

NEWSLETTER

November 2023

Including...

- SAMBELFAST Save the Date
- Educational evenings coming up
- NICE guidance on respiratory infections
- Occupation Stewardship academy*
- IMPACT*
- A survey on therapy services in SDEC*
- Acute Oncology toolkit released
- National data and SAM response
- Meet the new team
- And Finally, a word from our Treasurer

*please see attached docs for more info

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

PRESIDENT	PRESIDENT ELECT	PAST PRESIDENT	SECRETARY	TREASURER
Dr. N Murch	Dr. V Price	Dr. T Cooksley	Dr. V Price	Dr. M Wheble

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November 2023

SAMBelfast

Save the date! 2&3rd May 2024 More details to follow

Educational evenings

Join us for an end of the year extravanganza!

18th December at 7.30pm

We are planning "Acute medicine – a year in review" covering relevant events and guidelines over the last year with an optional interactive quiz. It will be educational so we will apply for CPD points as usual. For those who take part in the quiz, there will be a cash prize for a charity of the winner's choice. Registration available later this week on the SAM website!

NICE updates

1) Guideline on respiratory infection

Dear Colleague,

RE: NICE guideline on suspected acute respiratory infection in over 16s: assessment at first presentation and initial management

This final guideline has now been published on the <u>NICE website</u>. You can also find the <u>supporting</u> <u>evidence</u>, <u>tools and resources</u> as well as all the <u>stakeholder comments</u> that we received during consultation and the responses to these comments. The comments were invaluable in helping us to develop and refine the guideline. We have also produced an <u>equality impact assessment</u> to support the guideline.

There is brief information about the guideline for people using services, carers and the public at <u>'Information for the public'</u>.

The final guideline includes <u>recommendations for research</u>. More detail can be found in the <u>supporting evidence</u>. <u>Funding is available from the National Institute for Health and Care</u>

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November 2023

<u>Research (NIHR)</u> for projects addressing NICE research recommendations. We encourage researchers to apply for funding to generate new evidence to inform future NICE guidance.

We would like to thank you for your interest in developing this NICE guideline and any support you can give to promote its use in practice.

If you have any further queries, please contact me via ARI@nice.org.uk

2) We are pleased to announce that new indicators on **health checks for people with learning disabilities** and **colorectal cancer** have been published on the NICE website:

NM249 (Learning disabilities)

NM250 (Learning disabilities)

NM251 (Colorectal cancer)

Please accept our thanks if your organisation submitted comments during consultation on indicators. All consult comments were considered by the indicators advisory committee (IAC).

Also available on the website via the above links is a summary of the consultation comments prepared by the NICE indicators team and the full set of consultation comments.

Kind regards,

NICE indicators team

Occupancy Stewardship Academy

Quality care cannot be delivered in a bed blocked hospital. More beds and less patients waiting for social care would be a fantastic Christmas present for acute medicine, but while we wait for that to happen, can we do anything else? There's good evidence that many patients with no social delays stay longer than necessary in beds - can we reduce LOS in this group, and so free up beds? We want to explore whether there's more we can do by marrying up experts who understand the issues (YOU) with QI and operations management knowledge, to see what YOU come up with.

November 2023

SAMQI are offering a 6-month coached QIP to facilitate teams to develop, test and finesse their own novel ideas. The program starts with 2 face to face days with intensive training in Occupancy Stewardship methods and leading a QI project.

We invite teams of 2 or more (individuals can also apply but teams prioritised), to include at least one acute physician per team, to apply.

The first round starts 28-29 Nov, in Birmingham, RCP 25 CPD points applied for, there is no fee.

If you can't make this date, still apply, more rounds will kick off in the new year (but will be charged for).

