

# Repatriation of Major Trauma Patients to and within NHS Lanarkshire

## Purpose of Document

This policy is written in line with the WoS Major Trauma Service Repatriation Protocol from Major Trauma Centre document. It provides clear guidance about how major trauma patients should be repatriated from Major Trauma Centre (MTC) to the acute sites within NHS Lanarkshire and from Trauma Unit (TU) to Local Emergency Hospitals (LEH). This policy does not remove the need for a comprehensive medical and nursing handover of clinical information.

## Introduction

Repatriation refers to the process by which a patient will return to a centre that is local to them once specialist treatment has been completed in the MTC. The patient can then complete their inpatient stay at a local TU or LEH. Effective repatriation will maximise bed availability and therefore accessibility to specialist tertiary services.

## Process

This policy is activated once the lead trauma consultant involved in the patient's care, along with the multidisciplinary team, conclude that specialist care in the WoS MTC is no longer required. It is then in the patient's best interests to be repatriated for inpatient care closer to their place of residence.

Once the decision to repatriate a patient has been made, then the patient should be transferred **within 48 hours**. There is an escalation policy for when this is not achieved. The referrals are automatically accepted and there is no scope for the rejection of a referral in the same way that there is automatic acceptance of trauma patients into the MTC.

Referrals will be made from the MTC to the Single Point of Contact (SPOC) for NHS Lanarkshire. This phone will be held by the Major Trauma Co-ordinator and open for referrals from 07.00 - 20.00, 7 days a week, 365 days a year.

Following advice from the lead trauma consultant regarding primary or shared speciality care requirements, the SPOC will then identify the most appropriate acute site within NHS Lanarkshire based in clinical inpatient need and place of residence.

The SPOC will then contact the appropriate inpatient medical teams and bed managers directly to inform them that there is a major trauma repatriation to take place within 48 hours. Clinical information will be shared at this point.

## General Principles

- The concept of 'shared care' for major trauma patients is accepted as the gold standard as the clinical needs often fall between specialties.
- The **primary accepting specialty** is determined by the lead trauma consultant whose care the patient is under at MTC.
- The **accepting consultant** is the consultant on-call on the day that the repatriation phone call is made.
- The **responsible consultant** is the consultant on-call on the day that the repatriation occurs and who has clinical responsibility.
- Both the accepting and responsible consultant will be informed of the repatriation.
- All transfers will be ward to ward (i.e. not via the Emergency Department or Critical Care).

## Specialty-specific Principles

1. All patients requiring ongoing orthopaedic inpatient management must be repatriated to UHW (see Point 3 for exception).
2. If repatriation to UHH or UHM is being considered based on clinical need or place of residence, the on-call orthopaedic consultant must confirm that any outstanding orthopaedic injuries can be managed as an outpatient at satellite fracture clinics.
3. Where there is an inpatient requirement for orthopaedics and other surgical specialties based only at UHH or UHM, placement will be dependent on the primary accepting specialty as determined by the Major Trauma consultant at MTC based on priority of surgical need.
4. Repatriation to the COTE team at the LEH appropriate for their place of residence can be considered in line with the current NHSL policy following discussion with the on-call consultant for any primary or secondary specialties.
5. Patients who have an isolated general surgical inpatient requirement (including head injuries) will be repatriated to the general surgeons at the LEH appropriate for their place of residence.
6. Patients who have an ongoing inpatient need for other surgical specialties (ENT / O&G / ophthalmology / urology / vascular) will be repatriated to the appropriate LEH.
7. Paediatric patients who require repatriation prior to discharge will be repatriated to UHW.