



# NEWSLETTER

April 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](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



# SAM Cardiff – May 4<sup>th</sup> and 5<sup>th</sup> 2017

The Society for Acute Medicine

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**Mercure Cardiff Holland House Hotel**

**Together Stronger**

<http://www.acutemedicine.org.uk/events/sam-cardiff/>

<http://bit.ly/2ooh9p0> - to book for Cardiff

**12 CPD Points Confirmed**

**A truly independent programme**

## Message from Local Host Nerys Conway

Organising a SAM conference is not an easy job. Our local hosts always come up trumps and this year is no exception. Dr Nerys Conway has relished the opportunity to showcase Acute Medicine and her beloved Wales. She has asked if as many colleagues as possible can share their achievements and passion for Acute Medicine:

*‘As part of our celebration of Acute Medicine I am keen to hear from as many of you as possible!*

*Please could you send any photographs or newspaper articles of your Acute Medical Units or Ambulatory Care Units that have won any prizes or achieved anything extraordinary over the last year. I am also keen to have photographs from those of you that have achieved something outside of medicine, such as marathon runners, swimmers, music, drama etc!*

*Please send directly to [nerys.conway@wales.nhs.uk](mailto:nerys.conway@wales.nhs.uk), with a short accompanying text.*

*Many thanks for helping us to **#celebrateAIM***

*See you in Cardiff,*

*Nerys.’*

## Extraordinary General Meeting

To allow our Society to continue to grow and best represent Acute Medicine we need to restructure our council and committee structure. In making the proposed changes to the SAM Council and governance structure, the primary objectives are:

1. To afford all members a democratic voice.
2. To expand our influence with a sustainable and robust governance structure.
3. To represent the interests of all members.



# SAM Cardiff – May 4<sup>th</sup> and 5<sup>th</sup> 2017

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## **SAM Life Fellowship – Professor Anthony Nicholls**

Thank you to everyone who nominated their colleagues for the SAM Life Fellowship Award. This is an award to recognise someone who has made a special contribution to Acute Medicine.

This year we are delighted that Professor Anthony Nicholls has accepted his nomination for the award and will be our special guest in Cardiff. Professor Nicholls trained in renal and general medicine before moving to acute medicine, he was the first chair of the Specialty Certificate Examinations Board. He has supported Acute Internal Medicine for many years and has encouraged numerous trainees to take up the speciality. He is a truly worthy winner of the award and we hope you will join us to celebrate Professor Nicholls achievements.

# SAM Birmingham – September 11<sup>th</sup> and 12<sup>th</sup> 2017

## **International Convention Centre, Birmingham**

<http://www.acutemedicine.org.uk/events/sambirmingham/>

<http://bit.ly/2oohw2O> - for abstract submission and to register

## **12 CPD Points Applied For**

### **Ambitious and Comprehensive**

Our 11<sup>th</sup> Annual international conference takes place on 11-12 September at the ICC in Birmingham. Our international meeting continues to offer an independent programme, based on the most recent research and developments in Acute Medicine.

All healthcare specialists who work in acute and general medicine, from doctors in training to senior consultants, academics, nurses, allied health professionals and pharmacists, should register to attend.



# Trainees

The Society for Acute Medicine

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## Winner of place at 2017 ESIM summer school

I am pleased to announce that Dr Shamim Nassrally will represent SAM at the 2017 European School of Internal Medicine. This year the summer school is being held in Akoesticum Ede, Ede, Netherlands.

## European Federation of Internal Medicine (EFIM)

I am grateful to Dr Mark Cranston, Acute Physician at the Lister Hospital Stevenage, for contacting SAM. Dr Cranston recommends [13th FDIME \(The Foundation for the Development of Internal Medicine in Europe\)-EFIM Clinical Research Course, Paris 3 - 5 July 2017](#).

SAM is a full member of EFIM. Details are available on the SAM website: <http://www.acutemedicine.org.uk/events/fdime-efim-13th-clinical-research-seminar> or at the FDIME website: <http://www.fdimeapply.co.uk/>

Closing date for applications is 30 April 2017.



