Title: NHS Lothian Emergency Department Signposting Policy			
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Emergency Department Signposting Policy

Version Control

Date	Author	Version/Page	Reason for change
Nov 2021	NHSL Policy Adviser, Policy Hub	v0.1	New policy development
Nov 2021 – Feb 2022	ED Clinical and Management Team	v0.2-0.8	Policy title change, SLWG amendments prior and post consultation.
March 2022	ED Clinical and Management Team	v1.0	Approved by the Policy Approval Group
May 2022	ED Clinical and Management Team	v.1.1	Associated Materials added

Executive Summary

Attendances at Emergency Departments have increased over the last decade. It is recognised that some of these attendees do not require emergency care and that care could, and should, be more appropriately provided.

A significant proportion of Emergency Department attendances are for conditions which may be better managed by pharmacists, GPs, or other members of the primary care team, or by patients themselves.

Signposting aims to ensure Emergency Department attendees are appropriately reviewed in line with their presentation. These processes also reduce the potential for crowding in Emergency Departments by maximising use of safe alternatives for attendees to access care.

The purpose of signposting is not to turn attendees away from the Emergency Department, but to direct them, where appropriate, to an area/service where their healthcare need may be best met, minimising the risk to them and others.

This policy promotes the delivery of safe, effective, person-centred, care on a 24/7 basis by ensuring the public have access to the best clinical advice and care, from the right professionals at the right time, reducing unnecessary waits and delays; Right Care, Right Place, Right Time.

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Contents

1.0 Purpose

The purpose of this policy is to promote the delivery of safe, effective, person-centred, care on a 24/7 basis by ensuring the public have access to the best clinical advice and care, from the right professionals at the right time, reducing unnecessary waits and delays; Right Care, Right Place, Right Time.

This policy underpins the implementation of local processes, guidance and information which ensures a safe, effective, and consistent approach to signposting.

2.0 Policy statement

Attendances at Emergency Departments have increased over the last decade. It is recognised that some of these attendees do not require emergency care and that care could, and should, be more appropriately provided.

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The purpose of signposting is not to turn attendees away from the Emergency Department, but to direct them, where appropriate, to an area/service where their healthcare need may be best met, minimising the risk to them and others.

It is recognised that Emergency Department Signposting forms part of a broader aim across the Health & Social Care environment to ensure that patients receive the right care, at the right time and in the right place.

3.0 Scope

This policy applies to all staff working in Urgent and Unscheduled Care within NHS Lothian, particularly staff working in Emergency Departments. Students based within Emergency Departments will be able to observe the implementation of this policy, however are unlikely to have a role in applying the policy.

4.0 Definitions

4.1 Emergency Care

Emergency care is defined as *'a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders.'* RCEM CARES

4.2 Signposting

Signposting is described within the Scottish Government National Framework as *'the referral of patients who are assessed as not requiring emergency care away from the Emergency Department. This may be to another service or with self-care advice.'*

Consistent and effective signposting practice offers a number of benefits to both patients and services. These include:

- Provision of care appropriate to the patient's need in the right place and at the right time for their condition.
- Enables and releases capacity within the service to deliver appropriate care.
- Reduces delay in assessment and treatment for clinically urgent cases.
- Reduces the risk of overcrowding in Emergency Departments and supports the application of safe distancing where required.
- Provides an opportunity to increase public awareness of alternative routes to access appropriate services for their needs.

5.0 Implementation Roles and Responsibilities

5.1 Key Principles

There are four key principles which form the basis of signposting. These are:

- Patients receive the right care, at the right place, at the right time
- Ensuring patient and staff safety
- Providing effective staff and patient education and communication
- Sustaining and maintaining and patient flow

5.1.1 Patients receive the right care, at the right place, at the right time

Patients presenting at an Emergency Department with a condition not requiring emergency care should be clinically assessed by an appropriate clinician for signposting.

Where a referral from a non-healthcare professional (e.g. Police Scotland) has been made, patients will be registered and, following an initial assessment, a member of the clinical team will discuss the reason for attendance with the patient and may provide signposting advice, if considered to be appropriate.

If a patient has been formally referred by NHS24, the source of the referral should be taken into consideration in the signposting process.

