

To: Trust Medical Directors

1 October 2010

Dear Colleague

Re: Revised Emergency Department (ED) Policy Governing Re-directions and Closures

As you may be aware, the policy governing when an ED can request either a re-direction or closure has been updated this year, to take into account feedback from trusts regarding its operation in 2009/10.

The policy sets out a number of escalation activities which should have been implemented in an effort to keep units open, before a redirection or closure request is made. It is recognised, however, that there will be circumstances when issues of clinical safety, must be considered when deciding whether a re-direction or closure is warranted.

If an ED believes it requires a re-direct on the grounds of clinical safety, this must be a clinical decision made by the Medical Director or deputy (in hours) or ED consultant on call (out of hours), in conversation with the bed manager. This decision must first be discussed with the Sector on call Director who will refer the trust to the LAS Gold Doctor on call for clinical confirmation. The trust will then discuss the request with the LAS Gold Doctor on call. LAS Gold Doctors have agreed to be involved in order that Sector Directors (who are ultimately responsible for the decision to re-direct), have available to them an independent assessment of the clinical safety issue which form the grounds to make that decision.

Learning from last winter has demonstrated that the data required to undertake this difficult clinical decision should be immediately available to the decision maker who should have direct knowledge of the current ED and site situation. If the LAS Gold Doctor on call agrees with the clinical issues, the trust must contact the Sector on call director to confirm that the LAS Gold Doctor on call supports the request.

If resuscitation facilities at a Major Trauma Centre reach capacity the current arrangements with LAS remain, that is, the trust should contact the LAS clinical co-ordination desk to discuss.

London Strategic Health Authority

Interim Chair: Professor Mike Spyer

Chief Executive: Ruth Carnall CBE

I would be grateful for your support on implementing this requirement of the policy, in order that ED services are maintained wherever possible ensuring that patients are not disadvantaged in their care and that other ED's in London are not placed under undue pressure, due to problems in other units. Where it is necessary for re-directions to be effected, there must be a clear clinical imperative for making that decision.

Yours sincerely

A handwritten signature in black ink, appearing to read 'AT Mitchell', with a horizontal flourish underneath.

Dr AT Mitchell
Medical Director
NHS London