



NEWSLETTER

January 2017

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

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Winter Pressure

The Society for Acute Medicine

January 2017

Winter has finally arrived, meteorologically anyway. For about a year we have argued that the NHS now lives in an 'Eternal NHS Winter' and last week I suggested that the current crisis is a 'Bad Blizzard'. The situation that unfolded after Christmas and the New Year was not unexpected; more worryingly it occurred on the background of normal winter conditions. In the North West, rates of influenza were just above the median, RSV rates were on the way down and the weather was exceptionally warm; we had the second warmest Christmas on record. I think this is important because our baseline ability to cope has been slowly eroded and a relatively normal winter now knocks us off our feet.

I think we are all sensible and intelligent people and accept there are no easy answers or solutions. Through the media (see below) we have been arguing for the government to acknowledge this crisis. Of course, cash and more resources are needed but I think whenever we say this we also need to say how tax payers' money should be spent wisely. Last year I met Simon Stevens, CEO to the NHS, at a roundtable meeting organised by the RCP in London. I said that if I were given a billion pounds I would spend every penny on improving social care; if we can free up beds on wards and enhance our position to discharge people from AMU, patient 'flow' will improve.

Whilst the government have chosen to play-down the full extent of the pressures on acute and emergency services, the statement to parliament by Simon Stevens was telling and in context it was damning. He predicts that 2018 will be the worst year.

The Francis Report of 2013 made it clear that our duty is to our patients. My interpretation was that Francis also gave us a clear mandate to speak out against practices which we see as wrong. In the current climate, I suggest we have all witnessed examples of failing systems. Clearly, how we articulate the message is a matter of personal choice. In SAM's dealings with the media I have tried to convey a global picture based on the feedback I receive from colleagues and members. The subject of speaking out was tackled by Professor David Oliver recently in his weekly BMJ column: <http://www.bmj.com/content/bmj/356/bmj.j146.full.pdf>

Last week I was invited to an NHS Improvement workshop. SAM has long argued that whilst the four-hour emergency access target is necessary, at the same time we need more refined measures to tell us if we are delivering quality care. I suggested that during surges in activity the four-hour target remain in place but our efforts should be measured more holistically in terms of the care we provide for patients. **Pressure on clinical staff must be relaxed to focus on providing care.** The politicians tell us that we cannot afford the health service we want and need; this may be the case but we are not arguing for luxury perfusion. During a normal year, it might be reasonable to expect us to invoke the 'Dunkirk Spirit' on one or two occasions, and for a brief time only; we are working in acute medicine and some degree of uncertainty will always exist. What we cannot accept is continuing with the current level of demand with the resources at our disposal. When this blizzard has blown through we will still face winter conditions.

Positioned as we are in the health-chain and with our generalist hat-on, sprinkled with a huge dose of common sense, we are uniquely positioned to argue that change is overdue but more importantly, how we can make things better.



Winter Pressure

The Society for Acute Medicine

January 2017

I am grateful to everyone who has written to me about their experiences of the winter so far. Dr Rachel Knight (ST7) has kept a diary outlining her experiences. I am grateful to Rachel for allowing me share her thoughts in the newsletter.

A thought for the Medical Registrar

“Starting with a debrief for the outgoing team followed by being asked to post-take the burgeoning medical assessment unit currently housed in A&E majors, maintain clerking of the newly referred patients, run the crash team, and respond to constant contact from the surgical nursing teams to review medical outliers; it feels as though this friendly medical registrar may finally have reached a limit.

Leading 7 crash calls over 3 days and seeing the look in the FY1s eyes – this is their first one. I need to get back to A&E but right now I need to debrief our newest team member into the emotional experience of the in-hospital arrest. It pangs, the sensation of desensitisation. That the cycles of ALS performed and led now blur into an unending cacophony of H’s and T’s and stepping in to take responsibility to stop, to lead, to reassure.

