

**Minutes of the Derby Medical Society, Wednesday 19th March 2025
Derby Medical School Lecture Theatre**

Surviving the TT

Mr Dave Hedley; Associate Specialist EM Ex-Clinical Lead for Trauma

Apologies: None Received

Annual General Meeting held prior to the presentation (see separate minutes on DMS website)

Dr Sally Archer, President, welcomed everyone to this, the final meeting of the 2024-2025 season.

The Society welcomed Dr Aymara Suarez-Sotomayor. She received a Medical Student Elective Bursary in 2024 and was invited to give a short presentation about her experiences. She explained how the bursary had enabled her to travel to South America, explore her own Chilean heritage and experience how health care was delivered in another setting. She described what psychiatric health care 'looked like' in a main teaching hospital in Chile. Her reflections included the implications of a privatised system, the breadth of psychiatry, the fundamentals of psychiatric practice and her own cultural identity.

Dr Archer introduced Mr Dave Hedley, Associate Specialist EM and Ex-Clinical Lead for Trauma at the Noble's Hospital in the Isle of Man (IoM). Mr Hedley grew up in Newcastle and then studied Medicine at the University of Liverpool. He secured a job in the Isle of Man and has spent his professional life in the Casualty department there.

Mr Hedley gave some facts about IoM which is a Crown Dependency and not part of UK. It is 13 miles x 33 miles and has a population of 85000. It is similar in size to Singapore, but their population is 6 million. At over 1000 years old it is the world's oldest continuous Democratic Parliament. Famous citizens include, The Bee Gees, Mark Cavendish, Norman Wisdom, Fletcher Christian. Mr Hedley also described some of the historic sights, unusual travel infrastructure and unusual traditions that exist.

In recent history IoM saw the major incident of the Summerland fire in 1973. Opened in May 1971 this was the biggest leisure centre in the world with a capacity 10,000. However an accidental fire in 1973 ended in tragedy with 50 dead and over 80 seriously injured. The subsequent inquiry highlighted many important learning points that have gone into underpinning organising response by fire and rescue teams, safer buildings and ensuring evacuation procedures are in place

The IoM is the home of the TT races, an annual festival of motorbike races lasting 2 weeks in the summer months first held in 1907. It takes place on the public roads on a circuit of 37.73 miles with up to 6 circuits. The top average speed is 136.36mph, the fastest lap 16mins 36s and the highest speed recorded was over 202mph. Riders take part fully aware of the significant risks: there have been 138 deaths since TT racing began.

Mr Hedley shared some of the notable incidents and serious injuries he has been involved in treating and the way trauma services has developed to improve outcomes. Because accidents can occur anywhere on the circuit and the roads are closed, the rescue teams rely on

helicopter emergency medical service (HEMS) to retrieve and transfer patients to the hospital in the capital Douglas. Adjacent to the hospital are three helipads. He presented statistics since 1982 (868 riders): time of incident to arrival of AirMed-6 mins 2 secs (inc 2 mins warm-up); time of incident to landing at Helipad 18 mins 40 secs (inc stabilisation on ground); number of competitors taken to ED-14.75 per TT. However it's not only riders who need emergency care and he explained some of the noticeable incidents in recent times: TT Centenary (2007), 2 Spectators killed; 1 horse killed and rider 1986; Marshal killed in 2005-collision with racer; 2018 head on crash racer with course car; 2003 rider vs telegraph pole 2022, 2 sidecars Ago's leap.

Mr Hedley shared a couple of video clips that demonstrated why accidents result in such high impact and diverse injuries and shared some of the personal stories he has been involved with. The standardisation of care that courses like ATLS have encouraged has helped enable positive change. Significant changes have been made in how trauma care is organised including the development of trauma networks and ability to move patients to specialist services on the mainland, initially through the Chesire and Merseyside Trauma Network. Changes introduced include: Massive haemorrhage policy; Tranexamic Acid; ED to ED transfer; Platelets; Thoracotomy facilities. They have also had to design and introduce bespoke trauma boards.

There followed a lively question and answer session

41 members and guests were in attendance.