



THE 12th INTERNATIONAL SCIENTIFIC CONFERENCE
THE SOCIETY FOR ACUTE MEDICINE

Bournemouth International Centre
20 – 21 September 2018

The Final Word(s)

The Final Words

- The 'thank yous'
- The awards
- Where are we now
- Where might we be going

Thank You to.....

- Christine and her team
- Mark, Mike and all those who have helped out
- The venue
- The sponsors
- All of you!



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Best Oral Presentations
&
Highly Commended Posters

Best Oral Presentations

Session 3.3

How Do You Evaluate Quality of Care on a MAU

Kate-Poppy Escritt

Session 4.3

Reflect & Rehydrate: A Model to Improve FY1 Wellbeing

Inayah Zaheen

Wee Shorty

Staff Engagement & Well-Being on AMU, *Lorraine Carlin*

Highly Commended Posters

Audit & Quality Improvement

- A&QI 05 A Multi-faceted Approach to Improving the Door to Needle Time for Neutropenic Sepsis in a District General Hospital, *Jasima Latif*
- A&QI 10 Ambulatory Care unit QIP in a district general hospital. Are we utilising ambulatory care unit effectively? *Zaid Al-Atia*
- A&QI 25 Delayed patient's length of stay; results from the London Day of Care Survey (DoCS), *Milka Marinova*
- A&QI 59 Pan-London Day of Care survey: common reasons for in-hospital delays, *Mckenzie Bell*
- A&QI 68 Routine HIV testing in Acute Medical Unit At Queen Elizabeth Hospital Birmingham, *Syeda Nafisa*
- A&QI 78 Urine sampling – choosing the right bottle: a quality improvement project, *Harjinder Kainth*

Highly Commended Posters

Case Reports

- CR 4 A rare diagnosis presenting as a posterior circulation stroke, *Fiona Macdonald*
- CR 31 Spontaneous coronary artery dissection- a rare cause of chest pain in the young patient, *Alex Stevenson*

Education

- E3 Assessing the Quality of E-learning Modules in Medical Education, *Alice Crabtree*

Research

- R4 Assessing variation in recorded respiratory rate in hospitalised adults: a secondary analysis of European multicentre observational data , *John Tshon Yit Soong*
- R14 Optimising Patient Flow to Decrease Admission Queue Length in the Chelsea and Westminster Acute Assessment Unit Using Any Logic Discrete Event Simulation, *Carmen Traseira Pedraz*

Service Organisation & Design

- SO&D9 Let's see 50 patients once rather than 25 patients twice, *Charlotte Masterton-Smith*

People's Poster Vote

Correctness of diagnosis and Management of urinary tract infection at Whipps Cross Hospital

Zaid Al-Atia

So, what do you think of SAM?

- Value for money?
- Representing your views?
- In touch?

Value for Money

- 81% say Yes!

Representing your views

Not at all	2.11%
Less than 50 % of the time	11.58%
More than 50 % of the time	69.47%
Definitely	16.84%

How can SAM improve for you?

VFM

- 10% cheaper conference (bigger discount)
- 11% local events/on line CPD
- 6% Improved AHP input/resource
- 5% Journal
- Others :
 - Visible benefit for those who aren't able to attend conferences regularly
 - Monthly updates on new guidelines
 - Tools for business cases and job planning
 - A much greater role in supporting ACCS-AM doctors, who are currently feeling like a lost tribe. Free membership of SAM would be a beginning.
 - Improved website with update to date information.

I think you do a great job. I do think SAM should be at least somewhat political, as our patients are the most ill, the most frail, and the most vulnerable.

This was a new direction for the society over the last couple of years and one that I welcome

Your views

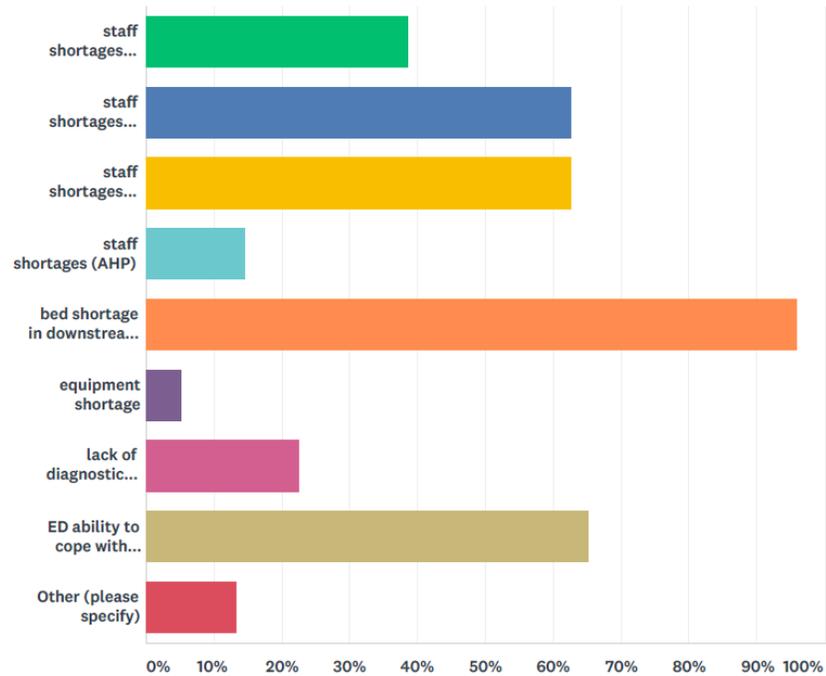
- More questionnaires help - they can see how members feel
- Regular (not too frequent) newsletter/important updates in the field
- More communication
- Probably need international representation
- More personalised letters and also addressing the concerns between DGHs and tertiary hospitals
- Better social media utilisation
- Better use of the Acute Medicine journal as a platform
- Ensure Trusts are fully aware of what exactly is the purpose of the Acute Med Specialty. They do not recognise the importance of good Acute Physicians.
- Things have certainly improved since the days of the "old guys". More visibility, come and see us in our units.
- Very "pale" lacks diversity
- Arranging meetings with members to discuss common issues
- Maybe more communication from those other than the president. I'd like to work fewer hours and so have more time to spend on SAM - it's my job to reach out to you at least as much as yours to reach out to me
- Get evidence based surveys, with good representative numbers that will help focus SAM policy.

