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Welcome to another issue of Acute News - the final edition before I hand over the Presidential reins to Alistair Douglas at the autumn conference in Glasgow. The election for his successor as Vice President is already underway (there’s still time to get your vote in if you’ve not done so already), while I will slip quietly into the relative obscurity of the role of Immediate Past President, with a chance to pay back all the favours which I now owe my consultant colleagues. Dr Nick Scriven was already elected, unopposed, to the role of Treasurer, and will take up this position when Deepak Bhatia’s six years in this position comes to an end in the autumn; Nick moves on from the role of ‘Non-trainee medical representative’, with this position and that of Nicola Trepte also being up for election at present. I look forward to welcoming the successful candidates at the annual general meeting on October 3rd.

When I took on the role two years ago, one of my aims was to raise the profile of the speciality of Acute Medicine. While there remains much work to be done before we achieve the level of recognition of the more established medical specialities, I hope you will agree that we have made considerable strides in the right direction. We are now regularly asked for comments by news media organisations, our social media presence is blossoming, and we have had a strong voice in national committees at the Department of Health and Royal Colleges. Our current involvement in the NHS England review of Urgent and Emergency Care will hopefully ensure a clear recognition of the value which a well-run AMU can provide in keeping patients moving at the front door – as well as providing great safe care for our patients. As our profile increases we are being asked to provide representation on many more committees than our council members can possibly provide between them – if any other members of SAM are interested in getting involved please email our communications officer Claire Charras at the address below and we will be in contact.

Hope to see you all in Glasgow in October – there’s some great speakers on this year’s programme as well as a fantastic array of posters; if you haven’t yet booked your place you need to get your skates on before the late booking fees kick in next week.

Enjoy the articles in this edition of Acute News and thanks to all those who have supported me and SAM over the past two years.
The Society for Acute Medicine is proud to announce, that Dr Stephanie Klein Nagelvoort Schuit will be presenting her realistic online simulated emergency department, AbcdeSIM at its 7th international conference in Glasgow this October.

Dr Stephanie Klein Nagelvoort Schuit is an internist in acute medicine and intensive care at Erasmus University Medical Center in The Netherlands. Dr Klein Nagelvoort Schuit led the development of AbcdeSIM, to increase learning opportunities for healthcare practitioners in the urgent and emergency care setting.

“ [...] the possibilities are endless.”

Dr Klein Nagelvoort Schuit told Acute News: “The first time the idea for abcdeSIM was presented was actually at the SAM conference, two years ago! That is why I am very pleased to be able to come back with the game two years later. As an instructor for a number of ABCDE oriented courses, I know how important good quality training is.

“At Erasmus University Medical Center we have 300 new residents starting training in a wide range of clinical specialities each year. However, we had a chronic shortage of qualified instructors and the residents often had problems getting time-off the work floor to be able to train with us. We decided that a lot of the skills we were teaching them in face-to-face training could be taught in an online virtual emergency room, where residents could endlessly practice their resuscitation skills without risk to real patients. We strongly believe that everyone should have face-to-face training time; however, by using abcdeSIM we have reduced the face-to-face training time by 50%, we have time for extra learning goals and the cost has also been greatly reduced.”

AbcdeSIM includes a high-fidelity physiological model that contains more than 200 parameters for circulation, respiration and consciousness. This creates a realistic and immersive experience in which the student can see the direct results of their chosen diagnostics and treatment. Just like flight-simulators have increased airline safety, abcdeSIM aims to increase patient safety in a cost effective way.

The simulator has been presented in a number of countries and has been well received. Dr Klein Nagelvoort Schuit explained: “The future for serious gaming in acute medicine looks very promising. I believe that gaming will increase patient safety, better prepare medical students and residents for real emergency care and reduce costs at the same time.

“Due to the enthusiasm for abcdeSIM we have just finished creating two extra games, one for emergency medicine nurses and one for pre-hospital emergency care for primary care physicians. We are currently developing games for paediatrics, burn victims and one for non-medically trained people in basic first aid. I think the possibilities are endless.”

On Thursday 3 October in Glasgow, you will get the chance to try-out for yourself these endless possibilities that the virtual training programme has to offer. And for a dose of healthy competitive edge, we are working on some prizes for the winners... All will be revealed in just over a month’s time!
Amidst the height of the British summer, July saw the return of Acute Medicine Awareness Week between the 15th & 21st of July. Acute Medical Units across the UK found a variety of ways to promote acute medicine in their local hospitals.

The emergency assessment unit (EAU) team in Salford Royal NHS Foundation Trust organised a monster triathlon in the hospital foyer. Using rowing machines, running machines and exercise bikes, they covered the distance between Salford and the Society’s HQ in Edinburgh...and back! Despite the running machines breaking down at one point; the team persevered and did a lap round the hospital ground completing an impressive 505km.

