitals but this is not an exhaustive list of providers.

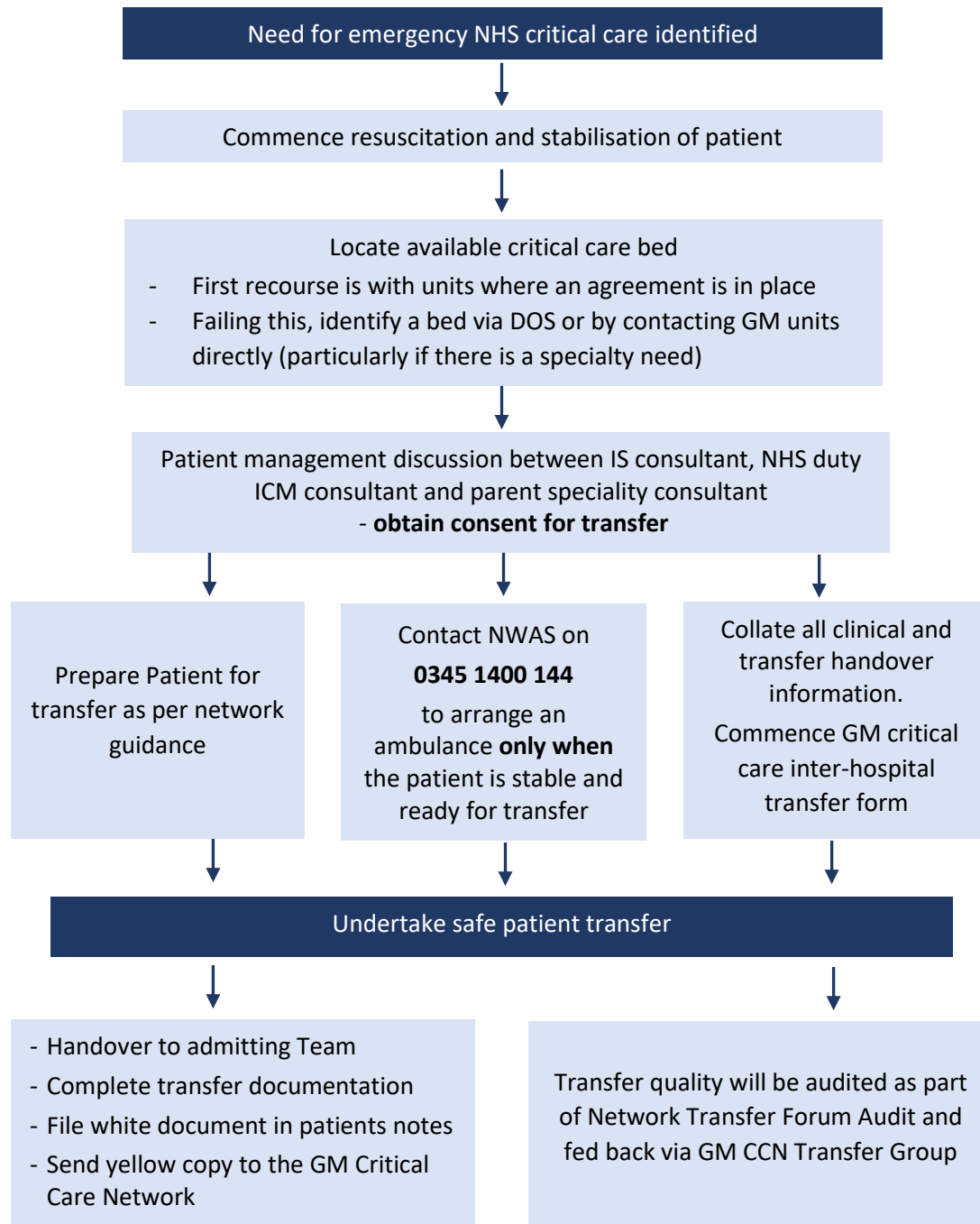
- c) The referring consultant should discuss the patient's condition and management with the consultant intensivist on call and obtain consent for transfer to the NHS facility, having confirmed that a bed is available. The patient must also be accepted by a relevant parent specialty to provide ongoing care. Patient transfer arrangements will not progress until these discussions have taken place and the patient has been accepted by both intensive care medicine, and speciality, consultants for transfer of care.
- d) Once the destination, and an available bed, has been identified, an emergency paramedic ambulance should be organised by calling the NWS healthcare professional line on 0345 1400 144.
- e) The consultant anaesthetist, if present, will determine the decision as to who will accompany the patient to the receiving hospital. If no anaesthetist is present, appropriate advice should be sought from an anaesthetist who attends the hospital or from the admitting critical care unit as to the need for intubation, sedation and ventilation prior to transfer. Patient transfer must not be undertaken unless the patient's condition is stable, appropriate staffing is available and appropriate monitoring instituted.
- f) It is the responsibility of the transferring hospital to ensure the patient is appropriately stabilised for transfer.
- g) Prior to the transfer of a critically ill patient, a risk assessment should be undertaken and documented by a senior clinician to determine the level of anticipated risk during transfer. The outcome of the risk assessment should be used to determine the competencies of the staff required to accompany the patient during transfer.
- h) Transfers should be undertaken in line with the clinical guidelines set out in the guidance on The Transfer Of The Critically Ill Adult within the Greater Manchester Critical Care Network [Transfer-of-the-Critically-Ill-Adult-GM-CCN-2024.pdf](https://gmccmt.org.uk/Transfer-of-the-Critically-Ill-Adult-GM-CCN-2024.pdf) (gmccmt.org.uk)
- i) The transferring hospital must provide equipment as per the Transfer of The Critically Ill Adult within the Greater Manchester Critical Care Network [Transfer-of-the-Critically-Ill-Adult-GM-CCN-2024.pdf](https://gmccmt.org.uk/Transfer-of-the-Critically-Ill-Adult-GM-CCN-2024.pdf) (gmccmt.org.uk). A transfer kit which is regularly checked and restocked after use should be available. The ambulance service must not be relied upon to provide the relevant equipment.
- j) The appropriate transfer documentation must be completed, specifically the GM CCN adult critical care inter-hospital transfer form for ALL transfers. The white form should be kept in the patient record and the yellow form should be forwarded to the GM Critical Care Network.

