

JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

Meeting held on Tuesday, 6 July 2004

Present:

Dr T Clarke (Royal College of Anaesthetists), (Chairman)

Miss J Davies (Ambulance Service Association), (Honorary Co-secretary)

Dr I McNeil (Royal College of General Practitioners), (Honorary Co-secretary)

Mr M Willis (Ambulance Service Association), (Treasurer)

Dr W Blancke	-	Royal College of Anaesthetists
Dr S Brown	-	Ambulance Service Association
Ms G Bryce	-	Ambulance Service Association
Dr C Carney	-	Ambulance Service Association
Dr T Evans	-	Royal College of Physicians
Mrs J Grinham	-	RCP Patient & Carers Network
Dr H Guly	-	Faculty of Accident & Emergency Medicine
Ms F Hashmi	-	British National Formulary
Dr F Jewkes	-	Royal College of Paediatrics & Child Health
Dr Q Mok	-	Royal College of Paediatrics & Child Health
Mr A Newton	-	British Paramedic Association
Dr T Sajjanhar	-	Royal College of Paediatrics & Child Health
Dr J Scott	-	Ambulance Service Association
Dr S Stockley	-	Royal College of General Practitioners
Dr H Swanton	-	Royal College of Physicians
Dr M Ward	-	Royal College of Anaesthetists

Observers

Ms S Dodd	-	Department of Health
Mr R Furber	-	British Paramedic Association
Mr A Marsden	-	Scottish Ambulance Service
Miss K Stelfox	-	Department of Health
Lt Col J Tuck	-	Defence Medical Services Training Centre
Ms K Billingham	-	Committee Administrator

04/13 Welcome and Apologies for absence

- (a) The Chairman welcomed Dr Wim Blancke (Royal College of Anaesthetists), Mrs Sue Dodd (Department of Health Observer), Mrs Josephine Grinham (Royal College of Physicians' Patient & Carer Network), Miss Kathryn Stelfox (Department of Health Observer) and Dr Simon Stockley (Royal College of General Practitioners).

Also in attendance were Mr Roland Furber of the British Paramedic Association, and Lt Col Jerry Tuck who was representing Lt Col Martin Bricknell of the Defence Medical Services Training Centre.

- (b) The Chairman noted his great sadness at the recent death of Dr Mike McGovern, who had served the Committee as a Department of Health Observer for many years.

- (c) The retirements of Mrs Bernie Cottam (Royal College of Nursing) and Mr Keith Young (Department of Health Observer) were noted.
- (d) Apologies for absence were received from Mr John Bottell (Ambulance Service Association), Dr Mick Colquhoun (Resuscitation Council UK), Mr Mark Cooke (Ambulance Service Association Observer), Dr Charles Deakin (Royal College of Anaesthetists), Mr Richard Diment (Ambulance Service Association Observer), Mr Martin Flaherty (Ambulance Service Association), Mr Rodney Gunn (Royal College of Surgeons), Mr Mike Hayward (Royal College of Nursing), Mr Kim Hinshaw (Royal College of Obstetricians & Gynaecologists), Mr Alan Howson (IHCD Observer), Dr Paul Jenkins (Royal College of Physicians), Mr Tim Kilner (Royal College of Nursing), Ms Jo Manning (Health Professions Council), Dr Fionna Moore (Faculty of Accident & Emergency Medicine), Dr Liam Penny (Royal College of Physicians), Professor Tom Quinn (Department of Health/Modernisation Agency Observer), Mrs Claudette Reid (Royal College of Midwives), Dr Phil Spencer (Royal College of General Practitioners), and Professor Richard Williams (Royal College of Psychiatrists).

04/14 Minutes of the Previous Meeting

The Minutes of the meeting held on 23 February 2004 (copies of which had been circulated) were approved, and signed by the Chairman as a correct record, subject to the correction of Minute 04/03 (d); “. . . Advanced Medical Priority Despatch System . . . Version # 11.”

