

MINUTES

JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

Details:

9 July 2008 at 2pm

The Royal College of Anaesthetists, Churchill House, Red Lion Sq, London

Members:

Dr Tom Clarke (Chair)	CK	Royal College of Anaesthetists
Mr Alan Howson	AH	Institute of Human & Community Development
Dr Fiona Jewkes	FJ	Royal College of Paediatrics & Child Health
Dr David McManus	DM	Ambulance Service Association
Dr Quen Mok	QM	Royal College of Paediatrics & Child Health
Mr Sam Oestreicher	SO	Staff Side Ambulance Council, UNISON
Dr Liam Penny	LP	Royal College of Physicians
Mr Paul Phillips	PP	Chief Executives Group
Prof Keith Porter	KP	Faculty of Pre-Hospital Care
Mrs Claudette Reid	CR	Royal College of Midwifery
Ms Rachel Ryan	RR	British National Formulary
Dr John Stephenson	JS	Directors of Clinical Care Group
Dr Alison Walker	AW	College of Emergency Medicine
Mr Darren Walter	DW	College of Emergency Medicine
Dr Michael Ward	MW	Royal College of Anaesthetists
Prof Richard Williams	RW	Royal College of Psychiatrists

In Attendance:

Prof. Chris Dodds	CD	Royal College of Anaesthetists
Emma Murtagh	EM	EMAS

	<i>Minutes</i>	<i>Action</i>
1	APOLOGIES	
	<p>Apologies were received from:</p> <p>Dr Wim Blancke (RCA), Dr Helen Booth (RCP), Lt Col Martin Bricknell, Dr Simon Brown (ASA), Dr Gillian Bryce (ASA), Dr Chris Carney, Dr Mick Colquhoun, Dr George Crooks, Mrs Sue Dodd (DH), Dr Tom Evans, Mr Martin Flaherty (ASA), Mr Roland Furber (BPA), Dr Henry Guly (CEM), Mr Mike Hayward (RCN), Dr Jeremy Mayhew, Dr Ian McNeil (RCGP), Dr Fiona Moore (CEM), Mr Andy Newton (BPA), Mr John Nichols, Mr Phil Pimlott (ASA), Prof Tom Quinn(RCN), Mr Brian Robson, Dr Tina Sajjanhar, Dr John Scott (ASA), Dr Helen Simpson, Dr David Smith (RCP), Dr Howard Swanton (RCP), Mrs Fizz Thompson (RCN), Mr Colin Watson, Mr Mark Woolcock (HPC), Dr David Zideman (BASICS), Mr Philip Powell</p>	

INTERCOLLEGIATE BOARD OF PRE-HOSPITAL MEDICINE	
	<p>Professor Chris Dodds, Vice President of the RCA, spoke to the group regarding the above.</p> <p>Much of the involvement in this is around inter-hospital transfers and there are 3 sets of competency documents for doctors who practice this, including those of the Faculty of Pre-Hospital Care and College of Emergency Medicines. Training is multi-specialty and has only ever been a generic expectation in training prior to this point, but this will become more specific and a wish to have more focus and consistency was expressed. There is still a lot of work to do but it is hoped that this will become the standard of training and delivery. At the moment individual colleges create their own standards, but this process will allow for them to be pushed up to committees such as this one to allow for an appropriate roll-out after being agreed as fit for purpose. Training programmes are UK based but the regionalisation of this is being increased.</p> <p>The first meeting of the Board can only be attended by the members of the colleges, but other committees will be involved when appropriate.</p> <p>Dr Simon Stockley asked if the aspiration was to produce guidelines that would affect GPs. Dr Fiona Jewkes stated that she was the formal representative of the Royal College of General Practitioners on the group, so they are represented. Dr Alison Walker asked that the Directors of Clinical Care be involved at an early stage of this process as many questions were already being asked, with very limited information available to share. Prof. Dodds stated that this would happen but not until the process was fully defined. It was highlighted that this is a matter of due process and development and not that committees are being excluded on any intentional basis.</p> <p>A stakeholder meeting is proposed for September 2008 and the key people involved will be invited to update them.</p> <p>Dr Tom Clarke thanked Prof. Dodds for this update and stated that the group looked forward to receiving further updates. Once the terms of reference structure has been agreed by the councils it will be back to the colleges for finalisation and agreement. It is expected that non-medical colleges will be approached for comment or asked for their opinions through JRCALC, DoCC and other appropriate committees as the consultation process will be all inclusive. It was confirmed that the terms of reference will be circulated to members of this committee and all stakeholders for comment.</p>
MINUTES OF THE LAST MEETING: Held on 12 March 2008	
	<p>Professor Keith Porter from the Faculty of Pre-Hospital Care (FoPHC) was welcomed to the meeting.</p> <p>The members were informed that Peter Baskett's memorial service will be held at 1.30pm on Saturday 20 September 2008 at Bristol Cathedral on College Green.</p> <p>The minutes were agreed as an accurate record of the meeting.</p>
MATTERS ARISING	
	<p>Pg 5, CRB Checks on ECPs</p> <p>No correspondence on this matter has been entered into, further developments are being monitored.</p> <p>Pg 2, Critical Care Paramedics</p> <p>No further feedback has been received on this and Dr Simon Brown was not available to give an update today. Information sent by this group has been accepted</p>