The surgical nurses’ calls for attention are unending – their juniors only see their team’s patients and no one else is taking any responsibility – so it falls to the medical registrar – again. The person that everyone looks to, the medical Reg – they’ll know what to do let’s give them a call.

Bleeps keep coming From the Tertiary Centre repatriation, orthopaedic team, surgical FY1, Obs & Gynae to my own team. A pregnant lady with a headache, an elderly patient with a #NOF who has low sats, the post op unwell elderly man. I manage the 5 LPs, thoracic USS for empyema and discuss with the radiologist the several urgent scans required and prioritise them in order of urgency.

It feels as though we exited the fighting fires tactic and are left running from fire to fire spitting on each one.

Oh there goes the bleep again...

R

Rachel’s experiences probably echo yours too. Sometimes when we report difficult experiences we are criticised for being negative but I disagree. I think it is important to listen and acknowledge people’s concerns; in that way we can make things right. The RCP in London have also acknowledged the need for change. Their campaign is [Mission: Health and](#) includes [Underfunded, under doctored, overstretched](#), [Being a junior doctor: Experiences from the frontline](#) and [Keeping medicine brilliant: Improving working conditions in the acute setting](#).

<https://www.rcplondon.ac.uk/guidelines-policy/keeping-medicine-brilliant>

<https://www.rcplondon.ac.uk/news/underfunded-underdoctored-overstretched-nhs-2016>

<https://www.rcplondon.ac.uk/guidelines-policy/being-junior-doctor>

I think in every sense, Rachel has kept medicine brilliant.



SAMBA Academy

The Society for Acute Medicine

January 2017

Saturday 18th February 2016, Christie Hospital, Manchester

Registration 9.30 am (CPD application pending)

Free Course – Tea and Coffee Provided

We are now less than six months away from our annual Society for Acute Medicine Benchmark Audit (SAMBA). SAMBA lead, Dr Chris Subbe, has again organised a SAMBA Academy to plan this year's event. Last year's inaugural Academy allowed colleagues to shape the audit programme. If you are interested in shaping SAMBA17 please visit our [Survey Monkey](https://www.surveymonkey.co.uk/r/SAMBA17) at <https://www.surveymonkey.co.uk/r/SAMBA17> as well as registering at administrator@acutemedicine.org.uk. The focus of the 2nd SAMBA Academy will be:

- Improving the data collection format
- Determining the theme for 2017
- Exploring different feedback formats for participating SAMBA centres.

SAM Cardiff – May 4th and 5th 2017

The webpage and link to registration are now up and running at: <https://www.eventsforce.net/samcardiff2017>

Christine Lawson has asked me to remind you that

- The [Early Bird Discount](#) runs until 28th February 2017
- [Abstract Submission](#) closes on 5th March 2017

As I have previously mentioned, we are holding an [extraordinary AGM](#) with proposed changes to the constitution. The proposed changes will be sent to all members by the end of this month. We will also be outlining our [Vision, Governance and Strategy](#).

Trainees

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

This is our last call for applications – closing date midnight 31st January 2017.



SAM in the Media – January 2017

The Society for Acute Medicine

January 2017

On Monday 2nd January, the Society for Acute Medicine issued the following press release calling on the government to announce its contingency plans ahead of "potentially the worst January" the NHS has faced:

<http://www.acutemedicine.org.uk/news/top-doctor-calls-on-government-to-announce-nhs-contingency-plans-ahead-of-worst-january/>

This was covered by The Guardian, ITV News, Daily Express, Daily Mail, i newspaper, The Sun and The Morning Star:

<https://www.theguardian.com/society/2017/jan/02/nhs-could-face-its-worst-january-as-it-struggles-with-festive-backlog-warns-doctor>

<http://www.itv.com/news/2017-01-02/doctors-face-the-worst-january-in-scramble-for-beds/>

<http://www.express.co.uk/news/uk/749185/NHS-worst-January-credit-bill-hell-Holland-President-Society-Acute-Medicine-bed-blocking>

<http://www.dailymail.co.uk/news/article-4082998/Don-t-E-unless-dying-says-official-NHS-advice-consultant-attacks-guidance-patients-not-know-condition-life-threatening.html>

References to the press release continued and later featured in The Independent, while SAM took part in a BBC Radio 2 interview on the Jeremy Vine show to discuss A&E attendances (Friday 6th January).

