Major Trauma & Burns Systems

National Major Trauma & Burns Patient Repatriation Guidance

Version 1.1

Title: National Major Trauma & Burns Patient Repatriation Guidance

Version:
- Version 1.1

Previous Documents:
- National Major Trauma Network to Network Repatriation Agreement – June 2018

First Published:
- 1st December 2025

Prepared by:
- Matt Targett – East of England Trauma Network
- Hannah Kosuge – North East London & Essex Trauma Network

Approving Body:
- NHS England Clinical Reference Group for Major Trauma and Burns

Review date:
- Annually or when need for significant change(s) identified.

Classification:
- Official Sensitive: Commercial

Revision History:

Version:	Amendment:	Date:
0.1	• Draft Document circulated for comment	10/09/2024
0.2	• Updated following comments from H. Kosuge	11/10/2024
0.3	• Updated following comments from National Major Trauma Network Mangers & HNSE regions	20/12/2024
0.4	• Updates from Niall Martin & Nicole Lee to include Burns Network	18/03/2025
0.5	• Draft for Major Trauma and Burns CRG to consider	29/08/2025
0.6	• Updates from National Trauma Coordination group (via NMTNG) & regional ICS comments. Final draft for Major Trauma and Burns CRG to consider	15/10/2025
1.0	• Approved for publication by Major Trauma & Burns CRG	01/12/2025
1.1	• Addition of SPOC details from Scotland	11/12/2025
	•	
	•	
	•	
	•	

Contents

1 Introduction

1.1 Major trauma care in England is delivered through a Specialised Services Clinical Networks (SSCN) model of care to facilitate the smooth operation of regional major trauma systems within defined geographical regions[1]. Timely repatriation of patients back to an appropriate healthcare provider is key to the availability of resources in the Major Trauma Centre (MTC) to allow for the immediate admission of patients requiring MTC level care when this is most needed and when it is likely to be of greatest benefit. On-going care and rehabilitation should reflect the patients' needs[2]. It is essential therefore to have systems in place to repatriate patients to an appropriate hospital setting to continue their treatment. This also includes the timely repatriation of a patient to an identified receiving unit within a different network region.

1.2 This document defines the principles of the network repatriation agreement to achieve transfer of care/repatriation within 48 hours of notification to an appropriate healthcare provider.

1.3 This document has been written by utilising two National documents[3, 4] and outlines the procedure for the transition of onward patient health and social care under the principal of the NHS England's **Right Care, Right Person** approach[5].

1.4 Effective onward care maximises bed availability and accessibility of specialist tertiary services. There will be occasion when clinical need requires a ward-based inpatient to be transferred to another acute hospital for further care, onward management, or to facilitate discharge through pathway 1-3. This requires Hospitals, care Systems, and other health and social care providers to work in partnership and act in patient's best interests.

1.5 This document outlines the process for transfer of such patients when they have been admitted to a [Referring] hospital that is not their local acute Hospital for a specific treatment or intervention. Such transfers are referred to as "repatriations" throughout.

1.6 The health systems, Clinical Directors, and Managers of the 4 respective National Trauma Systems in England, Northern Ireland, Scotland and Wales agree this approach should also relate to repatriation across their national boundaries.

2 Scope

2.1 This process applies to repatriation of Major Trauma and Burns patients between Acute Hospitals with the exclusion of critical care transfers for both clinical and non-clinical reasons.

2.2 The same principals within this document apply to adult, paediatric, and young people within acute settings.

3 Definitions

3.1 **Transferring Hospital OR Care System:** The Hospital / Care System that is currently caring for the patient awaiting repatriation. This is often a tertiary centre but can be other acutes sites.

3.2 **Receiving Hospital OR Care System:** The Hospital / Care System nearest the patient's place of residence and/or registered GP practice (Network/region specific).

3.3 **Repatriations:** This refers to patients who require repatriation of care from a Transferring Hospital following treatment back to their receiving [local] Hospital.

3.4 **Delayed Repatriations:** This refers to patients who have not been repatriated within 48 hours from receipt of referral from a transferring Hospital following treatment back to their receiving [local] Hospital.

3.5 **Local Hospital:** This is determined as the closest hospital to the address of the General Practitioner at which the patient is registered **or** their home address (Network/region specific).

3.6 **Criteria to Reside:** Criteria set out in Annex D of Hospital Discharge and Community Support Guidance[6].

