

## notes on Liverpool CCG review of Urgent Care

### KONP Merseyside

This is an engagement exercise, after which LCCG will draw up proposals which they may have to consult on. “The information gathered will be used to help develop proposals for how urgent care services could look in the future. If this would mean significantly changing what’s currently in place, a public consultation would be held before any decisions are made.”

<https://www.liverpoolccg.nhs.uk/get-involved/current-ongoing-consultations-engagements/review-of-urgent-care-services/>

The engagement runs until the end of January, and all events are daytime 10-12:30 or 1:30-3:30, except Tues 15 Jan at Quaker Meeting House 6 – 8:30pm. This discriminates against those in daytime work.

Can submit responses online <https://www.smartsurvey.co.uk/s/liverpoolurgentcare/>

Neither the public survey nor the version for NHS staff mention the word “beds” - despite the [widespread understanding](#) that lack of beds is a key component in the ongoing “Winter Crisis”.

LCCG planning is outlined on pp 115 – 117 of the 485 page pdf Agenda and Papers for the 13 Nov LCCG Board meeting:

<https://www.liverpoolccg.nhs.uk/media/3401/lccg-governing-body-tuesday-13th-november-2018-website-papers.pdf>

The review is being driven centrally by NHS England, which requires every CCG to include an Urgent Treatment Centre as an option, and intends to roll out 150 UTCs in December.

NHSE: <https://www.england.nhs.uk/urgent-emergency-care/urgent-treatment-centres/>

“The NHS will roll out around 150 urgent treatment centres by December this year and by December 2019 all services designated as urgent treatment centres will meet the guidelines we have now issued.”

LCCG 13 Nov: “NHS England recommends the establishment of Urgent Care Treatment Centres (UTCs) and has charged CCGs to consider this model in reviews of local urgent care services. Liverpool CCG will consider UTCs in its development of options, but our primary objective will be to shape services around the particular needs of the Liverpool and wider North Mersey population.”

What are UTCs? “Urgent treatment centres are a facility you can go to if you need urgent medical attention but it's not a life-threatening situation.”. <https://www.nhs.uk/using-the-nhs/nhs-services/urgent-and-emergency-care/when-to-visit-an-urgent-care-centre/>

But how do you know if it is a life-threatening situation or not? Are you qualified to diagnose yourself? If you should be going to A&E but you go to an urgent treatment centre instead, aren't you risking delaying the diagnosis and treatment you actually need?

“At the moment, the NHS offers a mix of walk-in centres, urgent care centres, minor injury units and urgent treatment centres, all with different levels of service. By the end of 2019, these will all be called urgent treatment centres. Urgent treatment centres are GP-led and open for at least 12 hours a day every day of the week (including bank holidays).”

some key issues:

A) regional context B) cuts C) privatisation D) risk E) Royal College of Emergency Medicine

### A) regional context

The Care Quality Commission (CQC) website includes details of Urgent Care Centres and organisations involved in their provision. Here is a table of UCCs within 50 miles of Liverpool:

Site	Town	Service types	Provider
Preston Integrated Urgent Care Centre	Preston	Doctors/GPs,UCC	GoToDoc Limited
Chorley Integrated Urgent Care Centre	Chorley	Doctors/GPs,Mobile doctors,UCC	GoToDoc Limited
Urgent Care Centre North Staffordshire	Stoke on Trent	Doctors/GPs,UCC	Staffordshire Doctors Urgent Care Limited
FCMS (NW) Limited	Blackpool	Organisation	
Primary Care Wirral Ltd	Wirral	Organisation	
The Arch Medical Centre	Manchester	Doctors/GPs,Mobile doctors,UCC	Primary Care Manchester Limited
Same Day Health Centre	Fleetwood	Doctors/GPs,UCC	PDS Medical Ltd
Chorlton Health Centre	Manchester	Doctors/GPs,Mobile doctors,UCC	Primary Care Manchester Limited
Rock Healthcare Limited	Bury	Doctors/GPs,UCC	Rock Healthcare Limited
Rossendale Minor Injury Unit	Rossendale	UCC	PDS Medical Ltd
Rock Healthcare Limited	Bury	Organisation	
All Day Health Centre	Wirral	Doctors/GPs	Primary Care Wirral Ltd
West Point Medical Centre	Manchester	Doctors/GPs,Mobile doctors,UCC	Primary Care Manchester Limited
Morecambe Same Day Health Centre	Morecambe	UCC	PDS Medical Ltd
Primary Care Manchester Limited	Manchester	Organisation	

