### Dear Patients, Carers, Families and Friends

We know that critical care admission is a stressful event for patients and their loved ones. This letter seeks to help you understand some of the things which may happen during your/your loved one’s critical care admission, and in particular focuses on the situation where a patient might be considered for transfer to a different unit.

**What happens on critical care?**

### Critical care units provide specialist treatment, supported by highly trained staff, including doctors, nurses, physiotherapists, dieticians, occupational therapists and clinical specialists from every different medical area. These teams work together to provide the best possible treatment and care for every patient on our units.

These treatments include specialist medicines, and ‘organ support machines’, such as lung support (non-invasive or mechanical ventilators) and kidney support (haemofiltration or dialysis). Many patients in critical care are sedated (asleep), and most will require nutritional support (most commonly liquid feeding through a tube in the nose which goes directly into the stomach). However, the most important treatment we provide is high quality and individually tailored care for every patient, from our critical care staff.

Critical care units, and hospitals, work in networks. Networks are there to ensure that the best available care can be provided to all patients, irrespective of the hospital to which patients were first admitted.

### It is well known that COVID-19 has placed higher than usual pressure on the NHS, and in particular on critical care services. Despite this, we are all committed to providing the highest possible standard of care for all patients, whatever their reason for needing critical care treatment. The link below contains useful information on resources for patients and families.

<https://www.ficm.ac.uk/patient-information/intensive-care-guide-patients-families-friends>

**Reasons for transfer to a different critical care unit**

In some cases, to provide the best possible care, we may need to move a patient from one hospital to another. This may happen for one or more of the following reasons:

* A patient requires highly specialised treatment which can only be provided in a different centre.
* A critical care unit is particularly busy and moving patients to a unit which is less busy is considered in order to ensure that the best available care can be provided.
* A patient has recovered enough to not require critical care treatment anymore, but a bed on a non-critical care ward can most rapidly be provided in a different centre.
* Returning to a hospital nearer home, this is known as “Repatriation”

**Transport**

An ambulance will be arranged for the patient to be transferred.

RESCUE is the specialist ACCT service for the Southeast region of England providing expert care to critically ill and injured patients who require transfer from one hospital to another. Our dedicated and skilled team of doctors, paramedics, nurses, and emergency care assistants coordinate and support the safe transfer using our dedicated vehicles and specialist equipment ensuring that you, or your loved one, receives the care required during transfer.

RESCUE’s principal aim is to ensure that all our patients continue to receive the intensive care that they require during their transfer, including in the back of our ambulances. Our transfer teams consist of doctor’s who have specialised in intensive care medicine or anaesthesia, highly experienced paramedics and nurses and a dedicated emergency care assistant. Each team member has specialist knowledge, experience, and training in supporting patient transfer and continue to develop and learn as a team.

We provide the same medications, breathing support and patient monitoring equipment as expected on a modern intensive care unit. We also have specialist transfer equipment and dedicated ambulances that mean we can ensure your safety, comfort, and dignity. Our ambulances are equipped with blue lights and sirens which we use during urgent and emergency journeys to ensure you reach the receiving hospital in a safe and timely manner.

There may be occasions when RESCUE are already busy with another critical care transfer, in this situation a 999 ambulance will be called and a team from the unit will transfer your relative, maintaining the same level of care throughout.

Due to space required, it is not possible for relatives or friends to travel with the patient.

When a patient is moved by ambulance, relatives will need to make their own travel arrangements to the new ward or hospital. For safety reasons, please do not try to follow the ambulance.

Relatives will be given details about where the patient will be going to and can meet the patient there.

**Escorting staff & equipment**

Where possible, the staff currently looking after you (or your relative) will undertake the transfer. Sometimes, however, this may need to be a different team who will receive a full handover of care. They will be familiar with the care of critically ill patients and their needs during transfer.

Special equipment is used to ensure the patient can be transferred safely. The patient will be moved onto a special trolley. This is to ensure comfort and stability before the transfer happens. The patient will stay on this while going to the new ward or hospital.

**On Arrival**

It will take some time to:

 Complete the handover of care to the new nursing & medical team

 Swap over the monitoring and equipment in use by the patient during transfer, to that of the receiving ward or hospital

 The transferring team will ensure the receiving ward or hospital Have contact details for relatives/carers

Depending on the reason for the transfer there may also be a period of time required to undergoing tests, investigations or treatment. The staff will be able to give you information about this and how long it may take.

This hospital is part of the Thames Valley and Wessex Adult Critical Care Network.

If our unit becomes unusually busy, we may talk to you/your relative about moving you to a hospital within our network which is less busy.

If hospitals within the network are all unusually busy, we may talk to you/your relative about moving you to a hospital outside the network. In all cases, if a patient requires transfer to another hospital, we will always aim to transfer to the closest centre which has capacity to provide the care which they need.

If your doctor approaches you about the need to transfer, they will provide you with the following information:

* The reason(s) that transfer is proposed – broadly speaking, this will be either because you/your relative requires highly specialised treatment, or because it is considered that you/your relative would benefit by moving to a hospital which is less busy.
* An honest and open explanation of the hoped-for benefits and potential risks of transfer.
* An explanation of when and how the transfer will occur, including the type of staff (doctors, nurses) who will accompany you/your relative to ensure that the transfer is safe.

In the case of a transfer for highly specialised care, we only undertake these if we think that this care is the most likely life-saving option for you/your relative. Before a transfer is undertaken, the specialists in the receiving hospital will have reviewed your/your relatives’ case and a detailed discussion would have taken place where risks and benefits of transfer are considered. You can ask as much as you would like about these discussions.

In the case of a transfer to a less busy hospital, we only undertake these if we think that you/your relative is physically stable enough for transfer. This may also be considered to allow a sicker patient to be admitted to the critical care unit who is too unstable to transfer. This will have been agreed between senior doctors and nurses here, on the transfer team and in the receiving hospital.

We understand that such transfers may be stressful for you and your relatives, and again, you can ask as much as you would like to reassure yourself about the reasons why we propose this.

If we propose a transfer, we will do so having considered all other reasonable options and will talk to you as early as possible in order to give you as much time as possible to ask questions.

Yours truly,

*<<Unit Director>>*