

Hywel Dda University Health Board

ED / MIU Redirection Policy

Policy information

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Summary of document:

This policy outlines the redirection of patients presenting to ED's and MIU's to alternative services that are able to provide more effective, safe, appropriate and timely care for their specific health or social care needs. It sets out the processes and pathways developed to enable patients and clinicians to navigate services ensuring care is delivered 'in the right place, at the right time, by the right person' (Prudent Healthcare 2014).

Scope:

This policy provides the governance process for ED / MIU staff to redirect patients and relates to all registered health care professional and administrative staff based within HDUHB Emergency Departments and Minor Injuries Units. This ED / MIU Redirection Policy does not cover the scope of redirection from the established or developing local community Streaming Hubs Teams across Hywel Dda University Health Board.

To be read in conjunction with:

[1203 Professional framework - guide practice for the ECP working in MIU/EUCC 2025-2028](#) (opens in a new tab)

[195 - Clinical Record Keeping Policy](#) (opens in a new tab)

[899 - Major Trauma Policy](#) (opens in a new tab)

[900 - RTF and Prehospital Procedure \(Major Trauma\)](#)

[CG 95. Chest pain of recent onset: assessment and diagnosis](#) (opens in a new tab)

[National Curriculum and Competency Framework Emergency Nursing \(Level 2\)](#) (opens in a new tab)

[NG 37- Fractures \(complex\): assessment and management \[2016\]](#) (opens in a new tab)

[NG126 Ectopic pregnancy and miscarriage: diagnosis and initial management \(01/04/2019\)](#) (opens in a new tab)

[NG128 Stroke and transient ischaemic attack in over 16s: diagnosis and initial management \(May 2019\)](#) (opens in a new tab)

[NG232- Head injury: assessment and early management *This guideline updates and replaces NICE guideline CG176 \(January 2014\)](#) (opens in a new tab)

[NG38- Fractures \(non-complex\): assessment and management](#)(opens in a new tab)

[NG59 Low back pain and sciatica in over 16s: assessment and management \(Nov 2016\)](#) (opens in a new tab)

[NG94 - Emergency and acute medical care in over 16s: service delivery and organisation](#)(opens in a new tab)

[QS166 Trauma -](#) (opens in a new tab)

[QS74 Head injury - \[2014\]](#) (opens in a new tab)

Patient information:

[Patient Information Library](#)

Owning group:

Urgent Emergency Care (UEC) Acceleration Transformation Programme Group 10/09/2025

Keywords

Redirection

Signposting

Emergency Department (ED)

Minor Injury Unit (MIU)

Alternative Services

Patient Experience

Clinical Governance

Safe, Effective, Timely Care

Glossary of terms

Term	Reference	Definition
Emergency Medicine	Royal College of Emergency Medicine (RCEM)	Emergency Medicine is 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.”
Redirection	Royal College of Emergency Medicine (RCEM)	“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”
Signposting	NHS Greater Glasgow and Clyde	Signposting is a process of streaming or directing attendees to specific services within the emergency care system , out of the ‘emergency department’.

Key points:

Criteria

Documentation

Emergency Medicine

Evaluation & Monitoring

Redirection Process

Roles and Responsibilities

Training and Competency Requirements

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Introduction

Emergency departments (ED) and Minor Injury Units (MIU's) across Hywel Dda University Health Board (HDdUHB) are under significant pressure with patients facing long waits to access care, often in the wrong place. Members of the public regularly attend Emergency Departments (ED's) and/or Minor Injury Units (MIU's) with illness or conditions that could have been managed better in other parts of the health and care system. A review of the busiest day in ED's across HDdUHB suggested that up to 40-50% of patients attending ED could have been redirected to alternative services to receive their care if an agreed redirection process was in place.

Policy Statement

This policy outlines the redirection of patients presenting to ED's and MIU's to alternative services that are able to provide more effective, safe, appropriate and timely care for their specific health or social care needs. It sets out the processes and pathways developed to enable patients and clinicians to navigate services ensuring care is delivered 'in the right place, at the right time, by the right person'.

