Co-Editors

Dr Tim Cooksley
Editor-in-Chief
Consultant in Acute Medicine
Manchester University Foundation Trust and
The Christie

Professor Prabath Nanayakkara
Associate Editor
Head of Acute Medicine,
VU University Medical Center,
Amsterdam, Netherlands

Associate Professor Ben Lovell
Associate Editor
Consultant in Acute Medicine
University College London Hospitals

Editorial Board

Professor Mikkel Brabrand
Clinical Associate Professor
Department of Emergency Medicine,
University of South Denmark

Professor Mark Holland
Consultant Acute Physician
Salford Royal Hospital and Visiting Professor
Health and Social Care,
University of Bolton

Professor Dan Lasserson
Professor of Ambulatory Care,
University of Warwick

Dr Nick Murch
Consultant in Acute Medicine,
Royal Free London NHS Trust

Dr Chris Subbe
Consultant in Acute, Respiratory & Critical Care Medicine
Bangor University & Ysbyty Gwynedd Hospital

Dr Louise van Galen
Research Fellow in digital health
Nanyang Technology University/VU University Medical Centre

Dr Louella Vaughan
Senior Clinical Research Fellow
Nuffield Trust

Dr Liz Lees-Deutsch
Nurse Consultant in Acute Medicine,
University Hospitals Birmingham

Acute Medicine

Editorial

The NHS urgent and emergency care crisis: how much worse could it get?

T Cooksley

NHS urgent and emergency care is under intolerable strain. This strain is increasingly causing harm to patients. Timely and high-quality patient care is often not being delivered due to overcrowding driven by workforce and capacity constraints. This drives low staff morale perpetuating burn out and high absence levels which currently dominate. Whilst COVID19 has accentuated and arguably expedited the crisis; the spiral of decline in urgent and emergency care has been decade long and unless urgent action is taken, we may not yet have reached its nadir.

In the short-term there must be honest discussions with staff and the public on what the NHS can deliver. There needs to political acceptance of the severity of the urgent and emergency care position. In the UK, there needs to be collaboration across all four nations and it would be pertinent to utilise some of the national incident actions enacted during COVID19. There is no doubting the gravity of the situation among frontline acute care workers; who desperately need to see light at the end of the tunnel. The haemorrhaging of skilled and experienced staff must be ceased. Long-term, we need bold and deliverable plans to increase workforce and capacity so we can deliver first class acute medical care that patients deserve, and we wish to deliver.

Acute medicine is at the heart of finding opportunities to mitigate the current crisis and future innovative, adaptive, quality and sustainable urgent and emergency care. The fundamentals of the specialty – well functioning Acute Medical Units and Same Day Emergency Care – alongside enhanced care areas and evolving Acute Medicine led hospital at home models[1,2] is essential for UEC and whole system recovery. They are increasingly core to the delivery of urgent care internationally.

Well resourced analysis and understanding of patient flow as well delivery of local services is key. In this edition, Wood et al. demonstrate the value of understanding local trends to match acute medical demand and improve service.[3] On a national level, SAMBA benchmarks performance and can guide the development of future clinical quality measures but also needs to support local quality improvement.[4,5] Subbe et al. review the importance of co-design in acute care so that the experiences of patients and caregivers is utilised to improve service.[6]

Acute Medicine is indexed in PubMed and EMBASE and cited in Medline

Published by
Rila Publications Ltd.
73, Newman Street,
London W1T 3EJ, UK
Tel: +44(0)20 7637 3544
Website: www.acutemedjournal.co.uk

Design & Production
Georgina DaCambra

Copyright © 2022
Rila Publications Limited
All rights reserved. No part of this publication may be reproduced without prior permission, in writing,from the publishers. The data, opinion and statements in this journal are those of the contributor(s) and not necessarily endorsed by the publisher, sponsors, editor and editorial board. Accordingly their respective agents accept no liability for the consequences of any such inaccurate or misleading data, opinion or statement.

Enquiries
Circulation and Foreign
Distribution rights contact
Rila Publications Limited

Advertising
Tel: +44 (0)20 7631 1299

Subscription Rates:
Personal
Print & Online: *UK £100* *Overseas £140*
Online Only: *Personal:£60* *Students: £45*
Institutional/Library
Print Only: *UK £140* *Overseas £180*
Online Only: *pleaqse contact production@rila.co.uk*

ISSN: 1747-4884

© 2022 Rila Publications Ltd.

Alongside its core work, acute medicine can promote and deliver important public health messages. Murphy et al illustrate this with their "teachable moment" for AMU patients and demonstrating an opportunity to improve physical activity post discharge.[7] Delivering patient health education is often the aspect of care sacrificed in overburdened acute environments.

NHS pressures are at unsustainable levels and current results are scant justice for acute medical teams who continue to strive to deliver reasonable quality of care for their patients. This situation must not become an unacceptable new normal for our teams and patients; it is essential that it does not deteriorate further. The commitment of acute medicine teams remains a source of pride for anyone associated with our specialty and provides the greatest hope that this will not happen.

References

1. Rajaiah N, Kainth HK, Knight T, Clare S. EPICENTRE - Delivery of high quality acute medical care without transfer to hospital. *Acute Med.* 2021;**20(3)**:235.
2. McGlen SE, Stoesser N, Woodrow C, Dudley J, Newton D, Lasserson D. Tocilizumab for treatment of SARS-CoV-2 infection at home: A case report. *Acute Med.* 2022;**21(1)**:53-55
3. Wood C, Underwood J, Davies C, Taylor P. Patient Characteristics and Variables Influencing Acute Medical Flow. *Acute Med* 2022; **21(4)**: 168-175
4. Atkin C, Knight T, Cooksley T *et al.* Society for Acute Medicine Benchmarking Audit 2021 (SAMBA21): assessing national performance of acute medicine services. *Acute Med.* 2022;**21(1)**:19-26.
5. Atkin C, Knight T, Cooksley T *et al.* Length of stay in Acute Medical Admissions: Analysis from the Society for Acute Medicine Benchmarking Audit. *Acute Med.* 2022;**21(1)**:27-33.
6. Subbe C, Goodman A, Barach P. Co-design of interventions to improve acute care in hospital: a rapid review of the literature and application of the BASE methodology, a novel system for the rapid development of prototypes with patients based epistemology of stakeholders. *Acute Med* 2022; **21(4)**: 182-189
7. Murphy J, Le Jeune I. Can we improve patients' physical activity levels after discharge by interventions on the Acute Medical Unit? The "teachable moment". *Acute Med* 2022; **21(4)**: 196-202

© 2022 Rila Publications Ltd.