Interfacility Transfer Policy

Policy Lead	Richard Drakeford
Registered Manager	Robin Page
Nominated Individual	Richard Drakeford
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Signature	RICHARD DRAKEFORD

This policy was created for Re-Pat Ltd by the HLTH Group

Contents

Introduction

This policy sets out the standards, procedures, and responsibilities for the safe, effective, and lawful interfacility transport (IFT) of patients by Re-Pat Ltd, a CQC-registered transport service. It applies to all staff involved in the non-emergency transfer and treatment of patients between healthcare facilities and/or from the point of injury to emergency care settings.

The aim of this policy is to:

- Provide guidance to Re-Pat Ltd staff when taking a booking of a patient who is being transferred from one healthcare facility to another.
- Define the inter-facility transfer (IFT) levels to ensure appropriate transfer is provided to the patient
- Ensure all staff are aware of Re-Pat Ltd responsibility within the National framework for inter-facility transfers.

All interfacility transfers undertaken by Re-Pat Ltd must be safe, timely, and appropriate to the patient's clinical need. Transfers must be performed in compliance with UK law, CQC Fundamental Standards, and professional best practice. Staff must be trained, competent, and supported by suitable vehicles, equipment, and governance processes.

Scope

This policy applies to all staff involved in interfacility transfers as part of the regulated activities 'Treatment of disease, disorder or injury (TDDI)' and 'Transport services, triage and medical advice provided remotely'. It covers both planned and unscheduled transfers between healthcare facilities or from the point of injury to a hospital.

Roles and Responsibilities

The Registered Manager will be responsible for the oversight of policy compliance and CQC requirements.

The Clinical Lead is responsible for providing clinical oversight and ensures competency standards.

The Transport Coordinator will allocate transfers appropriately and maintain communication.

Clinical Staff will conduct assessments, monitor patients, and document care.

Drivers will maintain vehicle safety and adhere to safe handling practices.

Definitions

Interfacility Transport (IFT): Movement of a patient between healthcare facilities for ongoing treatment or specialist care.
Non-Emergency Transport: Transfer of stable patients whose condition does not require immediate emergency intervention.
TDDI: Treatment of disease, disorder, or injury regulated activity performed by qualified healthcare professionals.
Receiving Organisation: Healthcare setting accepting ongoing responsibility for care.

Procedures

Re-Pat Ltd provides both non-emergency patient transport and regulated healthcare services under the Treatment of Disease, Disorder or Injury (TDDI) framework. Our specialist team is equipped to deliver patient-centred emergency care and therapy immediately at the point of injury, helping to reduce delays in treatment, improve patient outcomes, and ease pressure on NHS emergency services.

Non-Emergency Transport

Re-Pat Ltd will be providing transport to patients who require:

- Admission to hospital from a person's home
- Transfer between hospital inpatient units or private providers contracted to deliver services on behalf of the NHS
- To the person's home as part of a planned discharge process
- Discharge from an inpatient unit to a home address
- Transport from the person's home address to attend an appointment, therapy/treatment session and home again
- Private transportation of a person on behalf of a private company, for example a non-critical patient returning from abroad with an injury.
- Taking non-critical patients from public or private events to hospital for further treatment

Non-Emergency Transport Inclusion and Exclusion Criteria

Re-Pat Ltd will provide transport services to:

- Children 0 years – 4 years
- Children 5 years – 12 years
- Children 13 years - 17 years
- Adults 18 years - 65 years
- Adults 65 years and over
- Individuals with Dementia
- Individuals with sensory impairments
- Individuals with physical Disability

Re-Pat Ltd.'s transport exclusion criteria is:

- People detained under the Mental Health Act

- Bariatric individuals
- Individuals with an eating disorder
- Individuals with learning difficulties or Autistic Spectrum Disorder
- Outside of the UK

Emergency Transport

Re-Pat Ltd also provides services under the Treatment of Disease, Disorder or Injury (TDDI) framework. The specialist team is equipped to deliver patient-centred emergency care and therapy immediately at the point of injury, helping to reduce delays in treatment, improve patient outcomes, and ease pressure on NHS emergency services.

Inter-Facility Transfer Levels and Response Categories

As part of our non-emergency transport offering, Re-Pat Ltd will respond only to Interfacility Transfers (IFTs) classified as Level 4 or lower. For reference, the National Framework for Interfacility Transfer (2021) outlines IFT levels and corresponding ambulance response categories, including nationally agreed timeframes. These definitions are provided for guidance only.

All care provided by our team will be delivered within each clinician's individual Scope of Practice. Once registered to provide TDDI, our service will ensure safe, responsive, and effective care from the moment of injury through to hospital arrival.