Scope

This policy provides the governance process for ED / MIU staff to redirect patients and relates to all registered health care professional and administrative staff based within HDUHB Emergency Departments and Minor Injuries Units. This ED / MIU Redirection Policy does not cover the scope of redirection from the established or developing local community Streaming Hubs Teams across Hywel Dda University Health Board.

The process and service pathways for the patients identified as redirectable sits outside the scope of the policy and will be developed and agreed with individual services. There will be an integrated approach across the system to ensure the development of safe, effective and timely pathways.

Aim

The aim of the ED / MIU Redirection policy is to provide staff with guidance on the redirection of patients to alternative services outside ED / MIU, if appropriate, in order to provide safe, effective and timely care whilst ensuring a positive patient experience throughout the process.

Objectives

The aim of this document will be achieved by the following objectives:

- Criteria for redirection
- A Redirection process
- Documentation and recording of redirection
- Training and competency requirements
- Monitoring and evaluation
- Roles and responsibilities

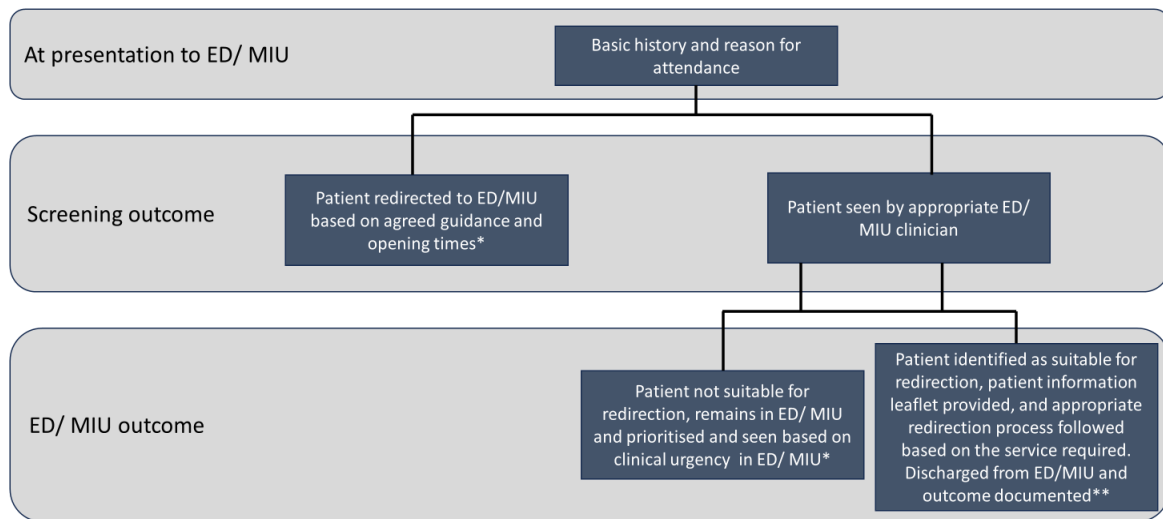
Criteria

All patients* presenting to ED/ MIU should be considered for their suitability to be redirected based on their clinical condition and circumstances (refer to [appendix 1](#) for a list of conditions suitable for the emergency department or minor injury unit and the directory of redirection services).

*Infants under ONE presenting to MIU's should be managed within agreed local policies and guidance.

*If any immediate safeguarding concerns are identified patients should be kept in the department/unit and appropriate safeguarding processes should be followed.

Redirection Process



* Current practice

** New process within agreed policy and competency and training framework supported by senior ED medical/ nursing staff as required

Redirection will be undertaken by an appropriate registered ED/ MIU clinician i.e. Registered Nurse (RN), advanced or Emergency Care Practitioner or a Doctor. On redirecting to other services, the clinician will ensure the Redirection policy is followed and all relevant documentation completed. Support or advice will be provided, as necessary, by senior clinical ED/ MIU staff within the unit.

The clinician undertaking redirection should identify the appropriate redirection streaming and follow the process as outlined in the directory of redirection services ([Appendix 1](#)). Patients will be redirected as per agreed processes and/or pathways with individual services. Patients who are redirected will be provided with a redirection patient information leaflet ([see Appendix 2](#)).

