



# NEWSLETTER

August 2016

## SAMmer Holiday Special

Including.....

- **Edinburgh Past, Present and Future – September 12<sup>th</sup>–13<sup>th</sup> 2016**
- Medical Care
- Trainees
  - SAM press release on trainee contracts
  - Win a place at EFIM (European Federation of Internal Medicine)
  - Trainee election
- International Acute Medicine
  - Republic of Ireland
- GIRFT
  - Getting it Right First Time

Remember.....

If you have anything you wish to share with SAM members, please let us know by e-mailing [administrator@acutemedicine.org.uk](mailto:administrator@acutemedicine.org.uk)

PRESIDENT	PRESIDENT ELECT	SECRETARY	TREASURER	ADMINISTRATOR
Dr M Holland	Dr Nick Scriven	Dr H Skene	Dr S Crossland	S Donaldson

# Past, Present and Future

The Society for Acute Medicine

August 2016

## Past, Present and Future – Edinburgh, September 12<sup>th</sup>-13<sup>th</sup> 2016

Detail and registration at: <http://www.pastpresentfuture2016.org/>

**A**cute medicine – clinical and organisational

**C**ontemporary – unique opportunities for trainees and non-medics to present

**U** must not miss

**T**hrough the ages – Past, Present and Future of medicine with unrivalled clinical CPD

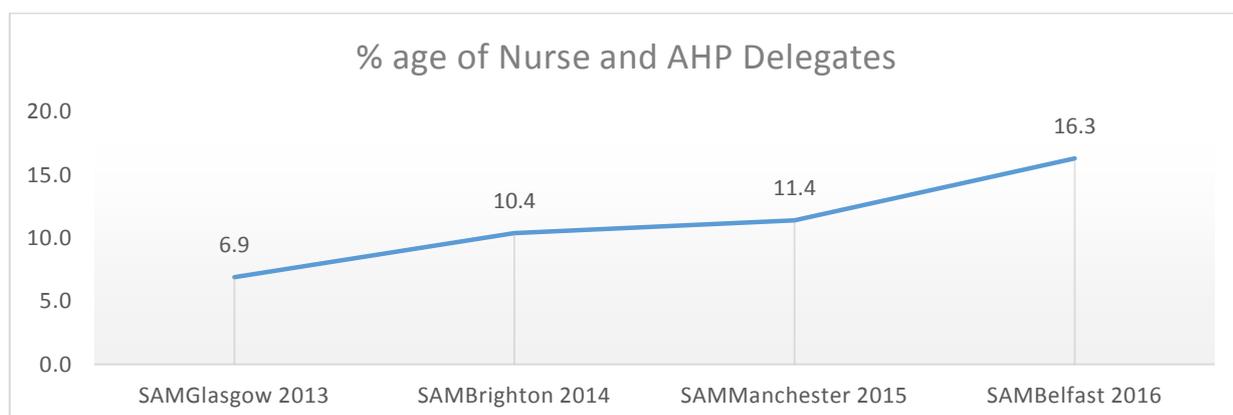
**E**ducational, entertaining and embracing the multiprofessional team

We are now less than three weeks away from our 10<sup>th</sup> International Scientific Conference, jointly hosted with the Royal College of Physicians of Edinburgh. Our aim to attract a record number of delegates is on target.

This conference is unique with a truly world-class programme. We are obviously delighted that Her Royal Highness The Princess Royal will be attending the final session to close the conference.

Past, Present and Future is more than clinical CPD. SAM conferences consistently deliver up-to-date thinking in service delivery and development. Never has this been more important than now, as we head into another difficult winter. We have our traditional autumn staples of masterclasses, MDT sessions, research and trainee sessions. The programme has been developed to make sessions less didactic, allowing more audience discussion and participation.

As always, a special mention for the multiprofessional component of our meeting. The attendance rate for nurses, pharmacists and allied health professionals continues to increase, as shown in the graph below. We have more sessions than ever for non-doctor colleagues in Edinburgh and of course the special rate for non-doctors of 3 for the price of 2. **I am grateful to everyone who sponsors their multiprofessional team to go to SAM and for those who cannot get sponsorship just nag your consultants until they give-in and pay-up!**





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I asked our Vice-President Dr Nick Scriven for his thoughts:

*'The upcoming Society for Acute Medicine conference in Edinburgh is special to 2 reasons, not only is it our landmark 10<sup>th</sup> International Conference but for the first time we have worked with the RCPE to hold a joint conference with not only 4 plenary but also over 50 other sessions, including all the usual SAM favourites covering all aspects of multidisciplinary AMU work but many more. For me the benefits are to go to areas I have not seen recently at SAM especially Tuberculosis and Respiratory Failure, as these are my two main subspecialty interests away from AIM. The joint working has allowed us to invite renowned speakers from far and wide, and whose practice is perhaps not AIM but who can give us valuable insights and education into areas we all see in day-to day practice up and down the country.'*