More details:

[https://www.cqc.org.uk/search/services/all/Urgent Care Centre?location=Liverpool&sort=default&distance=50&mode=html&ff\[0\]=im\\_field\\_cqc\\_location\\_type:3771](https://www.cqc.org.uk/search/services/all/Urgent%20Care%20Centre?location=Liverpool&sort=default&distance=50&mode=html&ff[0]=im_field_cqc_location_type:3771)

The Cheshire & Merseyside STP made repeated reference to new models of urgent care, and for Eastern Cheshire stated (p46): “A number of emerging clinical models are being developed and will form the basis of an option appraisal. Clinical modelling covers emergency care (including options to retain the A&E department **or** [emphasis added] the development of an urgent care centre) and elective care. The frailty pathways being developed will be explored to share best practice with other parts of Cheshire and Wirral.”

## B) cuts

Setting up an Urgent Care Centre (UCC) or Urgent Treatment Centre (UTC) is often linked to cuts in other facilities. For example

**Chorley:** the saga of the A&E closure at Chorley Hospital was recounted in the Lancashire Evening Post (23 Aug 2018, <https://www.lep.co.uk/news/health/how-chorley-hospital-s-a-e-unit-was-downgraded-1-9315042>). Briefly:

1. The A&E unit at Chorley and South Ribble Hospital was closed very suddenly in April 2016. It turned into an urgent care centre in January 2017. The A&E later reopened, but only on a part time basis - 8am to 8pm.
2. Ever since the first closure, there has been a vociferous campaign (by Protect Chorley & South Ribble Hospital from cuts and privatisation) to reopen it on a 24/7 basis.
3. The closure was caused by severe staff shortages, with the hospital Trust saying it was unable to recruit enough people to safely staff the A&E departments at both Preston and Chorley's hospitals.
4. The Urgent Care Centre at Chorley is open 24 hours a day, but cannot deal with major trauma or serious medical conditions. The Urgent Care Centres at both Preston and Chorley's hospitals are run by a private company - Manchester-based Go To Doc.
5. The closure of Chorley's A&E has seen an increase in waiting times at Royal Preston Hospital, particularly for ambulances, whose crews have reported waits of up to an hour to hand over patients. This has had a knock-on effect on the ambulance service's response times.

The current Liverpool CCG Chief Officer Jan Ledward previously oversaw the privatisation of Chorley UCC, as reported on 2 Aug 2016 (<https://www.lep.co.uk/news/health/preston-and-chorley-urgent-care-services-face-privatisation-1-8045255>)

An as-yet unnamed preferred bidder has been selected after the process was discussed behind closed doors with no access allowed for either the media or the public. Jan Ledward, chief officer of Chorley and South Ribble CCG and Greater Preston CCG, said: “The procurement of an integrated urgent care service has followed a robust process in line with national guidelines... The integrated urgent care service will ensure that patients receive the most appropriate treatment for their need, and will help free up A&E services for those who really need them. Based at the Chorley Hospital and Royal

Preston Hospital sites, the service will deliver GP-led urgent care and will operate 24 hours a day, seven days a week.”

**Wirral:** The planned closure of 2 walk-in centres and 3 minor injuries units is directly linked to setting up an urgent treatment centre within Arrowse Park hospital, as opposed by Defend Our NHS and reported in the Liverpool Echo (21 Sept <https://www.liverpoolecho.co.uk/news/liverpool-news/anger-shock-plans-axe-five-15185462>) and Pulse (8 Nov 2018 <http://www.pulsetoday.co.uk/news/commissioning/ccg-closing-walk-in-centres-and-minor-injury-units-despite-gp-opposition/20037760.article>).

