



SEE-IT Study Newsletter

Emergency Medical Services Streaming Enabled Evaluation In Trauma: The SEE-IT Trial

WELCOME TO THE AUTUMN 2022
NEWSLETTER

An update from the research team

A great deal has happened since our [Summer 2022 Newsletter](#). We've completed five out of six of our trial weeks, meaning we are very close to the end of this project to evaluate the feasibility and acceptability of the use of live streaming from trauma incidents. This Autumn 2022 Newsletter includes: **a brief update on how the trial has been going so far, provides an example of when live streaming has helped inform dispatch, explains what happens when a 999 call is made (at SECAmb/KSS) and introduces you to our patient and public involvement and engagement (PPIE) group.**



We are extremely excited that this newsletter is being brought to you by our PPIE lead Janet Holah, in collaboration with members of our PPIE group. Our SEE-IT PPIE group have been involved in the formulation of this newsletter from ideas for content to commenting on drafts and the final version you are seeing now. The SEE-IT Trial research paramedics have also contributed to this newsletter by producing the 999-caller journey flowchart on page 3, a suggestion from our PPIE member, Yangchhen. It's a privilege to be working with such an enthusiastic PPIE group and we hope you enjoy this update.

Best wishes, Cath, Lucie, and Rachael (SEE-IT Research Team)

Introduction from our PPIE Lead, Janet Holah



Research is vital to advance medical science and improve ways of delivering care. Where this research directly involves patients, it is essential to include patient representatives on the team to ensure that the proposed research is both feasible and, most importantly, will not harm or distress patients and concentrates on issues which are important to them.

The SEE-IT team involved patient input at a very early stage by asking me if I would like to join the team and become a co-applicant. Having had many years of experience as a Patient Representative within different NHS organisations, being involved with various Research Projects, and being a member of the University of Surrey Ethics Committee and also the Service Users and Carers Group, I was delighted to accept.

My involvement has entailed commenting on the initial proposal and helping to refine it prior to submitting it to the [National Institute for Healthcare Research \(NIHR\)](#) to apply for funding. On being successful, my task was then to assemble a group of like-minded, but diverse, individuals to form a PPIE Group in order to gain the views of as many patients/service users as possible on the study itself. The idea is to disseminate all public information as the study progresses and obtain feedback to bring back to the PPIE meetings. In addition to being a member of the Project Team, I also Chair the Project Advisory Group (PAG) where updates on the study are received and commented on.

Progress report on study to date

Live streaming has been used over **fifty times*** over the **five intervention weeks** so far. Only **three callers*** have refused to consent to live streaming. Engagement with the trial is high and there is a real enthusiasm and positivity amongst emergency operations centre staff involved. We have found that training needs are minimal for those activating live streaming. There have only been a few occasions when the call taker has missed the code on screen asking them to transfer the call to the enhanced care desk for live streaming (see flowchart on page 3). Live streaming is sometimes helping dispatch decisions.



Whilst things have been going well, there have nevertheless been some challenges. The main one has been recruiting 999 callers to the study. We really want to know how they experience calling 999 (whether they used live streaming or not) and in particular to be able to assess their wellbeing and check that live streaming is not causing any harm. The only way we can recruit callers is by sending them a text within 8 hours of the incident (avoiding

midnight to 08:00). We realise that this may be too soon and that the text might be interpreted as a scam/phishing text, so we are continuing to look at all the possible options to improve uptake. Some changes were made with the help of the PPIE group to the wording of the text to help with this. The trial has already produced valuable data, and we hope to get as much information as possible before the end of the trial in order to inform the decision about whether a main trial is possible.