We were asked to comment by The Guardian about increasing pressures and the reports of the deaths of two patients allegedly left to wait on trolleys at Worcestershire Royal Hospital.

<https://www.theguardian.com/society/2017/jan/06/nhs-faces-humanitarian-crisis-rising-demand-british-red-cross>

This was followed by SAM contributing to the on-going debate on Saturday 7th January on BBC Breakfast News, BBC Radio 4, BBC Radio 5 Live and the news bulletins of BBC Radio 1, Radio Essex, Radio Kent, Radio Suffolk, Radio Cumbria, Radio Leicester, Radio Humberside, Radio Tees and Radio Newcastle:

<http://www.bbc.co.uk/programmes/p04np01h>

<http://www.bbc.co.uk/news/health-38541462>

On Sunday 8th January, we were quoted on The Observer's front page story where we called on the Prime Minister to convene a special version of Cobra, the committee summoned for national emergencies. We were also interviewed by ITV Granada on the same subject:

<https://www.theguardian.com/society/2017/jan/07/theresa-may-urged-to-get-grip-on-nhs-winter-crisis>

Following the first comments from the health secretary Jeremy Hunt on the current pressures facing hospital acute and emergency care, our response was:

<http://www.acutemedicine.org.uk/news/sam-presidents-disbelief-at-health-secretarys-comments/>



SAM in the Media – January 2017

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This featured in a number of national newspapers and as the main story on Sky News bulletins throughout the day on Monday 9th January and was included on the Daily Mail front page article:

<http://www.dailymail.co.uk/news/article-4103942/Hunt-says-one-three-shouldn-t-casualty-ops-axed-999-crews-told-elderly-care-homes-four-hour-wait-targets-up.html>

<https://www.ft.com/content/499f9a44-d68d-11e6-944b-e7eb37a6aa8e>

On Monday 9th January, SAM appeared on Channel 4 News to discuss the current situation and Mr Hunt's comments:

<https://www.channel4.com/news/ministers-deny-nhs-humanitarian-crisis-claims>

We issued two further statements on Wednesday 11th January in relation to a BBC report regarding leaked NHS Improvement documents which showed a record number of patients had faced long waits in A&Es and SAM's individual response to the Royal College of Physicians letter to the Prime Minister:

<http://www.acutemedicine.org.uk/news/a-blizzard-in-an-eternal-winter-sam-president/>

<http://www.acutemedicine.org.uk/news/rcp-letter-to-pm-a-significant-milestone/>

SAM's statement in relation to leaked NHS Improvement data was covered by The Sun and the Daily Mail, while Dr Holland also carried out interviews with BBC North West Tonight and BBC Radio Manchester. Dr Holland then commented on Prime Minister Theresa May's response to questions about the pressures on hospitals across the country:

<http://www.acutemedicine.org.uk/news/sam-president-warns-of-becoming-immune-to-prime-ministers-responses/>

These comments were reported by the Morning Star. On Friday 13th January, SAM issued a statement about data released by NHS England which revealed 65 hospital trusts had issued warnings they were under heavy pressure, of which six had declared the highest state of emergency at some point:

<http://www.acutemedicine.org.uk/news/government-must-accept-we-now-face-national-emergency-in-nhs-sam-president/>

Dr Holland was interviewed live on BBC Radio 5 Live and his comments were picked up by The Daily Telegraph, Daily Mail and Daily Mirror.

