

Greater Manchester Major Trauma Network

MAJOR TRAUMA

Protocol for the Reverse Transfer of Trauma Patients from the Major Trauma Centre

Version 7.6

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Version Control

Organisation	Greater Manchester Major Trauma Network
Document Title	Adult Reverse Transfer Policy
Version	7.6
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Document Owner	Greater Manchester Major Trauma Network
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Associated Documents	GM MTN Transfer and Pathway Policy v3.0 2024
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Amendments	As per 'Record of amendments' section

Record of Amendments

Section	Version	Brief Description
Document Control	7.6	Addition of document control page
Record of Amendments	7.6	Addition of Record of Amendments
Contents	7.6	Updating and format change
Whole Document	7.6	Review
Reverse Transfer/Repatriation Process (Page 6)	7.6	Addition of the following text <i>'The Escalation contact details are updated every 6 months (or sooner if there is notification of a change in personnel). This is circulated to the MTC teams.'</i>
Appendix B	7.6	Updated Escalation contacts September 2024

1. Policy Statement

This protocol aims to ensure that trauma patients who have been admitted to the major trauma centre collaborative for diagnosis and/or treatment are reverse transferred (repatriated) back to the patient's local hospital once deemed clinically suitable by the responsible clinician.

2. Background

To enable Major Trauma Centres (MTCs) to provide trauma care for the most severely injured patients on a continuous basis, it is essential to have a system in place to enable patients to return to a suitable local hospital as soon as the acute phase of their trauma care is completed. This enables them to continue their treatment closer to home and helps provide capacity for the MTC to continue to function as a hub within the network.

The repatriation of major trauma patients to their local hospitals has the potential to be challenging for the patient, carers and organisations involved. Unnecessary delays are unhelpful in a number of ways:

- They can prevent acutely ill patients being admitted into designated beds
- They can impede care packages for patients
- They can be inconvenient or distressing for both patient and relatives
- They can be a source of frustration in relationships between hospitals

This procedure aims to provide guidance to ensure a sustainable trauma service where delays are at the minimum; with robust escalation procedures should a delay occur.

3. Scope

This policy applies to adult major trauma patients only and covers all hospitals within the Greater Manchester Network footprint.

4. Objectives

- To facilitate timely, safe and appropriate reverse transfer / repatriation of trauma patients within the GM Major Trauma Network by standardising the transfer of care processes from one organisation to another
- To improve patient and family experience by maintaining good communication amongst all parties involved

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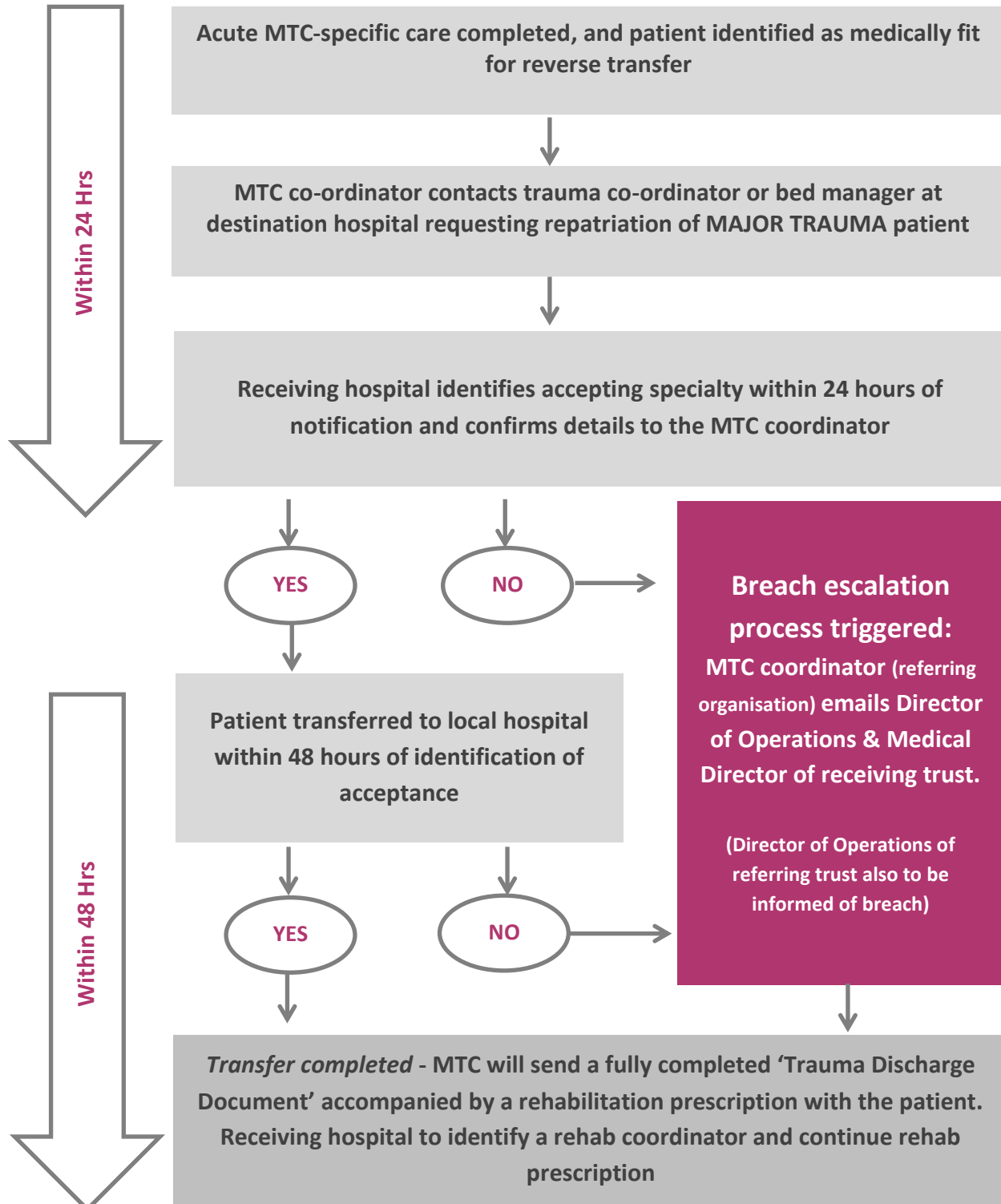
5. Reverse Transfer / Repatriation Process

