



SAM Newsletter November 2015

Including.....

- Spread the word about Acute Medicine
 - **Acute Medicine Awareness Day Thursday 19th November 2015**
- **Take AIM Saturday 14th November 2015**
- SAM and trainee contracts
- SAM Conferences
- Royal College of Physicians Graham Bull Prize
- SAM Honorary Fellowship and EFIM (European Federation of Internal Medicine)
- Members Section
 - Ragit Varia, St Helens & Knowsley Teaching Hospitals NHS Trust
- Frailsafe
- ECIP
- Research Committee
- Spread the Word of Acute Medicine

If you have anything you wish to share with members please let me know by e-mailing administrator@acutemedicine.org.uk, especially with your plans in the lead up to our next Acute Medicine Awareness day on Thursday 19th November 2015.

Acute Medicine Awareness Day

19 November 2015

This year we have decided to run an Acute Medicine Awareness Day, as opposed to a whole week. The date was chosen to coincide with our Take AIM campaign. The idea of the awareness day is to showcase our services locally, possibly raise some money for the unit but above all have some fun, especially with winter just around the corner.

So far this year **18 units** have signed-up. The most common activities include stands and cake stalls. The most ambitious event is being run by Joey Giles from University Hospital Coventry & Warwickshire, where plans are being made for the AMU team to climb Mount Snowdon.

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Participating units are:

1. Altnagelvin Area Hospital
2. Barnet General Hospital
3. Bradford Royal Infirmary
4. Calderhale Hospital
5. Countess of Chester Hospital
6. Crosshouse Hospital
7. Frimley Park Hospital
8. Manchester Royal Infirmary
9. Queens Medical Centre
10. Royal Blackburn Hospital
11. Royal Bolton Hospital
12. Southmead Hospital
13. Sunderland Royal Hospital
14. Surrey and Sussex NHS Trust
15. University Hospital Coventry & Warwickshire
16. West Suffolk Hospital
17. Stoke Mandeville Hospital
18. Whipps Cross Hospital

In 2014, a very successful event was run by Dr Nigel Lane at University Hospitals North Bristol NHS Trust. Nigel provided feedback to SAM about running a successful event; top tips include

- Engage the whole team, with shared aims and objectives
- Seek help from your Trust's communication team – might even be an article for your local paper or external Trust website.
- Social media
- Proactively let the executive team know – especially the chief executive
- Target an audience – in Nigel's case local GPs were very impressed by acute medicine

If you are planning an event this year please let us know and make sure to register your unit. A registration form can be found at:

<http://www.acutemedicine.org.uk/sam-conferences/acute-medicine-awareness-day-19-november-2015/>

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Take AIM

Take AIM is an initiative between SAM and HEE to encourage doctors to take-up a career in Acute Internal Medicine. The work is led by six trainee fellows. They have organised a fantastic conference on Saturday 14th November 2015 in Manchester. They have put together an excellent programme to inspire Foundation and Core Medical Trainees to join Acute Internal Medicine. The programme has clinical elements as well as some talks to tell people what we do and what we are about. The cost is only £50. Details are on the website <http://www.acutemedicine.org.uk/sam-conferences/takeaim-conference-14-november-2015/>.

Please pass this information to your team and encourage them to attend.

SAM and trainee contracts

On 15 October 2015 we wrote an open letter to the Secretary of State for Health expressing our concerns about the imposition of a new contract for junior doctors <http://www.acutemedicine.org.uk/news/open-letter-to-jeremy-hunt-from-the-society-for-acute-medicine/>. Our letter was well received by followers on social media and more importantly it was quoted in the national press: <http://www.theguardian.com/politics/2015/oct/15/doctors-cabinet-office-investigate-jeremy-hunt>.

At the time of writing this newsletter changes to the proposed junior doctor contract have been announced, although unfortunately, the fine detail of the new proposals are not clear. The new deal *might* support doctors working in acute specialties to reflect their unsocial hours and of course we would fully endorse this, assuming the proposal is true. However, the initial response from many quarters is rightly sceptical, with the announcement being made via the media and on the eve of an industrial action ballot by the BMA. SAM's position remains very clear, which is to maintain the best care for patients through a properly resourced workforce and we will not support an inadequate compromise deal. <http://www.acutemedicine.org.uk/news/sam-statement-on-latest-department-of-health-junior-doctor-announcement/>.

We feel encouraged with progress in getting our message into the public domain; what gets into the public domain is only the tip of the iceberg in terms of the action being taken by our press officer Matt Watts. Solidarity in defending the NHS at this time must be greater than it has ever been. Over the coming weeks we will be continuing our media campaign to support junior doctors and highlighting acute medicine's response to winter pressures.

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Matt and I strive to have our voice heard through traditional media outlets but we would greatly appreciate your support through social media.

SAM Conferences

SAM Belfast 2016 – May 5th-6th 2016

In May 2016 we are returning to the island of Ireland, having visited Dublin in 2012. Our local organiser is Dr Michael Trimble, supported by our Immediate Past President Dr Alistair Douglas, as well as Jan and her team. It is vitally important that we support acute medicine and its ongoing development in Northern Ireland. The provisional programme will be on the SAM website within the next few days.

SAM Edinburgh 2016 – September 12th-13th 2016

For our 10th International Scientific Meeting we are joining forces with the Royal College of Physicians of Edinburgh. The theme of the meeting will be 'Past, Present and Future'. All of the usual SAM features from the autumn conference will be represented such as the perennially brilliant masterclasses and 'Cases that Changed my Practice'. For the main sessions delegates will be able to move around as if it were a normal SAM conference. However, the reputation of the Edinburgh College is attracting a range of international speakers that is literally breath-taking.

