

Unscheduled Care - Flow Navigation

1. Flow Navigation Centre & Clinical Primacy

1.1. The NHS Lothian Flow Navigation Centre (FNC) has clinical primacy.

1.1.1. FNC decisions should not be overridden, nor the receiving location changed, unless there is a clear, unsafe, deviation from agreed pathway.

1.1.1.1. Receiving teams cannot unilaterally override the FNC decision by altering the expected lists or by asking FNC to do this.

2. If a receiving team believes that a deviation from agreed clinical pathways, the process detailed below should be followed.

Deviation from Agreed Clinical Pathways

2.1. If a receiving team feel that there is a clear deviation from agreed clinical pathways, this should first be escalated to a senior clinician within their team.

2.2. If this senior clinician feels that the patient would be better seen in another receiving area they can escalate the FNC decision for professional-to-professional discussion.

2.2.1. Mon-Fri - 09:00-17:00 the senior clinician should contact the FNC and ask to discuss the case with the FNC Consultant – 07855 001 632 – 07855 001 632

2.1.1. Outwith these times, the senior clinician should contact the clinician responsible for the area where they feel the patient should be seen. RIE ED – 0131 242 3687

2.3. The outcome of this professional-to-professional discussion should then be recorded in TRAK Clinical Notes.

2.4. An FNC decision cannot be altered without the agreement of a new receiving team.

3. Scottish Ambulance Service

3.1. Scottish Ambulance Service should transport the patient to the receiving area that has been specified by FNC.

3.2. They should not contact any site to further discuss en route.

3.2.1. The only exception to this would be to make site aware of a potential infection control issue or to advise that patient is unwell and may require prompt assessment and treatment. This is not an opportunity for a site to suggest that a patient is taken to another department or site.

3.3. Under no circumstance should a receiving team divert a patient, who was expected by their department, to another hospital once they have arrived without a full assessment and referral.

3.4. Patients who deteriorate during transfer should be managed using existing Scottish Ambulance Service policies and pathways.

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