



# Our vision for the future

## **SAM – vision and mission statements**

‘To support healthcare professionals providing care for those patients referred to hospitals for urgent medical assessment and treatment’

‘To champion excellence in assessment, treatment and care for acutely unwell adult patients not limited to any single organ or condition’ so we can work to improve the quality of care and outcomes for patients and their carers

‘To influence health care policy makers to increase the quality of acute medical care across the NHS’

‘To collaborate with all those who share our values regardless of which country they work in

## **Background**

The Society for Acute Medicine has been active in healthcare since the year 2000 and now has approximately 1200 members from a multidisciplinary background who all share the same vision and goals and a desire to ‘make a difference’ to acute patient care.

We are a company limited by guarantee with charitable status. Our activities cover all of the UK, but we are increasingly working with colleagues and organisations in Europe and beyond.

The Society for Acute Medicine represents doctors and allied health practitioners working within the field of Acute Internal Medicine. Its aims are to promote the specialty, to develop and champion policies which improve the care of our patients (who are often some of the sickest and most vulnerable in the hospital) and the quality, safety, well-being and effectiveness of our own multi-disciplinary team.

## The 'Challenge'

Over the last 18 months the NHS, a full 70 years after its inception, has faced some of its toughest challenges in delivering health care to all those who need it. We have seen endless reports and statements in the media showing how fragile the service can become when placed under escalating demand. The issues involved are evident for those involved in delivering first class care at the right time in the right setting for every patient who needs it, whether it be in the Ambulatory Emergency Care (AEC) areas predominantly run by Acute Medicine teams or the more 'traditional' Acute medical units (the AMU) with patients being referred to both from Primary Care and Emergency Department (ED). The stressors on the system include an ever aging and increasing multimorbid population with complex needs, a primary care system that is swamped by demand, EDs who have so called 'exit block' and a hospital system that has lost a large proportion of its inpatient bed capacity over the last decades.

A reasoned and cogent reflection of the impact of Acute Medicine over the last decade shows that much has been achieved and the infrastructure is in place to ensure future innovative, high quality and adaptive acute medical care. Early international adopters of the specialty demonstrate its increasing traction. A vision of how the struggling UK acute care sector would have survived without Acute Medicine, Acute Medical Units and the "front door" models led by the specialty is not appealing.

With this background sharply in focus the Society for Acute Medicine below sets out its priorities for the coming months/years.

- Excellent patient care
- A resilient and highly skilled multidisciplinary workforce
- Research, QI and data
- Establishing point of care ultrasound
- Policy development and increased media coverage
- The Society

## Excellent Patient Care

Delivering excellent patient care is at the centre of our ethos. We have set standards that we expect well-functioning units to be able to adhere to and each year we audit this (SAMBA) to assess the national figures on these standards.

Excellent care requires a multidisciplinary approach. This is why we have encouraged a multidisciplinary membership which is growing each year.

As well as council having representation from all the multidisciplinary teams, we are proud to have lay members at our meetings who offer a unique insight into the field of acute medicine from a patient and carer perspective. This underpins our desire to get acute medicine right for the patients we treat.

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The Society will continue to lead on promoting the best care possible for patients requiring acute assessment and treatment and publish the SAMBA data to aid trusts/units in identifying how they function in key metrics compared to their peers.

We will continue to develop standards we aspire to in conjunction with our Research and QI groups and disseminate this via our journal and policy statements and by sharing with relevant others (e.g. Medical Royal Colleges)

We will collaborate with other important groups (e.g. RCEM, AEC network) to promote our ethos and standards across healthcare organisations



## **A resilient and highly skilled multidisciplinary workforce**

Acute Medicine reflects all of medicine with its rapid change, development and improvement. The need for specialists in acute medical care on this background is self-explanatory. Reliance on physicians performing this role episodically, occasionally reticently, and in addition to their own specialty is not ideal.

There is an urgent need to consolidate and improve the staffing levels across all areas of acute care. The Royal College of Physicians published its recommendations for what constitutes a safe level of medical staffing in 2018. We will continue to work with them and the provider organisations to look at how this matches up to reality and seek solutions to any problems uncovered. This involves both short- and long-term strategies in order to create a workforce that is capable, flexible and engaged. Whilst we recognise that there is cost associated with workforce planning, we believe that so much more than just money is needed.

The TakeAIM project educates doctors in training and medical students in Acute Medicine and aims to enthuse them in pursuing a career in the specialty. This will continue and be broadened to encourage not only future Acute Medical Consultants but also other healthcare professionals to work in this exciting and essential specialty.

We will seek to work with the JRCTPB/SAC in Acute Medicine to improve the training of our doctors in training and implement the long-planned Shape of Training review with the new curricula for both Acute Internal Medicine but also the related but distinct (General) Internal Medicine.

