

# National Major Trauma Network to Network Repatriation Agreement

## INTRODUCTION

Major trauma care is delivered through an inclusive Operational Delivery Network (ODN) model of care to facilitate the smooth operation of regional major trauma systems within defined geographical regions<sup>1</sup>. Timely repatriation of patients back to their local Trauma Unit (TU), or other appropriate local hospital 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<sup>2</sup>. It is essential therefore to have systems in place to repatriate patients to an appropriate hospital to continue their treatment closer to home at the right phase of their treatment.

Whilst all Major Trauma ODNs in England have a regional policy for the repatriation of patients, difficulties can arise where there is a requirement for patients to transfer to an appropriate hospital out of network region to continue their on-going rehabilitation. In order to continue to provide the best care to all major trauma patients and to facilitate the efficient operation of the major trauma ODNs, patients should be repatriated to the identified receiving unit in a timely and efficient manner.

This document defines the principles which form the basis for an inter-Network repatriation agreement for all major trauma ODNs in England to achieve transfer of care/repatriation within 48 hours of notification. This includes patients repatriating from the MTCs to an appropriate healthcare provider such as other MTCs, TUs or other suitable facilities. Agreement of these principles will facilitate delivery of the best care for patients in line with the right care principles<sup>3</sup> and will improve the patient and family experience through the effective communication of all parties involved at this challenging time in the patient pathway.

## Principles

- Patients will be transferred to an appropriate healthcare provider within 48 hours of notification for their on-going requirement based on patient need, not hospital designation. Where feasible, this will be as close to the patient's home as possible.
- Networks will work together collaboratively ensuring patients have seamless access to care and transfer back to their locality hospital, TU or MTC as appropriate when medically stable for repatriation<sup>1</sup> and will be explicit about what types of specialist care is available to ensure suitable on-going treatment and care.
- All repatriations will be patient focussed and as a result of a clinical decision and, will be supported by the Major Trauma Co-ordinators, or other contact identified by the local hospital. Transfer will be via clinician to clinician referral where both parties agree that the patient is clinically fit for transfer of care/repatriation. The receiving team will confirm bed availability and both the receiving and referring team will identify and provide details of a lead contact/consultant to reduce delays in accepting patients. If there is no clinical agreement for MTC to TU or other local hospital repatriation, then escalation/repatriation should be MTC to MTC.
- Once the agreement for repatriation is confirmed, the referring Trust/team will make a formal referral to the receiving Trust/team and the receiving Trust will ensure that a bed becomes available within 48 hours of the referral being made. Both parties will maintain effective communication on the patient's condition and needs during the repatriation process.
- Patients and/or relatives/carers will be informed of repatriation arrangements as soon as possible and will be informed of progress throughout.
- All transfers should take place within normal working hours (8.00 am and 5.00 pm, or later by local agreement) except in exceptional circumstances (i.e. major incident) and patients will transfer with the appropriate documentation including a full clinical summary of injuries and treatment procedures, current Rehabilitation Prescription and imaging. Where repatriation is not occurring within the agreed timescale, Trusts should effect escalation in line with local Trust and Network escalation policies.

<sup>1</sup> NHS Commissioning Board, 2013. NHS Standard Contract for Major Trauma (All Ages). D15/S/a (D02).

<sup>2</sup> Regional Networks for Major Trauma. NHS Clinical Advisory Groups Report. September 2010

<sup>3</sup> NHS England. What is NHS RightCare? Available at <https://www.england.nhs.uk/rightcare/what-is-nhs-rightcare/> (accessed 6.4.18).

## Example – Escalation Process

Delay Time	Situation	Communication
+1 Day (24 hours)	Transfer of care has not occurred within 24 hours after the planned transfer date	<b>Site Team</b> at referring hospital to communicate with receiving hospital team to expedite transfer of care.
+2 Days (48 hours)	Transfer of care has not occurred within 48 hours after the planned transfer date	<b>Trauma Clinical and Managerial Leads</b> or equivalent will be informed and communicate with their equivalent at the receiving Trust.  <b>Site Team</b> at referring hospital to communicate with receiving hospital team to expedite transfer of care.
Escalation	Situation	Communication
+3 Days  <i>Delay above 48 hours = 24 hours</i>	Transfer of care has not occurred within 72 hours after the planned transfer date	<b>Divisional Manager/Head of Site Operations</b> for Trauma or equivalent will be informed at the receiving Trust.  <b>Site Team</b> at referring hospital to communicate with receiving hospital team to expedite transfer of care.  <b>Network Director/Manager</b> will be informed where Network assistance is required.
+4 Days  <i>Delay above 48 hours = 48 hours</i>	Still no plan of action or acceptance date/time set and agreed	<b>Chief Operating Officer/Chief Executive</b> to be informed at the receiving Trust.  <b>Site Team</b> at referring hospital to communicate with receiving hospital team to expedite transfer of care.
+5 Days  <i>Delay above 48 hours = 72 hours</i>	Still no plan of action or acceptance date/time set and agreed	<b>Sector/CCG leads</b> to be informed of delay.  <b>Site Team</b> at referring hospital to communicate with receiving hospital team to expedite transfer of care.

## Inter-Network Transfer/Repatriation

The **Network Director/Manager** or equivalent at the receiving and sending Networks should be informed of delays of 48 hours or greater as appropriate where the support of the Network Team is required.

## Resolution of Clinical Issues – Situation; Lack of Clinician to Clinician Agreement

If there is a dispute regarding the patient's clinical fitness for transfer of care, it is the responsibility of the MTC Clinical Lead to resolve this with the Trauma Lead at the receiving Unit/facility. This process will be supported by the Network Clinical Lead/Director and MTC Trauma Director as required.

If the Trauma Unit feels unable to take a patient for clinical reasons, then repatriation should be MTC to MTC with onward transfer to a TU or other facility when deemed appropriate.