with grateful thanks by the DH.

Pg 2, Admin/Structure/Relationships

Documents were distributed on the terms of reference and membership prior to the meeting. Dr Clarke confirmed that the DH contract for £33k has now been signed for 2007/08 and the Department will continue funding up to 2009, after which time this financial support will cease. Dr Clarke stated that it is hoped that the funding will be available from the Chief Executives from 2009.

An executive meeting was held on 20 May where the transfer of funds from SWAST and EMAS was discussed. This is being actioned but, as it involves significant legal accountabilities and corporate governance issues, will take time.

Charitable status is being looked at once again and the committee will be kept informed of any progress in this matter. Dr Clarke asked if anyone would immediately object to the pursuit of charitable status once again but all agreed. It was agreed that this investigation will be moved forward at pace and that the liability issues will be looked into. Correspondence has been received from Dame Carol Black at the Academy of Royal Medical Colleges giving consent to the pursuit of the charitable organisation pathway, although this was some time ago now.

EMAS has taken over the administrative/financial responsibilities for this committee from the ASA as it is no longer a functioning organisation, although it is still a trading name. It was considered at Chief Executive level and felt inappropriate for the ASN to continue to host, whereupon it was decided that EMAS should take this on due to the Clinical Effectiveness lead role held by its Chief Executive, Mr Paul Phillips.

Terms of Reference/Constitution – These will inevitably change, with the emergence of DoCCs and developments around emergency pre-hospital care and the reconfiguration of ambulance services and urgent care. It was agreed that the terms of reference document requires considerable adjustments and will be looked at in full. An updated version will be brought to the next meeting and will be distributed to the wider constituency for comment (under a strict deadline) and then brought back to this committee for final sign-off.

Dr Michael Ward raised concerns that the colleges will not be properly consulted with regards to the terms of reference and membership. Dr Clarke felt that this would be difficult to find the right pathway to disseminate this information and it was agreed that this should be the role of the each individual member.

It was stated that this process will be required for several documents over the coming months and it was expected that the documents will be sent out electronically for ratification with individuals relevant bodies and then signed off at the following committee. This process will also be undertaken for other guidelines i.e. deadline comment required and then signed off by the committee after this time.

Professor Richard Williams stated that after the charitable organisation is formed the trustees will carry the governance responsibilities, not the royal colleges, as it would be the charity that would be liable for everything.

Membership - Several Royal Colleges have not re-nominated members, despite repeated requests. The ASA is now defunct so members are no longer required. Comments on membership have mainly been about disparate allocations of colleges and this is an opportunity to re-organise and tighten the membership for this committee. Dr Clarke mentioned that it has been expressed by several members that staff side representation may not be appropriate as this is essentially a clinical committee, and that as such staff side representation may no longer be appropriate. However, Mr Sam Oestreicher felt that there were several areas where this representation was vital and also in promoting partnership working and buy-in from staff.

Dr Alison Walker felt that the membership of this committee should 'fall-out' of the

terms of reference and that further discussions should be held at that point. Mr Oestreicher requested that any proposals for removal of staff-side representation on this committee to be formally recorded, with reasoning provided.