Almost 90% of the GPs in Wirral have opposed the CCG’s plans to close the region’s walk-in centres and minor injury units. NHS Wirral CCG announced a consultation in September which included closing two walk-in facilities in Eastham and Victoria Central, as well as three minor injuries units in Birkenhead, New Ferry, and Moreton. Under the plans, these will be replaced with one, GP-led urgent treatment centre (UTC). But according to a survey conducted by the NHS Wirral GP Federation, 89% of practices do not support the plans. When asked whether this will improve wait times for patients, 73% said it will only make the situation worse, while less than 4% said they predict an improvement. Respondents also said they disagreed with NHS Wirral CCG’s claim that more GPs at the UTC will be able to mitigate the added pressure, and 67% said there weren’t enough GPs available to do this. The GP leading the petition, Dr Abhi Mantgani, said the federation does not oppose setting up a UTC. But they do not believe it is wise to close the walk-in centres and minor injuries units because one UTC will not have the capacity to see the 80,000-100,000 patients seen by the current services each year.

The Arrowse Park UTC is the All Day Health Centre, operated by Primary Care Wirral Ltd., a mutual registered under the Co-operative and Community Benefit Societies Act 2014

**Sheffield:** Sheffield CCG wanted to create an Urgent Treatment Centre at the Northern General Hospital, closing 2 units located closer to the city centre, one Walk-in Centre (for minor illnesses) and the Minor Injuries Unit at the Royal Hallamshire Hospital. [Sheffield Save Our NHS fought this](#), with support from Louise Haigh MP (the only one of 6 Labour MPs in Sheffield), David Blunkett, and the local Green Party. There was huge local opposition, consultation was extended for a month, thousands of people signed petitions as reported in the Sheffield Star (20 Sep 2018 <https://www.thestar.co.uk/news/sheffield-health-bosses-rethink-walk-in-centre-and-minor-injuries-unit-closure-after-public-outcry-1-9359885>). On September 20 the Primary Care Commissioning Committee voted to extend current arrangements till 31 March 2021 while they think again about how to address public concerns. Details of the campaign submission here: <https://keepournhspublic.com/wp-content/uploads/2018/09/Response-to-Sheffield-CCG-Consultation-on-Urgent-Care-final.pdf>

As the campaign sees it, people can’t get GP appointments, and sometimes go to A and E in desperation. CCG say we are too dim to GIRFT (Get It Right First Time) and at least an UTC with front desk triage might be a good thing. But not if it is hard to reach by car or public transport and on a site that’s impossible to find your way around.

**Dorset:** On October 17 Dorset County Council Health Scrutiny Committee voted by 6-4 to refer Dorset CCG’s planned reorganisation of emergency services, concentrating services in Bournemouth and downgrading Poole Hospital’s A&E, to the Secretary of State for Health. This massive news was a blow to CCG and a huge victory for campaigners, especially [Defend Dorset NHS](#).

Dorset CCG plans to downgrade 1 of 3 A&E’s, close 1 of 3 Maternity’s with a 2nd under threat, close Community Hospitals and/or beds in 5 of 13 Dorset locations, and close 245 acute beds. The plans leave the future of Poole General Hospital in doubt. Poole Maternity site appeared in Poole local plan as ‘existing site allocated for development’ in June 2016, 6 months before the ‘Consultation’ on the changes even began.