04/15 Matters Arising on the Minutes

(a) **04/03 (a)** *A serious threat to evidence based resuscitation*

The Chairman clarified that the matter at issue was the EU Directive dealing with consent to research in cases of incapacity. The concern was that the Directive proscribed research in areas such as intensive care medicine and resuscitation, and this had been relayed to the Department of Health. Whilst he was aware that a number of meetings had already been held, the Department had been slow to progress the matter. Dr Deakin had agreed to represent JRCALC at the next such meeting, scheduled for the summer.

Dr Ward suggested that members should write individually to their own MPs, to encourage them to press for the required change in the law. The Chairman reported that he had suggested that Professor Chamberlain wrote to the *New Scientist* but this had not progressed. Dr Ward and Dr Guly undertook to write, respectively, to the Presidents of the Royal College of Anaesthetists and the Faculty of Accident & Emergency Medicine, pressing for action on this issue.

ACTION: Dr Guly; Dr Ward

(b) **04/03 (b)** Confidentiality Consultation

The Chairman reminded the Committee of Professor Langman's suggestion that he write to the Department of Health highlighting the need to facilitate the exchange of patient information within the NHS. Instead, he had asked the Ambulance Service Association to make the approach. Dr Brown, noting that Dr Swanton had also referred to this issue in his report, pointed out that it was possible for blanket information sharing agreements to be negotiated between Trusts, on the proviso that the data was anonymised in final reports; he felt that such arrangements should be feasible in respect of the MINAP project too, particularly where Caldicott Guardians had been appointed.

(c) **04/03 (e)** Logo, Website and Annual Report [Doc 04/11]

The Chairman advised that whilst the logo had been launched, the website was taking longer than envisaged to re-construct, but work was progressing. The publication of the annual report had been delayed so that its issue would coincide with the JRCALC Conference in November. He referred to the draft table of contents circulated, and advised that he would be seeking reports from sub-committee chairmen. An unformatted version of the report would be circulated to all the bodies represented on the Committee, and approval sought, before the report went to print.

(d) **04/04 (a)** Report of the Strategy Meeting, 5 March 2004

The Chairman advised that he was compiling a Strategy Paper, exploring some of the ways in which the Committee could diversify its activities to reflect recent developments. The document would be circulated to the Committee once it had been finalized.

(e) **04/03 (d)** Review of Emergency Call Prioritization

A volunteer was sought to accompany Dr Guly to next meeting on this issue, scheduled for 2 August 2004, in place of Professor Chamberlain. Dr Carney advised that this was more of a "tidying up" exercise than a reclassification of call priorities, and was likely to concentrate on Category C issues. Dr Scott advised that he was already committed to attend this meeting on behalf of the British Ambulance Service Medical Directors Group, and his offer to represent JRCALC as well was accepted. Dr Scott undertook to provide feedback at the next meeting of the Committee.

ACTION: Dr Scott

Dr Jewkes advised that the Department of Health had omitted the de-prioritization of under 2s from its draft paper, and that she was preparing a piece of work to rectify this oversight. In response to a query from the Treasurer, it was confirmed that Dr David Janes would be representing Criteria Based Despatch users at the meeting.

(f) **04/09** Report from the British Paramedic Association

It was reported that the new electronic system had reduced considerably the delay before paramedics' registration was confirmed.

04/16 Chairman's Report

(a) **Consultation Reports**

(i) **QAA: Draft benchmark statements for consultation in paramedic science**

A copy of the Chairman's response would be made available upon request.

(ii) **Fire & Rescue National Framework 2/3/4**

The Chairman reported that he had responded to this document as discussed at the previous meeting, but had not yet pursued the suggestion that a fire service representative be offered Observer status on the Committee. There was much debate on the latter point. Whilst it was accepted that membership could not be expanded without check, and that some of JRCALC's work would not be relevant to the fire service, the value of building such links as the fire service developed this new aspect of its role was also recognized. It was noted that the fire service provided emergency care in areas inaccessible to ambulance services (such as collapsed buildings), and that there was a danger to patient well-being if clinical developments, and training standards, were allowed to diverge between emergency services. The Treasurer recommended that the opportunity to integrate unscheduled care should be seized, and advocated an approach to the Office of the Deputy

Prime Minister. The Chairman, noting the benefits of uniform standards of care in the emergency services, undertook to contact the initiator of the consultation, offering Observer status on JRCALC.

