



**All staff will ensure their focus is on patient care & will demonstrate professional behaviours at all times.**

All interactions around the making & accepting of referrals should be civil, professional & respectful.

When expected behaviour does not align with agreed values, supportive feedback should be provided to inform further interactions & learning.



**Patients referred via Flow Centre by Primary Care will be accepted & seen directly by the speciality.**

Specialities should not recommend a patient attends ED unless they require resuscitation.

Following Triage, patients will become the responsibility of the receiving speciality. Investigations will not be requested or performed by ED.

If receiving speciality is unclear ED Consultant will decide the most appropriate receiving speciality.



**Speciality will have arrangements in place for sufficiently experienced staff to assess ED patients within 60 minutes of referral.**

No Speciality will refuse a request to assess a patient in ED. (Unless it is outwith a pre-defined clinical pathway.

They must not insist on additional ED based investigations nor await results of all investigations prior to review.

Lack of timely review will be escalated to the appropriate on-call Speciality Consultant by EPIC.



**Patient Care & Admission will not be delayed by inter speciality dispute over clinical ownership.**

If there is a failure of specialties to agree on accepting a patient following consultant level discussion, the ED consultant will assess patient & decide admitting speciality they consider best able to meet that patient's clinical needs.



**ED will promptly assess patients. They will perform minimal investigations required to formulate a management plan.**

Triage should occur within 15 minutes.  
Time to Care Provider within 90 minutes.  
Management plan by 120 minutes.

When making a referral, request should be clear.  
Advice / Remote Assessment / Face to Face Review / Admission



**Patients will not be transferred from outpatient or pre-assessment areas to the ED.**

Patient should not be sent to ED unless they require resuscitation.

If no assessment area is available, they must be referred to ED Consultant (23687) & have a clearly documented plan on TRAK.

They will not receive medical review by ED team while awaiting admission.



**Following a review, the plan should be communicated verbally to referring team.**

It must also be clearly documented on TRAK, including whether review was remote or face to face.


If following review, a speciality consider that an alternative speciality would be more appropriate, onward referral is their responsibility (not the ED team)

Speciality teams do not have admission rights to AMU.



**Patients should not be admitted if they are suitable for discharge or just to avoid a breach of the emergency care standard.**

Patients should be admitted to the ED Observation Ward if additional treatments or investigations are likely to require a 4-12 hour stay.

Internal Professional Standards (Front Door)			Version 2.1	Page 1 of 1	 
Document: IPS001	Published Date: 30/04/2024	Review Date: 01/07/2027	Author: Dr C Whitworth		