



Sheffield Emergency Care Forum

June 2020 Lockdown Newsletter

SECF is an independent public and patient involvement group supported by CURE/ScHARR and STH FT Clinical Research and Innovation Office (CRIO)

Welcome to the SECF COVID-19 newsletter. SECF represents patients and the public in research studies relating to pre-hospital, urgent and emergency care. Members include service users, ambulance service representatives and medical students. Under normal conditions we hold quarterly meetings. Unfortunately the arrival of COVID-19 resulted in the cancellation of our March meeting and, as our June meeting is also unable to take place, this newsletter is to keep members and researchers informed and let everyone know that SECF is still open for business.

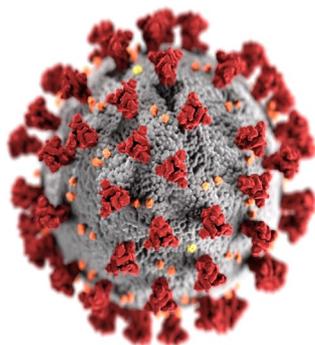


Original founding group in 2010

Rosemary Harper

We are very sad to report that in late February, Rosemary Harper passed peacefully away. As a founder member of SECF in 2010 and with her previous experience of research in ScHARR, she was invaluable to the group. Her wisdom, knowledge and experience inspired us all and she will be sorely missed as a colleague and friend.

We also sadly lost a more recent addition to the group, Lynn Simmons who passed away in St. Luke's hospice in March. Lynn had considerable working knowledge of the NHS and was a real asset. Another great loss for the group.



The PRIEST study

(Pandemic Respiratory Infection Emergency System Triage)



This study was set up to be activated in the event of a pandemic (previously the PAINTED study) and was duly activated on 23 March 2020. The study aims to collect data from people attending hospital with suspected COVID-19 infection and follow them up to 30 days to determine whether they had an adverse outcome. We now have data from over 18,000 patients, with a target of 20,000 and will be analysing our data over the next few months to determine whether people who had an adverse outcome were admitted to hospital and whether the decision to admit or discharge after assessment at the emergency department can be improved by a triage tool.

A triage tool uses a number of simple observations, such as heart rate, oxygen levels or previous illnesses, to predict the risk of an adverse outcome and help clinicians decide whether a patient should be admitted to hospital.

The prehospital PRIEST study

We now have funding for an additional study alongside the PRIEST study that examines the management of people with suspected COVID-19 who call 999 or NHS 111. The Yorkshire Ambulance Service will provide details of calls and responses to 999 and NHS 111. We will

link these calls to NHS Digital information on hospital admissions and deaths to determine how accurately the 999 and 111 responses identified people who needed hospital admission. We will also look at data recorded by paramedics to determine whether a triage tool could improve decision-making.

SPQR Study

(Safety for Patients through Quality Review)

Medical Examiners make a brief assessment of all hospital deaths and some community deaths to ensure the cause of death is recorded correctly. Structured Judgement Review involves a detailed examination of hospital records after a patient has died to determine if there were any problems with care. Our project is assessing how Medical Examiner (ME) assessment might work alongside Structured Judgment Review to identify problems with care. We are currently analysing around 700 deaths that received both ME assessment and Structured Judgment Review to determine how these assessments compare to each other. We have also submitted a paper to BMJ Quality and Safety reporting our findings of interviews with 20 MEs regarding their role.

We have also received funding to undertake interviews with Coroners, a survey of Coroners and examination of Coroner statistics, to determine how the introduction of MEs might affect the referral of cases to Coroners.

The VTEAM study (Venous Thromboembolism Assessment Model)

We have completed a systematic review of studies that evaluate tools used to predict the risk of blood clots in people admitted to hospital. We are now undertaking simulation modelling to explore the balance of benefits, harms and costs associated with giving people in hospital drugs to prevent blood clots, according to their risk of developing a blood clot. We expect to complete this by the autumn.

The VTEAM study also involves collecting data from up to four hospitals to determine how accurately hospital administrative data identify people who suffer blood clots during or after hospital admission. This element of the study has been suspended due to the COVID-19 pandemic but should recommence in the autumn.



The PHEWS study (Pre-Hospital Early Warning Scores for Sepsis)

This is a study of early warning scores used to alert paramedics to the possibility of sepsis in the patients they are transporting to hospital. It has been suspended during the COVID-19 pandemic and the research team are all now working on the PRIEST study. We expect to recommence the study at the beginning of 2021.

Our thanks to Professor Steve Goodacre for these updates. All the above studies are being supported by SECF.

SECF members' other involvements

An evaluation of the NHS 111 Online service has developed into an assessment of the impact of the use of this service. Data collection and analysis is on-going and virtual meetings are taking place. A report is expected shortly. An SECF member has been involved throughout.



**The
University
Of
Sheffield.**

Exploring the impact of the covid-19 pandemic on the emergency care system: Healthcare seeking behaviour and clinical decision making/ changes in access.

These two linked studies are led by Dr Emma Knowles and by Prof Suzanne Mason. These projects have just been submitted and will look at how the corona virus pandemic has led to a sudden reduction in people attending EDs, being transported to ED and being admitted into hospital. They will link ambulance service, 999, NHS 111, ED and hospital data to understand why patients and clinicians are behaving differently and how services are being used. It will seek to understand the possible consequences of these changes and explore long term changes in behaviour. The project will conduct a telephone survey of 8,000 people and compare this to similar data collected in 2010. A member of SECF is co-applicant on these linked studies with input from the wider SECF group as required.

