

JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

A Meeting of the Joint Royal Colleges Liaison Committee was held at The Royal College of Physicians on Thursday 4th July 2002

Present:

Dr T Clarke	Chairman (RCA)
Dr I McNeil	Honorary Co-secretary (RCGP)
Mr M Willis	Treasurer (ASA)
Prof. D Chamberlain	(RCP)
Dr M Colquhoun	(RCGP)
Mrs C Reid	(RCM)
Dr L Penny	(RCP)
Dr C Carney	(East Anglian AS)
Mr K Kelly	(Hampshire AS)
Mr M Flaherty	(London AS)
Dr M Ward	(RCA)
Mr P Innes	(North East AS)
Professor M Langman	(Warwick AS)
Mr G Johnson	(FAEM)
Dr F Jewkes	(RCPCH)
Dr T Miller	(National Paramedic Training Board)
Mr Kim Hinshaw	(RCOG)
Mr Tim Kilner	(RCN)
Mr I P Stewart	(FRCS)
Dr T Sajjanhar	(RCPCH)
Mr D Mehta	(British National Formulary)
Miss F Hasmi	(British National Formulary)
Dr Q Mok	(RCPCH)
Ms Maggie Dunn	(UNISON)

Observers

Mr A Marsden	(Scottish Amb Service)
Mr R Diment	(Chief Executive ASA)
Karl Blackshaw	(Department of Health)
Mr A Howson	(ICHD Health & Care Ltd)

In Attendance

Mrs Sarah Burns	Administrator (RCP)
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1. Apologies for absence/welcome

The Chairman welcomed:

- Mr Kim Hinshaw - Royal College of Obs & Gynae, (replacing Dr Pam Loughna)
- Dr Jim Cox - Royal College of GPs, (replacing Dr Judith Fisher)
- Mr Tim Kilner – RCN, (replacing Robert Crouch)
- Ms Fauziah Hashmi – BNF, (replacing Dinesh Mehta)

Apologies were received from:

Mr G Roberts, Mr P McCormick, Dr H Guly, Mr G Roberts, Dr J Cox, Mr A Lucas, Ms N Robinson (Mr K Blackshaw will deputise), Dr T Quinn, Dr P Basket, Mr R Mawson, Mr M Cooke, Mr K Wenman.

2. Minutes of the Meeting of 1 November 2001

The minutes of the last meeting were confirmed as a true record and signed subject to the following name change Dr and not Mr Michael Ward - RCA representative.

3. Matters Arising:

3.1 Infection Control

Dr Tom Clarke tabled a document entitled "Airways Associated Equipment – A Guide for Use by Infection Control Groups". This item had been discussed by the Committee at the previous meeting, but in the interim a Working Party of the Royal College of Anaesthetists had also convened on the same subject in relation to hospital practice. To ensure consistent advice, the RCA Working Party lead was asked to comment on the JRCALC document and had suggested some minor amendments, which had been incorporated. It was reported that the RCA Working Party were continuing to investigate this issue and would ultimately recommend a formal policy, specifically dealing with disposable airway equipment which would apply both inside and outside of hospitals. The Committee agreed that the tabled document should be published on the JRCALC website.

Action: Dr Clarke

There followed a short discussion regarding the benefits of using reusable v disposable/single-use equipment with the specific reference to the laryngoscope blades. It was generally agreed that most units are now using single-use equipment, however financial constraints still prevent this in some areas. JRCALC would be guided by the outcome of the RCA Working Party deliberations before issuing stronger guidance on the use of single-use equipment.

3.2 LMAs not ETs

No concrete developments had arisen from discussion around this item, despite its inclusion as a topic at the "Developing Paramedic Practice 2002" meeting, and it was felt that there was little to be gained from its further inclusion in the agenda at the present time.

4. Executive Committee Report

The minutes of a teleconference between the members of the Executive Committee of JRCALC were circulated with the meeting papers. The Committee agreed that this was a useful format to discuss issues arising between meetings. No issues were raised from the minutes.

5. Election of new Chairman

5.1 Chairmanship

Dr Tom Clarke was elected the new Chairman of JRCALC at the previous meeting. Professor Chamberlain formally handed over the Chairmanship of the Committee at this meeting. Dr Clarke echoed the thoughts of the Committee at the last meeting by thanking Professor Chamberlain for his invaluable contributions to the work of JRCALC during his term in office.

5.1 Post of Honorary Secretary

Dr Iain McNeil formally took over the office of Honorary Secretary of the Committee.