4 Repatriation Criteria and Principles:

4.1 Patients should only be repatriated from one hospital to another when the following applies:

- The patient is deemed medically safe to transfer by the referring Hospital.
- The hospital receiving the referral can provide the level of clinical care the patient requires according to service specification.
- Patients and their family/carers are made aware of and are involved as much as possible/appropriate in plans for repatriation.
- In circumstances where the patient's local hospital (e.g. a TU) is unable to provide the level of care required due to specific specialty requirement or complexity of care, the referral should be directed to the MTC for that region.

* Where there is difficulty in identifying an appropriate hospital or being accepted by a hospital during the initial referral, the Trauma Networks of the referring and receiving areas should be contacted to support the decision with involvement of the local ICSs.

4.2 Tertiary and specialist providers must endeavour to repatriate patients from referring Hospitals within the same 48-hour timeframe from receipt of referral.

4.3 For patients who have been placed in, or need placing in temporary accommodation for safeguarding reasons, i.e. domestic violence, or victim of interpersonal violence, it may not be safe for them to return to their local TU/Hospital. In these circumstances the patient should be repatriated to the TU/Hospital that is local to their confirmed temporary accommodation.

- For those in need of temporary accommodation but still to be placed in temporary accommodation, the local TU/Hospital will be determined as the safest/most appropriate option through discussion with the patients MDT.

4.4 Patients who have been declared homeless either prior to, or during admission will have their local TU/Hospital assigned through the following hierarchy

- If the patient has evidence of tenancy, residence or accommodation agreements within the past 12 months then this will be used as the home postcode.
- If not, but the patient has a proven connection within an area, as determined by the local Homelessness Team, the TU/Hospital within that area will be named as the receiving hospital.

5 Responsibilities

5.1 **All Organisations** are responsible for following the escalation process outlined below.

5.2 **Transferring Hospitals** are responsible for:

- Arranging patient repatriation at the earliest opportunity once a patient meets the criteria set out in section 3 above.
- Share appropriate imaging and patient documentation to receiving hospital (including rehabilitation prescription if appropriate).
- Following the escalation process outlined in Appendix A, ensuring actions have been documented before escalation to receiving region are for resolution/escalation.
- Maintaining contact with receiving Hospitals for patients whose repatriation is delayed.
- Accurately updating their Integrated Operational Pressures Escalation Level (OPEL) submission.
- Ensure transfer of patients that no longer meet criteria to reside is in the patient's best interest and would expedite their onward discharge in a timely manner.
- Under no circumstances will patients be repatriated in an unheralded or "just send" fashion without the receiving Hospital accepting the patient.
- Consider involving Major Trauma Coordination service (where available) at the earliest available opportunity.

5.3 **Receiving Hospital** have a responsibility:

- To consider prioritisation of repatriation of patients from tertiary providers.
- To accept and place these patients for repatriation ideally within 24 hours.
- Major Trauma Coordination Service (where available) to be notified.
- Where a transferring Hospital is notified of more than one patient for repatriation it is expected that all patients should be accepted and placed within 24 hours. This could be staggered following system led discussions, especially in times of extremis to safeguard MTC access and flow.
- In the best interest of patients and their onward care needs, those organisations placing multiple referrals in any one 24 hour period should enter into a reciprocal agreement with the receiving hospital

and provide courtesy oversight in their efforts to manage patients returning, for the provision of safe onward care.

- Escalating any attempt made to transfer patients unheralded.

5.4 **Integrated Care Systems:** are responsible for:

- Monitoring delays to patient repatriation and for escalating delay of over 3 days to NHS England (72 hours from time of Transferring Hospital Bed Manager/Site Team receipt of referral) - see 6.6
- Ensuring accurate information is recorded in relation to delayed repatriations using the proforma in appendix B.
- Maintaining contact with receiving Care System for patients whose repatriation is delayed.
- Ensuring that delays that may breech over an out of hours period (for example the weekend) are pro-actively escalated to receiving Care System.
- Report attempts for unheralded patient transfers to the transferring and receiving Care System.

5.5 **NHS England UEC Operations Team:** Are responsible for:

- Ensuring the appropriate steps have been taken to escalate the delayed repatriation prior to further action being taken as per appendix A
- Responding to Care System escalations.
- Taking appropriate action to investigate causes of delays and working with partners to resolve issues and barriers to repatriation.
- Escalation to regional UEC Director and Medical Director to arbitrate and balance clinical risk between Transferring and Receiving Hospitals/ Care System.
- Provide links with Receiving Hospitals and Care System in regions outside of referring Hospital/region.

6 Process Guidance

6.1 Once patients meet the criteria, outlined in 3 above, the following guidance should be used in conjunction with the process outlined in Appendix A.

6.2 Barriers and delays to the repatriation of patients should be recorded and the appropriate actions taken to escalate the delay to their Care System. Patient's criteria to reside status should also be discussed if pertinent.