Patients referred by another healthcare professional who present with a SCI store referral or via the Flow Centre should not be signposted to another service. Instead, they should have a triage assessment and the source of referral taken into account when determining their suitability for signposting (e.g., patients referred by a member of the General Practice clinical team should not be redirected to a primary care assessment).

Availability and effective use of Professional-to-Professional communication prior to a patient presenting should be available and utilised to reduce the requirement for signposting.

5.1.2 Ensuring patient and staff safety

All signposting should follow local protocols and involve assessment by an appropriate clinician such as an experienced Triage Nurse, ST4+ and/or Consultant.

Appropriate and robust clinical governance should be in place. All patients should be registered on Trak with signposting discharge letter templates available to ensure consistency and appropriate communication with alternative services.

Signposting cases should be discussed every 3 months as part of departmental M&M meeting and lessons shared using safety briefs.

5.1.3 Providing effective staff and patient education and communication

Clear and accessible information for staff to assist with clinical decision making and communication should be available. Emergency Department leadership must support the implementation of available resources and, where appropriate, the development and implementation of further resources, to enable staff to signpost confidently and effectively.

Clear and accessible information to patients and their carers in visual and audio format should be available.

A directory of approved local services to include appropriate contact details to facilitate signposting for each Health Board or Health and Social Care Partnership should be developed and available for each site.

Clear and respectful communication with community services and in-hospital specialties involved or affected by the signposting policy should occur on a regular basis.

Line managers are responsible for ensuring all staff undertaking signposting participate in regular training and are competent to implement the Signposting Policy, and the associated processes, into practice.

All staff undertaking signposting should complete the Signposting Competency Assessment.

Continuous learning via sharing of lessons learned and case discussions.

5.1.4 Sustaining and maintaining services and patient flow

Resources including the provision of appropriately skilled Emergency Department staff (Medical, Nursing, AHP's and non-clinical etc.) are required to sustain new models of working and ensure staff are available and have time to appropriately signpost patients.

Emergency Department management teams should ensure that appropriately skilled staff (including medical, nursing, AHP's and non-clinical staff) are available, review staffing patterns, and redesign if necessary, to support the delivery of signposting.

5.2 Key Approach

There are four key component parts of signposting which the clinical teams require to undertake to ensure a safe and effective, consistent approach.

5.2.1 Trigger (at ED Reception or Triage)

Signposting is not appropriate for every patient presenting to the emergency department. The following defined group of patients can be identified and considered for sign posting.

- A patient presenting with a condition that has been present 3 days or more days.
- A condition that the patient has already consulted their primary care team about (either face to face or via telephone).
- Conditions that are normally assessed and managed in the community such as chronic illnesses, family planning and repeat prescriptions.
- Conditions suitable for care by community services such as opticians and dentists.

All patients identified at Triage as candidates for signposting should be assigned Triage Category 8. Patients should be provided with information on signposting and where to access alternative services as early as possible in their journey in ED

To ensure triggering is safe and effective all patients should have a set of observations with National Early Warning Score (NEWS) of zero or 1 to be considered for signposting. Patients who are considered vulnerable such as those with no fixed abode, patients under the influence of substances and elderly patients with no means to access community services will be reviewed by a clinician in the Emergency Department. This aims maximise their care within the means of the department considering they might be unable to attend primary care services due to their social circumstances.

5.2.2 Process

Staff within the Emergency Departments must ensure an agreed, safe, effective, and consistent approach to signposting is in place.

It is important that patients understand that signposting is a positive process that aims to provide the most appropriate clinical advice and care, reducing unnecessary waits, delays, and duplication.

Further detail of the signposting process is outlined in the Emergency Department Signposting Process and Flowchart.

5.2.3 Clinical Decision

Patients presenting at Emergency Departments, with a condition not requiring emergency care must be seen by an appropriate member of the clinical team for potential signposting.

It should be acknowledged and accepted that the senior clinical decision maker is sufficiently experienced and therefore able to distinguish between those conditions requiring immediate attention and those which should be referred out with the Emergency Department.

Staff must ensure that positive language is used and communication is appropriate to the individual's understanding, when undertaking a signposting consultation and providing subsequent care advice. Access to Interpretation and Translation services should be available to those attendees who require it.