Non-medical Practitioner roles in the ED

This project will look at how the ED workforce is deployed. It will look at patient and staff outcomes, job satisfaction, well being and ED performance. An outline application has been submitted and a member of SECF is supporting this study.

Connected: mediCines Optimisation oN iNtensive Care uniT patiEnt Discharge

This Clinical Lectureship has been awarded to Consultant Pharmacist Richard Bourne and aims to improve patient safety by identifying and developing a medication review intervention for intensive care patients when they are discharged to a ward. This is a critical time for these vulnerable patients when many changes to their medications can be required. There is currently no clinical guidance on how medicines should be reviewed at this point.

Dr Bourne had been due to present at SECF's March meeting when it was unfortunately cancelled. Two SECF members are assisting with this project.



ACUTE (Ambulance CPAP: Use, Treatment effect and Economics) feasibility study

ACUTE is designed to investigate if a randomised controlled trial, comparing prehospital continuous positive airways pressure (CPAP) to standard oxygen therapy is feasible, acceptable and cost effective. SECF is providing input to this study with members on the steering group and project management group. A recently published BMJ Open article is available here: [ACUTE](#)

DEUCE: Drivers of Demand for Urgent and Emergency Care.

This project is completed and was due to present its findings in London in March, this was unfortunately cancelled due to the corona virus pandemic. SECF members are co-applicant and on the PMG. This report: <https://doi.org/10.3310/hsdr08150> was published 19.3.20. Impact work will take place when the crisis has abated.

SARC: Salbutamol in Renal Colic (Derby Clinical Trials Support Unit)

A meeting on 26 March was cancelled due to COVID-19 and this NIHR funded trial has paused for the time being in order to free up staff to cope with the influx of COVID-19 patients. Two SECF members serve on the Trial Management Group.

Telephone Triage Identification of Potential Critical Illness Using NHS Pathways

Steve Hatton, registered paramedic and post graduate researcher at Sheffield University, completed research looking at a new phone triage algorithm for critical illness. He is preparing a journal publication. Congratulations on his recently-awarded MSc with distinction. SECF assisted with this research.

Yorkshire Ambulance Service members' news

At present all non-COVID related studies have been paused or suspended and YAS are actively working with SchARR on the PRIEST and Prehospital PRIEST studies. YAS are also planning two service evaluations. The first examining the impact of a senior clinical support cell set up in the 999 control room to support operational staff on scene with patients. Secondly evaluating the use of video consultations. For lower acuity calls, marked for a clinician callback rather than an ambulance being sent, staff who are shielding have been trialling video calling patients. Again, we are going to monitor activity and survey staff to see how useful they have found this facility to help with their decision-making. We are also planning on surveying patients too, to see if they think this supplement to telephone calling is acceptable and helpful. **Richard Pilbery (Research Paramedic)**

Jamie Miles (Research Paramedic) has had REC approval and provisional CAG approval for his PhD study, SINEPOST: Safety INdEx of Prehospital On Scene Triage. He will be requiring SECF input to work out the best way of informing people about the project as there will be no consent sought for the use of patient data. **We look forward to other studies including MATTS, PROMS etc getting back on track when normal life and work can be resumed.**

Medical student news

Universities have essentially shut down, clinical placements were cancelled and courses have been restructured in light of the COVID-19 pandemic. Though her final placement was cancelled, **Jess Richardson** has now officially graduated. Congratulations Jess! She had to make do with a virtual graduation ceremony and was GMC registered in April. The demand for doctors was not as much as originally anticipated and she now finds herself on an extended break until starting work in Glasgow in August, so sadly, Jess will no longer be attending SECF meetings.

Thomas Franchi is intercalating an MSc in Human Anatomy with Education this year and has had a letter published in Anatomical Sciences Education about the impact of COVID-19 on him as an anatomy student. See PDF [here](#)

Meanwhile **Callum Prosser** has been given the opportunity to work in a local district hospital to help out in the acute admissions unit. This has been excellent experience, especially being involved in the front line within the NHS. He has

been utilised to cover the staff shortages experienced at the start of the pandemic allowing him to experience the true role of a junior doctor in such conditions.

SECF 10 year anniversary



SECF Group in 2018

SECF was founded in April 2010 and has been consistently busy ever since. We hope to celebrate our anniversary with the publication of short articles in the CURE and CRIO newsletters and also we look forward to planning a small celebration as soon as normal activities resume. **We would like to take this opportunity to thank all our members, past and present, for their hard work and enthusiasm.**

We would like to thank Marc Chattle from The University of Sheffield for his continued support of the Group; Lucy, Dan and Eve of STHFT Clinical Innovation Office for their help and guidance especially at this difficult time.

Thanks to our ambulance service representatives Richard Pilbery and Jamie Miles for the knowledge and experience they share with the Group.

We thank our three medical students Jess, Callum and Thomas. Their experience is invaluable to our group and we wish Dr Richardson good luck in Glasgow.

We would also like to thank Prof Steve Goodacre for his updates at our meetings and him and other researchers at SchARR for keeping us busy.