6.3 **Consultant to consultant Conversation:** This conversation aims to review if there are any clinical reasons for the delay in accepting the patient (the Major Trauma Coordination Service (where available) should support).

6.4 **COO/MD to COO/MD Conversation:** The purpose of this call is to ensure that the Senior Responsible Officers of both Transferring and Receiving Hospitals are aware of the delayed repatriations to the receiving Hospital, to facilitate a conversation around shared assessment of risk to both organisations and the need for potential prioritisation of placement for the repatriation(s) in question. This conversation should look to resolve any barriers that are present to the delayed repatriation, share situational awareness and assessment of the risk across each organisation.

6.5 **Care System to Care System Conversation:** The Transferring Care System should contact the receiving Care System to review the delay. This should be completed in-hours where possible but may be undertaken out of hours or can be undertaken proactively. E.g. if a patient's repatriation is delayed for 2 days on a Friday, then proactive receiving Care System to Transferring ICS escalation/resolution should be sought before weekend working commences at the end of Friday. This conversation can happen with a System Coordination Centre (SCC) to SCC conversation either within region or out of region. Contact details of regional SCC's are in Appendix D.

6.6 **Regional NHS (or equivalent) Operations Team Escalation:** This should only be undertaken for patients whose repatriation has been delayed >3 days from the initial request from the bed manager. The proforma in Appendix B: Example ICS Repatriation Proforma must be completed and sent to your regional Operations Team using the email addresses listed in Appendix D. Regional NHS (or equivalent) Operations Teams will take appropriate steps to review the delays and arbitrate the risk ensuring their Director is made aware and escalation to the Medical Directorate if appropriate.

7 Cross Regional Transfers

7.1 Where patients require transfer across NHS regional boundaries the same processes outlined in Appendix A below should be used.

7.2 Local NHS UEC Operations Teams should be contacted via their respective contact email found in Appendix D. for Acute Provider and/or ICS contact details and to raise awareness.

7.3 Any significant cost related to extended patient travel should be negotiated at trust level, escalated to ICS if unresolved.

7.4 When repatriating across National Borders, the mechanics of the transfer will be arranged and coordinated by the referring team but the transfer costs will be borne by the receiving/local healthcare provider. This can be cross charged to enable a swift organisation of the transport by the referring hospital.

These arrangements apply to England, Scotland, Wales and Northern Ireland with the agreement sourced within United Kingdom Major Trauma Networks Consensus Statement Repatriation of Trauma Patients Across National Boundaries.

References, Links and Address:

NHS Commissioning Board, 2013. NHS Standard Contract for Major Trauma (All Ages). D15/S/a

Regional Networks for Major Trauma. NHS Clinical Advisory Groups Report. September 2010