# SAMBA17

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It gives me great pleasure to announce that SAMBA2017 will take place on **Thursday June 15th 2017**. This year we are calling the audit '**Against the Clock – Time for Patients**'.

The SAMBA Academy met on Saturday February 18th 2017. Reviewing feedback from last year's participants, and based on the data we collected in 2016, it is apparent that admission and assessment processes in Acute Medicine are becoming increasingly diverse. This year we will collect data at all the points on the patients' admission journey and provide you with a more detailed report to reflect the work you do. This should allow us to be more inclusive for patients seen by us in the Emergency Department or Ambulatory Care, for example.

SAM will again be investing in an updated data electronic data collection tool which will hopefully eliminate blank responses. We are also commissioning report writing software to get reports out to you earlier and in greater detail. Therefore, we are hoping to make data collection as easy as it has ever been but at the same time using the data to even greater benefit.

**If you have not already taken part in SAMBA'16 then we would encourage you to register your unit for SAMBA'17 with this link: <http://samba.acutemedicine.org.uk>**

If you took part in SAMBA'16, you can just click on this [login](#) to join this year's audit and refresh your details. You can [reset your password](#) if you need to.

We very much hope that this year we can get 100 units to take part. Our 2016 SAMBA report was welcomed by many partner organisations and has helped increase the profile and standing of the Society.

These are difficult but also exciting times. Please join us, the bigger our voice, the bigger our influence.



# Research Update

The Society for Acute Medicine

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## Accessing NIHR Funding

### From Dr Louella Vaughan

'I have an idea for a research project. How do I get funding for it?' is the most common question I am asked as SAM Research Lead. With the financial thumbscrews on hospital trusts and charitable institutions alike, it has never been harder to find money for research.

Those looking for research funding in England should always start with the National Institute for Health Research (NIHR). The NIHR manages the 1% of NHS funding set aside in England for research (approximately £1.01 billion in 2016/17), of which around 500M is available for supporting research projects of all shapes and sizes. Access to funding is through two main routes:

#### 1. Competitive Funding Programmes

The NIHR runs eight funding programmes, each with specific themes. Smaller projects are more likely to be eligible for funding through the Research for Patient Benefit Programme, which provides up to £350,000 over three years. Competitions are run three times per year. For more information, see:

<http://www.nihr.ac.uk/funding-and-support/funding-for-research-studies/funding-programmes>.

#### 2. Study Support Service

The newly revamped Study Support Service aims to provide support to *all* eligible research in England, regardless of study size, location or type. As well as being able to provide excellent advice on methodology, study set-up and helping to attract interest, it provides funding for research infrastructure, such as research nurses for patient recruitment and data collection. To be eligible, studies should be multi-site (at least 2) and preferably consent patients for inclusion. Studies also need to have some form of external support. NIHR-funded studies are automatically eligible, but small grants from hospital charities (as little as £500!) or other organisations also count. Studies which are conducted in co-operation with industry are also eligible, such as when the commercial partner provides kit for the duration of the study. The Clinical Research Network co-ordinates and administers the Support Service both regionally and through Specialty Clusters. Acute Medicine sits within the **Injuries and Emergencies Group of Specialty Cluster C** and has been recognised as a priority area for research support. The I+E Group, led by Matthew Costa and Richard Body, are keen to help Acute Medicine research flourish, but they cannot provide support without people applying. For more information, see: <http://www.nihr.ac.uk/funding-and-support/study-support-service>.

The NIHR also funds the **Research Design Service**, which can help budding researchers turn a good idea into a high quality funding proposal. For more information, see:

<http://www.nihr.ac.uk/about-us/how-we-are-managed/our-structure/research/research-design-service>

Applying for NIHR funding can often just seem too difficult (the forms are often long and ask for detailed financial information!). However, the NIHR can provide a way of pump-priming individual Acute Medical Units into hives of high-quality research. Those in devolved nations should explore similar schemes or resources provided by their national NIHR-equivalents (NHS Research Scotland, Health and Social Care Research and Development Division Northern Ireland, and the National Institute for Social Care and Health Research in Wales).



