

July 2017

## Clinical Streaming in the Accident and Emergency (A&E) Department

The following guidance has been prepared by NHS England and NHS Improvement to support clinical streaming in the A&E Department, including streaming to co-located primary care services.

### Rationale

Upon arrival at an A&E department it is usual to assign patients to one of several parallel clinical workstreams to ensure:

1. The overall skill mix of the A&E department and co-located services is aligned to the casemix at that site;
2. Patients with time-critical and time-sensitive illness or injury are prioritised accordingly;
3. Simple assessments, painkillers and investigations can be 'front loaded' to optimise subsequent assessment and treatment.

The principles of such a process are based upon the opinions of experts in the field, in particular NHS Improvement via its Emergency Care Improvement Programme and the Royal College of Emergency Medicine, which has issued specific guidance.<sup>1</sup>

### Principles

- The "front door" of the A&E department should be managed by the acute trust and fall within its quality improvement and governance systems
- Clinical streaming at the front door of ED, including to primary care services, should be an integrated function and always performed by a trained clinician.
- Where clinicians from other services work within streaming systems there should be joint development of those systems, and shared governance arrangements
- Streaming should be performed as soon as possible, and always within **15 minutes of the patient's arrival**. For this to be achieved capacity must be planned to meet variation in demand, and not average demand.
- Streaming will typically involve taking a brief history and performing basic observations if appropriate. This information may also be used to support triage prioritisation within streams if required.
- Streaming should include calculation of an early warning score e.g. the national early warning score (NEWS) for adults or paediatric equivalent for appropriate patients. Early warning scores should be part of the assessment of acuity and not the sole basis for streaming decisions.

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<sup>1</sup> See: [http://www.rcem.ac.uk/docs/SDDC%20Initial%20Assessment%20\(Feb%202017\).pdf](http://www.rcem.ac.uk/docs/SDDC%20Initial%20Assessment%20(Feb%202017).pdf)

- Any process of streaming should be designed so that patient safety is paramount
- Any initial assessment process should improve the overall quality of care provided for patients and add value to the patient's experience by providing early information and ensuring that the patient sees the most appropriate clinician to address their need.

Streaming explicitly assumes that the relevant urgent care services are co-located and that there are protocols in place that allow patients to be immediately returned to the A&E service if required. Redirection to other sites requires further safeguards to ensure redirection is both appropriate and safe, and that the off-site service has accepted the patient.

This advice and the processes described in the RCEM guidance should be used in conjunction with different streaming models currently practiced and future models.