We will work with our members to engage with them around their wellbeing, hopes and fears so we can speak to power with relevant authority and information.

We will continue our multidisciplinary focus to workforce to boost recruitment and aid retention in these stressful posts.

We will continue to press both HEE and RCP to lead with us on plans to develop the ACP and PA (Physician's Associate) roles in Acute Medicine. We will be looking towards working with these bodies to design and implement a 'credential' for those ACPs working in AMU environments and we will continue to give our utmost support to the Faculty of PAs in their journey along to full regulation. Both these staff groups are recognised as invaluable to the Acute Internal Medicine team.

## **Research, QI and data**

SAMBA, the Society for Acute Medicine's Benchmarking Audit, initially focused on the society's key quality indicators, has flourished and evolved to analyse other fundamental aspects of acute medical care. There has been rapid expansion both in terms of participating AMUs and patient numbers with an expectation and desire that SAMBA will continue to grow incorporating international involvement as countries adopt the model of Acute Medicine. SAMBA not only benchmarks performance but can guide the development of future clinical quality measures in the UK and set international standards of acute medical care, an iterative process which benefits patient care. The NHS Long Term Plan used data from the most recent SAMBA to inform policy making around ambulatory care delivery.

Acute Medicine research groups are developing, SAM has its own research committee and Acute Physicians are also leading high impact multinational interventional studies. The opportunities and appetite for Acute Medicine studies that will be practice changing is irresistible and must be grasped to further embed the specialty.

The Society's Quality Improvement committee have taken on the lead role from the Future Hospital Group in working with the RCP in writing and updating the Acute Care Toolkit documents and as such sharing and implementing the results of innovation and good practice found within our speciality.

## **Establishing point of care ultrasound**

Point of care ultrasound (POCUS) is a rapidly expanding area of interest for those who deliver acute care. The addition of POCUS to standard care has the potential to reduce times to diagnosis, increase diagnostic accuracy and improve patient satisfaction in a range of conditions.

SAM has developed a unique POCUS curriculum designed for physicians delivering acute care - Focused Acute Medicine Ultrasound (FAMUS). Alongside this they have created an array of learning materials including a website, theory handbook, educational videos and an e-learning module available through the e-LFH portal.

The Society believes that POCUS should become an integral part of the assessment of the acutely unwell patient, and are actively expanding the pool of Supervisors able to deliver this training across the country. SAM members are involved in QI projects to expand the POCUS evidence base, and sit on National and International training committees to ensure we remain at the forefront of delivering POCUS education.



## Policy development and increased media coverage

The Society has steadily built up a media profile in the online, print and broadcast media by providing rapid reaction on the latest issues affecting the NHS and demonstrating the foresight to predict the problems of the future.

Over recent years, this campaign to put the Society at the forefront of NHS debate has seen its views discussed in both the House of Commons and House of Lords and feature regularly in the national media with the country's most senior health journalists seeking the opinions of the organisation on a weekly basis.

However, with growth and maturity the aim is now to ensure the Society is seen as a leader by the NHS and the Department of Health and Social Care as well as the mainstream and specialist media. To do that the Society will continue to develop and publish policy statements and documents to mould opinion and inform those in central positions in the health service.

The evidence of the potential of this approach was seen following the creation of our report Winter 2018/19 in the NHS: The solutions, released in November 2018, which suggested better use of ambulatory emergency care could save at least 14,000 overnight hospital stays.

In January, ambulatory emergency care was included in the NHS Long Term Plan as a model “co-developed by the Royal College of Physicians and the Society for Acute Medicine which is being successfully deployed in an increasing number of hospitals” with data extracted and referenced from the Society for Acute Medicine Benchmarking Audit.

We will continue to uphold our values and core beliefs and whenever necessary ‘speak truth to power’ to make our case as well as maximising our sensible use of social media.

We will remain apolitical in our views, concentrating on what we consider to be in the best interests of our patients and the wider community



## The Society

The Society will continue to represent all of our members from whatever background and maintain our overriding ethos of working together in teams for the good of patient care

We will continue to deliver high quality events that remain accessible to all and showcase both clinical advances but also research and service developments that are of use to all. We actively listen to the feedback provided by our members and incorporate ideas into planning future meetings with our multidisciplinary event team. We will continue to work with organisations in the UK to put on joint events that follow our ethos and also look abroad and enter dialogue with international organisations who share our values. To date we have links outside of Europe in USA, Australia, New Zealand, Singapore and Nepal. We will remain close allies of our colleagues across Europe whatever the political landscape.

To enable this the Society is overseen by a Council comprised of proactive and committed officers largely elected from the membership and all of whom work within the Society's Articles of Association. The Society's Council will continue to ensure we have good governance and operational health and use any resources wisely to meet our obligations and further our objectives.