ACTION: Dr Clarke

(iii) Medicines & Healthcare products Regulatory Agency Consultations MLX298 & MLX300

The Chairman advised he had responded to both these consultations with the request that paramedics be included in the list of healthcare professionals authorized under *Supplementary Prescribing: Use Of Unlicensed Medicines, Reformulation of Licensed Products and Preparations Made From Active Pharmaceutical Ingredients and Excipients* and in the *Review of the Advisory Bodies Structure Laid Down in The Medicines Act 1968*.

(b) Update: Legal Status of JRCALC

The Chairman reported that he was engaged in discussions with JRCALC's solicitor, Edward Martineau, on forming a registered charity (rather than a company limited by guarantee), together with the attendant changes to the Constitution.

(c) POMs exemption for Reteplase and Tenecteplase [Doc 04/12]

The Chairman confirmed these exemptions. Mr Marsden commented that the way in which paramedics administered these drugs was not specified; paragraph 16 of Doc 04/14 (b) refers.

(d) National Institute for Clinical Excellence Projects:

(i) Fallers' Clinics for the assessment and prevention of falls

The Chairman advised that he had declined to participate in this project, as - having taken advice from the London Ambulance Service - he did not feel Fallers' Clinics were of direct relevance to JRCALC.

(ii) Guideline on the Management of Major Trauma

Dr Moore had represented the Committee at the initial meeting, where it had been decided that the project as planned was too wide ranging to be tackled as a whole. Accordingly, it would be divided into discrete sections, but further details were awaited from NICE.

(e) CHD Competency Framework: acute coronary syndromes 24/3/04

The Chairman advised that Professor Tom Quinn had agreed to represent the Committee on this Skills for Health project, and to provide feedback to the next meeting.

ACTION: Professor Quinn

(f) Letter from Dr Carney: Intubation training

The Chairman advised that Dr Carney had raised the matter of how many intubation performances were necessary to demonstrate competence. Advice had been sought from Dr David Greaves at the Royal College of Anaesthetists, but this had proved inconclusive. The view of the meeting was that training should continue to cover the whole spectrum of airways care, rather than concentrate on any one particular procedure. It was agreed that the four Royal College of Anaesthetists' representatives on the Committee would prepare a paper with Dr Carney (in his capacity of Chair of Ambulance Education & Training Group) on this issue.

ACTION: Dr Blancke; Dr Carney; Dr Clarke; Dr Deakin; Dr Ward

Dr Brown drew attention to the primary importance of a paramedic having the ability to maintain an airway single-handedly in the back of an ambulance. Dr Jewkes requested that the treatment of children be included in the paper. Dr Bryce recommended that training in intubation techniques should continue in order to cover long ambulance journeys. Mr Newton agreed, noting that as advanced life support practitioners, paramedics required intubation skills.

(g) Ambex 2004

The Chairman reported that this year's event had been very well attended, although he had plans for JRCALC to play a more active role at Ambex 2005. The Treasurer acknowledged that the format of the conference was ripe for change, and a greater emphasis on clinical matters would be appropriate.

It was reported that the 2004 JRCALC research prize had been awarded to Janette Turner (University of Sheffield).

04/17 To receive Committee Reports [Doc 04/14]

(a) Joint Thrombolysis Subcommittee

Dr Swanton referred to the success in obtaining POMs exemptions in respect of Reteplase and Tenecteplase (Doc 04/12), which effectively completed the work of the Joint Thrombolysis Subcommittee. He had discussed the situation with Professor Chamberlain, and Dr Roger Boyle (the National Director for Coronary Heart Disease), and as a result, was trying to engage the British Cardiac Society in forming a new committee to monitor acute Myocardial Infarction management. This new committee would then send representatives to JRCALC meetings. Notwithstanding Dr Boyle's support, the British Cardiac Society had not yet reached its decision.