There are four levels of IFT response:

IFT Level	Response Category	Criteria	Examples	Response Timeframe
IFT1	Category 1	Exceptional circumstances requiring immediate life-saving intervention where the current facility cannot provide it. This must be processed through 999 triage and confirmed as Category 1.	Cardiac arrest, Anaphylaxis, Obstetric emergencies, Acute severe asthma in urgent care	Immediate
IFT2	Category 2	Clinical conditions that require urgent treatment at another facility. Focus is on need for treatment, not diagnosis.	Immediate life, limb or sight-threatening conditions, Emergency surgery (e.g. neurosurgery laparotomy), Stroke thrombolysis, Mental health	Immediate

			patients being actively restrained	
IFT3	Locally Determined Response	No immediate life/limb threat but requires increased clinical care as an emergency.	Mental health crisis transfers, Transfers to create a critical care bed	30 minutes to 2 hours (locally agreed)
IFT4	Locally Determined Response	Urgent transport for ongoing care, not emergency. Includes elective/semi-elective procedures.	Transfers to inpatient wards, Elective investigations, Step-down transfers, Repatriations, Outpatient appointments	

Processes

1. Determining the Appropriate IFT Level: The referring clinician determines the level required based on the patient's condition and risk. The transport coordinator confirms resource suitability before accepting the transfer.
2. Pre-Transfer: Confirm clinical need, complete risk assessment, verify consent, check readiness, and document details.
3. During Transfer: Monitor patient condition, ensure privacy and infection control, and document interventions.
4. Post-Transfer: Complete handover, documentation, and vehicle cleaning.
5. Escalation During Transfer: If deterioration occurs, the clinician provides emergency treatment, communicates with receiving facility, and escalates to 999 if needed. The event must be reported as a clinical incident.
6. Documentation: Each transfer record must include the IFT level, staff allocation, and any changes or incidents for audit and governance purposes.

Co-ordination/Booking Process

Non-Emergency Patient Transport Interfacility transfers require the same booking process outlined in the Booking Policy, please refer to this policy for further information.
Emergency Patient Transport follows the same booking procedure.

Documentation

Re-Pat Ltd staff will use the booking form (found in the appendices) to triage all patients requiring the transport service. This will ensure that the patient meets the eligibility criteria and provides all the relevant information needed to ensure a safe and dignified transport journey with Re-Pat Ltd.

Staff need to ensure that the booking form and a risk assessment are completed effectively to ensure the patients are suitable for the service. The booking forms are

stored in a secure file on Re-Pat Ltd's software.

Monitoring
Monitoring of adherence to this policy will be undertaken by the Registered Manager and Company Director.

NHS commissioners and ambulance trusts should jointly audit compliance with National framework for interfacility transfers.

Relevant Legislation and Guidelines

NHS (2022) B1244-nepts-eligibility-criteria.pdf (england.nhs.uk)
NHS (2021) NHS England » NHS Non-Emergency Patient Transport Services (NEPTS) review
NHS (2021) National Framework for Interfacility Transfers

Related Policies

Booking Policy
Records Management Policy
Quality, Governance and Risk Policy
Consent Policy
Information Governance Policy

Appendix: Question Order for IFT booking
Appendix: Re-Pat Ltd's Booking Procedure Form

Appendix – Question order for IFT booking

If the caller identifies that they need an IFT booking, bookers must ask the following questions to ensure that they are requesting an appropriate level of support.

Do you need our clinical help right now to deliver an immediate life-saving intervention or are you declaring an obstetric emergency?

If YES – must be directed to contact 999 emergency ambulance services

If NO – Go to Q2.

Q2

Is there a need for an immediate intervention that cannot be carried out at the current facility and is the patient at immediate risk of death or lifechanging loss of a limb or sight?

- For example: transfer directly to theatre for immediate neurosurgery or PPCI, mechanical thrombectomy for stroke or thrombectomy for a critically ischemic limb.

If YES = IFT Level 2 (Category 2) Response– If no ambulance immediately available, caller must be directed to contact 999 emergency ambulance services

If NO – Go to Q3.

Q3

Does the patient require additional clinical management upon arrival at the new facility?

This may include emergency diagnostics or emergency surgery which is taking place within a set time period (to be defined by local commissioning) of less than 24 hours, ie 4 hours.

For example: Patient with sepsis going to a high dependency unit, patient being transferred to a burns centre, referral for inpatient services not provided at current facility – eg cardiology, surgical specialty, ENT emergencies with no evidence of hypovolemia, step up in care to

specialist unit – coronary care, high dependency units or specialist nursing care and patient in mental health crisis sectioned under the Mental Health Act and requiring admission to a specialist mental health facility.

If YES – If no ambulance immediately available caller must be directed to contact 999 emergency ambulance services

If NO = IFT Level 4.

This level of IFT response may also be used for issues with bed availability of critical or specialist care capability. Patients being transferred to a normal ward environment do not fall into this category.

Appendix- Re-Pat Ltd.'s Booking Procedure Form

Date Request Received by Re-Pat Ltd

Booking Request Form (Transport)
(Office use Only)

Point of Contact	
Telephone Number	
Email Address	
Date of Transport Required	

Patient Name	
Pro-noun	
Patient Likes To Be Called	
Patient Date of Birth	
Address of Patient	

Is The Patient On Oxygen?	Yes ☐ No. Litres	No ☐
Does The Patient Have Visual Impairment?	Yes ☐	No ☐
Does The Patient Have a Hearing Impairment?	Yes ☐	No ☐
Does The Patient Suffer From Convulsions?	Yes ☐	No ☐
Is The Patient Fit To Travel?	Yes ☐	No ☐
Relevant Clinical Details For Transfer		

Absolute Time Critical	
Transfer Time Critical	
Non Time Critical	
Pick Up Time	
Appointment Time	
Authorising Doctor	

Bleep Number		
Number Of Escorts With Patient		
Number Of Clinical Escorts With Patient		
Pick Up From		
Patient Going To		
How Does The Patient Travel? Any Other Information We Need To Know?	☐ Stretcher	☐ Chair
	☐ Walking	☐ Wheelchair
	☐ Other	
Extra Notes		

Confirmed Booking?	
Print Name and Date	