Dr David McManus stated that UK-wide representation should be looked at and that Northern Ireland would be keen to continue to be involved. It was also hoped that the Scottish and Welsh Ambulance Services would supply representatives if invited and it was agreed that this should be pursued.

Pg 3, Fire & Rescue National Framework

Dr Walker has been asked to act as the liaison for the JRCALC, DOCCs and FPHC with the fire service. Dr Walker agreed to this and will check that the framework links are in place and feedback to the relevant organisations.

Pg 3, Pre-Hospital Airway Management Review

The group were presented with a letter from Dr Malcolm Woollard and given time to read this prior to the discussion.

Dr Simon Stockley stated that as RCT will never be able to be undertaken this letter adds very little to the debate.

Dr Clarke highlighted page 25 of the review document – ‘For the majority of Paramedics, this Committee recommends that tracheal intubation should be withdrawn and greater emphasis placed on airway management using an appropriate Supraglottic Airway Device (SAD)’. There is no timeline, it is only a recommendation, the Airway Management Group having been asked for a view. Page 26 states ‘The Committee concluded that paramedic tracheal intubation no longer be recommended as a mandatory component of paramedic practice and should not continue to be practiced in its current format.’ Again, it was highlighted that no timeline has been stated.

With reference to Mr Woollard's letter, it was stated that the concern felt by all regarding intubation was the increasing body of evidence showing that it does not appear, in the majority of cases, to increase the positivity of the outcome of patients. It is also extremely difficult within hospitals to provide the necessary intubation numbers for all paramedics to achieve the required yearly skill upkeep. It was also felt that the ability to provide evidence of ongoing competence for paramedics within this field is not possible to sustain.

Dr Stockley stated that if SAD was established alongside paramedic intubations at the same time as the guideline creation then SAD would have been chosen as best practice because that is what we know to be reasonably safe, practical and deliverable. Dr Walker stated that there are several steps in the process of current training for paramedics and that they are trained to use basic airway devices on a system that is not formally competency assessed but based on number of applications. The evidence within the document needs to be shared as a first step to address this situation. Dr Walker asked if there was a way that intubation could be moved into a classroom and theatre environment and move it to the same level as cricothyroidotomy?

Mr Howson stated that he was contacted by the Head of Education who explained the reality of trends, which appears to be a localised withdrawing of operation for the teaching of intubation skills. It was stated that this was widespread. Services can't then apply for certification from IHCD because they haven't met the criteria. Mr Howson felt that there will be paramedics in abeyance until the HPC have been informed of the changes to the standards of proficiency and their guidance and advice should be sought immediately on this issue.

Dr John Stephenson pointed out that this has been discussed at the Directors of Clinical Care (DoCC) meeting and it was suggested that he should meet with the HPC to inform them that problems are being experienced with getting staff trained in

intubation and highlight the reality of paramedic intubations (which can, in some services, be as low as 1-2 per year per paramedic).

Dr Clarke hoped that a split between classroom and theatre would be possible but the committee were advised that the criteria states that all 25 intubations required must be done in theatre and cannot be split between classroom models.

Mr Darren Walter expressed surprise that the definition that intubation is a paramedic defining skill as this is not necessarily the view of the paramedics. He felt that it should not be communicated to staff as 'you will not undertake intubations' but should be shown as development of their current competencies.

Dr Fiona Jewkes agreed that things have changed since intubation became part of the paramedic skill set, especially with LMAs and SAD. Intubation has always been a last possible option for managing the airway of children and perhaps this needs to be presented in the same way and on the back of the extremely good evidence we now have on this.

Mr Oestreicher felt that staff may see it as down-skilling and the process would need stability as there may also be an issue with the HPC. There needs to be information about the process and it should be shown as being taken forward in a constructive way to get staff on-board.

Dr Walker stated that this should not be seen as an issue with hospitals not wanting to help, but that there are insufficient numbers of intubations required to allow everyone to be classed as competent under the current criteria. There is a need for people to look at the evidence themselves and make some recommendations based on this document.

Dr Ward felt that the document should be used to start a process of consultation and that various organisations should be engaged, including the ASN and BPA and that this should be used as a basis to move forward and engage with paramedics, the HPC etc to arrive at an agreed position to change practice.

