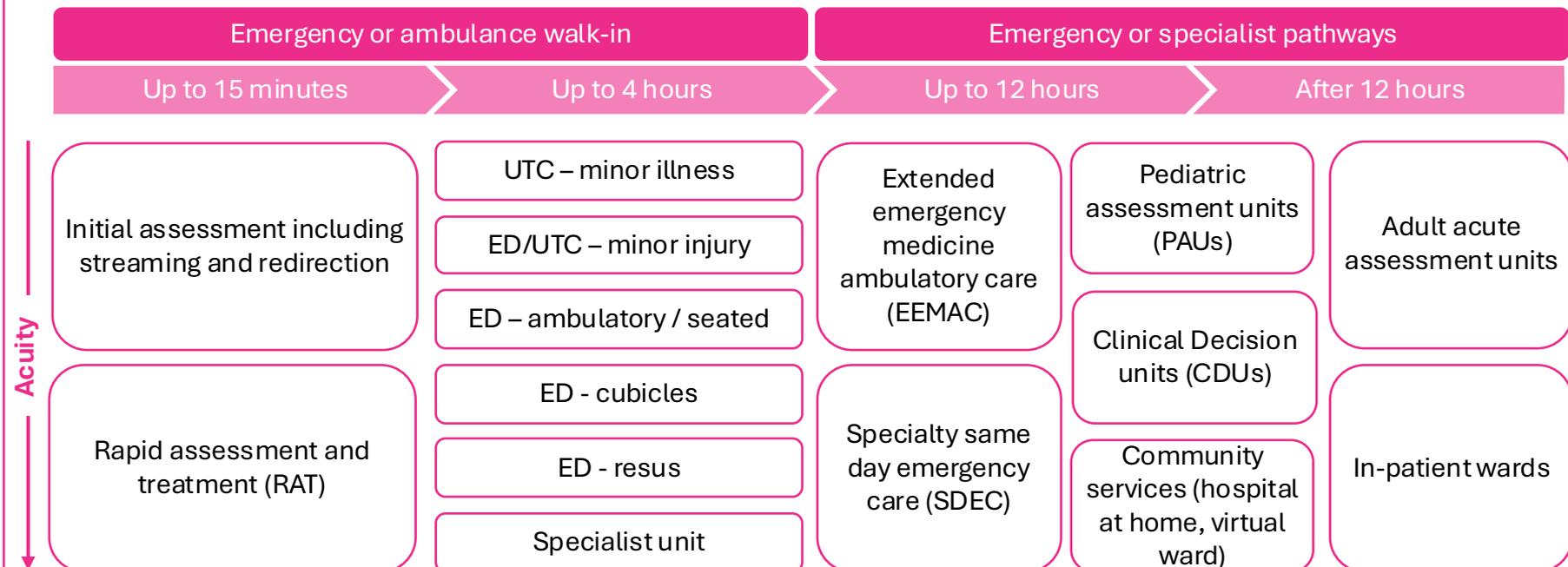# Model Emergency Department

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Experts in health

Emergency departments are a critical component of the urgent and emergency care system, yet demand now significantly exceeds capacity. England records over 27 million A&E attendances each year, while performance against the 4-hour constitutional standard (95%) has fallen to ~60% in major EDs, with over 1 million patients waiting more than 12 hours annually. To address this, NHS England has introduced the Model Emergency Department, which standardises how patients are rapidly assessed, streamed and directed to the most appropriate care pathway across ED, ambulatory care, specialist services and community settings.

Model ED patient flow by time & acuity

Emergency or ambulance walk-in		Emergency or specialist pathways	
Up to 15 minutes	Up to 4 hours	Up to 12 hours	After 12 hours

Acuity (high to low)

Initial assessment including streaming and redirection	UTC – minor illness	Extended emergency medicine ambulatory care (EEMAC)	Pediatric assessment units (PAUs)	Adult acute assessment units
	ED/UTC – minor injury			
	ED – ambulatory / seated		Clinical Decision units (CDUs)	
Rapid assessment and treatment (RAT)	ED - cubicles	Specialty same day emergency care (SDEC)		
	ED - resus		Community services (hospital at home, virtual ward)	In-patient wards
	Specialist unit			

Patients are rapidly assessed and streamed based on acuity and expected care duration, directing them to ED, urgent care, ambulatory care or specialist services. The model aims to make ED a destination for patients who truly require emergency medicine, rather than the default location for patients delayed elsewhere in the system.

Key operational components of a model ED

Pre-hospital single point of access
- Early clinical advice and support for urgent and emergency care needs in community settings
- ED clinicians enable system navigation and identification of high-intensity service users

Front-door streaming
- Within 15 minutes of arrival, patients are assessed and directed to ED for emergency care, to urgent care pathways for minor illness or injury, or to primary or planned care where no urgent treatment is required
- Digital tools and AI-supported triage systems are being explored to improve streaming and safety

Urgent Treatment Centres
- Provide care for minor illness and injury that is urgent but not life- or limb- threatening
- Ideally co-located with ED (short walking distance) and operate 24/7 or aligned with local demand
- Where co-location is not possible, patients should be streamed to appropriate off-site services

RAT
- Senior clinical decision-makers provide **Rapid Assessment and Treatment** in a dedicated area
- Enables faster clinical decisions, early referral to specialties, and improved patient flow

ED care pathways
- Patients treated in ambulatory or seated areas, cubicles, or resus areas depending on acuity
- Aim is admission, treatment or discharge within the 4-hour constitutional standard
- Direct pathways to specialist units exist for conditions such as stroke or myocardial infarction

EEMAC
- **Extended Emergency Medicine Ambulatory Care** provides additional investigation, observation, and treatment for patients likely to be discharged
- Patients should complete care within 8 hours in EEMAC following up to 4 hours in ED (max. 12h total)

Specialist pathways
- Access to pediatric assessment units, clinical decision units, and specialty same-day emergency care (SDEC)
- Dedicated pathways for children, frailty patients, palliative care, and mental health crises

System enablers for a high-performing ED

1. **Whole-system urgent and emergency care integration:** Services across the pathway must operate 24/7 and there must be strong connectivity between ED, NHS 111, 999, community services, and UTCs
2. **Leadership and operational oversight:** Clear clinical and managerial leadership across EDs, trusts, and integrated care systems with shared responsibility for managing patient flow across the system
3. **Workforce capability and skill mix:** Appropriate staffing across Eds, UTCs and ambulatory care services with senior clinical decision-makers available to support streaming, RAT and rapid referral
4. **Estates and infrastructure:** ED layouts must support streaming, RAT, ambulatory care and specialist pathways and include appropriate facilities required for areas such as EEMAC, pediatric care, and resuscitation
5. **Data and digital tools:** Real-time data to monitor demand, capacity, and patient flow and future incorporation of digital triage and AI-supported streaming tools to improve safety and productivity