

2nd February 2016

Ms. Selena Lynch
Senior Coroner
South London Coroner's Court
Coroner's office
St. Blaise Building
Bromley Civic Centre
Stockwell Close
Bromley
BR1 3UH

Dear Ms Lynch

Regulation 28 – Madhumita Mandal

Thank you for sharing a copy of the above report with us for our response. May we first of all offer our sincere condolences to Madhumita's family and assure you of our desire to continue to improve the services that we commission.

I will now deal with the concerns that you have raised around the see and treat model that you refer to.

The protocol for the model in use at the time of the incident was agreed with clinical sign up and I have attached this for your reference. The streaming model was implemented originally to ensure swift streaming to reduce waits and improve safety and recognising the high level of primary care patients using the UCC.

Until early November 2015 the Virgin UCC reception team were responsible for streaming all adult patients who walk into the department irrespective of whether they required ED or UCC type services. Patients were then streamed depending on their presenting condition in accordance with an agreed streaming protocol.



By way of back ground the service was initially implemented using the Manchester Triaging model, which required the triaging of all patients (primary care and otherwise). As a consequence there was a significant impact on performance due to the delays this introduced into patient flows. The national Emergency Intensive Support Team (ECIST) supported a local review of the model, which led to a joint agreement by ED consultants, urgent care and CCG GP clinicians and implementation of the current streaming model and a joint standard operating policy agreed and implemented on the 9th October 2012. The model was based on trained receptionist streaming patients to either the UCC or ED depending on their presenting complaint, with the aid of the streaming protocol.

Since the streaming protocol was introduced to replace triage, increased numbers of patients were streamed into ED (circa a 5-10% increase), which reflects the risk adverse nature of the protocol.

Patients streamed into the UCC were initially assessed within 20 minutes or are seen and treated. Patients streamed into ED are triaged by ED staff.

Since the model was introduced there were further workshops to review patient flows between the UCC and ED, over the summer of 2013, facilitated by Prof Derek Bell and his team as part of the local health economy response to the March 2013 risk summit and development of a local health economy wide demand and capacity plan. Workshops also looked at the model, patient flow and interface issues.

Following the CQC in 2013 the CQC reported that the 20 minute initial assessment commissioned for the UCC was not always met and were concerned that there was no clinical eye-eye review of patients as part of this assessment. The CQC were not confident initially in the use of a non-clinical streaming model.

This issue was reviewed in a workshop with CHS, UCC and commissioner clinicians and executives where it was agreed that a modification would be made to the streaming model on a pilot basis, which has continued, whereby patients streamed to UCC would be given basic observations by a HCA. All observations would be scored using the Vital – Pac Early Warning System (VIEWS). Any patient scoring 4 and below would be asked to remain in the UCC; a score of 5 and above would indicate that the patient was inappropriately streamed and would be sent to ED or referred directly to a specialist. The VIEWS assessment not only gives assurance to the Trust about when patients are handed over but it is also compliant with guidance from the London Standards. The model has evidenced that less than 1 % of patients initially streamed to the UCC are transferred to ED following the observations review. Please see the attached protocol which commenced on Wednesday 13th November and was phased in over several days, moving to a 24 hour process from the 17th November 2013.

Since the 8th November 2015 due to the changed layout resulting from the A&E Decant, and redevelopment of the ED department, which means the UCC is now located further away



from the ED Department, clinical streaming has now been introduced at the front end of A&E. We are currently commencing re-pocurement of urgent care services in Croydon and the specification for the new service will continue to require that effective streaming process are in place. The VIEWS process however continues to be used in the UCC.

I am not clear from your report the significance of the issue around the mode of transport to A&E. Clearly the aim has to be to ensure that patients entering the UCC whether by ambulance or as walk in are effectively streamed.

We would have been happy to clarify the model at the time of the inquest but I hope that the above will give you some assurance about the processes we had in place at the time and that we have in place now.

Yours sincerely

Paula Swann
Chief Officer
Croydon CCG