Sign posting will require the senior clinical decision maker to consider safeguarding and will require a working knowledge of available social care and community support services.

5.2.4 Guidelines

Services must have local guidance, procedures, and clear documentation in place to support staff in the implementation of this policy, and to support safe, effective signposting. These are outlined in the associated materials.

6.0 Associated materials

Urgent and Unscheduled Care, Emergency Department Guidance Signposting/Redirection, Best Practice Guidance (Update), Centre for Sustainable Development, NHS Scotland, Scottish Government, and the Royal College of Emergency Medicine, November 2021

Emergency Department Signposting Process and Flowchart

Emergency Department suggested script for Signposting (post 3-day complaint/primary care presentation)

NEWS

Emergency Department (RIE) Signposting Discharge Letter Template

Emergency Department (SJH) Signposting Discharge Letter Template

NHS Lothian Emergency Department Signposting Patient Information Leaflet [awaiting approval]

Signposting Competency Assessment

Emergency Department to LUCS Redirection Pathway

Paediatric Emergency Department to LUCS Redirection Pathway

Right Care Right Place Stakeholder Toolkit, December 2020

NHS Inform, Right Care Right Place

NHS Lothian - Our Services

A Guide to NHS Scotland Services: Right care, right place Patient Information Leaflet (Door drop), NHS Scotland, NHS24 and the Scottish Government, January 2021

Right care, right place (NHS Lothian internet page)

Call MIA: Minor Injuries Assessment (Video Consultation) poster, NHS Lothian

NHS Lothian, Interpretation and Translation Policy

Using the Interpretation and Translation Service

The Big Word: Language Identification Chart

7.0 Evidence base

Urgent and Unscheduled Care, Emergency Department Guidance Signposting/Redirection, Best Practice Guidance (Update), Centre for Sustainable Development, NHS Scotland, Scottish Government, and the Royal College of Emergency Medicine, November 2021

8.0 Stakeholder consultation

This policy is largely based on the Urgent and Unscheduled Care, Emergency Department Guidance Signposting/Redirection, Best Practice Guidance (Update), which recommends a 'Once for Scotland' approach, and was developed by key stakeholders across Health Boards, Health and Social Partnership, Primary Care, and is endorsed by the Royal College of Emergency Medicine - Scotland, who all contributed to the outcome. The Scottish Executive Nurse Directors and Scottish Association of Medical Directors have all had the opportunity to consider the guidance and there was consensus agreement of the appropriateness for local implementation.

This policy has been developed in consultation with the NHS Lothian Unscheduled Care Programme and the Corporate Management Team, and a copy of the draft policy was placed on the NHS Lothian Consultation Zone to provide key stakeholders an opportunity to provide feedback and comment.

9.0 Monitoring and review

Appropriate and robust clinical governance should be in place which includes the ability to share learning from events and provide feedback with the aim of improving patient and staff experiences. This includes the ability to review and discuss cases, outcomes and share learning and will be undertaken at part of the 3-monthly departmental morbidity and mortality meeting.

The implementation of this policy will be monitored and reviewed. This will enable the programme and clinical teams to measure the impact of signposting/re-direction and to facilitate reflection and learning to refine pathways and processes.

This will be monitored through

- regular review of patient outcomes, including where patients were signposted or redirected to e.g., back to GP practice, self-care, and community pharmacy. Links will be established with these services via a professional-to-professional direct line, email address and via attendance to case review meetings to discuss any issues arising.
- analysis of outcome data to allow for identification of high frequency presentations, ensure consistency in the patient journey and ensure there is continual learning and refinement of pathways. For example

1. Regular random sampling of a small group of signposted/redirected patients (10 or so) to ensure signposting/ redirection process was appropriate
2. Monitoring non-attendance rates of patients referred to Emergency Department
3. Monitoring re-attendance rates to NHS Lothian Emergency Department or Acute Care
4. Use surveys or patient feedback forms as measurement tools of patient satisfaction such as Care Opinion or Patient Experience Team
5. Engage with staff involved in redirection to establish areas of concern or highlight opportunity for improvement

This policy will be formally reviewed, as a minimum, every three years, but may be subject to earlier review in the event of changes in best practice, guidance or legislation, results from performance reviews and audits, or any other factors that may render the policy in need of review.