The bigger picture.....

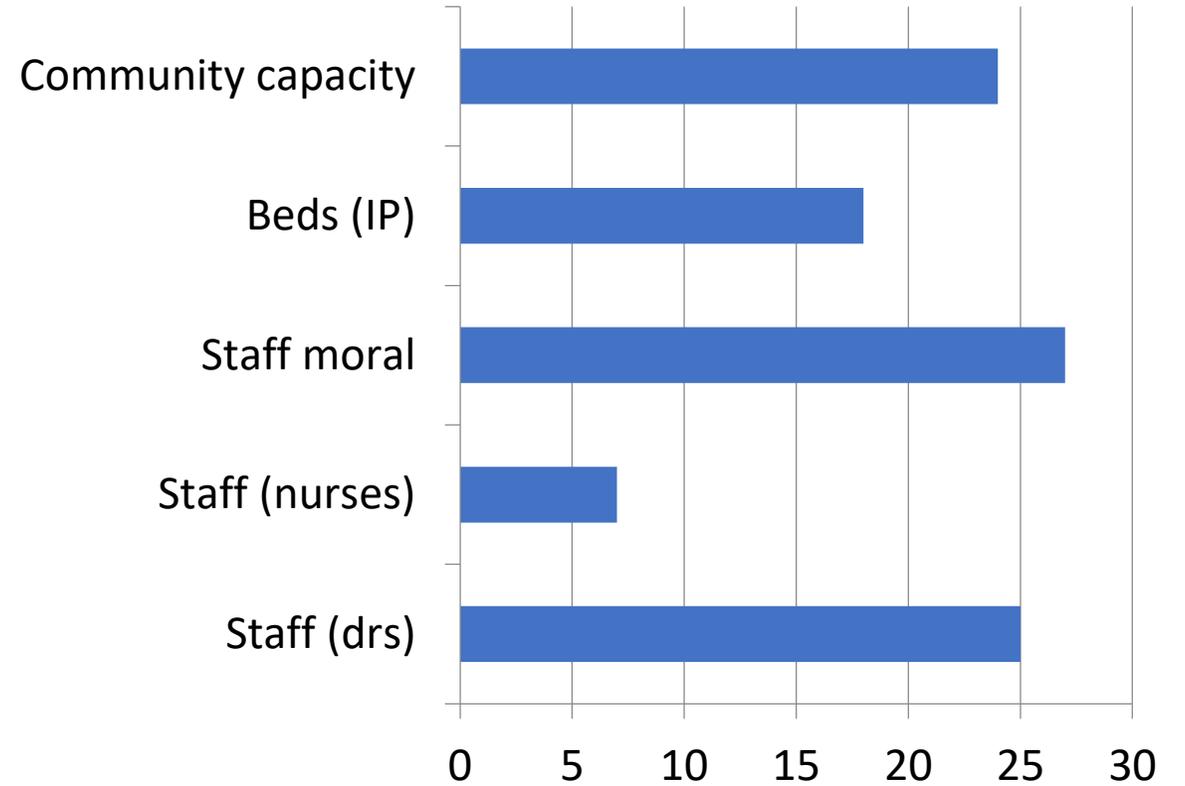
- How do we feel
- What should people in power need to focus on
- Where is Acute Medicine heading

Your concerns.....