The campaign argument includes

- 1) Unsafe Travel Times: That the plans to downgrade Poole A&E and close Poole Maternity will move emergency and Maternity services out of safe reach for tens of thousands of Dorset residents. We have a Claimant who has been granted legal aid who is severely affected by the loss of Poole A&E, as her condition can deteriorate rapidly, and potentially be fatal. She is blue lighted to Poole regularly (8 times last year).
- 2) Failure to meet Beds Duty: That it is unlawful for Dorset CCG to close NHS beds without having replacement staffed services in the Community that are proven to reduce the demand for NHS beds.
- 3) That aspects of the Consultation were so misleading as to be unlawful. There are another group in Dorset

who are aggrieved about the Local Government Unitary Authority Consultation. This was carried out by the same company, Opinion Research Services, who did the Consultation on the NHS cuts. This group are starting JR proceedings having been advised that it is illegal to create, or use, a Consultation designed to give a defined outcome.

Despite the ongoing legal process and the recent referral by Dorset Health Scrutiny to the Sec of State – and Poole Borough Council Health Scrutiny are considering referral on 17th Dec – Dorset CCG are carrying on with their plans. The CCG has gone very quiet on the proposed Poole UCC to replace the Poole A&E. However some Poole Councillors seem to have been told that a UCC is the same as an A&E, and/or that it could treat 80% of those currently attending Poole A&E - this is despite the fact that 55% of those who attended Poole A&E in 17/18 year were admitted. This is notwithstanding that the CCG also plan to close 407 (2/3) of Poole's beds.

### C) privatisation

In the table of UCCs within 50 miles of Liverpool, many of the providers are private companies.

**GoToDoc Limited**, which runs the Preston and Chorley Integrated Urgent Care Centres, is listed at Companies House <https://beta.companieshouse.gov.uk/company/05401818>. It is a company limited by guarantee, with no share capital. Several directors are doctors.

#### **Staffordshire Doctors Urgent Care Limited**

<https://beta.companieshouse.gov.uk/company/08326632>

is controlled by **Vocare Ltd.**, with over 75% of the shares. Vocare itself is now 100% owned by **Totally plc**. For details of Totally, and some scandals involving Vocare, see <http://www.nhsforsale.info/private-providers/totally-plc.html>

**FCMS (NW) Limited** <https://beta.companieshouse.gov.uk/company/05085990>

is a social enterprise, whose directors are doctors. **PDS Medical Limited** is a subsidiary.

**PDS Medical Limited** <https://beta.companieshouse.gov.uk/company/05100601>

Is a subsidiary of FCMS (NW), though under 50% owned. Many of the directors are doctors.

**Primary Care Manchester Limited** <https://beta.companieshouse.gov.uk/company/08781483>

Most of the directors are doctors.

Elsewhere, major healthcare companies involved with urgent care include

**Virgin Care** [http://www.nhsforsale.info/private-providers/private\\_providers02/virgin.html](http://www.nhsforsale.info/private-providers/private_providers02/virgin.html)

with urgent care contracts in West Lancashire, Sutton Coldfield, and (previously, see next section) Croydon.

**Care UK** [http://www.nhsforsale.info/private-providers/private\\_providers02/care-uk.html](http://www.nhsforsale.info/private-providers/private_providers02/care-uk.html)

with urgent care contracts in the Midlands, Suffolk and north-east Essex.

### D) risk

There are at least four types of risk involved with the move to introduce UTCs. 1) as a privatisation programme it undermines the NHS even if the quality of care appears satisfactory. 2) there are examples of inadequate care, including fatalities. 3) even without fatalities, it is a risk if decisions on whether to admit a patient to A&E are taken by people who are not trained A&E staff. 4) if the introduction of a UTC is linked to cuts and/or downgrading of other urgent care facilities – Walk-in Centres, Minor Injuries Units, or A&E units – this risks undercapacity to meet the actual need for urgent care. Centralising urgent care and closing community services means longer travel times.

1) **privatisation**: this comment applies to all privatisation – not just urgent care. The more services are in the hands of the private sector, the less likely that the NHS will deliver universal, comprehensive care, free at the point of need, funded by general taxation and publicly accountable.