When a patient has completed their acute MTC-specific care and is deemed medically fit for transfer, it is appropriate that they should be repatriated (reverse transferred) to their local hospital. The procedure for this is as follows:

- The major trauma co-ordinator at the MTC will contact the trauma coordinator/bed manager at the patient's local hospital
- **Stage 1:** The receiving hospital must identify an accepting specialty within 24 hours of notification and confirm details to the MTC coordinator
- ***Failure to identify an accepting speciality within 24 hours will trigger the escalation process***
- **Stage 2:** Once an accepting speciality has been identified, the Trust has 48hrs to enact the transfer
- ***Failure to transfer the patient within 48 hours will trigger the escalation process***
- Transfer principles:
 - The protocol should be adhered to 24/7, however repatriations should not ideally take place between the hours of 10pm and 6am
 - The patient and next of kin should be informed of the proposed move
 - The transferring hospital is responsible for appropriate escorting personnel
 - Regional transfer principles must be followed
- The fully completed 'Trauma Discharge Document' complete with rehabilitation prescription should be printed and sent with the patient
- The receiving hospital must allocate a trauma or rehabilitation coordinator within 24 hours of reverse transfer, who will continue to update the rehabilitation prescription throughout the patient's length of stay. A copy of the final document should be returned to the referring MTC.
- An MTC contact name and number should be provided for any additional information required
- Some flexibility in acceptance of patients for admission and repatriation will be necessary, and expected, as some geographical areas may be served by more than one hospital.
- The escalation process is triggered by a breach at either of stages 1 or 2. In the event of a breach the MTC coordinator will escalate the incident to the Director of Operations/Chief Operating Officer and the Medical Director of the receiving trust. They should also alert their own Director of Operations that a breach has occurred.
- The escalation contact details are updated every 6 months (or sooner if there is notification of a change in personnel). This is circulated to the MTC teams.

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Appendix A: Greater Manchester Major Trauma Network Reverse Transfer Process



APPENDIX B: ESCALATION CONTACT DETAILS (GM MTN Reverse Transfer Policy)

Trust	Director of Operations / Chief Operating Officer	Medical Director	Group COO / MD
Bolton NHS Foundation Trust	Rae Wheatcroft Rae.Wheatcroft@boltonft.nhs.uk	Francis Andrews Francis.Andrews@boltonft.nhs.uk	
East Cheshire NHS Trust Macclesfield District General Hospital	Simon Goff simon.goff@nhs.net	John Hunter (Medical Director) John.hunter4@nhs.net Tom Bartram (Associate Medical Director for Acute and Integrated Care) Thomas.batram@nhs.net	
Manchester University NHS Foundation Trust: Manchester Royal Infirmary	Michelle Irvine michelle.irvine@mft.nhs.uk	Leonard Ebah Leonard.Ebah@mft.nhs.uk	Group CDO: Vanessa Gardener Vanessa.gardener@mft.nhs.uk
Manchester University NHS Foundation Trust: North Manchester General Hospital	Rachel Bayley rachel.bayley@mft.nhs.uk	Matthew Makin - Matthew.Makin@mft.nhs.uk	Group Joint MDs: Toli Onon toli.onon@mft.nhs.uk
Manchester University NHS Foundation Trust: Wythenshawe Hospital	Oliver Bennett oliver.bennett@mft.nhs.uk	Sally Briggs sally.briggs@mft.nhs.uk	Bernard Clarke (Interim) Bernard.clarke@mft.nhs.uk
Northern Care Alliance NHS Group: Salford Care Organisation	Sarah Hall (Interim) Sarah.hall@nca.nhs.uk	Mark Kellett mark.kellett@nca.nhs.uk	Group COO: Jude Adams – Judith.adams2@nca.nhs.uk
Northern Care Alliance NHS Group: Bury/Rochdale Care Org	Joanna Fawcus joanna.fawcus@nca.nhs.uk	Vicki Howarth vicki.howarth@nca.nhs.uk	Group MD: Rafik Bedair- Rafik.Bedair@nca.nhs.uk
Northern Care Alliance NHS Group: Oldham Care Organisation	Leah Robbins (DOO) leah.robbs@nca.nhs.uk	Jonathan Moise Jonathan.Moise@nca.nhs.uk	
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