ACCTS Scope and Categories of Transfer

ARCC Transfer Service (ACCTS SE England)

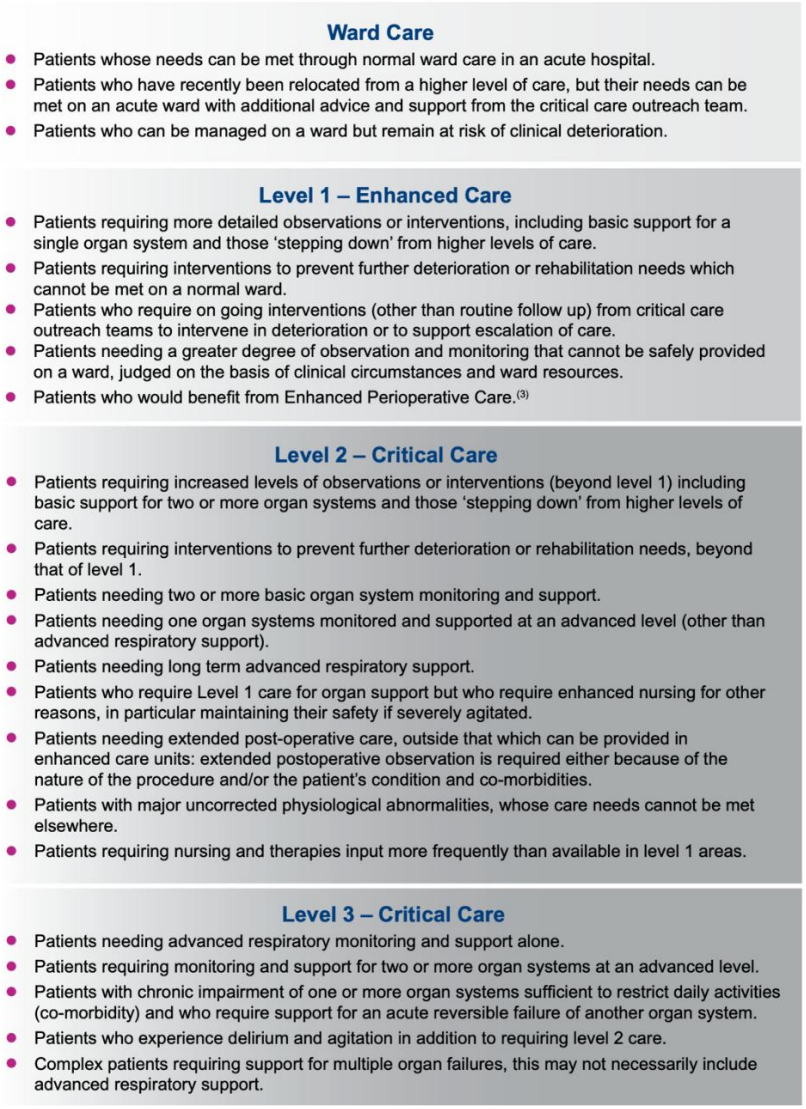
v1.0 (June 2025)

Background

The ACCTS Service Specification defines the adult patients in scope as 'those requiring, or likely to require, specialist critical care clinical escort and intensive monitoring, organ support and/or specialist treatment'. The National Transfer Model, , included a scope matrix to support services in defining patients who are in-scope.

The scope matrix below has been updated following feedback from the ACCTS Operational & Clinical subgroup. It is intended to act as a guide to services, host Trusts and commissioners. It has been further reviewed by the Clinical Leadership of the ARCC regional service, considering the operational requirements of individual regions and case-by-case clinical decision making.

The Intensive Care Society published updated Levels of Care in 2021 and these definitions can be found in this document and are summarised below for ease (note: Level 0 is Ward Care).



Level of Care the Patient is **Requiring** for transfer	Referring Location	Receiving Location					
		Critical Care	Enhanced Care (Requiring enhanced cardiovascular or respiratory support)	Theatres / IR	Ward	Other destination (e.g. for home ventilation)	EOL Care
Level 3	Critical Care						
	ED						
	Other						
Level 2	Critical Care						
	ED						
	Other						
Level 1	Critical Care						
	ED						
	Enhanced Care (Requiring enhanced cardiovascular or respiratory support)						
	Theatres / IR						
	Ward						

KEY

	Fully in scope
	Possibly in scope – should be discussed with Duty Consultant and may be accepted on case-by-case basis
	Unlikely to routinely occur
	Not in scope

PLEASE NOTE - Time critical transfers may not always be fulfilled by the ACCTS, but instead by partnering Ambulance providers. The Single Point Of Contact should still always be used, regardless of the urgency of the transfer

Categories of Transfer

Background

The ACCTS Service Specification lists three categories of transfer:

- Escalation of care (time critical and urgent)
- Repatriation
- Capacity
- Continuation of Care/Specialist Treatment

It is recognised that there are a small group of patients that do not easily fall into these existing categories.

In order to adequately describe each category, the table on the next page has been developed with clinical examples and with reference to the NHS England Framework for Interfacility Transfers so that escalation of care categories map across to existing 999 ambulance responses.