The redirection process will typically involve:

- Taking a brief history.
- *Assessing priority i.e. Manchester Triage System (MTS) and acuity.
- Performing basic observations e.g. heart rate/ respiratory rate/ temperature / blood pressure/ oxygen saturation, blood sugar, urinalysis and pregnancy test (if relevant).
- *Calculating the National Early Warning Score (NEWS).
- *Assessment of pain and provide simple analgesia prior to redirection (if indicated).

*As clinically indicated based on presentation and history of presenting condition.

Documentation

As per the [Health Board Clinical Record Keeping policy \(195\)](#) (opens in a new tab) it is mandatory that all decisions and clinical findings are documented.

As a minimum, the following information MUST be recorded in the patient's notes:

- Presenting complaint
- Reason why the patient's condition can be managed by an alternative health care service (e.g. duration of complaint, not accident or emergency etc)
- Discharge patient from the patient administration system.
- Summary of communications with patient and primary care provider (if applicable).

If any observations were clinically indicated and performed it must be recorded in the patient's clinical notes, including the NEWS.

Competency Requirements

The redirection of patients can be undertaken by any appropriate registered ED/ MIU clinician with the relevant level of competency outlined below. All clinicians undertaking redirection must be aware of the Redirection policy and processes outlined in the policy.

Redirection competencies/ training minimum requirements:

- Manchester Triage System
- Administer medicines as per Patient Group Directions (PGD)
- [National Curriculum and Competency Framework Emergency Nursing Level 2 \(RN's only\)](#) (opens in a new tab)

Evaluation & Monitoring

In order to ensure the safe and effective implementation of the redirection policy regular evaluation and monitoring will be required. This will enable reflection and learning to refine pathways and processes as well as measuring the impact of redirection.

The following outcomes/measures will be monitored as part of the policy implementation.

- Regular review of patient outcomes, including which services patients were redirected to e.g. back to GP practice, self-care and community pharmacy.
- Outcome data to allow for identification of high frequency presentations.
- Numbers of patients redirected per site.
- Re-attendance rates to ED/ MIU for patients redirected.
- Linked data to show subsequent touch points and mortality after redirection.
- Patient feedback
- Staff feedback

Examples of how this may be achieved include:

- Regular random sampling of a small group of redirected patients to ensure signposting/ redirection process was appropriate.
- Monthly audits as per MTS requirements
- Patient surveys or patient feedback forms as measurement tools of patient satisfaction and experience.
- Engagement sessions with staff involved in redirection to establish areas of concern or highlight opportunity for improvement.

Roles and Responsibilities

Clinical Leads for ED/ MIU

The lead clinicians for ED/ MIU, with the relevant senior nurse manager responsible for ED/ MIU, will have joint responsibility for the implementation, compliance with and regular review of the policy. This includes ensuring training is provided (by delegation) and monitoring/ audit of practice is carried out regularly.

The lead clinicians will work with the relevant service manager(s) and senior nurse managers to update the policy to reflect changes in practice or national guidance and review at agreed periods.

Service Manager responsible ED/ MIU

The Service Manager will be responsible for ensuring the policy is updated by the lead clinicians, Senior Nurses, and relevant service managers to reflect changes in practice or national guidance and that the policy is reviewed after an agreed period. The Service Manager will work with the Clinical leads/ Senior Nurses to ensure compliance.

Senior Manager Nurse Responsible for ED/MIU

Senior nurse managers responsible for ED/ MIU, with the lead clinicians responsible for ED/ MIU, will have joint responsibility for the implementation, compliance with and regular review of the policy. This includes ensuring training is provided (by delegation) and monitoring/ audit of practice is carried out

regularly. The senior nurse managers will work with the relevant service manager(s) and lead clinicians to update the policy to reflect changes in practice or national guidance and review at agreed periods.

Service managers/ leads of services on the Directory of Redirection services (e.g. OOH, community pharmacy, Optometry, Dental services).

The managers/ leads for services on the Directory of Redirection services will work with the relevant senior nurse manager/ ED/ MIU manager(s) and lead clinicians to update the policy to reflect changes in practice or national guidance and review at agreed periods.