*The plenary I'm most looking forward to is Plenary 2 with Professor Nigel Edwards talking – those who have heard him speak before will know they will be hearing from one of the country's leading experts – I would urge everyone to listen to him very carefully as he is sure to be insightful and has in the past been more than a little provocative and thought inspiring. For those new to AIM/AMU the first parallel sessions (1.1, 2.1) will be a good introduction to various models of care and should encourage a healthy debate.'*

### **No such thing as a free lunch**

We have run competitions for free places at Edinburgh for members from the multiprofessional team. I say free, the two winners have kindly agreed to join the SAM stand and tell prospective members why and how they got inspired.

### **Vicky Mummery**

Specialised Respiratory Physiotherapist from St George's University Hospitals NHS Foundation Trust, London. I have a passion for Acute Medicine and hold specialist interests in non-invasive ventilation, neuro-muscular disease and extended roles of the physiotherapist working in acute medicine. Currently completing my MSc in advanced assessment and non-medical independent prescribing.





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### Johnathan Elliott

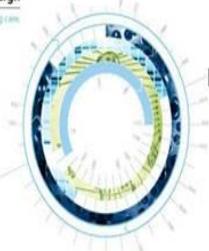
*As a senior nurse I have worked in a variety of acute care settings and am due to complete training as an Advanced Nurse Practitioner in Acute Medicine at Manchester Royal this October. I felt privileged to present at last year's SAM Manchester conference regarding my experience as a trainee working within Acute Medicine and would like to thank the Society for naming me the winner of the SAM Awareness Board competition 2016.*



Please visit the website and look at the programme. Edinburgh is the 'must-go-to' meeting this year.

The NHS needs solutions now to provide stability; Edinburgh is not just for clinicians, it is an ideal opportunity for your managers to hear how our acute community can provide quality and safety for patients during this most difficult of times.

Royal College of  
Physicians of Edinburgh  
Educating Doctors, improving Lives



Edinburgh International Conference of Medicine  
Past, Present & Future

12-13 September 2016  
Edinburgh International Conference Centre



# Medical Care

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## Medical Care

Medical Care is a web-based resource produced by the Royal College of Physicians of London. SAM were invited to write the section for Acute Internal Medicine. The content provides a summary of the work we do in acute medicine and the structure of our services, as well as our role in training physicians of the future. All of the medical specialties are represented.

<http://www.rcpmedicalcare.org.uk/>

<http://www.rcpmedicalcare.org.uk/designing-services/specialties/acute-internal-medicine>



# Trainees

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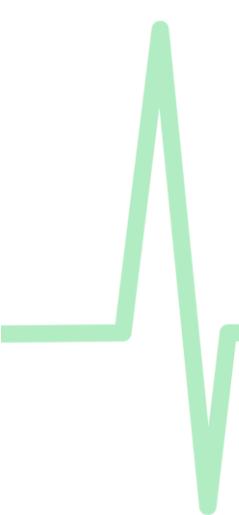
## Win a place at ESIM (European School of Internal Medicine)

SAM is a member of the European Federation of Internal Medicine (EFIM). EFIM holds two week long schools for trainees each year, one in the summer and one in the winter. Each year we sponsor two trainees to attend a meeting.

Our two scholarships are allocated through open competition. Prospective candidates should contact the SAM office for details at [administrator@acutemedicine.org.uk](mailto:administrator@acutemedicine.org.uk)

## Trainee Election

I am delighted to welcome Dr Neil Patel to SAM Council as a trainee representative, joining Dr Sanjay-Krishnamoorthy. I am equally sad that Dr Nick Smallwood has completed his tenure. Nick's legacy is huge, having helped establish formal ultrasound training with FAMUS.



# Internal Acute Medicine – Republic of Ireland

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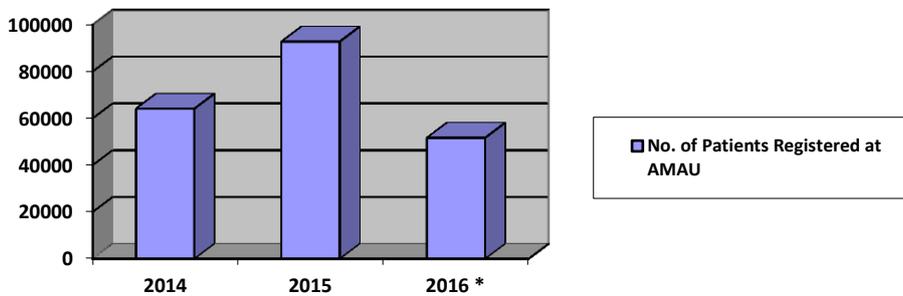
Thank you to Gemma Leacy, Project Coordinator with the Acute Medicine Programme, Royal College of Physicians of Ireland / Health Service Executive for the following update on the National Acute Medicine Programme in Ireland.