National Major Trauma Network to Network Repatriation Agreement June 2018

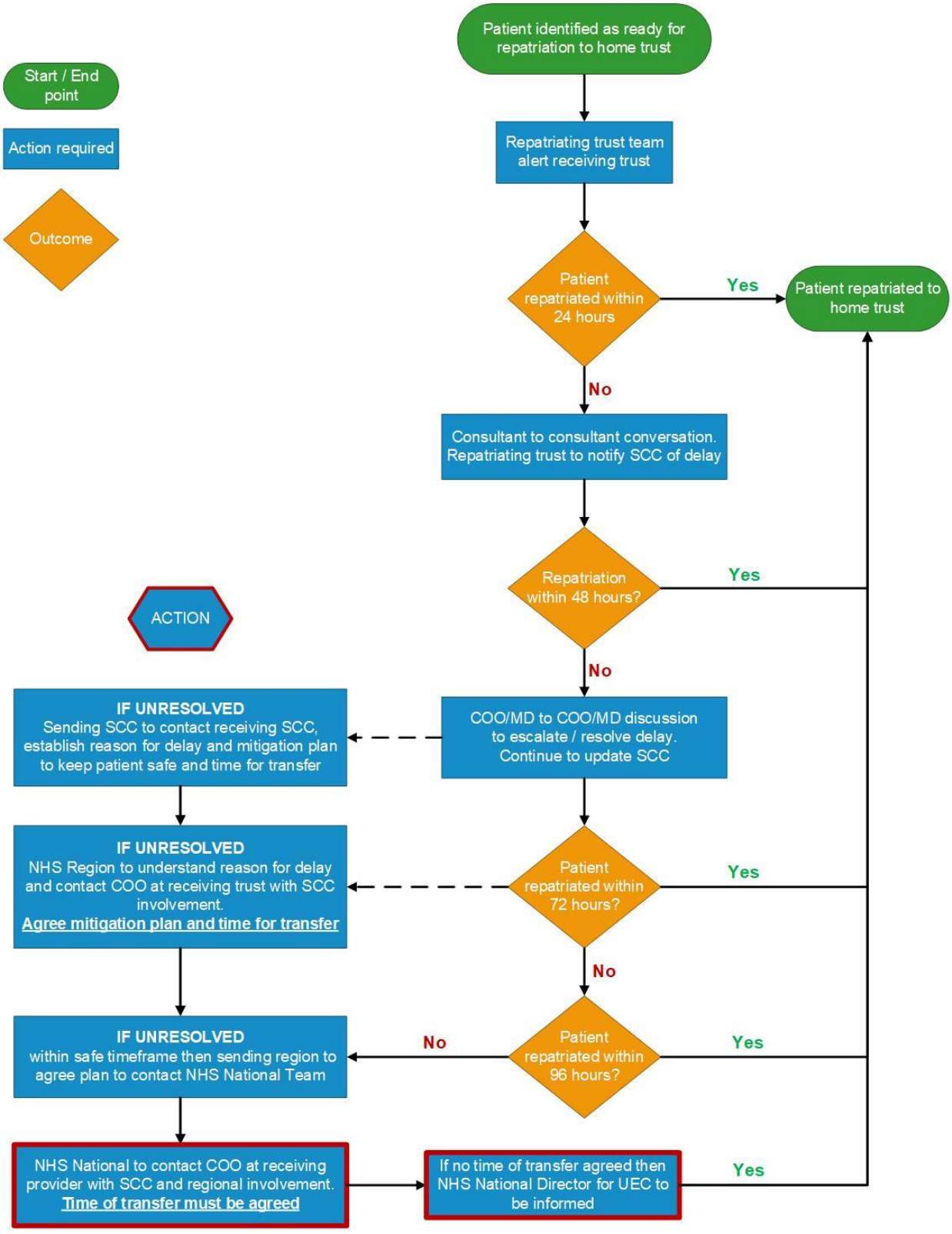
Major Trauma Repatriation Principles draft 1.4 April 2020

NHS England. Getting It Right First Time (GIRFT)

Hospital discharge and community support guidance January 2024

United Kingdom Major Trauma Networks Consensus Statement – Repatriation of Trauma Patients Across National Boundaries

Appendix A: Combined Organisation Escalation Process



Key

Transferring:	**Trust / ICB currently caring for the patient awaiting repatriation**
Receiving:	**Trust / ICB nearest the patient's place of residence**
COO:	**Normally the Chief Operations Office or any appropriate director level colleague**
MD:	**Medical Director**
UEC:	**Urgent & Emergency Care**
ROC:	**Regional Operations Centre**
SCC:	**Systems Coordination Centre**

Appendix B: Example ICS Repatriation Proforma

Referring Hospital (where is patient currently located?)	**Which ward is the patient on?**	**Speciality**	**Referring Hospital Consultant name**	**Receiving Hospital location** (Where is patient going?)	**Receiving Hospital Consultant name**	**Date patient fit for transfer?**	**First request for reparation made (date)**	**Date of Consultant-to-Consultant contact**	**Date of COO/MD to COO/MD contact**

Appendix C: Regional Operation Centres (ROC) & System Coordination Centres (SCC)

Region	ROC Name	Email
England	East of England	england.eoe-uecops@nhs.net england.eoe-roc@nhs.net
	London	england.london-roc@nhs.net
	Midlands	england.midsroc2@nhs.net
	North East Yorkshire (inc. Yorkshire & Humber)	england.neyoperationscentre@nhs.net
	North West	england.nwroc@nhs.net
	South East	england.se-roc@nhs.net
	South West	england.swroc@nhs.net

Region	SCC Name	Email
East of England	Cambridge & Peterborough	cpICS.systemoperationscentre@nhs.net
	Bedfordshire, Luton and Milton Keynes	soc.blmkICS@nhs.net
	Mid & South Essex	mseICS-me.essex.cimt@nhs.net
	Norfolk & Waveney	nwICS.systemcontrolcentre@nhs.net
	Herts & West Essex	hwe.incidentcontrol@nhs.net
	Suffolk & North East Essex	iesccg.suffolkccgincident@nhs.net

Region	SCC Name	Email
London	North West London	nhsnwl.scc@nhs.net
	South East London	seloc@selondonics.nhs.uk
	NEL and NCL	nclICS.surgemanagement@nhs.net
	South West London	scc@swlondon.nhs.uk