Health Care Professionals working in ED/ MIU

All HCP's must work within the agreed policy and within their scope of professional conduct and practice.

Clerical and Administrative staff working in ED/ MIU

All clerical and administrative staff must work within the agreed policy, local guidance/ protocols and within the scope of their role and job description.

Appendix 1 - Conditions/ symptoms suitable for ED/MIU and directory of redirection / signposting services

Conditions/ symptoms suitable for ED/MIU (**note this is not an exhaustive list and should be used with clinical judgement**).

Patients self presenting to MIU's with conditions/ symptoms identified as requiring ED care should be redirected or transferred to ED if/when clinically stable. Patients will be redirected as per agreed processes and/or pathways with individual services.

**Based on the severity and location of the injury.*

Emergency Department	Minor Injuries Unit
<ul style="list-style-type: none"> • Actively bleeding from anywhere • Acute chest pain/ palpitations • Acute limb deformity • Acute neurological changes • Acute onset severe headache • Acute vascular changes • Agitation (new) • Airway compromise • Any patient receiving Systemic Anti-Cancer Treatment (SACT) treatment with a temperature < 36.0 or 37.5 and above with/ without clinical signs/symptoms of infection • Appears severely unwell without a known cause • Drowsy, confused, abnormally floppy child or unconscious • Drug overdose • Joint dislocation (excluding fingers/toes/ shoulders) • Major burns* • Major eye condition • Major trauma (refer to HB policy 899 / 900) • More than one episode of Syncope (within 24 hours) • Purpuric rash • Severe abdominal pain • Severe difficulty in breathing, swallowing or talking • Severe pain anywhere • Shock • Stroke/ TIA • Subcutaneous gas • Suspected sepsis • Trauma in older people (refer to HB policy 899 / 900) • Unable to walk or stand due to weakness (new onset) • Unresponsive • Urinary retention • Dental pain with: • Difficulty in breathing or swallowing • Limited mouth opening • Severe fever • Systemically unwell 	<ul style="list-style-type: none"> • Animal, insect or human bites • Broken bones and injuries to knee, lower leg, ankle, foot, shoulder, elbow, wrist, fingers • Dislocations to fingers, toes and shoulders • Mild allergic reaction • Mild eye condition • Minor burns/scalds/sunburn • Minor head injuries (with no loss of consciousness +/- or no anticoagulants) • Minor injuries/sprain to the neck and back (without pins and needles) <3 weeks • Nasal fractures • Needle stick injuries • Nose bleeds (unless on blood thinners) • Removal of foreign body from the eyes, ears, nose, and skin * • Simple skin infections excluding the face. • Sprains, strains, and soft tissue injuries • Wound closures • Wound infections

Appendix 1 Conditions/ symptoms suitable for ED/MIU and directory of redirection / signposting services (continued)

Redirection / Signposting

- ART/ ICMDT – Community (In and out of hours)
- Deep Vein Thrombosis (DVT) service
- Dental Practice via 111
- Direct access physiotherapy
- Direct assess Tissue Viability service /Podiatry service
- GP OOH
- GP Practice
- Hot clinics (? Specialties)
- Mental Health (111*)2
- Optometry
- Patient self-care advice
- Pharmacy (community)
- Primary Care & Community
- Same Day Emergency Care (SDEC)
- Same Day Urgent Care (SDUC)
- Sexual Health Clinic
- Social prescribing / third sector via NHS 111
- Surgical Assessment units/ Surgical Same Day Emergency Care (SAU/ SDEC)
- Urgent Care Centre

Appendix 2 Redirection Patient Information Leaflet

[Patient information leaflet – English](#)

[Patient information leaflet – Welsh](#)

References

Royal College of Emergency Medicine. (n.d.). Emergency Medicine and Redirection Definitions. Retrieved from <https://rcem.ac.uk/>

NHS Greater Glasgow and Clyde. (n.d.). *Signposting Definition*. Retrieved from <https://www.nhsggc.org.uk/>

Welsh Government. (2014). *Prudent Healthcare: Principles for Care Delivery*. Retrieved from <https://www.gov.wales/prudent-healthcare>