6. Report from Guidelines Sub-Committee

6.1 Funding

Dr Clarke reported that work to identify funds, which would allow the vital development, and maintenance work of the Guidelines Subcommittee to be continued was ongoing. There were several areas from where such funding might potentially be obtained, it being recognised that QinetiQ had originally contributed £50,000 to the development of the present version. The likelihood of funding being forthcoming from the Department of Health was also noted. The current standing version of the Guidelines is now jointly owned by Warwick University, JRCALC and QinetiQ. Dr McNeil reported that hard copies were now available to all Trusts, and they can also be accessed via the website. He also reported that the more compact version is now available which contains a series of pre-hospital clinical algorithms. Dr Carney had brought along a copy for members to see, but pointed out that although the main document contained the JRCALC algorithms, it's introductory section was specific to the Surrey and East Anglia Units. Dr Clarke formally thanked the members of the Guideline Development Group for their work on production of this document. It was reported that the algorithms booklet would be made available as in CD-Rom format, and that Version 2 of the key rings was also now available, obtainable through Dr McNeil.

6.2 Legal Arrangements

It was reported that discussions with QinetiQ on maintenance and further development of the Guidelines still continue.

6.3 Future Plans

Dr McNeil reported that a meeting to discuss future plans for the guidelines would be held next month. It was hoped that agreement would be made on four areas for full systematic review, and suggested topics would be welcomed from members. It was agreed that version 2.0 of the guidelines, published in 2002 would remain in force until January 2004 when Version 3 would be published.

As a result of Dr McNeil taking up the office of Honorary Secretary of the Committee, a new Chairman was required for the Guideline Subcommittee. Dr McNeil will step down at the September meeting. The Chairman of the Guideline Group must be a member of JRCALC. Suggested nominations for the post were welcomed from members of the Committee.

Action: All

Concerns were raised regarding the way in which updates to the guidelines were being published. Dr McNeil reported that notes had been posted on the website of any errors that had been identified in the guidelines, he had also written to all Trusts reminding them to check the website regularly. Once the formal contract regarding guideline production had been confirmed that it was hoped that the Guideline subcommittee would issue regular update bulletins regarding changes to the guidelines.

7. Reports from Joint Thrombolysis Subcommittee and of MINAP Steering Committee

It was reported that Professor Chamberlain would remain as a member of the JRCALC until July 2003 to maintain responsibility for Thrombolysis and MINAP.

7.1 Update from Trusts using Thrombolysis

The results of a recent survey of Ambulance Trusts using Thrombolysis were circulated with the agenda.

7.2 Results of Survey May 2002

Five different models were identified from the survey results. Tenecteplase was reported as being the most frequently used agent. It was reported that a total of 60 cases had been treated so far. This was thought to be a sensible rate of progress, which would ensure the development of good practice. Dr Clarke believed that the findings of this survey should be reported annually as additional pre-hospital funding led to significant and welcome advances in this area.

The revised JRCALC ASA recommendations for consent for pre-hospital thrombolysis had been circulated with the agenda prior to the meeting. It was reported that this text had now received widespread approval including the NHS Litigation Authority. Dr Marsden suggested that further training should be given to paramedics to assist them in answering the second question contained within this updated version of the consent. It was also felt that the case statistics be altered to read "1 in 25" rather than "4 in 100". Professor Langman recommended redrafting of the third paragraph such that the positive aspects were quoted initially.

Action: Professor Chamberlain

8. Report from Joint ASA/Clinical Effectiveness Committee

Mr Innes, the Chairman of the Committee, reported that the Terms of Reference had recently been revised. Attendance at the March meeting had been low but preliminary discussions on a proposed work programme had commenced. A seminar to deal with the CHI review process had been held in April and was successful and well attended. The main area of concern at present was the level of research currently being conducted by Ambulance Trusts, it being unclear whether there was no research currently being undertaken or whether the research being conducted was not being reported centrally. It was suggested that this committee could act as a central clearing house for research proposals by Ambulance Trusts. The CHI Seminar had also raised the issue of the existence and creation of procedure manuals. This committee could once again act as a clearinghouse for such manuals. It was recommended that Mr Innes meet with Tom Clarke and Adrian Lucas, chair of the ASA Training Committee, at the earliest opportunity to discuss a future work programme.

Action: Mr Innes

A vacancy has also arisen on this committee following the departure of Stewart Nichols. Mike Willis offered to take on the responsibility of the JRCALC website previously managed by Mr Nichols if that was deemed useful.

The committee were also proposing to develop a standardised patient form for nationwide use. Dr McNeil reported that the JRCALC approved dataset had been published on the website. A regionally approved paper version of the data set is also available, that has received formal approval from ten Trusts in the south of England.

