

Is A&E the only option?

Sarah Wheway, Registered General Nurse and in House Nurse Advisor to the personal injury team at Russell-Cooke investigates.

A&E services provided by the NHS are often the focus of media and politicians alike and are often portrayed as a service in crisis; however can we just look at A&E's in isolation? No...we need to look at the wider picture. The urgent care and emergency care system is complex one.

Everyone is aware of their local A&E Department, but many do not realise that Walk-in Centres, Urgent Care Centres, Minor Injury Units and even GP's are also part of the emergency care system. These alternate services were developed to try and take the minor cases away from the traditional hospital based Accident and Emergency department. The pressures on A&E departments have been well documented, due in part to an aging population with multiple, complex health and social care needs who are increasingly requiring urgent care and an urgent care system with a array of services on offer.

The system is confusing not only for those needing to use the services but also for those working in them and this has resulted in people heading to A&E even when they do not need the specialised care that A&E provides. When an urgent care problem arises people are often not able to make objective decisions about where to go for treatment, the system needs to be simplified, people need a single clear point of access and directed to the service that best serves their needs. According to the King's Fund only one in five people who attend A&E are admitted to hospital. <http://www.kingsfund.org.uk/>

In November 2013 The Urgent and Emergency Care Review by Professor Sir Bruce Keogh set out a twofold vision: "Firstly, for those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families. Secondly, for those people with more serious or life threatening emergency needs we should ensure they are treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery." Click [here](#) to view the full review.

The vision outlined in Sir Bruce Keogh's review is clear but it remains to be seen if this can be achieved nationally in the face of financially challenging times within the NHS.

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