The meeting generally supported Dr Swanton's proposal, although Dr Brown was concerned that, should the subcommittee disband, the mechanism for monitoring current indications would be lost. Dr Swanton advised that this matter would be included in the remit of the new committee.

Dr Swanton further advised that the Boehringer-Ingelheim disc was now in its third edition, and would continue to be updated. Roche was due to submit a report to the Lancet on its first tranche of results.

The Committee endorsed the JRCALC Position Statement on Prehospital Thrombolytic Therapy, with two amendments: the addition of a paragraph on the issue of consent to treatment, and greater emphasis on the issue of administering Heparin immediately upon arrival at hospital if not done so during the ambulance journey. Dr Ward suggested that tracking the administration of Heparin could be simplified by the use of bracelets or patches to indicate which patients had received which dosage. The revised Statement would be posted on the JRCALC website.

ACTION: Dr Swanton; Dr Clarke

Dr Ward, having commended the Statement, suggested that it was worthy of wider dissemination, and proposed that an article should be submitted to *Hospital Doctor*. The Chairman's suggestion of a launch in *Emergency Medicine Journal* was rejected on the basis that its readership was too narrow.

(b) MINAP Steering Committee

The major issue here remained one of data sharing; the Patient Information Advisory Group had been approached, but its reply was still awaited.

04/18 Guidelines Sub-Committee [Doc 04/13]

Dr Brown highlighted from his report (circulated) exception reporting on the indications for Glucose and Glucagon, the administration of Activated Charcoal, the indications for Adrenaline administration (severe asthma), and the administration of Naloxone by ambulance technicians. There was considerable discussion of the last point, and the treatment of drug addicts who were then liable to abscond. Whilst it was acknowledged that this risk existed irrespective of who administered Naloxone, it was agreed that further information should be sought from organisations dealing with drug addiction. Mr Furber pointed out that any additions to the list of drugs which ambulance technicians were authorized to administer carried educational implications. Miss Stelfox's offer to approach the Advisory Council on Misuse of Drugs, and to report back to the Guidelines Sub-Committee, was accepted.

ACTION: Miss Stelfox

Dr Brown confirmed that the August deadline for publishing Version 3 of the Guidelines - both in the A4 and pocketbook formats - was still achievable, although the price of the pocketbook had still to be agreed. The Guidelines were available electronically at www.nelh.nhs.uk/emergency. Work had already begun on Version 4 (2006).

The Chairman noted that Department of Health funding was in place only until 2006. His suggestion that the pocketbook should contain a feedback form for users' views was agreed. Dr Ward enquired whether the electronic version could be downloaded to palmtops; Dr Brown advised that it was suitable for this purpose, but some users had experienced isolated difficulties due their Adobe conversion software.

04/19 Report of the Pathways Project [Doc 04/17]

Dr McNeil advised that the Project, which had arisen from discussions at the first Strategy Meeting with Professor Sir George Alberti, aimed; "to develop standards of care supported by risk assessed care pathways and guidance . . . for use by out of hospital unscheduled care providers". It was not intended to be prescriptive, but to provide a framework for decision making, into which local policies could be incorporated. He advised that, subject to the Committee's approval, he intended to submit the circulated bid to the Department of Health in the course of the next few weeks. Dr McNeil advised that funding was pivotal; without these monies from the Department of Health, it might take several years to produce the guidelines.

Dr Bryce, noting that she was under pressure from emergency care practitioners to produce similar guidelines, queried how quickly the Project was likely to progress. Miss Stelfox advised that the Department of Health had been able to study interim drafts of the bid, and so should be in a position to make a decision without undue delay. The Committee, whilst commending the Project, noted the size and complexity of the task proposed, and the difficulties inherent in co-ordinating the range of bodies engaged in providing out of hours, prehospital emergency care. It also noted that there were already other projects (for example, that of Sheffield University) looking at similar matters.