2) **inadequate care**: for example:

**Croydon:** see [http://www.nhsforsale.info/private-providers/private\\_providers02/virgin.html](http://www.nhsforsale.info/private-providers/private_providers02/virgin.html)

In September 2015 an inquest heard of the [death in September 2013 of Madhumita Mandal](#) of multiple organ failure and sepsis. Mrs Mandal visited the Virgin Care run urgent care centre in Croydon in agony and vomiting, according to her husband, where she was triaged by a receptionist with no medical training, as not seriously ill enough to see the A&E doctor but put on the list to see a nurse.

The senior coroner at the inquest said she would write to Croydon CCG, which buys in the Virgin Care service, with her concerns about the triage system, which gives receptionists with no medical training responsibility for deciding if patients need emergency treatment. Virgin Care are reported to have defended the use of a non-medically trained receptionist to triage patients and said that Mrs Mandal had been [“correctly streamed”](#).

The problem with Virgin Care’s use of receptionists to triage patients had already been noted by CQC inspectors: Mrs Mandal died two months after a CQC inspection of the urgent care centre, in which the inspectors noted: "We were concerned that there was a risk of a patient with a serious illness or injury being wrongly streamed and their condition deteriorating." A&E doctors had also voiced fears about the Virgin Care centre's triage system, the inquest heard.

**Bristol: 21 Dec 2016**

<https://www.telegraph.co.uk/news/2016/12/21/hospital-casualty-scheme-suspended-devoted-father-dies-just/>

**Scheme to relieve pressure on A&E suspended after father dies just two days after being turned away**

A scheme to reduce pressure on an Accident and Emergency unit has been suspended following the death of a "devoted" father denied casualty treatment just six days after it launched.

The trial was one of dozens being set up on health officials’ orders amid a growing crisis over hospital overcrowding.

An official investigation is now under way into why Dave Birtwistle, 44, a father-of-one, was turned away from the A&E department at Bristol Royal Infirmary.

Mr Birtwistle, described by his grieving widow as previously "fit and healthy", had gone to casualty suffering from breathlessness.

But instead of being treated by A&E doctors, he was seen by a non-emergency GP service that sent him home - only to die two days later.

The hospital admitted it had only been a few days into its "Front Door" pilot when Mr Birtwistle was turned away from A&E.

Health officials have told hospitals across the country to set up such schemes to divert thousands of patients from casualty units, amid warnings of “unprecedented” pressure.

At least 14 have already been established, stationing GPs and nurses at the front doors of hospitals to assess whether patients are seriously ill enough to enter A&E.

The Telegraph disclosed on Monday that NHS England has issued instructions for dozens more to be running by Christmas. Bristol Royal Infirmary had already awarded its contract to manage the scheme to BrisDoc Healthcare Services, a company which sells out of hours GP services to the NHS.

The company enjoyed a turnover of £12.7 million in the 12 months to March and a pre-tax profit of £380,000. Under the Front Door scheme, patients are first seen by a primary health care worker, who decides whether they should be admitted into A&E or else seen by a non-emergency professional.

Mr Birtwistle, a fleet controller for Motability from Whitchurch in Bristol, was seen and treated by a BrisDoc healthcare worker on November 13 - four days after the scheme was launched - rather than be allowed into A&E.

He died two days later, prompting health bosses to suspend the Front Door scheme, pending the conclusion of an inquiry.

In a statement, Mr Birtwistle’s wife Trina and daughter Tia, 18, described him as a “devoted” husband and father.

**Dudley: 30 Mar 2015**

[https://www.dudleynews.co.uk/news/12039386.New\\_Urgent\\_Care\\_Centre\\_to\\_replace\\_Dudley\\_s\\_axed\\_walk\\_in\\_centre/](https://www.dudleynews.co.uk/news/12039386.New_Urgent_Care_Centre_to_replace_Dudley_s_axed_walk_in_centre/)

THE borough's walk-in-centre based at Holly Hall is closing its doors for the final time tomorrow (Tuesday March 31) after campaigners lost their fight to keep it open.

