



31<sup>st</sup> January 2024

Deputy Barry Ward, TD  
Dáil Éireann  
Leinster House  
Kildare Street  
Dublin 2

## **PQ 1952/25**

**To ask the Minister for Health if he will ensure that emergency department staff are empowered to accept the assessment of a referring general practitioner on admitting a patient, in order to avoid the unnecessary reassessment of patients; and if he will make a statement on the matter**

Dear Deputy Ward,

The Health Service Executive (HSE) has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the Emergency Medicine Programme (EMP) on your question and have been informed that the following outlines the position.

Emergency Departments (EDs) are hospital facilities that provide 24/7 access for undifferentiated emergency and urgent presentations across the entire spectrum of medical, surgical, trauma and behavioural conditions. The ED team work in a coordinated way to assess, stabilise and decide the best “next step” in the management of all patients.

In general, GPs make referrals to an ED with a suspected diagnosis, sometimes stating that it will require admission. In these cases, the GP assessment is considered by the ED team who then carry out additional assessments or investigations to confirm the diagnosis and need for admission prior to referral to the in-house teams.

Where there are clearly defined pathways to secondary care, patients can, in some cases, bypass the ED and be referred directly by their GP to specialised assessment units. These pathways, such as those for injury units (IUs), medical assessment units (MAUs), surgical assessment units (SAUs) and paediatric assessment units (PAUs) are already established in a number of hospitals. They are designed to offer more streamlined care for patients while also helping to ease delays and reduce pressure on EDs. Urgent outpatient clinics can serve a similar function for patients that need urgent (but not emergency) specialised care.

That said, it is important that these pathways are put in place in a way that ensures patient safety. A patient’s condition can worsen between the time they are seen by their GP and when they arrive at the unit they have been referred to. In addition, these specialised units may be at full capacity and unable to take direct referrals from GPs. For this reason, pathways need to include processes for re-assessing patients and redirecting patients when they arrive at the secondary care unit if the clinical staff feel it’s necessary.

In cases where such pathways or capacity are not available, patients may need to go to the ED first, where they can be reviewed and then directed to the appropriate specialised unit if needed. This approach ensures that no patient is left at a disadvantage by a direct referral system and that those who need emergency care get it without delay.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink that reads "Anne Horgan". The signature is written in a cursive style with a long horizontal stroke at the end of the name.

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**Anne Horgan**  
**General Manager**