Dr Olivier Gaillemin, one of event co-ordinators said: “We had consultants from EAU and Geriatric Medicine, staff nurses and ward sisters, physio and occupational therapists, social workers as well as immediate and senior managers putting on their lycra and sweating it out for the team. Our clinical director took part as did some of the IT support staff. In total there were 24 athletes.

“Members of the public were very supportive and inquisitive and we were able to inform them as to the work we do on the EAU and what acute medicine entails. In addition, they proved themselves extremely generous donating in excess of £100 to our brand new EAU ‘Equipment and Education Fund’.”

Baking skills were certainly on show that week, as photographs from Good Hope Hospital, Royal Preston Hospital and North Staffordshire Hospital prove. Many AMUs chose to do some fundraising for their charitable trusts. Barnsley Hospital NHS Foundation Trust held a tombola which helped raise enough to provide a more comfortable environment for visiting relatives. Other activities included sponsored lunches at Yeovil District Hospital, Calderdale and Huddersfield NHS Foundation Trust held a successful raffle night, a lucky draw was organised by Leicester Royal Infirmary to name but just a few.

The Society for Acute Medicine held four live Twitter chats on delivering a seven-day multi-professional service on the AMU, delivering and measuring high quality care, delivering high quality training and improving patient experience. A summary of each discussion is available on our website.

That week also saw the publication of a new report setting out 10 priorities for urgent and emergencies care as a result of two acute care summits hosted by SAM, the Royal College of Physician (London), the College of Emergency Medicine and the NHS Confederation. (go to page 9 for more details).

Rumour has it that some units are already preparing for next year’s awareness week...
New faces on the council

Introduction to Dr Hannah Skene

Dr Hannah Skene took over from Mark Holland as SAM secretary in June 2013. *Acute News* caught with her. Hannah is an acute physician working at Chelsea and Westminster Hospital, London.

Can you tell us a little bit about what your role as SAM Secretary entails?

As SAM Secretary, I take responsibility for convening SAM Council meetings and the AGM. I prepare the agendas, minute the meetings, and produce the AGM report. I also oversee the SAM election process.

How did you first come across the SAM back when you were a junior doctor?

My first SAM meeting was as an SHO at the 2005 Portsmouth conference. I was considering Acute Medicine higher specialty training and wanted to find out more. Amongst other things, the NCEPOD “An Acute Problem” data was presented, and I remember thinking “wow, all these people are really interested in the AMU and what happens to these patients”. I hadn’t met many people like that before. That, along with the conference dinner, sealed the deal for me and I applied a month later.

How has SAM changed since you were a trainee representative?

I was a trainee representative from 2006 to 2009. That period was very much about trainee recruitment, curriculum development and establishing Acute Internal Medicine. In the time since then, I’ve seen SAM membership grow, gain international recognition, and establish an academic base. Most importantly, I see the Society and individual SAM members’ opinions and input to acute care policy being very much sought after, and valued.

What are you most looking forward to at our next conference in Glasgow?

All of us who read Robert Francis’ report would be lying if we said we’d not witnessed any of the behaviour that was seen at Mid Staffs in other hospitals. It’s been a damning year in the press for the NHS, so I’m looking forward to hearing from him how we should pick ourselves up and achieve the cultural changes needed.

Tell us something unusual about yourself.

Come and talk to me in Glasgow instead and find out that way!

Introduction to Dr Louella Vaughan

Dr Louella Vaughan joined as chair of the research committee in October 2012. She is a consultant physician and honorary senior lecturer at Chelsea and Westminster Hospital.

As research committee chair, what does your role involve?

The Committee undertakes research in two main ways. We usually have one or two larger projects, such as SAMBA, which require the collaboration and input of many people, and a number of smaller projects, which are pushed forward by interested individuals. With the latter, the Committee tends to act as a sounding board and quality control mechanism, while also providing a mechanism to access other Acute Physicians. My role is to help oversee, co-ordinate and support all these different activities.

What research is the committee currently undertaking?

The Research Committee is currently working on several new projects, including looking at the impact of the introduction of compulsory shadowing for FY1s, exploring the barriers to research in the acute setting, assessing the quality of acute care adolescents and young adults and variations in the care of pregnant patients. Please spare the time to participate in any surveys! The Society’s Benchmarking Audit (2013), which took place in June, was extremely successful. Forty-three centres participated, an increase of 50% on last year. Preliminary results will be presented in Glasgow in October.

How did you first get involved with SAM?

I am a late convert to the concept of Acute Medicine. I trained in Australia and at the John Radcliffe Hospital, Oxford, in General Medicine and so was almost completely unaware of the specialty until moving to London in 2006. However, I have always been interested in the diagnosis and management of unwell patients and someone suggested to me that I might find the SAM Conference interesting. I went to the 2007 Glasgow conference and came away from the conference highly impressed and with a new interest.