To apply please contact p.sullivan@imperial.ac.uk

IMPACT

IMPACT is an acute care course for trainees in Internal Medicine Training (IMT) and Acute Care Common Stem (ACCS) programmes. The course is designed to improve patient safety by enhancing trainees' skills in managing acute medical admissions. Simulation-based teaching includes skills such as lumbar puncture, chest drain insertion, and CVP monitoring, along with clinical scenarios focusing on the management of common acute presentations.

Course content is mapped to the UK Curriculum for Internal Medicine Stage 1 Training. The course is approved by and overseen by the JRCPTB and is endorsed by SAM. For more information, please see the website <u>www.impactmedical.org</u>

The IMPACT team would like to encourage you to consider joining the IMPACT course faculty, or to become involved in the writing and reviewing of course materials. If you are interested or have any questions about the course please contact us at <u>impactcentral@rcpsg.ac.uk</u>

November 2023



IMPACT enables trainee doctors to assess and treat acutely unwell patients, and gives them guidance on when to ask for help. Trainees benefit from a mix of e-learning and a two-day in-person course with hands-on simulation training, presentations and workshops.

Our IMPACT courses are extremely popular. With your help, we can ensure more trainees can access the course where they want to. You could:

- Teach on an IMPACT course
- Run an IMPACT course our central office will provide the admin support you need
- Contribute to course development

Running an IMPACT Course

To run an IMPACT course, you need a licence. For this you need to be a consultant or associate specialist in acute medicine, general medicine, anaesthetics, intensive care or accident & emergency medicine who has documented certification of instructor status with advanced life support courses such as Advanced Life Support, CCrISP, ILS, ALS, PALS

or

documented successful attendance at education training days such as generic instructor course (GIC) or "training the trainers" course and/or attendance at an IMPACT Instructor Training Day

and

observed and taught on one established IMPACT Course at an established IMPACT course centre and been signed off by the Director of that course as being a suitable person to become a Course Director.

Get in touch

For more information on becoming a faculty member for IMPACT or to apply for a licence to run an IMPACT course, contact us at impactcentral@rcpsg.ac.uk

Find out more at www.impactmedical.org



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November 2023

A survey looking into how therapy services are managed in Same Day Emergency Care (SDEC) Units

Do you work in a Same Day Emergency Care (SDEC) unit and provide intervention to older adults living with frailty? If so, please consider taking part in this survey to help understand how Same Day Emergency Care (SDEC) units have applied the Same-day Acute Frailty Services guidelines (May 2019) with respect to therapy services.

The survey will take **no more than 10 minutes to complete**, this may be less depending on your responses. The survey will be open from Thursday 10th November 2023 and close at 23:45 on Sunday 10th December 2023.

As part of the ambitions set out by NHS England and NHS Improvement, same day emergency care should be provided for frail older patients. *Metric 3a: Action response during core hours from the Same-day Acute Frailty Services guidelines (May 2019) states that to manage patients living with frailty all trusts with a type 1 Emergency Department to be providing an acute frailty service for at least 70 hours a week. In addition, it states 'A multidisciplinary team (MDT) capable of assessing and managing geriatric syndromes should be available 10 hours a day, seven days a week. This availability will promote same-day emergency care and reduce time spent in hospital. '*

However, the guidelines are not explicit about what the model of therapy provision should look like with respect to the number of staff, skill mix, hours of service to support the wider SDEC service.

Overall, there is no consensus about how therapy services should operate or what the model of therapy provision should look like. Therefore, the purpose of the survey is to explore how organisations across England have applied the guidelines.

Before you decide whether or not to take part, it is important for you to understand why the survey is being done and what it will involve. Please take time to read the following Participant Information Sheet available here in this link:

Participant information sheet: see newsletter email Link to survey: <u>SDEC therapy survey</u>

QR code:



November 2023

If you have any questions about this survey, please contact Beverley Greensitt at <u>Beverley.Greensitt@ouh.nhs.uk</u>

NEW SAM /RCP toolkit Acute oncology

The Royal College of Physicians, in collaboration with the Society for Acute Medicine (SAM), has launched a new toolkit entitled <u>Acute oncology on the acute medical unit</u>.

https://www.rcp.ac.uk/guidelines-policy/acute-care-toolkit-7-acute-oncology-acute-medical-unit

It aims to support acute and general medical clinicians caring for patients with cancer who have been admitted to acute care.