Region	SCC Name	Email
Midlands	Birmingham and Solihull	nhsbsolICS.spoc@nhs.net
	Black Country	bcICS.spoc@nhs.net
	Coventry and Warwickshire	cwICS.spoc@nhs.net
	Derby and Derbyshire	ddICS.occ@nhs.net
	Herefordshire and Worcestershire	worcsurgentcare.pmo@nhs.net
	Leicester, Leicestershire and Rutland	llrICS-llr.imt@nhs.net
	Lincolnshire	Lincolnshire IICS.spoc@nhs.net
	Northamptonshire	northantsICS.spoc@nhs.net
	Shropshire, Telford, and Wrekin	stw.scc@nhs.net
	Nottinghamshire	nnICS-nn.nottinghamshiresystemcontrolcentre@nhs.net
	Staffordshire and Stoke	SSOTSCC@staffsstoke.ICS.nhs.uk

Region	SCC Name	Email
North East Yorkshire	Humber and North Yorkshire	hnyICS.scc@nhs.net
	North East and North Cumbria	necsu.surge@nhs.net
	South Yorkshire	syICS.systemcontrolcentre@nhs.net
	West Yorkshire	England.wyscc@nhs.net

Region	SCC Name	Email
North West	Lancashire and South Cumbria	mlcsu.lschub@nhs.net
	Greater Manchester	england.gm-scc@nhs.net
	Cheshire & Merseyside	scc@cheshireandmerseyside.nhs.uk

Region	SCC Name	Email
South East	Berkshire, Oxfordshire, and Buckinghamshire	bobICS.scc@nhs.net
	Frimley	frimleyccg.frimley-soc@nhs.net
	Hampshire and the Isle of Wight	hiowICS-hsi.vaccination.operations@nhs.net
	Kent and Medway	kmICS.opplanning@nhs.net
	Surrey Heartlands	syheartlandsICS.shoc@nhs.net
	Sussex	sxICS.incidents@nhs.net

Region	SCC Name	Email
South West	Bristol, North Somerset & South Gloucestershire	bnssg.eprr@nhs.net
	Bath and North East Somerset, Swindon and Wiltshire	bswICS.operationshub@nhs.net
	Cornwall	ciosICS.scc@nhs.net
	Devon	d-ICS.systemtacticalteam@nhs.net
	Dorset	SCC@nhsdorset.nhs.uk
	Gloucestershire	glICS.uecandsystemflow@nhs.net
	Somerset	somICS.icc@nhs.net

Region	ROC Name	Email
Northern Ireland **Health and Social Care (HSC)**	Regional Coordination Centre	RCCadmin@nias.hscni.net

Region	SCC Name	Email
Northern Ireland	**Belfast Health and Social Care Trust** Royal Victoria Hospital	SiteCo-ordinators@belfasttrust.hscni.net
	Northern Health and Social Care Trust Antrim Area Hospital Causeway Hospital	PatientFlow.Antrim@northerntrust.hscni.net
	South Eastern Health and Social Care Trust Ulster Hospital	Bed.ManagersUHD@setrust.hscni.net
	Southern Health and Social Care Trust Craigavon Hospital Daisy Hill Hospital	bedmanager.cah@southerntrust.hscni.net
	Western Health and Social Care Trust Altnagelvin Hospital South West Acute Hospital	patient.flow@westerntrust.hscni.net

Region	ROC Name	Email
Republic of Ireland **Health Service Executive (HSE)**	Trauma Office	Trauma.Office@hse.ie

Region	MTC Name	Email
Republic of Ireland	**The Mater Misericordiae University Hospital** Dublin (MTC)	traumacoordinators@mater.ie
	Cork University Hospital (MTC)	conor.deasy@hse.ie

Region	ROC Name	Email
NHS Scotland	Trauma Network Scotland	nss.scottrauma@nhs.scot

Region	SCC Name	Email
NHS Scotland	East - Ninewells Hospital MTC	tay.atnptaysidemajortrauma@nhs.scot
	North (Adult) - Aberdeen Royal Infirmary MTC	gram.traumacoordinator@nhs.scot
	North (Paediatric) a Aberdeen Royal Infirmary MTC	gram.paedsmtcrehab@nhs.scot
	South East - Royal Infirmary of Edinburgh MTC	loth.mtcrehabrie@nhs.scot
	West (Adult) - Queen Elizabeth University Hospital MTC	mtc.qeuh@ggc.scot.nhs.uk
	West (Paediatric) - Glasgow Royal Hospital for Children MTC	rhcmajortrauma@ggc.scot.nhs.uk

Region	ROC Name	Email
NHS Wales	TBC	

Region	SCC Name	Email
NHS Wales		