



The College of  
Emergency Medicine



Emergency Nurse  
Consultant Association



Faculty of  
Emergency Nursing

# Unscheduled Care Facilities

Minimum requirements for units which see  
the less seriously ill or injured

July 2009

## Introduction

In this document we set out what we consider to be the minimum requirements of units which see the less seriously ill or injured, so that they can provide safe, high quality, appropriately supervised and cost efficient care for patients. Recent DH (England) policy suggests the establishment of "Urgent Care Centres"<sup>1</sup>, which The College of Emergency Medicine has responded to by recommending that they are co-located with Emergency Departments (EDs)<sup>2</sup>.

## Recommendations

Unscheduled care facilities, including minor injury units, walk in centres and urgent care centres often lack the full facilities and support services of acute trust Emergency Departments. The standards we recommend are relevant to both stand-alone units and co-located Urgent Care Facilities.

These facilities may be staffed with health practitioners, which may include, doctors, nurse practitioners, emergency care practitioners or extended scope physiotherapy practitioners; throughout this document these staff will be referred to as 'health practitioners' or HPs.

Unscheduled care facilities (UCFs) differ widely in resources, services provision and staffing, thus also the range of unscheduled work that they can safely carry out, as highlighted in *The Way Ahead*<sup>2</sup>. It is of paramount importance that the local population, primary care trusts and health commissioners clearly understand the limitations of a given unit and use it appropriately. UCFs reflect contemporary political change<sup>3</sup>, and may encompass amalgamated services of primary and secondary care, with shared governance. It is essential, in line with the choice agenda, that the patients' right to choose where he/she accesses care is upheld and supported. All such units are encompassed by the following fundamental standards, in

accordance with Healthcare Commission guidance (2007/08)<sup>4</sup>.

## Principles

- Pre-hospital staff may refer patients to UCFs, according to local agreement, but UCFs should not receive patients who are acutely ill, injured or who require full resuscitation facilities. Where acute patients self-present, staff should be competent in initial management of these patients and have protocols in place to ensure rapid transfer to the Emergency Department. UCFs should not be deemed as a 'place of safety' by ambulance services
- Training needs analysis should be undertaken to ensure the UCF staff have the requisite skills and competence
- Minimum staff education and competency requirements include:
  - if dealing with minor injuries practical skills such as wound closure, plaster casting and cannulation
  - history taking, examination, formulation of a diagnosis and treatment plan
  - competency as a first responder in care of the acutely ill
  - ILS, PLS, PILS and primary survey assessment
- HPs should be competent medical/non-medical prescribers and policies should be agreed to support this. Where there is not a medical or non-medical prescriber on site, there must be a sufficient range of PGDs to support the treatment of common injuries and ailments, and policies in place to support this
- HPs must demonstrate competence in assessment and management of children and young people and vulnerable

<sup>1</sup> NHS London *A Framework for Action* July 2007

<sup>2</sup> The College of Emergency Medicine *The Way Ahead 2008-2012: Strategy and guidance for Emergency Medicine in the United Kingdom and Republic of Ireland* Dec 2008

<sup>3</sup> NHS London *A Framework for Action* July 2007  
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<sup>4</sup> Healthcare Commission *Not just a matter of time.*

*A review of urgent and emergency care services in England* Sep 2008

groups, including mental health, learning disability clients and older people<sup>5</sup>

- All HPs must receive training in the principles of safeguarding children and identification and management of child protection issues<sup>6</sup> and vulnerable adults
- Appropriate resuscitation equipment, defibrillator and medications to treat complications of routine care, e.g. anaphylactic reactions, should be available at all units
- An identified clinical lead, for both medicine and nursing, should be responsible for ensuring adherence to governance standards
- All UCFs should have close links with their nearest Emergency Department. Digital imaging systems, e.g. PACS are desirable
- There should be clear guidance within the operational and governance policies, clearly specifying which patient groups or conditions can be treated in the unit and which patients require transfer to the Emergency Department, or to another specialist unit. These guidelines should be agreed with primary and secondary care providers and the local ambulance trust to ensure that there is no compromise in patient care
- Local policies should consider that HPs working within a UCF should have referral rights to agreed clinical specialties, social care facilities, community therapy services e.g. Intravenous antibiotics and translating services in order to enhance the patient experience wherever possible. HPs should also have referral rights to GP practices for primary care appointments, as appropriate
- Appropriate procedures should be in place with local ambulance trusts to ensure timely response and transfer according to clinical need
- HPs should work to agreed national guidance according to patient type, e.g. NICE<sup>7</sup>
- Provision should be made for protected teaching and clinical supervision for all HPs to maintain competence
- It is recommended that consideration is given to HPs rotating to either an acute secondary care department or a primary care facility to ensure enhanced clinical facilitation and continued clinical competence. It is desirable for this life long learning to occur at agreed intervals, in accordance with professional appraisals and for an agreed time frame
- Demographic data on the number and nature of attendances and clinical documentation should be kept in accordance with national criteria
- Data on the number and nature of attendances and clinical documentation should be kept in accordance with national criteria, supporting Payment by Results and the Summary Care Record
- Regular clinical audit of unscheduled care facilities and Emergency Departments should be integrated into the governance review
- Service user involvement is recommended to influence and maintain optimum service delivery.

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<sup>5</sup> Royal College of Paediatrics & Child Health *Service for Children in Emergency Departments: Report of the Intercollegiate Committee for Services for Children in Emergency Departments* April 2007

<sup>6</sup> Institute of Innovation and Improvement, NHS *Focus on Young People and Children: Emergency & Urgent Care Pathway* 2008

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<sup>7</sup> NICE *Triage, assessment, investigation & early management of head injury in infants, children & adults [CG56]* September 2007

### *Operational considerations*

- A minimum staffing provision of two HPs per shift, one of whom must be a qualified health practitioner, competent in adult and paediatric injury and ailment examination and treatment. The skill mix of the UCF should consider the competency required, patient case load and practice level of the HP
- There should be collaboration with primary and secondary care and the local population in advertising and promoting the role of the UCF
- All patients should be assessed in a timely manner. If there are delays in an HP assessing the patient then some form of initial assessment will be required to detect those at risk of deterioration or potentially serious conditions. The structure and process of this assessment should be in accordance with guidelines agreed by primary/secondary care. Physiological early warning or 'track and trigger' systems<sup>8</sup> for adult and paediatric patients are recommended in order to identify acute deterioration
- Provision of radiographic facilities for the UCF HPs, is highly desirable. UCFs should adhere to the ionization and radiation safety and training regulations<sup>9</sup>. Governance arrangements for radiological reporting should adhere to guidance set down by primary/secondary care and be maintained against national and professional recommendations<sup>10</sup>
- Contributions made by all HPs, outside of the UCF, should be recognised and appropriately funded, either through job plans or service level agreements

- All UCFs should meet local public health needs, prove to be cost effective and support the public health agenda.

**These standards were developed by the College of Emergency Medicine and Emergency Nurse Consultant Association, and endorsed by the Faculty of Emergency Nursing.**

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<sup>8</sup> NICE *Acutely ill patients in hospital: recognition of and response to acute illness in adults in hospital (CG50)* July 2007

<sup>9</sup> HMSO *Ionising, Radiation (Medical Exposure) Regulations* Statutory instrument 2000 No. 1059

<sup>10</sup> The Royal College of Radiologists *Standards for the communication of critical, urgent and unexpected significant radiological finding* 2008