# Media

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Since a busy period media-wise in January, things have been slightly quieter but we maintained regular comment on the major issues affecting Acute Medicine and the NHS during February and March. This began with a statement on NHS performance data for December (released in February) and a statement on a King's Fund report into STPs which featured in the inewspaper.

<http://www.acutemedicine.org.uk/news/sam-president-calls-on-health-secretary-to-acknowledge-universal-truth-about->

<http://www.acutemedicine.org.uk/news/stps-need-to-convince-us-of-ability-to-deliver-sam-president/>

<https://inews.co.uk/nhs/kings-fund-report-stps-nhs/>

During February we also supported on a Royal College of Physicians report on pressures in the NHS and published the following statement:

<http://www.acutemedicine.org.uk/news/rcp-report-could-provide-catalyst-for-change-in-the-nhs-sam-president/>

We also responded to the Chancellor's Spring Budget:

<http://www.acutemedicine.org.uk/news/sam-president-responds-to-chancellors-spring-budget/>

During March we published a detailed statement and shortened version of SAM's position on NHS pressures following the release of the performance data for January:

<http://www.acutemedicine.org.uk/news/acute-medicine-the-solution-the-nhs-chooses-to-ignore/>

Dr Alistair Douglas, Immediate Past President of SAM, commented on "boarding" in Scotland's hospitals for The Times (which resulted from previous statements issued by SAM highlighting the issue):

<https://www.thetimes.co.uk/article/overcrowding-leads-to-hospitals-placing-patients-on-wrong-wards-9lbmzv1kg>

We also issued a statement on delayed discharges and social care ahead of a BBC News investigation on the subject. We have relaunched the SAM Facebook page which gives us another outlet to communicate SAM news alongside the website, Twitter and news media.

We are now working on a response to NHS performance data for February and developing a survey for specialists working in Acute Medicine across the UK which we will publish when complete.

## SAM Facebook

In the newsletters I constantly pester you to contact SAM with your news and views. Some time ago we were contacted by a member asking about SAM's Facebook page. I am pleased to say we have updated the page which can be found at: <https://www.facebook.com/SocietyforAcuteMedicine/>



# International Acute Medicine

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## Republic of Ireland

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.

The Health Service Executive (HSE), Health Research Board (HRB) and the Royal College of Physicians of Ireland (RCPI) commitment to the Research Collaborative in Quality and Patient Safety (RCQPS) has been renewed for a further three years, with the HSE and HRB pledging over €1.65m in funding for quality and patient and safety research. The RCQPS has the aim of generating new research evidence in response to specific quality and patient safety issues that emerge from the Irish Health Service, in particular those arising from the HSE's National Clinical Programmes.

Representatives from the National Acute Medicine Programme attended the RCQPS workshop in February where they had the opportunity to meet researchers and learn more about how their expertise can be used to answer proposed research questions that the NAMP team had developed relating to quality and patient safety.

The NAMP have submitted their proposed research question around the effectiveness of the implementation of the National Acute Medicine Programme. If NAMP are successful with this three year research study, it will inform recommendations for future development and implementation of the National Acute Medicine Programme to enable it to reach its aims in improving quality, access to and cost of care.

In 2014 the Health Service Executive commissioned the 3S group – Dublin Institute of Technology to review and optimise the performance of the Acute Medicine programme introduced in a number of Irish hospitals. This study proved to be very successful. The DIT research group showed that Patient Experience Times (PETs) in Acute Medical Units (AMUs) were 2-3hrs compared to 6-7hr in ED. Reduction in ED PETs and AvLOS will create cost savings across the service as well as better patient experience and outcomes. If NAMP are successful with the research question, they aim to achieve further improvements. We will keep you updated on the outcome of this process.

## Study Day

With the ever increasing pressures on Irish acute and general medicine services, there is an even greater imperative that a physician representative society such as Irish Society of Acute and Internal Medicine (ISAIM) exists to advocate for patients, drive standards of care, and give clear clinical leadership on the development of these services across all acute hospital settings.