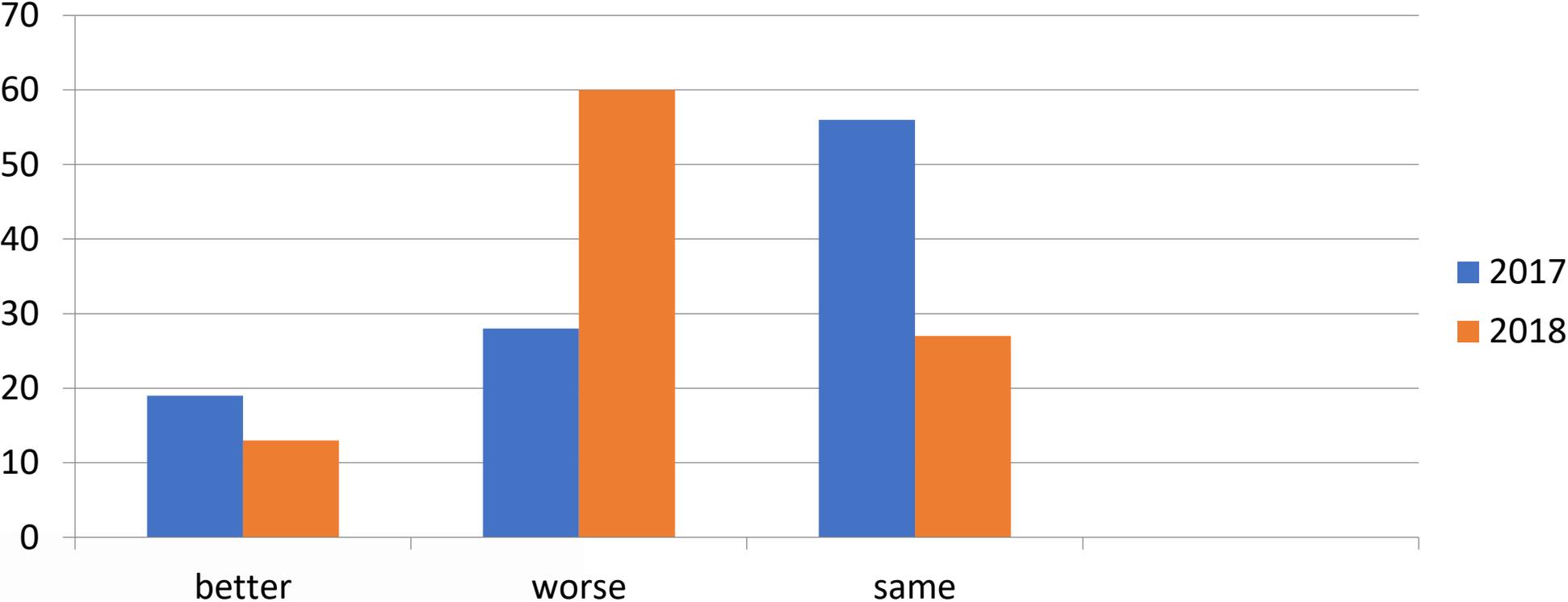
- 2017



- 2018



How are you prepared to cope with winter compared to previous year?



What do you think the DOH should look at

- Social care 40%
- Funding 26%
- Staffing numbers 16%
- Moral (linked to nurses pay) 13%
- Honesty re expectations 7%
- Winter planning 5%
- Primary Care access 2%
- IT 2%
- Brexit 1%

Where is AIM headed – the gloomy ones..

- ❖ Sadly, I'm not convinced it has a future as a stand-alone specialty
- ❖ In a word...crisis!
- ❖ Over worked
- ❖ Into trouble over winter, I fear.
- ❖ Unsustainable due to pressures we need RCP to value acute medicine as a specialty - it is not GIM
- ❖ Stuck in a rut.
- ❖ Down the tubes - to be additional "cheap" ED doctors

Where is AIM headed – your positives

- Seen as increasingly central for delivering acute care in hospital
- Great specialty, but not miracle workers
- A growing, busy and multi professional specialty
- Fascinating specialty and backbone of hospitals
- Has the potential to move mountains
- Growing specialty that is beginning to provide solutions to crises in health care provision
- We are an established, growing specialty who ultimately have a major part in keeping hospitals functioning, and should be acknowledged as such by the powers that be
- It is a very large specialty and I don't feel people recognise the great work that is done
- Developing presence and standing all the time

Where is AIM headed – the realistic?

It's all a bit uncertain

Some of SAM Media

Medics welcome NHS winter investment – but warn of 3,000 bed shortage

Leading medic says NHS has “bounced unexpectedly” into summer crisis

Senior medic says NHS leaders must “think radically” about capacity

NHS pay deal ‘welcome but action must continue’ – SAM President

Leading medic “sceptical” over health secretary’s long term NHS plan development

SAM backs RCP call for clarity from the government over immigration

Leading medic sets out vision for ‘vibrant, improving and caring’ NHS

Staffing central to success of NHS as a whole – SAM President

NHS Providers report into community services ‘shocking and extremely concerning’

The Final 'Final words'

- Yet again this winter will be bad
- Things will creak
- AIM is the glue that holds the NHS front line together
- We will look after each other
- We will continue to fight for what we believe is the best care for our patients
- We will hold people in power accountable

See You in 2019.....

sam on the Tyne
Gateshead
2-3 May

sam on the Moor
Harrogate
10-11 October



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