- k) On arrival at the receiving hospital there should be a formal handover between the transport team and the receiving medical and nursing staff who will then assume responsibility for the care of the patient and their relatives.
- l) Handover should include a verbal and written account of the patient's history, vital signs, therapy, significant clinical events, available X-rays, scans and other investigations. Details of advanced directives, treatment limitation decisions, resuscitation status, and information given to the patient and relatives should also be handed over.

4. Responsibilities

- a) The responsibility for the patient remains with the residing independent sector hospital until the patient is accepted and handed over at the receiving NHS hospital.
- b) For surgical patients, it is the responsibility of the anaesthetist in charge of the patient to make the decision that transfer is required to a critical care facility, and to oversee appropriate arrangements to stabilise the patient's condition prior to transfer.
- c) For medical patients, an appropriately qualified physician may oversee the stabilisation of medical patients requiring transfer. Anaesthetic assistance may be required from colleagues on site.
- d) It is the responsibility of the transferring hospital to ensure the patient is appropriately stabilised for transfer. Patient transfer must not be undertaken unless the patient's condition is stable, appropriate staffing is available and appropriate monitoring instituted.
- e) It is the responsibility of the independent sector hospital to have a local policy in place to ensure that effective emergency transfer processes are in place in the event of a patient's condition deteriorating and necessitating their transfer into an appropriately specialised NHS unit for level 2 or 3 critical care (which is unable to be provided at the residing independent provider hospital site or partner sites).
- f) It is the responsibility of the Greater Manchester Critical Care Network to ensure that all NHS Critical Care Units are aware of this transfer policy and have a duty of care, if clinically appropriate and a bed is available, to accept urgent and emergency transfers from the independent sector.

5. Transfer Procedure Summary Flow Chart



6. Abbreviations

DOS	NHS Directory of Services
ECMO	Extracorporeal Membrane Oxygenation
FICM	Faculty of Intensive Care Medicine
GM CCN	Greater Manchester Critical Care Network
HDU	High Dependency Unit
ICM	Intensive Care Medicine
ICS	Intensive Care Society
ICU	Intensive Care Unit
IS	Independent Sector
MOU	Memorandum of Understanding
NWAS	North West Ambulance Service
SLA	Service Level Agreement

Appendix A: Greater Manchester Adult Critical Care Unit Contact Numbers

Sites	Unit contact number
Fairfield	0161 778 2510/2504
Oldham	0161 627 8838
Salford	0161 206 8752
MRI (general)	0161 276 4712 (ICU) 0161 276 4166 (HDU)
MRI (cardiac)	0161 276 4544/4064
Wyth (general)	0161 291 6403
Wyth (cardiothoracic)	0161 291 4836
North Manchester	0161 720 2339
Bolton	01204 390997
Stepping Hill	0161 419 4238/4237
Tameside	0161 922 6062
Wigan	01942 822380/2591
Macclesfield	01625 661760
Christie	0161 446 3481