For more information please visit: [www.rcpi.ie](http://www.rcpi.ie)



# The Royal College of Physicians of Edinburgh

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## Sponsorship of Overseas Graduates

The Royal College of Physicians of Edinburgh (RCPE) are seeking applications from international (non-EU) medical graduates for Acute Medicine training posts in the UK. Through the College's Medical Training Initiative, doctors can experience up to 24-months training in the NHS. The RCPE sponsors GMC registration and will facilitate the Tier 5 Visa application for trainees. Applicants should have MRCP(UK), a minimum current IELTS test score of 7.5 (with at least 7.0 in all areas) and have worked in a clinical practice setting for three of the past five years, including the last 12-months. Full details are available at <http://www.rcpe.ac.uk/international/medical-training-initiative>

Interested applicants should send a CV to [Ninette Premdas](#) at RCPE.

## Acute Frailty Network

The Acute Frailty Network (AFN) is a national programme developed in conjunction with NHS England to help front line teams improve services for frail older people. The overall aim of the network is to support adoption and share best practice in line with the Silver Book standards for health care systems; it has enjoyed considerable success since its launch in January 2015.

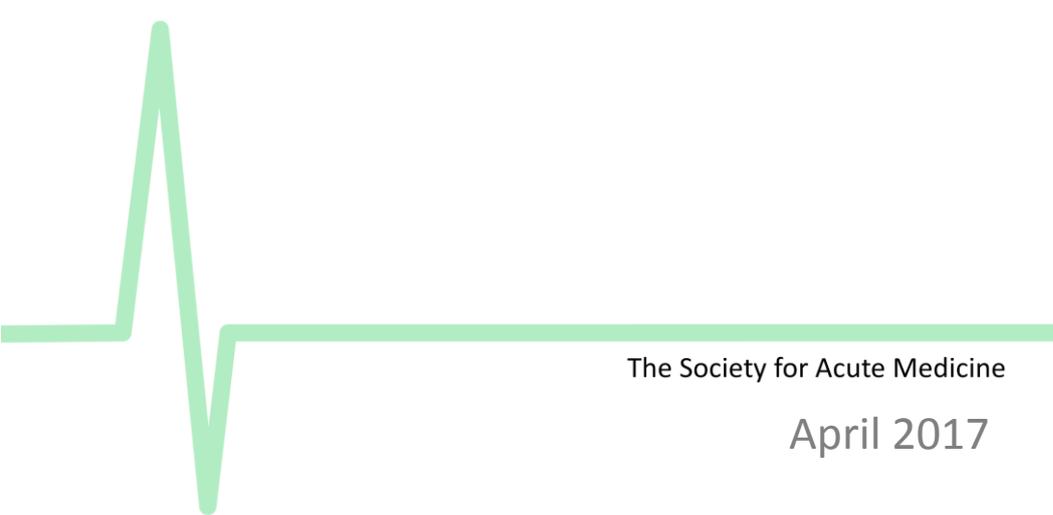
On 29<sup>th</sup> June 2017 the AFN are hosting their second national conference in central London. They are currently seeking interesting speakers to present. Completed proposals should be submitted to [frailty@nhselect.org.uk](mailto:frailty@nhselect.org.uk) by 24<sup>th</sup> April 2017. Full details are available at <http://www.acutefriltynetwork.org.uk/Events/The-AFN-conference-June-2017---Front-Door-Frility>

## Nottinghamshire Good News Story

SAM has consistently argued that one way to increase the availability of beds in Acute Medical Units is to optimise the discharge process for patients in medical wards. Through the media, we have managed to get our message into the public domain. Last year I was contacted by Michelle Turton from Mansfield District Council, following an article she read about SAM in a newspaper article. Michelle and her colleagues are part of The Better Together – ASSIST (Advocacy, Sustainment, Supporting Independence, Safeguarding Team) Hospital Discharge Scheme.