The toolkit outlines key presentations, pathways and complications in acute oncology and provides service recommendations for acute hospitals and acute oncology services.

National Data & SAM response

The latest NHS performance data, released 09 November shows among other things:

* 70.2% of patients were seen within four hours in all A&E departments last month compared to 71.6% in September 2023 and 69.5% in October 2022. The 95% standard was last met in July 2015.

* 69.7% of patients were seen within four hours, excluding booked attendances, in October 2023.

* 55.9% of patients were seen within 4 hours in type 1 A&E departments.

* There were 145,000 four-hour delays from decision to admit to admission this month, which compares to 151,000 in October 2022. Of these, 44,700 were delayed over 12 hours (from decision to admit to admission), which compares to 43,800 in October 2022.

* The number of referral to treatment (RTT) pathways where a patient was waiting to start treatment at the end of September 2023 was 7.8 million.

* The total number of patients waiting six weeks or more from referral for one of the 15 key diagnostic tests at the end of September 2023 was 415,600. This was 26.3% of the total number of

November 2023

patients waiting at the end of the month against a national operational standard of less than 1% of patients waiting six weeks or more.

The full dataset can be accessed at: www.england.nhs.uk/statistics/statistical-work-areas/

This has been picked up by several newspapers and Dr Cooksley did an interview on LBC on 10th November. We are likely to be asked to many more media interviews as we go into winter and sadly the figures will inevitably get worse.

Meet the Team

Following the elections in the Summer we now have some new faces on SAM council. Their pictures and bios can be found here; <u>https://www.acutemedicine.org.uk/sam-council-members/</u>

Vicky Price is our new President Elect Nick Smallwood has a second term as England representative Michael Trimble has a second term as Northern Ireland representative Claire Gordon is our Scotland representative John Hounsell is our Wales representative Beth Griffith is our New Consultant representative Elaine Clark has a second term as ACP representative Latif Raiyan Rahman is one of our trainee representatives Kai Jones-White is our PA representative Chris Subbe has a second term as our QI committee lead

Following Vicky's successful election as President Elect we have therefore had an opportunity to advertise for a new Secretary and more on that will be updated soon.

And Finally

It is my turn to write the finally section for the newsletter. It is the middle of November and things have noticeably changed both recently in terms of the weather with the temperature dropping but more importantly for all of us in Acute Medicine the pressures on beds and flow within our organisations seems to have jumped from high to super high. Increases in critical incidents and just pressure overall I am certainly feeling that locally in Dorset as I am sure you all are. I hope you are

November 2023

all working together and surviving, it is times like these I remember the great statement, how bad would it be if Acute Medicine didn't exist. Thank you for everything you all do across our four nations for patients in these trying times.

I am however energised by the Acute Medicine family, it was so great to see so many of you in Glasgow, get to interact and share good work that is being done across the country. I certainly came away inspired with new ideas and things I hope to help improve my own practice and our local team as well as some education ventures I hope to develop (Lego model of my AMU to teach flow for one).

I am immensely proud to represent you all and try and help shape the future of Acute Medicine and ensure our voice is heard, supporting Nick, Tim and Vicky in this work. I also look forward to all the new council members joining the team and us all working together to further the Acute Medicine voice. Please do reach out to us if you have ideas or questions, I can be reached on treasurer@acutemedicine.org.uk

Lastly for now I am proud to be part of the team that brings you the podcasts, I can't quite believe we have been going for over a year and I still pinch myself when I see we are over 12,000 listens so far. The rest of the team and I would love to have your feedback and topics you would love us to cover, you can find us on X @acutemedpod or just email me.

Mike Wheble

SAM Treasurer