Politicians from across the political divide called for the centre to be kept open and outraged residents also started a petition but bosses at Dudley Clinical Commissioning Group pressed ahead with their plan to axe the centre and replace it with a new Urgent Care Centre based at Russells Hall Hospital.

Despite recent concerns raised by the hospital's chief executive Paula Clark over whether there would be enough cash in the pot to fund the new centre, the GP-led facility is set to officially open on Wednesday April 1 and will be operational 24 hours a day, 365 days a year.

CCG clinical executive Dr Steve Mann says the new centre, which will be provided by Malling Health, will provide a "single point of access for urgent care - 24 hours a day" and it will "offer a real improvement for all patients in Dudley".

Based within the Emergency Department at Russells Hall, the new facility is for patients who think they need urgent but not emergency treatment for conditions such as minor burns, cuts, strains and sprains, bites and stings, minor illnesses, minor head injuries, minor skin infections and rashes, minor eye conditions, ear and throat infections, stomach pains and suspected fractures.

People presenting to reception with a condition considered urgent or in need of immediate attention will be seen by an appropriate clinician and anyone seriously ill will be referred to A&E next door.

Those not deemed to be in need of urgent or immediate assistance will be referred back to their GP.

**18 Aug 2017** <https://www.independent.co.uk/life-style/newborn-baby-sepsis-dies-died-doctor-parents-lee-george-emma-sent-home-patronising-fobbed-off-a7899701.html>

A couple have spoken out about the importance of a mother's intuition after they woke to find their eight-week old baby dead from sepsis just hours after being sent home from hospital.

Upon noticing that their daughter, Felicity, had a temperature, wasn't feeding and becoming more and more difficult to rouse, Emma and Lee George quickly rushed their baby to a hospital urgent care centre.

But, when they arrived Mrs George says the 'patronising' doctors simply took her temperature before sending them home, adding, "You look like a sensible mother, if she gets any worse bring her back tomorrow."

Within a matter of hours, the couple woke to find that their daughter had stopped breathing. Despite calling an ambulance, which took her to Russells Hall Hospital in Dudley, Felicity passed away.

A post-mortem examination revealed the infant had died of sepsis, caused by pneumonia.

**Vocare:** [http://www.nhsforsale.info/private-providers/private\\_providers02/totally-plc.html](http://www.nhsforsale.info/private-providers/private_providers02/totally-plc.html)

In October 2018, the CQC website listed 20 services for Vocare Ltd, mainly urgent care centres. Of these, four have been rated 'require improvement' and 13 rated good; this is an improvement on the previous year when six were rated 'require improvement' and three rated 'inadequate'. Three are awaiting inspection and have no rating. There are also services listed under different names, including Staffordshire Doctors Urgent Care Ltd (seven services).

In December 2017, Vocare's urgent care centre at the Royal University Hospital, Bath, was rated 'requires improvement' by the CQC, which found equipment inadequate, including children's oxygen masks, that had expired at least nine months before. The centre was told to improve its equipment and its leadership and effectiveness. A year ago the centre had been rated 'good'. Vocare no longer has this contract. The Paulton urgent care centre in the same area was also rated as 'requires improvement'.

According to the CQC, Wolverhampton Urgent Care Centre inspected in February 2018 was rated as 'requires improvement' overall, with criticisms of safety, responsiveness, effectiveness and its leadership. The St Mary's Urgent Care Centre inspected in June 2018 was rated 'requires improvement' for leadership and effectiveness.

In September 2017, Vocare's service in Staffordshire, run under name Staffordshire Doctors Urgent Care, was given a 'requires improvement' rating by the CQC. Inspectors reported that the safety, effectiveness and

leadership of the urgent care service was not up to standard, with lower standards at the weekends with under-pressure staff struggling to meet performance and response time targets. The urgent care centre North Staffordshire run by SDUC was rated 'inadequate' in June 2018; it was rated inadequate on safe, effective and well-led measures and was only good on the caring measure.