The table below provides clinical examples of categorisation. However, these examples are not definitive indicators of in-scope presentations. The primary consideration for determining whether a patient is in scope should be based on the type and level of critical care input required during transfer. Additional factors to consider include system demand, frontline ambulance pressures, and ICU bed availability.

Category & definition	Sub-categorisation	Clinical examples	IFT
Escalation of care Transfer to access specialist intervention and/or care that cannot be provided in the referring hospital.	**Time critical** – transfer to a specialist centre for immediate (within 1 hour of arrival) life, limb or sight-saving intervention to reduce the risk of imminent death or severe or long-lasting morbidity.	• Any intracranial pathology requiring immediate craniotomy/craniectomy, burr-hole or therapeutic EVD on arrival (e.g. EDH, SAH with hydrocephalus, blocked VP shunt) • Mechanical thrombectomy for ischaemic stroke • Immediate surgery for aortic dissection • Interventional radiology for life-threatening haemorrhage which has not been arrested by damage control surgery or is not amenable to non-IR treatment	2
	Urgent – patients requiring transfer for ongoing time-sensitive management (that does not fall into the time critical definition) to reduce the risk of death or significant morbidity.	• A ventilated patient with intracranial pathology not requiring immediate surgical intervention on arrival • Major trauma patients requiring Major Trauma Centre care but not time critical intervention • Acute cauda equina, spinal abscess/haematoma requiring decompression • Burns patients requiring burns centre care	3
	Planned – patients requiring transfer for elective intervention or ongoing management that is not time-sensitive.	• Transfer to long-term respiratory weaning centre • Transfer to spinal injury unit • Transfer for a surgical intervention on an elective list not available in the referring hospital (e.g. VATs for empyema management)	4
Continuation of care Transfer of patients to a facility or location that is better suited to provide their ongoing care, but is not an escalation. This is usually a step down in the overall acuity of care.		• Step down from critical care to a renal unit for ongoing intermittent haemodialysis • Step down from critical care unit to ward in another hospital • Transfer of long-term ventilation patient to home • Transfer of a critical care patient to hospice or home for palliative care	N/A
Repatriation Transfer closer to home, family, friends or carers having completed specialist care or when stable to transfer after admission to a distant hospital.		• Major Trauma Centre to Trauma Unit following completion of MTC care • Ongoing tracheostomy weaning following neurosurgical intervention • Transfer to local hospital when patient has become critically ill far from home (e.g. whilst on holiday)	N/A
Capacity Transfer when the referring hospital is experiencing a surge in operational pressure and is unable to provide a critical care bed, within a reasonable time frame, due to a lack of physical beds, staffing or equipment.		• A patient in the Emergency Department or on the ward who requires critical care admission; critical care has no dischargeable patients and/or is already nursing outside usual staffing ratios • Transfer of a patient following time critical intervention when there is no critical care capacity (e.g. neurosurgery, mechanical thrombectomy)	N/A

South Central Ambulance Service
NHS Foundation Trust

Hospital Clinician Thames Valley line **0300 123 9826** **or** **0300 123 9822** for (Level 1)

LEVEL 1 - 7 minute response – Immediate Life Threatening Emergency

LEVEL 2 - 18 minute response - Emergencies

LEVEL 3 – 1hr or 2hr response - Urgent

LEVEL 4 - 4hr response - Non Urgent

IFT Level 1 (IFT 1) Category 1 (7 Minute mean response time)
This level of response should be reserved for those exceptional circumstances when a facility is unable to provide immediate life-saving clinical intervention such as resuscitation and requires the clinical assistance of the ambulance service in addition to a transporting resource. Examples would include cardiac arrest, anaphylaxis, life-threatening asthma, obstetric emergency, airway compromise and cardiovascular collapse (including septic shock)

IFT Level 2 (IFT 2) Category 2 (18 Minute mean response time)
This level of response is based on the need for intervention and management rather than the patient's diagnosis. Immediately Life, Limb or Sight (Globe trauma) Threatening (ILT) situations which require immediate management in another facility should receive this level of response. For instance, immediate neurosurgery, patients going directly to theatre at the new facility would be an IFT Level 2. In addition, patients requiring limb saving surgery or mental health patients being actively restrained where appropriate advanced airway management is not available should be dealt with in the same manner. Other examples may be patients with sepsis, myocardial infarction, CVA, acute abdomen, acute ischaemic limb, acute pancreatitis, major gastrointestinal haemorrhage and overdose requiring immediate treatment.

IFT Level 3 (IFT 3) 1 or 2 hour locally commissioned response
This level may be requested for patients who require urgent transfer between acute hospitals. Examples may be patients who require urgent investigations to inform ongoing care such as CT, MRI, ultrasound or who need an urgent assessment by a specialist. Mental Health emergency admissions and patients with respiratory conditions, or suspected fractures (not due to major trauma) are examples that may be suitable for a Level 3 response.

IFT Level 4 (IFT 4) 4 hour locally commissioned response
This is for all other patients who do not fit the above definitions and require transfer by ambulance for ongoing care but do **not** need to be managed as an emergency. Examples may be patients being admitted directly under specialty teams as well as those being admitted to emergency departments for further investigation who do **not** require emergency investigation or treatment immediately upon arrival.