



NEWSLETTER

September 2023

Including.....

- SAMGlasgow
- Somatic Symptom Survey
- Climate change
- GIRFT and the six to help the Fix
- Guidance for supporting US in Acute Medicine
- NICE updates
- And Finally

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

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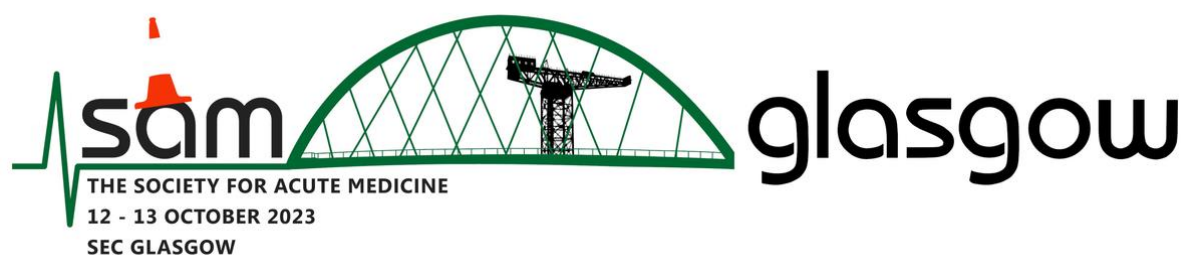
TREASURER

Dr M Wheble



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SAMGlasgow



The Society for Acute Medicine's 17th International Conference is on 12-13 October 2023 at the SEC, Glasgow.

It is nearly time for our annual Autumn international conference and the programme theme is **"Health Disparities & Inequalities on the AMU."**

You can register for SAMGlasgow, either in-person or virtually.

Online Attendees

Virtual attendees are able to **watch ALL sessions online, both live and on demand, for 4 months following the conference.** The conference virtual platform also offers the opportunity to message and network with other attendees.

In-person delegates can also access the virtual platform so can watch any sessions they miss at the live event. All sessions will be available to ALL delegates (in-person and virtual) for **4 months** after the event.

12 CPD Points have been approved by the Federation of the Royal Colleges of Physicians of the United Kingdom (**Activity Code: 145178**)

Somatic symptom survey – see attachment to email for more information

Those who do research will know just how valuable it is to get people to participate in their surveys and we'd really appreciate a few minutes of your time to help complete this one! It is international so excuse the lack of Acute Medicine in specialty option!

It honestly takes less than 10 minutes and might make you think!



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From the Researcher:

“My name is Brodie McGhie-Fraser and I’m a PhD candidate at the Radboud university medical center (Radboudumc), Nijmegen, The Netherlands, also working at the Centre for Clinical Brain Sciences, University of Edinburgh. We are looking for healthcare professionals in the UK to participate in a short survey (about 10 minutes). We think that the perspectives of healthcare professionals in acute medicine are important for this research.

The aim of this survey is to understand the beliefs and attitudes of healthcare professionals in the UK about persistent somatic symptoms. Persistent somatic symptoms (PSS) describe recurrent or continuously occurring symptoms (such as pain, dizziness, or fatigue) that have persisted for at least several months. The term persistent somatic symptoms includes functional symptoms and functional disorders. Persistent somatic symptoms can be single symptoms (such as chronic pain), combinations of symptoms, or symptoms that meet the criteria for functional disorders (such as irritable bowel syndrome or fibromyalgia)”.

https://mentalhealthscot.eu.qualtrics.com/jfe/form/SV_3CwSCPiNQzHFOWS

Climate change group

SAM now have an established group looking at climate change and the effect of healthcare. We are currently writing a position statement and are keen to get anyone interested to join the group to share ideas and best practice. Do get in touch if you’d like to be involved – it will not be an onerous commitment! secretary@acutemedicine.org.uk

GIRFT and six to help the Fix

Guidance setting out six vital steps acute hospitals should take to improve flow during the winter months is available to download, in a collaboration between Getting It Right First Time (GIRFT) and the Society for Acute Medicine (SAM).

The detailed guidance has been developed based on the views of acute physicians currently working in a range of clinical settings across England, to help hospitals manage their acute medical take.

[Access the Six to Help Fix acute medicine guidance](#)



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The six steps cover the key priorities for improving flow: Protecting Same Day Emergency Care (SDEC) capacity and function; best practice for ward rounds and handover; measures for pharmacy services; availability and access to diagnostics; workforce optimisation; and provision and access to Allied Health Professionals (AHPs) and acute frailty services.