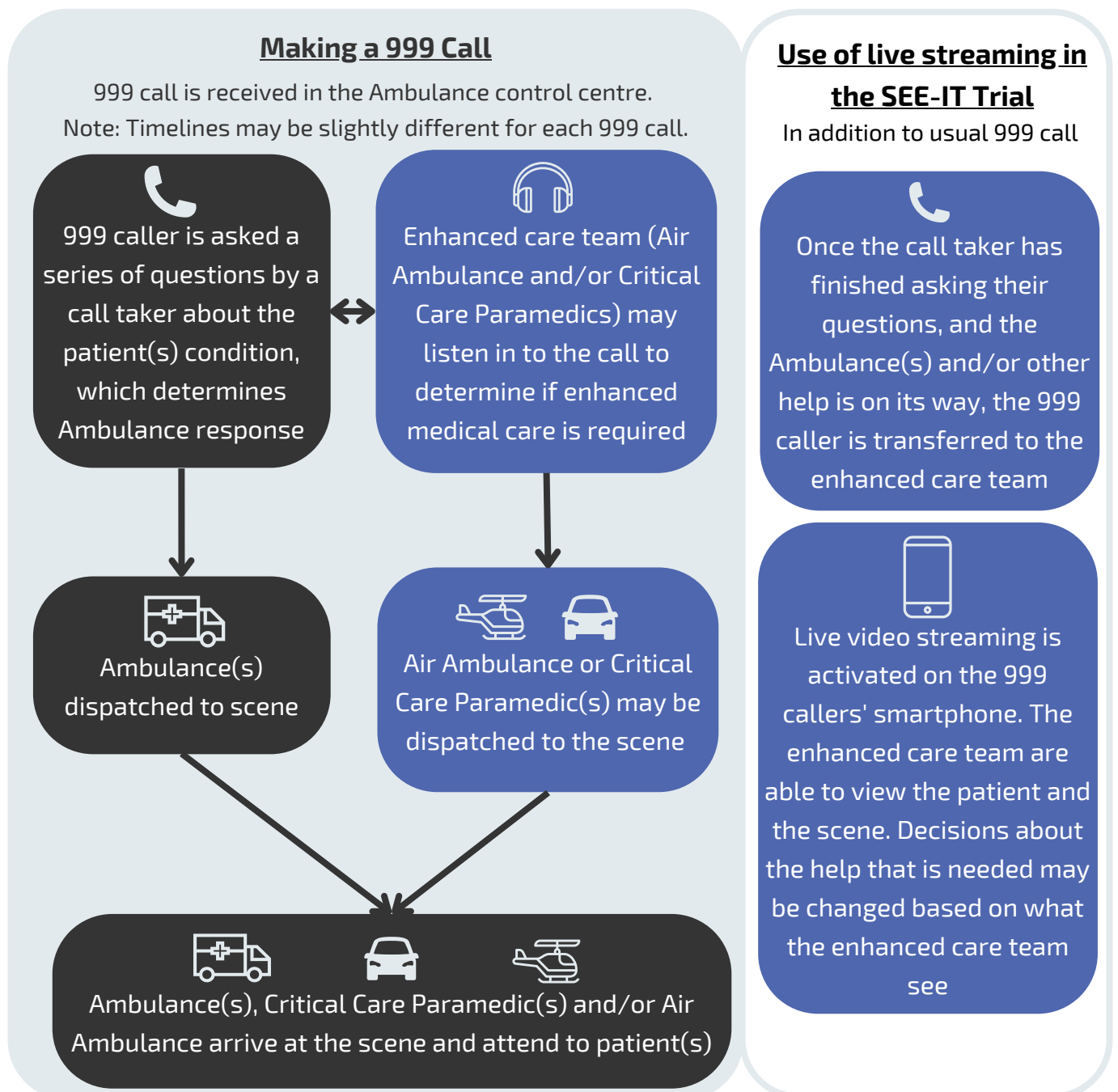
***All data is preliminary.**

Example of when live streaming helped inform emergency dispatch decision-making

A child had fallen in a park and from the information provided by the 999 caller on the telephone, it sounded like the child had a broken arm. The specialist paramedics (called critical care paramedics) listened to the call and were unsure from the information given how severe the break was, so they decided it would be useful to see the child's injury via live video streaming (with permission from the child's guardian).

The 999 caller was very helpful and upon viewing the child's arm, the paramedic could see that it was a nasty break. They decided that the child would benefit from having pain relief before reaching hospital. A standard ambulance would not be able to provide the type of pain relief they felt was needed, so they sent a critical care paramedic to the park to provide it.

What happens when you call 999, and how is live streaming being used in this study?

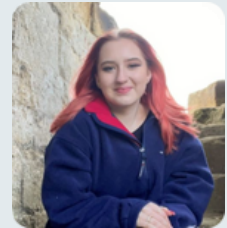


Meet the team: PPIE Group Spotlight



Glenn Davies: *Having taken part in a five-year project at St Georges University, I was very pleased when a vacancy was announced on this project at Surrey and I'm very happy to have joined the team with a view to contributing from a patient/service user point of view.*

Eva Hogg: *I started volunteering to gain knowledge in research and to help the NHS services where I can- by providing a young person's opinion. I have really enjoyed getting to work with a range of people from all backgrounds and seeing the changes we put forward be taken into consideration. I look forward to my further involvement with the people behind the SEE-IT trial.*



Oliver Bates: *I have volunteered my time to the PPIE SEE-IT Group to help make a difference and contribute towards the way Emergency Resources are dispatched in SECAmb using the element of live video streaming.*

Jane Leng: *I am very keen to promote the voice of services users and carers in the development of health services and therefore welcomed the opportunity to contribute to this interesting and important project. SEE-IT is a complex study, but we are kept fully informed and helped to understand approaches being taken so that we are enabled to make as full a contribution as possible. It is a privilege to be working with such a thoughtful, motivated, and good-humoured team.*



Yangchhen Yeschi: *I volunteered to be part of the SEE-IT PPIE project as I believe this to be a very worthwhile research project benefitting many trauma cases. Having myself gone through experiences of having to call emergency services a few times and the worrying feeling of wondering if I was able to convey the situation clearly or not. I also felt that being of an ethnic minority background I would be able to add to the project the views and challenges faced particularly by minority communities.*

What is next?

Our next newsletter will be shared in the Winter where we will be able to give you a preview of the findings!

Please contact the research team if you have any comments or questions: SEE-IT@surrey.ac.uk

Thank you for your interest. With our best wishes from the SEE-IT research team.