*'In January 2014, the National Acute Medicine Programme commenced collection of data on Patient Experience Times (PETs) which identifies the number of patients registered in AMAUs and MAUs with a PET of <6 hours, this data will drive continuous improvement in the patient's experience. It is a transformational change programme representing a radical, generational change in the way physicians and hospitals work with senior doctors (decision makers) to review acute medicine patients within 1 hour of registration. Currently, there are 31 sites reporting data on a monthly basis.*

*As you can see from the bar chart below, the number of registered patients at AMAU/MAU units is growing. In 2014, 64,137 patients registered in AMAUs and in 2015, 92,801 patients registered. This is an increase of 44.69%. 2016 is already seeing a positive growth in numbers with 51,699 patients registered in AMAUs up to the 30<sup>th</sup> June 2016. It is expected that there will be over 100,000 medical patients registered by the end of 2016. The program targets to have 45% of acute medical patients seen in AMAUs by 2017 – thus reducing pressure on our Emergency Departments. The second bar chart below displays the number of patients who were discharged or admitted from AMAU within 6 hours of registration.*

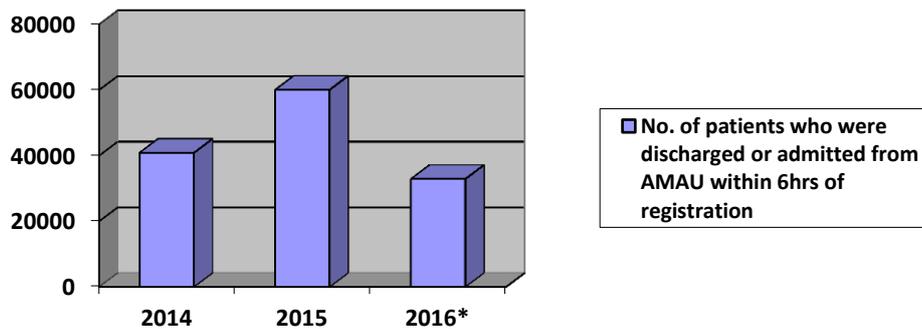
**Number of Patients Registered at AMAUs**

\*No of Patients Registered YTD (June 2016)



**Number of Patients Who Were Discharged or Admitted from AMAU Within 6 hours of Registration**

\*No of Patients Registered YTD (June 2016)



*In next month's article, we will talk about the National Quality Assurance Intelligence System (NQAIS) Clinical which is a new system that is being introduced to AMAU sites. NQAIS is an essential electronic tool to capture data on medical patients to deliver further efficiencies with the implementation of the National Acute Medicine Programme.'*



# GIRFT – Getting it Right First Time

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GIRFT is a report from 2012 published by Professor Tim Briggs and looking at improved care pathways, patient experiences and efficiency savings in orthopaedic surgery. Building the report and in light of the Carter Report, this work is now being expanded to include medical specialties. Professor Tim Evans, perhaps best known to SAM members from his work with the Future Hospital Commission, is leading the medicine arm of the project.

SAM are now in discussion to look at the contribution of acute medicine to the project. [Tova Turkel from the Department of Health](#) has written the following update for the Newsletter.

#### ***'Carter report and implementation***

*In February 2016, Lord Carter published his independent report on unwarranted variation in operational productivity within English acute trusts. The report found that there was potential for these trusts to realise at least £5bn of efficiencies by 2020-21 from the £55bn that they spend each year. Fifteen recommendations, all accepted by Secretary of State Jeremy Hunt in February 2016, set out how productivity improvements and efficiencies could be made across a range of areas in hospitals including workforce, medicines, procurement, diagnostics, estates and facilities and back office costs.*

*The report also set out the role that NHS Improvement should take to implement the recommendations by coordinating and supporting trusts to deliver these efficiencies. NHS Improvement is currently in the process of setting up its new Operational Productivity Directorate to take this work over from the Department of Health, and accelerate and scale it up.*

*Our National Director of Clinical Productivity, Professor Tim Evans and our National Director of Clinical Quality, Professor Tim Briggs will continue their leading roles to deliver the programme's objectives.'*

**Whether you take the high road or the low road, please get to Edinburgh for September 12<sup>th</sup> and 13<sup>th</sup>.**

Many thanks for now,



Mark Holland

President, The Society for Acute Medicine