In August 2017, Vocare's out-of-hours GP services in Somerset was rated inadequate by the Care Quality Commission following an inspection and it was put in special measures. Soon after the BBC received an anonymous letter, seemingly from a Vocare employee, which claimed that "night-time doctor shifts had not been filled, and doctors were brought in from as far away as Newcastle to plug gaps in out-of-hours cover."

It also claimed "Vocare hired doctors without carrying out adequate background checks." The BBC was told by a former Vocare HR manager that "he agreed with most of the claims, and agreed there was inadequate vetting of agency doctors."

When asked by the BBC about Vocare's service, the commissioning CCG said that the service was still "unacceptable" but that although it had considered cancelling the contract, as winter pressures were just beginning, it was considered too much of a risk.

### **3) staff lacking expertise in emergency medicine:**

Excerpt from a letter from Julius Marstrand 21 Nov 2017

If the 'Urgent Treatment Centres', proposed for Gloucestershire, follow the national model for 'Urgent Care Centres' they may be staffed by a mix of 'doctors' and 'nurses', but they would be GP-led, that is 'General Practitioners' and general nurses, not necessarily 'specialist emergency doctors and nurses'. Of course, some GPs are excellent doctors and some have even had experience of emergency medicine as part of their training, however that is not true of all of them.

At least two deaths of emergency patients - one sent home from the Urgent Care Centre at Russells Hall Hospital in Dudley and another sent home from an Urgent Care Centre at Croydon University Hospital - have been attributed to non-emergency specialist doctors in Urgent Care Centres not spotting critical signs.

**4) knock on impact of closures:** As noted earlier, the closure of Chorley's A&E has seen an increase in waiting times at Royal Preston Hospital, particularly for ambulances, whose crews have reported waits of up to an hour to hand over patients. This has had a knock-on effect on the ambulance service's response times. On the Wirral, GPs are sceptical that the UTC can cope with the demand serviced by the 2 walk-in centres and 3 minor injuries units facing closure. In any case, the UTC is further from the communities where WiC and MIUs are located, meaning longer travel times.

### **E) Royal College of Emergency Medicine**

The RECM published a document in Feb 2017 entitled Initial Assessment of Emergency Department Patients [https://www.rcem.ac.uk/docs/SDDC%20Initial%20Assessment%20\(Feb%202017\).pdf](https://www.rcem.ac.uk/docs/SDDC%20Initial%20Assessment%20(Feb%202017).pdf)

It addressed the question of who should make the initial assessment when a patient attends A&E.

Summary of key recommendations

- The front door of the Emergency Department should be managed by the ED and fall within its quality improvement and governance systems
- Gatekeeping to the ED by non-Emergency Department services is not supported
- Triage patients is appropriate where demand outstrips the resources required to make a detailed assessment in a timely fashion (usually within 15 minutes or less)
- Emergency Departments use simple or complex streaming, as part of their initial assessment processes. Both processes should be resourced to meet variation in demand, and be delivered by trained clinical staff.
- Navigation to other services, may precede streaming. However, safety may be improved if streaming is used as an alternative.
- The use of rapid assessment systems for ambulatory or trolley patients is a matter for local decision making. Such systems require dedicated resources.
- The use of Early Warning Scores in the ED as part of initial assessment processes is supported. Early Warning Scores should not be used as a sole measure of acuity, or as the basis for triage / streaming / assessment decisions.

The first two recommendations are "The front door of the Emergency Department should be managed by the ED and fall within its quality improvement and governance systems", and "Gatekeeping to the ED by non-

Emergency Department services is not supported”. They mean the RCEM rejects the concept of staff outside the Emergency Dept deciding whether or not a patient should be admitted as an emergency.

In other words, the RECM rejects any system in which UTC staff decide whether a patient can go to A&E.

[NHSE guidance](#) states that urgent treatment centres “are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians”. As the Telegraph reported (above) on the Bristol tragedy, the “Front Door” scheme involved a “non-emergency GP service” in which “patients are first seen by a primary health care worker, who decides whether they should be admitted into A&E or else seen by a non-emergency professional.”