Between you & I, what is the single best thing that the UK has over Australia?

The weather! I am not cut out for 9 months of summer each year....
The rise of social media in the past decade has meant that social media platforms such as Twitter or Facebook have now become communications tool in their own right. Organisations, businesses, politicians and individuals alike are all virtually connected.

Gemma Finnegan is one of the co-facilitators of nhssm (NHS Social Media), a Twitter account (@nhssm) which discusses how the NHS can use social media to benefit patients and staff. She has been involved with nhssm for two years and has seen the difference that Twitter has made to the interactions between staff, employers and patients in the NHS. Gemma said: “The overarching change that has come with social media is how it has tackled the hierarchy of the NHS by turning it on its head into a horizontal power structure, because of the intimacy and the transparency that social media demands.”

Social media offers a platform of communication and engagement for everyone. There is an increasing amount of online patient communities who share their concerns and views as well as inform themselves on their conditions. “What you are seeing with online patient communities, is a growing number of patients who are very knowledgeable. Doctors have to adapt to informed patients, there is no longer the hierarchy of ‘doctor knows best’”, says Gemma. “But it also means that there is real potential for trusts to respond in real-time. Social media is a really powerful tool for turning around a potentially negative situation and creating a patient advocate for their trust and the reputational quality of the trust,” she added.

In 2012, an independent research by Imperial College London showed that better-rated hospitals through patient feedback left on the NHS Choices website, tended to have lower death rates and lower readmission rates. It was the first research to link unsolicited patients ratings and objective measures of quality, signalling that online patient feedback may be more insightful and valuable than previously thought.

“There are a lot of data available to the public on hospital performance, but people rarely use conventional measures and often find them difficult to understand,” said Dr Felix Greaves, from the School of Public Health at Imperial College London, who led the study. “Our results suggest that NHS Choices ratings may provide useful and relevant information for patients making choices about their care.”

The results also showed that the majority of ratings were positive, with 68 per cent of respondents saying they would recommend their hospital to friends. “This means it’s not just used by people wanting to complain about their care,” Dr Greaves said.

The positive feedback received by staff meant that they felt valued and therefore provided better patient care.

While social media and the online communities are a powerful tool for patient voices, it is also been very attractive to professionals who have also created their own communities such as #wenurses, #nurchat, nhssm or even #teamAMU. It connects individuals from different trusts, different professional backgrounds and different practices to one non-geographically restricted space. Gemma Finnegan said: “At the moment conversations in the NHS around culture change and leadership are happening on Twitter. The innovations that are possible are being discussed there, I call it social learning. There is potential there for learning what is happening around the country. There is an opportunity there for those who want to influence the changes before they get established and embedded.”

She continues, “There’s a lot of fear and many organisations are risk-adverse because it does put them out of their comfort zone. David Foord (@DGFoord) who works for NHS 111 said: “we trust our staff with patients’ lives, so why don’t we trust them with social media?” It’s quite a patronising to professionals to think that they wouldn’t know how to be appropriate.”

#nhssm takes place every Wednesday from 8-9pm on Twitter. #NHSSM is voluntary run by people who use social media and who worked within the NHS.

SAMGlasgow will host an introduction to social media in acute medicine.
Healthcare assistants to be given greater training and career development in England

This summer was certainly a busy summer for health care reports. One of these was the Cavendish Review which recommends further training and development of healthcare assistants (HCAs).

The Cavendish Review, written by Camilla Cavendish, associate editor of the Sunday Times proposes a national certificate in fundamental care and the development of a career framework for HCAs in health and social care.

Liz Lees, Society for Acute Medicine (SAM) nursing representative and nurse consultant in acute medicine is the author of the recent “Principles for safe patients transfer and handover in the acute medical units” (June 2013). The SAM document is written for HCAs working in acute medical units (AMU) or in similar areas where the regular transfer of patients represents a significant proportion of HCA activities.

Liz Lees said: “A national Certificate of Fundamental Care will impact upon hospitals at a corporate training level; however AMUs will need to take responsibility for local training, induction and performance of HCAs. One way forward would be for AMUs to develop a standard creating parity of induction for HCAs which recognizes both ‘routine and advanced’ tasks carried out by HCAs within an AMU setting.

Dr Chris Roseveare, SAM President said: “HCAs are a key part of every acute medical team and have a particularly important role in ensuring the safe transfer of patients out of the acute medical unit (AMU). This has been highlighted in Liz Lees’ recent report published on our website.”