<http://www.telegraph.co.uk/news/2017/01/13/ae-crisis-deepens-58-hospital-trusts-issuing-emergency-alerts/>

Dr Holland was subsequently interviewed by LBC Radio and his comments were picked up by the Daily Express and Daily Star.

<http://www.lbc.co.uk/radio/presenters/matt-frei/a-free-nhs-for-all-treatments-will-cease-to-exist/>



SAM in the Media – January 2017

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<http://www.express.co.uk/news/uk/754294/NHS-crisis-doctors-leave-hospital-battle>

Dr Holland and past SAM president Dr Alistair Douglas then featured in a double-page Sunday Express story published on Sunday 15th January:

<http://www.express.co.uk/news/uk/754294/NHS-crisis-doctors-leave-hospital-battle>

On Tuesday 17th January, SAM was referenced in a Guardian article by a nurse who suggested the government could learn from how NGOs respond to health crises:

<https://www.theguardian.com/global-development-professionals-network/2017/jan/17/secret-aid-worker-is-the-nhs-really-comparable-to-a-humanitarian-crisis>

Dr Holland commented on the BMA chair of council Dr Mark Porter's letter to Prime Minister Theresa May:

<http://www.acutemedicine.org.uk/news/marginalising-and-attacking-gps-wrong-sam-president/>

These comments feature in Wednesday 18th January's Daily Mail.

<http://www.dailymail.co.uk/news/article-4130434/We-won-t-scapegoats-NHS-warns-doctors-chief.html>



International Acute Medicine – Republic of Ireland

The Society for Acute Medicine

January 2017

Thank you yet again 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 Q4 2016, the National Acute Medicine Programme (NAMP) staff were busy programme planning for 2017. Over the next few months, we will be updating you on the plans of the programme and the progress we have made.

A particular area that the NAMP team have been looking at is the ICT advancements for the Acute Floor, incorporating ED, AMAU and other acute assessment units for surgery, children, psychiatry, etc.

The National Acute Medicine Programme is playing a central role in shaping and developing ICT systems that will improve patient experience, safety and facilitate a reduction in trolley counts and average length of stay in acute hospitals.

The National Quality Assurance and Improvement System (NQAIS) Clinical is a quality improvement programme that will analyse aggregated HIPE data into meaningful clinical categories. It can be used to clearly demonstrate the impact of the NAMP and other National Clinical Programmes on patient care in terms of reduced length of stay and bed days saved. NQAIS Clinical facilitates evidence based decision making to improve the quality performance of hospitals and encourage adoption of best practice and the National Clinical Programmes Models of Care. The NAMP has been heavily involved in the design and development of both NQAIS Medicine and Clinical with representation on the Design Authority, Steering Group and Working Group. NQAIS Clinical will commence national implementation during Q1 2017.

The NAMP is also integral to the design and development of the forthcoming Acute Floor Information System (AFIS). This system will provide for the real time electronic recording of patient interventions in Emergency Departments, Acute Medical Assessment Units, Acute Surgical Assessment Units and Injury Units, resulting in a paper-lite environment for all unscheduled care provision in acute hospitals that currently have little or no functional systems capable of tracking and monitoring attendances. The NAMP team are contributing to the AFIS design by representation on the project team, developing the business case and requirements specification. It is expected that AFIS will move to the procurement stage in quarter 1, 2017, with a pilot site implementation by the end of the year.



Royal College of Physicians Young Adults and Adolescents Group

The Society for Acute Medicine

January 2017

From Dr Lorraine Albon, Consultant Acute Physician in Portsmouth

Lorraine is undertaking great work in this area and is keen for at least one other SAM member to help her develop the project further.

1. **RCP Acute care toolkit 13: Acute care for adolescents and young adults**

The RCP and Association for Young People's health have conducted focus groups with young people. Lorraine attended a meeting in Southampton which she describes as 'enlightening.' Similar groups are planned around the UK. The focus groups will ensure that the views of young people are taken into account when planning, commissioning and delivering acute care to 16-25 year old patients.