SAM Honorary Fellowship and EFIM (European Federation of Internal Medicine)

Thank you to everyone who nominated colleagues or themselves. We are pleased to say that in both categories we received more applications than the available fellowships or EFIM places. We are now reviewing the applications and hope to announce the outcome next month.

Royal College of Physicians Prize

We have been asked to tell our younger members (under the age of 45 years on 1st April 2016) about the Royal College of Physicians of London '**Graham Bull prize in clinical science and Goulstonian Lectureship**'. This is a very prestigious award for a young researcher. I guess that traditionally pure science dominated the research arena but as we all now know

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how we deliver care is just as important. I am certain there is someone in our ranks who can make a challenge for this award!

Members Section

I was hoping that newsletter would provide a platform for SAM members to raise questions and set the agenda for acute medicine. I am therefore indebted to Dr Ragit Varia, Consultant AMU Physician at St Helens & Knowsley Teaching Hospitals NHS Trust for highlighting the need to look at issues around Main Specialty codes and Treatment Function codes in acute internal medicine. This is something we will be actively looking at.

Frailsafe

SAM work with a number of partners to promote the best care for patients in acute environments. Frailsafe is a checklist designed to improve safety and reliability of acute care for frail older people in hospital. Dr Natalie Offord, Quality Improvement Fellow and Frailsafe Programme Manager, describes the project:

It is well recognised that most people admitted to hospital are over the age of 65; a significant proportion of this group will have multiple co-morbidities and many will be living with frailty. There is no doubt that this patient population is vulnerable to in-patient harm and its consequences, and deficiencies in care for older people in hospital have rightly been the subject of much media attention in recent years. We are not short of evidence for the best care to avoid harm. We know that interventions such as early mobilisation, careful medication review and attention to pressure area care from the moment of admission all contribute to better outcomes. So how do we translate this into practice, and improve acute care for frail older people on medical assessment units?

Frailsafe is a checklist of seven areas relevant to the care of frail older people, where there is an evidence base for effective management in the early stages of an acute admission to hospital. The checklist is designed to be completed by two people, using a check-and-challenge approach analogous to a co-pilot and pilot completing a pre-flight checklist. Frailsafe has been tested by 12 sites across the UK over the past 12 months, as part of the British Geriatrics Society-led Frailsafe Collaborative. This initiative has been supported by a Health Foundation grant, and partner organisations include Age UK and the Royal College of Physicians. The collaborative has adopted a structured quality improvement approach to learn how to implement the Frailsafe checklist on medical assessment units, in a way that engages frontline staff and harnesses the power of their knowledge and expertise within their local context. The final evaluation of Frailsafe is under way, and we hope to publish outcomes from the collaborative in the near future. Until then, if you would like to learn more about Frailsafe please visit www.frailsafe.org.uk, follow @frailsafe on Twitter, or email natalie.offord@sth.nhs.uk.

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Emergency Care Improvement Programme (ECIP)

From Dr Vincent Connolly, Medical Director ECIP and member of SAM Council:

ECIP is a clinically led programme designed to offer intensive practical help and support to 28 urgent and emergency care systems under the most pressure. It will help deliver improvements in quality, safety and patient flow. ECIP will help improve care for patients, with a particular focus on improving system performance across the winter months when systems are working under additional pressure.

There is good evidence to show that improving patient flow saves lives, and that patient flow is intrinsically a whole system issue. ECIP will be working with System Resilience Groups to help them implement evidence based tried and trusted improvements. ECIP includes an enhanced and expanded ECIST team who will work with these systems to provide support.

ECIP have also developed a patient flow heat map to identify where in the system the potential blockages are. The programme will look to share this information with staff as widely as possible.

The success of ECIP will be measured against patient outcomes and experience as well as improvements to the emergency care four hour waiting time standard. Please visit the ECIP website to find out if you are in one of the 28 systems and to access your data www.ecip.nhs.uk.

Research Committee

Getting Started with Research in Your AMU

Richard Body and Matthew de Costa's talk at the Research Session on how to embed research in AMUs was rated as one of the best at SAManchester. This supports the findings of the RCP's recent survey on research (published in *RCP Commentary*, October 2015), which found that many doctors want to be involved in research, but do not have the time or funding. Richard and Matt underlined that becoming a recruitment site for CLRN portfolio studies can be the first crucial step is gaining funding and support for research. A full list of the relevant studies can be found at:

<http://public.ukcrn.org.uk/search/Portfolio.aspx?Level1=20&Status=34>.

Richard Body has agreed to come to Edinburgh Conference and run a workshop based on his experiences of building a successful research department from scratch.

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Getting Published

The abstract and poster adjudicators are always struck by the high quality of work presented at SAM conferences. Although eminently publishable, very few articles find their way to peer review and publication, especially in Acute Medicine, SAM's journal. We are keen to work with members who may need some support or advice to take their poster to the next level. Please contact us if you feel we can help.

Spread the Word of Acute Medicine

Finally and as I have touched on a number of times already, we need to involve members in everything we do and we need to expand our non-medical membership. Therefore could I please ask for your help with three simple things:

1. Please ensure that your unit's details are uploaded on our website's unit directory. The directory is a resource for all of us to share the way we deliver our service.
2. Please try and develop a SAM noticeboard on your unit. In our unit the noticeboard has a variety of SAM related things, including posters presented at meetings.
3. **Please pass this e-mail to a colleague who is not a SAM member, especially a non-medical colleague.**

Mark Holland

President, The Society for Acute Medicine

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