The full report will be presented and discussed at our Glasgow conference this October.
In spring 2013, the Royal College of Physicians (RCP), NHS Confederation, the Society for Acute Medicine and the College of Emergency Medicine brought together frontline professionals, leaders, policymakers and innovators in health care to consider the future for urgent and emergency care services. The priority areas for action below are a direct output of those discussions:

1. We must develop effective and simplified alternatives to hospital admission across seven days
   We must ensure that patients have access to expert diagnosis and assessment in different settings, and ensure there is clear information on the services available to them. These services should be centred around, and respond to, both the physical and mental health needs of patients.

2. We must adjust the financial incentives across the system so that they support effective management of demand for unscheduled care
   We need the resources to invest in primary, community and social care, so they can contribute to providing effective urgent and emergency care services. The marginal tariff provides a mechanism to realise this investment, which should be transparent and driven by local commissioners.

3. We must focus on supporting patients to leave hospital seven days a week
   Hospital teams should ensure early planning for discharge from hospital, involving a range of health care professionals. The use of ‘step down’ care facilities who need supportive care but not a hospital bed, should be extended.

4. We must organise high-quality consultant-led hospital services across seven days
   We must reorganise hospital care so that patients have access to consultant-led care regardless of the day of the week. A consultant physician should always be available ‘on call’ and should be present in the acute medical unit for at least 12 hours per day, seven days per week with no concurrent duties except the delivery of care to acute admissions.

5. We must promote greater collaboration within the hospital and beyond to manage emergency patients
   We must promote a collaborative model of care, including senior-decision making in the emergency department and acute medical unit. Multi-specialty teams, with expertise in physical and mental health, should work in a network across the hospital and community to manage patients on an emergency care pathway.

6. We must ensure there is sufficient capacity within the hospital, and the wider system, to meet changing demand
   We must ensure that there is adequate bed and staffing capacity to meet the needs of patients admitted as emergencies. Wherever possible each day should start with some unoccupied beds on the AMU. Likewise, community health and social care capacity, with appropriate support from medical teams, should be increased, in order to absorb preventable unscheduled admissions.

7. We must focus on ambulatory (‘day case’) emergency care where appropriate
   Those involved in commissioning and planning emergency care services must focus on ambulatory emergency care where they can, setting out which admissions they consider to be avoidable, and what proportion should be more appropriately managed in the community. This should relieve pressure on the AMU, the Emergency Department and more widely within the hospital.

8. We must develop a sustainable workforce, fit for the future
   We need to ensure that emergency medicine and acute medicine remain attractive career options. Job planning must take into consideration the intensity of workload as well as the numbers of hours worked to ensure the long-term sustainability of a consultant career in these acute specialties.

9. We must show leadership
   We must further enable leadership development and cultural change within the NHS, through promoting evidence-based decision making, new organisational values and behaviours, and public transparency.

10. We must focus on public health and preventive health strategies
    We must support early intervention and preventative strategies where extra investment on community and preventive health is required; specifically, the future payment mechanism should be designed to support coordination of these services.

The full document may be accessed here.

The consultation which is now closed, asked healthcare practitioners, patients and the general public how emergency care services should be designed and set-up in the future.

The principles are in line with SAM’s commitment to seven day working for consultants in acute medical units; early recognition and implementation of National Early Warning Scores across the UK as well as our commitment to the collaboration of emergency and acute care to develop ambulatory and admission pathways which ensure safe and effective high quality care for patients arriving in hospital in an emergency as highlighted in our response to the CEM report in May 2013.

The recent challenges in urgent and emergency care highlighted in the press accentuate the pressing need to review the system as a whole. The Society for Acute Medicine believes this consultation is a step towards this which calls for seven day working in acute medical settings, a strong multi-disciplinary team and the importance of onsite acute medical units in hospitals with A&E departments.

Dr Chris Roseveare, SAM President said: “This is a step in the right direction. It is vital to recognise the value of the AMU in reducing crowding in emergency departments. Ensuring rapid triage of patients to the most appropriate hospital bed is an essential component in relieving some of the current pressure in the ED. In some cases this may involve direct admission into a speciality service; however for a large proportion of patients the specialty need is not clear-cut at the time when the decision to admit is made. Furthermore many of these patients may need a period of close observation while their condition is stabilised. The AMU plays a vital part in ensuring safe care for this group of patients as highlighted recently in the RCP Acute Care Toolkit 6.”

The Society is actively engaged in the next part of the review with NHS England, in which new models for urgent and emergency care are being designed. Examples of good practice, including models developed by SAM members are being utilised and shared to provide whole system improvement. The next phase of this document will be published later this year.
The Society for Acute Medicine
7th International Conference
SECC Glasgow
3-4 October 2013

This RCPL CPD accredited meeting will appeal to any clinician involved in the care of patients with an acute medical illness. Clinical updates, topical debates and presentations of the latest acute medical research will highlight the key challenges of acute and general medicine.