Statement in support of ultrasound training within Acute Medicine

The Society strongly supports the development of ultrasound competencies for Acute Medicine clinicians, both those in training and those otherwise working on the Acute Medical Unit (AMU). This has been brought into focus by the welcome addition of mandatory ultrasound competencies to the AIM higher specialist training curriculum. In order to support this, there will need to be investment in both time and equipment to provide the training environment required and the facilities to embed these skills in the routine work of the Acute Medical team.

The Society therefore makes the following recommendations relevant to all AMUs across the United Kingdom:

- A senior clinician should be appointed point of care ultrasound lead, with the remit of overseeing training, governance and integration with local radiology services
- The above role should attract an indicative 1 PA of job planned time (dependent on unit size and anticipated training commitments)
- Each unit should always have a dedicated ultrasound machine available. This should be linked to the hospital PACS system with the ability to generate contemporaneous reports linked to images
- AMUs should look to develop training pathways with dedicated time for training for interested trainees and clinicians, including linking with local radiology departments to facilitate a two-way transfer of knowledge

This full statement and other supporting documents are available here:

<https://www.acutemedicine.org.uk/famus/useful-documents/>

NICE updates

We are pleased to announce that the NICE [alcohol-use disorders: diagnosis and management update](#) (QS11) has been published on the NICE website today.



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Please accept our thanks if your organisation submitted comments during consultation on this quality standard. All consultation comments were considered by the quality standards advisory committee (QSAC) and are documented in the minutes of this meeting.

Also available on the website is a [summary of the consultation comments](#) prepared by the NICE quality standards team and the full set of consultation comments.

If your organisation is interested in [formally supporting this quality standard](#) please contact us at qualitystandards@nice.org.uk.

Kind regards

The Quality Standards Team

National Institute for Health and Care Excellence (NICE)

RE: NICE guideline on Venous thromboembolic diseases: diagnosis, management and thrombophilia testing

This final guideline has now been published on the [NICE website](#). You can also find the [supporting evidence, tools and resources](#) as well as all the [stakeholder comments](#) 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 [equality impact assessment](#) to support the guideline.

There is brief information about the guideline for people using services, carers and the public at ['Information for the public'](#).

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 VTEupdate@nice.org.uk

RE: NICE guideline on spinal metastases and metastatic spinal cord compression

This final guideline has now been published on the [NICE website](#). You can also find the [supporting evidence, tools and resources](#) as well as all the [stakeholder comments](#) that we received during consultation and the responses to these comments.



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RE: NICE guideline on Cirrhosis in over 16s: assessment and management

This final guideline has now been published on the [NICE website](#). You can also find the [supporting evidence, tools and resources](#) as well as all the [stakeholder comments](#) 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 [equality impact assessment](#) to support the guideline.

There is brief information about the guideline for people using services, carers and the public at '[Information for the public](#)'.

The final guideline includes [recommendations for research](#). More detail can be found in the [supporting evidence](#). [Funding is available from the National Institute for Health and Care Research \(NIHR\)](#) 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 Cirrhosis@nice.org.uk


And Finally

Every 2 years it is time to say goodbye to a past president, and this year we say goodbye and thank you to Sue Crossland.

She has been our first female President of the Society for Acute Medicine as well as the first President who was trained as Registrar in Acute Medicine. She was President over the difficult COVID era and we are all hugely grateful for her hard work, passion, commitment and dedication, especially during that challenging time. We will formally thank Sue during our conference, but here are a few words from her about her time on SAM council:

Statement From Dr Crossland:

“Coming to the end of my time on Council, I am minded to remember the great friends and colleagues I have met on the way. You know who you are! I am humbled to have



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served with them, for the specialty I love. Acute medicine is continuing to grow in stature (it has never been more important than it is now) but the fundamental fact remains that it is a place where teamwork is so vitally important. Just as in politics, leaders come and go, but it is the team alongside who keep things moving. Our membership is that team, and I hope that in the future, some of you will join Council and help to continue to steer our specialty in the right direction. It's insanely busy, stressful, exhausting, terrifying-and equally fulfilling, exciting and wonderful. I'm going to spend more time with my family, whippet racing and baking. But I'll hopefully still see you all at Conference. Goodbye, and thanks for all the fish! It's been a blast!"