Dr Liam Penny felt that some of the wording was quite negative and that it should be summarised in a much more positive way.

Dr Walker stated that a recommendation should be that discussion needs to be had with the HPC about the competencies and that the DoCCs group should be engaged in this discussion. Ambulance services could distribute the document to enable comment from staff, which can feedback into the committee. Dr Walker felt that the JRCALC recommendations should be a) the release of evidence b) the engagement with organisations for paramedic registration c) the sharing of information with DoCCs for further discussion.

Dr Ward felt that this should be marketed as stopping intubation to help patient care, which should help it be seen as a positive change.

It was agreed that Dr Clarke would draw together a summary of the comments made today, including highlighting the full spectrum of airway management and that these comments would lead to the decision to amend and update the current practice of intubation.

The paper was accepted as presented but it was agreed that it raised a number of legislative issues which would need to be investigated before a recommendation could be made.

Dr McManus felt that a definite process ensuring key stakeholders are consulted should be identified for taking this item forward in terms of discussions with the HPC, IHCD etc to ensure there is no disparity or confusion between medical opinion, standards of training and registration requirements, etc.

Mr Phillips felt that this group should make the recommendation that it should be reviewed and that the DoCC should be charged with operationalising it and that it

TC

<p>should be shown as bringing process up-to-date, not de-skilling.</p> <p>Dr Clarke agreed to re-circulate the evidence electronically to all members and add the document to the JRCALC website with a covering letter about the opinion of the group.</p> <p>Dr Walker felt that everything from this point onwards should be audited as a matter of good governance.</p> <p>Dr Clarke stated that the document circulated will be done so with its list of references. The individual members will be responsible for feeding back comments from their colleges. The document will be published to the website with the covering letter within the next week. The covering letter will be circulated for the comments of all members before being published on the website.</p> <p>Pg 5, BMA Safe Transport</p> <p>Nothing more has been heard on this matter</p> <p>Pg 7, Equipment Provision for Out of Hospital Paediatric Cardiac Arrest</p> <p>No further information has been received on this item.</p>	<p>TC</p>
<p>CHAIRMAN'S REPORT</p>	
<p>Consultations</p> <p>These have been distributed prior to the meeting for information only</p> <ul style="list-style-type: none"> • HPC Registration & Scrutiny Fees 11/4/08 • Improving the Process of Death Certification Response • NICE Scope ACS 12/5/08 <p>Medic Alert Foundation Invitation</p> <p>No-one from this committee was able to attend but posters had been circulated.</p> <p>HCI Staffs Investigation & Recommendations</p> <p>This document has been published to the website. It was thought well written and salutary.</p> <p>Society of Trauma, Emergency Medicine and Pre-hospital care (STEP)</p> <p>There is no further information available on this. It is not certain where it fits in or what it does that other groups aren't. It was agreed that more information should be requested again from this group.</p> <p>Letter in response to Anaesthesia editorial on NCEPOD 'Trauma who cares?'</p> <p>A letter sent to the journal Anaesthesia by the anaesthetists on the committee in response to its editorial on the NCEPOD "Trauma who cares?" report had been accepted for publication. It had been suggested that ambulance services may be resistant to participation in examination of the patient pathway from roadside to rehabilitation and the letter strongly corrected this misguided view. The NCEPOD document was reviewed and discussed at the DoCCs as the NCEPOD group did not have formal ambulance service representation. A number of issues were highlighted and a formal response will be sent from the DoCCs, a copy of which will be circulated to members of this committee.</p> <p>EMS999 Research Forum Poster Prize</p> <p>This was brought here for information</p> <p>BNF March 2008</p> <p>Information on medical emergencies in the community is now included in the back of the book as a new section. This is expected to be for use by community health care professionals i.e. out of hospital, GPs, nurses etc.</p>	<p>TC</p>