2. **NCEPOD 'Treat as One'** is due to be published 26.1.17. The report looks into remedial factors in the care of patients with mental health issues

3. **The exploitation of vulnerable young adults**

County lines, is a criminal business model used to deal illicit drugs. The growing practice includes gangs exploiting vulnerable children and adults at risk of abuse, including those with mental illness or learning disabilities. Whilst much of the activity to address this problem concerns policing, the action plan being developed will also address what needs to be done to 'raise awareness and develop resilience' across key sectors, including the 'Health sector including mental health services, adult safeguarding, emergency departments and sexual health clinics'. The report from the National Crime Agency's (NCA) second assessment of county lines, published on 17 November 2016 contains more information:

<http://www.nationalcrimeagency.gov.uk/publications/753-county-lines-gang-violence-exploitation-and-drug-supply-2016/file>



Requests for help

The Society for Acute Medicine

January 2017

SAM Fellowship

1. Thank you to those members who have already submitted nominations for the 2017 SAM Fellowship. We are looking for people who have made an extraordinary commitment to acute medicine. Send your nominations to us at the SAM office, maximum 400 words.

This is our last call for nominations – closing date midnight 8th February 2017.

Case Studies

2. We recently held our extraordinary SAM Council meeting. In February 2017 I will be sending members a consultation document which outlines our Vision and Strategy, as well as our Governance structure. The document is meant for both professionals and the public. Despite all our efforts, many people, including professional colleagues, do not understand what we do in acute medicine. Therefore, to make our Vision 3-dimensional, I am looking to put 'case studies' in the document. By this I mean people describing what they do in their acute medicine life and why they enjoy their role. If you have agreement from a patient, we could describe their story to outline how we have made a difference. Or maybe describe your team, unit or service. I am keen to get as many people as possible contributing to the document, to give a real flavour of what we do. We need 150 words maximum and we will send you a draft for review before we publish.

So far, I have received lots of case studies but a few more would be very useful. Thank you.



Other Meetings

The Society for Acute Medicine

January 2017

Medical Trainees Conference – Friday 3rd February 2017

Organised by the Trainees & Members' Committee of the Royal College of Physicians of Edinburgh, Life Science Centre, Newcastle Upon Tyne

Includes:

- Updates in internal medicine, including: hepatology, nephrology, cardiology, oncology, endocrinology, toxicology and obstetric medicine
- Guideline updates
- Case-based discussions
- 43rd Sir John Halliday Croom Lecture
- Keynote Lecture with a panel discussion covering issues relating to the changes in hospital medicine over the next decade and how the medical registrar role can be revitalised.

The event is free to collegiate members of the Royal College of Physicians of Edinburgh and £60 for all others. Full details are on the College website

AKI frontiers 2017 – Friday 31st March 2017

Organised by the Nephrology section of Royal Society of Medicine

Royal Society of Medicine, 1 Wimpole Street, LONDON, W1G 0AE

Early bird rates until Thursday 23rd February 2017, RSM member rates start at £35 and non-member rates start at £45

Updates on key developments in acute kidney injury including, clinical trials, basic science, translational research and epidemiology and quality improvement.



GIRFT – Getting It Right First Time

The Society for Acute Medicine

January 2017

GIRFT is a national project to look at how we can standardise care in the NHS and roll-out recommendations made in Lord Carter's report on operational performance and productivity in acute hospitals. The project is being led by Professor Tim Briggs, National Director of Clinical Quality and Efficiency at NHS Improvement and Professor Tim Evans, National Director of Clinical Productivity, is also part of the project team.

The role of acute medicine and general medicine lead for GIRFT has now been advertised, closing date 5th February 2017. The details can be found at:

<https://jobs.bmj.com/job/51893/clinical-lead-in-acute-and-general-medicine/>

SAM will lead the shortlisting and interview processes.

Many thanks for now,



Mark Holland

President, the Society for Acute Medicine