Dear Mr Hunt,

We are writing to you on behalf of the Society for Acute Medicine. For background, we are the professional organisation who represent the speciality of Acute Medicine and all those staff (medical and non-medical) who work on our units (commonly called Acute Medical Units or AMUs). Practically we look after all those patients referred from Emergency Departments or Primary care with a medical issue including those treated via Same Day Emergency Care (SDEC). It is fair to say that media wise, and unfortunately also with NHSE, we fly 'under the radar' compared to both Emergency Medicine and Intensive Care but treat many hundreds of thousands of acutely ill patients every year- assessing, stabilising and either discharging home or referring to another relevant specialist for ongoing care. During the current pandemic we suspect we have seen and treated far more patients with proven Covid-19, alongside our usual non-covid patients than either EM or ICM and face equally urgent and daunting issues in providing a return to 'normal' working.

Our three main areas of concern moving forward are the staffing we need to function safely, the bed capacity we have to provide the care we need to and how to safely restart the SDEC activities crucial to keeping patients out of hospital.

Starting with the last of these Acute Medical teams provide the bulk of the SDEC delivered within hospitals (estimated 70%) and from our latest benchmark audit (SAMBA) 27.8% of all referrals having a first assessment in SDEC. Over the pandemic through various reasons a lot of SDEC activity has been displaced or is not presenting at all for reasons described elsewhere. We now need to try to restart services catering for those without Covid as well as those who may have Covid or are asymptomatic. This will need major revisions in estate, staffing, diagnostic service availability and protocols. We would welcome the chance to discuss this with those in control of these areas of concern.
Regarding the rest of our work, those who need an inpatient assessment bed we are very aware of the problems we face. We agree that there needs to be significant work to try to prevent a return to the issues we all have seen in ED with crowding and have been working with NHSE/I on the unscheduled care group prior to Covid. Like ED our units will need to be configured to allow safe and timely admission of patients not only from ED but also direct from Primary Care with routes disadvantaging neither. With the constant focus on ED there is a significant risk to those from other sources of referral (up to 40% of patients in SAMBA 2019) being disadvantaged. There will need to be robust work across every unit to make it practical and usable. There needs to be a recognition by all that this will, in all likelihood, not be cost neutral and we must ensure that any funds are put in place in the areas that need them and not the ones who shout the loudest.

Regarding the flow through the hospital, we all need to work together for the best interests of the patient and ensure that patient care is always considered above any arbitrary time based target or 'date stamp' saying that one area has 'completed what they need to' and to move the patient onwards regardless of the receiving areas' pressures. You cannot solve ED issues by simply moving people (pressure) to another part of the hospital.

Staffing for us moving forwards is a real and ongoing worry. As a highly skilled workforce in terms of acute care skills, our established teams have often been seen as a source of help for other areas and many of our nurses have been redeployed to ICU, ED and respiratory units to bolster those areas. This meant our teams, not only having to cope with Covid patients, but also to train up teams of nurses deployed into our acute areas from their normal jobs in areas such as outpatients or cancer screening. Our remaining teams have worked wonders, often in the same physically draining PPE as ED and ICU, over the last months and now need help. We are acutely aware that winter is not too far away and senior figures are already warning us how 'bad' it will be. We urgently need our staff to be returned to us so that we all have enough time over the next few weeks to give everyone a chance to draw breath and recharge our batteries. These are the lifeblood of our teams and they must not be taken for granted by anyone. We are of course waiting to see (with some trepidation) the effect that Track and Trace may have on our staffing levels.

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Overall, as a Society, we wish to draw to your attention the work we have done that has gone by and large unrecognised, and the major challenges we face to continue to provide the care for our patients which we aspire to.

We recognise the immense effort that the whole of the NHS has achieved over the last few weeks, and this should not be forgotten as we head towards the ‘new normal’. As experts in Acute Care, we feel that our contribution going forwards will be invaluable.

Yours sincerely,

Dr Sue Crossland (President) and Dr Nicholas Scriven (Immediate Past President) on behalf of the Society for Acute Medicine