This project has helped to discharge patients from hospital, saving the NHS more than £1.371 million a year. The project has been shortlisted for NICE's Shared Learning Awards 2017. The project's press release says 'a collaboration of teams from the district council, Nottinghamshire County Council, the NHS and the Mid Nottinghamshire Clinical Commissioning Group (CCG). It involves a wide range of Kings Mill Hospital staff, County Council Social Worker's at King's Mill Hospital in Sutton-in-Ashfield identifying patients with a housing or social need and working with Mansfield District Council housing department to find solutions that enable these patients to leave hospital.'

From the time it started in October 2014 to January 2017, it has helped 2,174 patients. Whilst the scheme saves the NHS over £1 million per year, the actual cost of running the scheme is now estimated at £149,500. The scheme saves an average of 4.5 bed days per patient helped, representing a saving of £936 per patient.



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I highlight this story for a number of reasons. It shows that we have friends and allies with whom we can work to fulfil shared goals. It shows that we need to let people know who SAM are and what we stand for. It shows that we need to keep chipping away, making small gains whenever we can and rejoicing in the success of others. As Nerys Conway would say, 'Together Stronger'

## National COPD Audit Programme

**From: Viktoria McMillan, Programme Manager**

**Respiratory Medicine: Chronic Obstructive Pulmonary Disease (COPD)**

**Royal College of Physicians, Clinical Effectiveness and Evaluation Unit (CEEU)**

### **Continuous audit of COPD exacerbations**

On 1 February 2017, the National COPD Audit Programme's secondary care audit moved to continuous data collection. It now aims to capture *all admissions* for acute exacerbation of COPD. This will provide a more comprehensive picture of the care received by COPD patients in English and Welsh hospitals.

Continuous data collection will allow us to provide results to hospitals in a timely fashion. From March 2017, run charts will be available on the bespoke data collection web-tool (<http://www.copdaudit.org/>), allowing participants to view their local hospital results in near to real time. From 1 April 2017, attainment against the new COPD Best Practice Tariff will be measured using audit data.

You may have heard about this audit from your colleagues, or you may be collecting and entering data yourself. We recognise the potential high volume of patients to include, and the considerable local resource required. We recommend hospitals form multi-disciplinary teams, and involve members from all departments that may see COPD patients. One hospital has involved forty people from across the hospital in their team.

To support local data entry and QI we have launched a discussion forum on Respiratory Futures (<http://www.respiratoryfutures.org.uk/copdsecondarycareauditforum/>). Any healthcare professional can create a login. We hope it will be a place to share tips, tricks, and QI ideas.

As members of SAM and, therefore, of the teams managing the needs of this vulnerable and complex cohort, you will be an invaluable member of your local audit team. Supporting documentation is available at [www.rcplondon.ac.uk/projects/outputs/secondary-care-workstream-audit-resources](http://www.rcplondon.ac.uk/projects/outputs/secondary-care-workstream-audit-resources). Please do not hesitate to contact us (at [copd@rcplondon.ac.uk](mailto:copd@rcplondon.ac.uk) or on 020 3075 1526) if you would like to speak to a member of the audit team.



# NCEPOD Non-Invasive Ventilation Audit

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**From: Dr Marisa Mason**

**Chief Executive, NCEPOD**

The NCEPOD report on Non Invasive Ventilation will be launched at the Royal College of Anaesthetists, London on June 7th 2017. To reserve a place at the launch please email [reportlaunch@ncepod.org.uk](mailto:reportlaunch@ncepod.org.uk) requesting booking details, or alternatively [click here](#) to download a launch programme and return the booking form. This should be completed and returned to NCEPOD with payment to reserve your place.

[Call for poster abstracts open](#)

If you have undertaken an audit of an NCEPOD report or a local audit of non-invasive ventilation we would like to hear about it. We are planning a poster display at the next report launch at the Royal College of Anaesthetists, London on June 7th 2017.

For an information flyer please click [here](#). To submit an abstract please download the form by clicking [here](#).

Email the completed form back to us at [poster@ncepod.org.uk](mailto:poster@ncepod.org.uk).

The closing date for submitting an abstract is **5.00pm Friday 28th April 2017**.

Many thanks for now,



Mark Holland

President, the Society for Acute Medicine