



## Society for Acute Medicine response to NCEPOD Report: 'Time to Intervene'

This highly important report has highlighted deficiencies in the care of a group of patients whose condition deteriorated after their arrival in hospital. The reviewers noted that the patient's initial assessment was deficient in almost half of cases, with specific reference to the failure to involve more senior doctors in the management of this vulnerable group of patients. This is extremely disappointing in the light of recommendations from a wide variety of reports over recent years. However it also represents a key opportunity to address the deficiencies which have led to these findings.

The document emphasises the importance of ensuring senior clinicians are involved in the care of patients whose condition is deteriorating. Previous reports have focused on those whose outcome could be improved by changes in their treatment. Importantly this document also identifies the need to focus on those patients whose best interests may not be served by initiating life-prolonging treatment or cardiopulmonary resuscitation. Such decisions are among the hardest which any doctor will have to take; it is essential to ensure that all of the necessary clinical information is available before making any judgement as to the appropriateness of such treatment. In some cases it may be necessary to delay this decision in order to obtain further information, or to determine a patient's response to initial treatment. As emphasised in this report, it is also important to involve the patient and their carers in this discussion wherever possible. These decisions require that the doctor has expertise and, experience, as well as the ability to communicate effectively and with compassion. These are skills frequently provided by acute medicine consultants in Acute Medical Units (AMUs) across the UK.

Ensuring consultant-led care on AMUs for a minimum of 12 hours per day, 7 days per week is vital if this expertise is to be provided in a timely fashion. The Society for Acute Medicine (SAM) is committed to raising standards in AMUs and ensuring a 7-day consultant-led service, as indicated in our previous position statement ([link](#)) on this issue. Our Quality Indicators ([link](#)), published on the SAM website in 2011 and already in use by many AMUs across the UK, emphasise the need for early consultant review following emergency hospital admission.

Two further documents will be published shortly:

- 'Quality Standards for Acute Medical Units', due for release on 18<sup>th</sup> June: this document sets out the standards which AMUs are expected to achieve, including 7 day consultant working.

- 'Delivering 7 day consultant working on the Acute Medical Unit: a Toolkit': due for publication late summer 2012: this document identifies the practical and resource implications of implementing 7 day working patterns for consultants on the AMU.

**Dr Chris Roseveare**

**President, Society for Acute Medicine**

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**Contact:**

Claire Charras

Communications and Marketing Executive

Society for Acute Medicine

07 985 49 49 65

0117 983 0542

[acutemedicinecomms@gmail.com](mailto:acutemedicinecomms@gmail.com)