9. Morphine Working Party

The Morphine Working Party had intended to produce a generic serve-all template as a guide on the introduction of morphine, but had encountered difficulties at all levels. A document produced by the North East Ambulance Service NHS Trust was tabled at the meeting, but it was recognized that local policies would need to be developed in conjunction with each service's regional groups and police forces. The problems that had arisen mainly centered upon supply and storage of morphine. There was discussion over presentation of the drug as 10 mg in 1 ml (Aurum Pharmaceuticals), and legal issues regarding administration of morphine in children also needed to be resolved. Ms Dunn raised security issues regarding the storage of morphine, concerned that lone workers, such as rapid response staff, would not carry class A drugs, nor would staff carry drugs when off duty.

10. Analgesia Provision in Children

Dr Jewkes reported that a Working Group had been established to look at analgesia use in children. All currently available intravenous morphine presentations were not licensed for use in children under 12 and paramedics were legally bound only to use licensed products. Dr Jewkes reported that IMS did hold a license for morphine use in children but they recently sold this compound to Celltech who are about to launch a morphine minijet later this year. It is believed to be a more dilute preparation and hopefully will be licensed for use in children. It was universally agreed that Dr Jewkes should continue her discussion with Celltech and should also contact Arum regarding morphine for use in children.

Action: Dr Jewkes

11. Progress on Audit

Professor Chamberlain reported that this item had not progressed since the last meeting. He had written to Roger Boyle and was also proposing to write to Sir John Patterson on behalf of the Committee. The Committee accepted that this remained an issue and that pressure should be maintained to progress this issue with the Departments of Health.

Action: Professor Chamberlain

12. Drugs Codes Recorded on Ambulance Patient Report Forms

The Committee reviewed a background paper produced by the Cabinet Office on reducing administrative burdens in hospitals. The recording of drug codes was not

believed to be a problem locally but issues could arise when paramedics change regions where Trusts use different codes and therefore drug codes could be incorrectly recorded. It was noted that patient care and safety was central to this issue and in recognition of this fact the Committee recommended that the full names of all drugs should always be recorded. However, it was agreed that by 2004 both the full drug text name and the Snowmed CT code would be listed.

13. Development on PECs

Professor Chamberlain reported that there was a group of Universities providing PECs type courses, the aim being to develop a series of core modules for all courses. It was reported that the Welsh Assembly views this issue as an urgent item. The main development work is currently being conducted by Coventry University.

14. New Drugs for POMs Applications

At the last meeting suggestions for POMs applications were requested. It was agreed that POM's applications would be drafted for each of the items listed below. The table overleaf shows the agreed authorship for the POM applications:

Compound	Responsible for drafting application
Retepase	Douglas Chamberlain
Tenecteplase	Douglas Chamberlain
Enoxaparin	Douglas Chamberlain
Ondansetron	Mike Ward
Amiodarone	Douglas Chamberlain
Tramadol	Mike Ward
Morphine (in children under 12 years)	Fiona Jewkes

15. Recognition of Death protocols

It was reported that the scheduled meeting had been cancelled and that a further meeting was scheduled to be held the following week; a report will be provided for the Guideline Subcommittee. Any proposed amendments to the guidelines would need to be approved by JRCALC prior to publication.

16. Any Other Business

16.1 Letter for Defense Medical Services Training Centre

Dr Clarke reported that he had received a letter from Lt Col MCM Bricknell regarding a proposal for a representative to join JRCALC. The Committee welcomed the application but agreed that clarification should be sought as to whether this was a military application or whether it was a tri-service application.

Action: Dr Clarke

16.2 Meningococcal Leaflet

Dr Jewkes reported that she had received an early draft of a coloured illustrated meningococcal leaflet and poster produced by the "Meningitis Trust". The leaflet incorporated a management section which had been taken from the JRCALC guidelines. The organization had requested permission to endorse the leaflet and

poster with the JRCALC logo. The Committee universally supported the leaflet and incorporation of the logo. A final copy of the documentation would be circulated prior to publication.

Action: Dr Jewkes

16.3 Ethics Committees

Professor Chamberlain tabled a paper published recently in resuscitation, entitled "A Serious Threat to Evidence-Based Resuscitation within the European Union". The paper highlighted the issue regarding the revised EU regulations of consent for resuscitation. The revised legislation will be passed in April 2003 and it will become EU law in April 2004. The paper highlights that any research conducted in the emergency situation after April 2004 will be illegal unless consent is obtained from the patient or their legal representative. Professor Chamberlain reported that the Department of Health has recently convened a group to investigate this issue, a meeting of which was held and that there was a strong willingness to overcome this problem. Professor Michael Langman agreed to write to the Health Secretary in response to the published article.

Action: Professor Langman

17. Date of Next Meeting and Conference

The next meeting and annual conference will be held on 30th and 31st October 2002. Education is the theme of this year's conference. A meeting will also be held on 19th March 2003.