Dr Guly queried why no cost had been attached to the role of Project Director; he feared that it would be a time consuming responsibility, and at the very least, the post holder's employers should be compensated for loss of this resource. Dr McNeil explained that he did not envisage the role as being too onerous, and as he considered the bid to be the maximum realistically attainable, he had not allocated a cost.

The Chairman expressed his gratitude to Dr McNeil for his work in compiling the bid, noting that the Committee was fortunate in being able to exploit his contacts at the NHS Modernisation Agency. The Committee endorsed the bid.

ACTION: Dr McNeil

04/20 Report from Joint Ambulance Service Association/JRCALC Clinical Effectiveness Committee [Doc 04/19]

In the absence of Mr Cooke, the report was received. Dr McNeil advised that he had been obliged to stand down as Vice-Chair of the Committee, and was seeking a volunteer to take his place. The constitution provided that the Ambulance Service Association appointed the Chairman (currently Mr Bottell), whilst the Vice-Chair was a JRCALC representative. Dr Bryce expressed interest in taking on this role, but was unable to make a firm commitment at the meeting; she agreed to revert to Dr McNeil, having given the matter full consideration.

ACTION: Dr Bryce

POST MEETING NOTE: Dr Bryce subsequently confirmed her willingness to take on this role.

04/21 Report from the Health Professions Council [Doc 04/15]

In the absence of Ms Manning, the report was received. Dr Ward raised the matter of Continuing Professional Education for registered paramedics, noting that ambulance trusts often lacked the resources to release employees to attend training events. He felt that the situation should be monitored carefully to ensure that those paramedics who were unable to bear such costs themselves were not disadvantaged, and that standards were maintained. The Chairman agreed that this was a difficult, and as yet uncharted, area.

04/22 Report from the British Paramedic Association [Doc 04/18]

Mr Furber drew attention to the logo at the head of the report, which he felt would fit the bill when the Association became the College of Paramedics. Membership numbers were increasing, and the Association's presence at Ambex had provided a boost. The Association was negotiating with the Ambulance Service Association on improving communication with employing trusts. Dr Fiona Jewkes had been appointed as the Association's President. The Chairman reiterated JRCALC's support for the Association, and exhorted committee members to join, if they had not already done so. The Treasurer offered his assistance with regard to raising the Association's profile at Ambex, and similar events.

04/23 To approve the draft Conference programme [Doc 04/19]

The programme was approved, subject to the recruitment of the final speaker on internal cardiac defibrillators.

ACTION: Dr Clarke

04/24 Appointment of Honorary Treasurer

It was noted that as no valid nominations had been submitted, Mr Willis would continue in post for a further term.

04/25 Any other business

(a) **Paediatric Tape**

Dr Jewkes advised that the Tape had not been included with the Guidelines, as its production had proved more complicated than initially envisaged and would not be ready

for the August launch. However, the tape - which showed recommended drug dosages against a child's height and weight - was compatible with Version 3, but too big to slot into the pocketbook edition.

(b) **JRCALC Scholarships**

The Chairman advised that the Executive Committee had been considering ways in which JRCALC could demonstrate its commitment to encouraging learning, and suggested the following scholarships in respect of:

- A piece of research
- Overseas travel, in order to import best practice to the UK
- Educational development (for example, a higher degree)

Applications for such scholarships (not necessarily limited to paramedics) would be reviewed by a panel of Committee members, and the successful candidates would be required to present their findings at the JRCALC Annual Conference. The proposals were agreed.

04/26 Date of next meeting

It was confirmed that the next meeting would be held on Thursday, **11 November 2004**, at **10.00 am**, following the Annual Conference on Wednesday, 10 November 2004.

The meeting closed at 4.41 pm