	<p>Dr Walker felt that Dr Brown should review this to ensure that it is consistent with JRCALC guidelines in terms of drugs etc. Ms Ryan was sure that this will be the case and that if it does differ slightly this will be because it is aimed at different professionals.</p> <p>Dr Stephenson mentioned that the BNF would be available electronically to all road staff when the Electronic Patient Records system comes on-line.</p> <p>Ambex 2008</p> <p>Dr Clarke felt that this went better than expected and included an excellent presentation from Prof Porter.</p> <p>CEM Meeting</p> <p>Mr Walter took part in the inter-collegiate Board and stated that there was nothing mentioned that they disagreed with and is very happy that the process has begun. The next meeting is on 4 September 2008.</p> <p>HART Incident Report</p> <p>Dr Stockley felt that this was not the most rigorous of appraisals but that it is a good story of what they have done so far, although he was concerned that they are not meeting all their objectives. Other reports are in the process of development which will influence how HART develops more than ESR.</p> <p>Dr Stephenson highlighted that this is an ongoing evolution as they are receiving significant funding which is ring-fenced.</p>	
CARDIAC CARE GROUP		
	<p>A letter has been received from Dr Howard Swanton that this group is now superfluous and the work can be done by those that attend the guidelines committee.</p> <p>The JRCALC committee thanked the group for its excellent work and recognised its achievements. The committee agreed to dissolve the group.</p>	
GUIDELINES SUB-COMMITTEE		
	<p>Mr Oestreicher asked if anyone from this body was consulted on this as the work done around ambulance cleanliness was not particularly thorough.</p> <p>Dr Stephenson mentioned that they did feel that a lot of the ASA information required more robustness. Apparently they did speak to a member of staff at each ambulance service trust but this would appear not to have been the most appropriate person.</p> <p>Dr McManus attended the Infection Control Group and a representative from the DH informed them that the guidelines had been completed and were being issued. Several members and the Medical Directors were unaware of this prior to that. More up-to-date ambulance guidelines are being developed and this group will provide recommendations to the DoCC for roll-out if approved.</p> <p>Dr Walker understood that a patient group directive is required for oramorph but it states that this is not the case in the minutes of the sub-committee. This was queried by Dr Stephenson and clarification will be sought from Dr Brown on this. Confirmation was requested in writing from the MRHA to formalise this if appropriate.</p>	JS/SB
HEALTH PROFESSIONS COUNCIL		
	<p>No information was available on this item.</p>	

BRITISH PARAMEDIC ASSOCIATION	
No information was available on this item.	
HEADG	
No information was available on this item.	
ANY OTHER BUSINESS	
<p>Guideline Interpretation – Dr Walker</p> <p>Regarding the ROLE guideline the view was that ‘query terminal illness’ should be removed due to significant confusion by crews and a lack of clarity around specific meaning. Dr Ward felt that this was for patients under the care of a hospice or a DNAR. It was agreed that the guidelines committee should be asked to look at this immediately.</p> <p>Dr Walker felt that further information may be required to prevent differences in interpretations i.e. massive truncal injury was interpreted by a crew as a patient with fractured ribs, but felt by others to be an open wound injury. Dr Ward stated that examples were given in the original document and felt that guidelines committee should be asked to look at this urgently. It was agreed that the guidelines committee should be asked to look at this immediately and an update will be brought to the next committee.</p> <p>AAA</p> <p>Dr Walker reported SUI’s that had involved the misdiagnosis of Abdominal Aortic Aneurysms (AAA) and questioned whether the JRCALC Guideline should not be more explicit in its description of the risks of not identifying the 75% of patients with atypical presentation. It was agreed that a low threshold for suspicion of AAA was essential to avoid misdiagnosis and that SUIs pointed to a need to address this urgently.</p> <p>JRCALC Conference</p> <p>It was confirmed that there will be no conference this year, although Prof Porter has suggested that future conferences are merged between FPHC, BPA, BASICS and JRCALC and run for front-line staff in a location to maximise attendance. It was felt that this was a very good idea and would reduce expenses if not held in London. Further discussions will be held on this and the possibility of the inclusion of the EMS999 Forum.</p> <p>Meeting Dates</p> <p>The recommendation that the meetings under the new format will be cut to twice a year, as the middle meeting often falls at a difficult time in terms of annual leave requirements, will be decided through the terms of reference but was highlighted here for information and comment.</p>	<p>SB</p> <p>SB</p> <p>PP/KP</p>
DETAILS OF THE NEXT MEETING	
The next meeting will be held on 24 November at 2pm at the Royal College of Anaesthetists, Red Lion Square, London.	