

# JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

Meeting held on Monday, 11 April 2005

## Present:

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

Miss Janet 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
Dr G Bryce	-	Ambulance Service Association
Dr M Colquhoun	-	Resuscitation Council UK
Dr J Cox	-	Royal College of General Practitioners
Dr T Evans	-	Royal College of Physicians
Mr M Flaherty	-	Ambulance Service Association
Mr R Furber	-	British Paramedic Association
Mrs J Grinham	-	RCP Patient & Carers Network
Mr R Gunn	-	Royal College of Surgeons
Mr K Hinshaw	-	Royal College of Obstetricians & Gynaecologists
Dr F Jewkes	-	Royal College of Paediatrics & Child Health
Professor M Langman	-	Ambulance Service Association
Dr Q Mok	-	Royal College of Paediatrics & Child Health
Dr F Moore	-	Faculty of Accident & Emergency Medicine
Mr S Oestreicher	-	UNISON
Dr W Penny	-	Royal College of Physicians
Mrs C Reid	-	Royal College of Midwives
Dr T Sajjanhar	-	Royal College of Paediatrics & Child Health
Dr J Scott	-	Ambulance Service Association
Dr H Swanton	-	Royal College of Physicians
Dr M Ward	-	Royal College of Anaesthetists
Mr D Whitmore	-	Health Professions Council
Professor R Williams	-	Royal College of Psychiatry

## Observers

Mr R Diment	-	Ambulance Service Association
Mrs S Dodd	-	Department of Health
Mr A Marsden	-	Scottish Ambulance Service
Mr M Robinson	-	Office of the Deputy Prime Minister
Mr S Land	-	Committee Administrator

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## 05/01 Welcome and Apologies for absence

- (a) The Chairman informed members that Ms Fauziah Hashmi had stepped down from the committee due to a job move away from the British National Formulary.
- (b) The Chairman welcomed Dr Jim Cox (Royal College of General Practitioners) and Mr Sam Oestreicher (UNISON) to their first meeting of the Committee.

Greetings were also extended to Mr David Whitmore and Mr Mick Robinson who were attending as substitutes.

- (c) The Chairman stated that Dr Julian Sandell had been invited by Dr Jewkes to give a presentation on a new design of paediatric tape at the end of the meeting.
- (d) The Chairman stated that the Modernisation Agency had now folded and Professor Tom Quinn would cease to act as the observer in this capacity. However, due to the valuable insights given by Professor Quinn it was agreed to write to the RCN asking that he may continue to attend JRCALC under that umbrella.

**ACTION: Dr Clarke**

- (e) Apologies for absence were received from Dr H Booth (Royal College of Physicians), Mr J Bottell (Ambulance Service Association), Dr C Carney (Ambulance Service Association), Mr M Cooke (Ambulance Service Association Observer), Dr C Deakin (Royal College of Anaesthetists), Dr H Guly (Faculty of Accident & Emergency Medicine), Mr R Gunn (Royal College of Surgeons), Mrs J Grinham (RCP Patient and Carers Network), Mr A Howson (IHCD, Observer), Mr Graham Johnson (Faculty of Accident & Emergency Medicine), Ms J Manning (Health Professions Council - represented by Mr D Whitmore), Mr A Newton (British Paramedic Association - represented by Mr R Furber), Miss K Stelfox (Department of Health Observer), Dr S Stockley (Royal College of General Practitioners).

#### 05/02 Minutes of the Previous Meeting

The Minutes of the meeting held on 11 November 2004 (copies of which had been circulated) were approved, and signed by the Chairman as a correct record.

#### 05/03 Matters Arising on the Minutes

- (a) **04/29 (a)** A serious threat to evidence based resuscitation

The Chairman wished to record that good progress had been made. Correspondence with Professor Douglas Chamberlain on the impact of the E.U. Directive on research and the Mental Capacity Bill and liaison with the Office of the Information Commissioner generally felt that all non-drug related trials would be able to proceed. It was noted that the MHRA would soon be consulting on the issue and the Chairman agreed to circulate this for member comment, once received.

**ACTION: Dr Clarke**

- (b) **04/29 (b)** Review of Emergency Call Prioritisation

The Chairman reported that a meeting had been held with Peter Bradley (National Ambulance Advisor) in January 2005 to discuss this. Wherever possible Trusts should use the most up to date version available of either AMPDS or CBD with AMPDS being the preferred option. Mr Willis stated that categories had now been changed in both systems and Dr Jewkes reported that herself and David Janes had been asked to review the list of Category C's. She expressed concern that some Category C's were wrongly ascribed and that a proper audit should be undertaken by larger ambulance services. A letter detailing these concerns had been sent to Peter Bradley but no reply had yet been received. Mr Flaherty agreed to take this issue back to Peter Bradley for a response and the original letter to Peter Bradley would also be circulated to members for information.

**ACTION: Mr Flaherty/Dr Jewkes**

(c) **04/29 (c)** Fire & Rescue National Framework

Mr Robinson stated that he had attended the Chief Fire Officers Group, which was currently reviewing its Terms of Reference with particular regard to training issues. They had noted that a wide variance of training existed and wished to standardise this. Mr Diment reported that he had discussed the same issues (gold standards and training) at the DH with Miss Stelfox. It was agreed that Mr Robinson and Mr Willis would liaise on the issue outside of the committee.

**ACTION: Mr Robinson/Mr Willis**

(d) **04/29 (e)** Intubation training and airway management

It was noted that a letter responding to requests from Trusts to reduce the minimum number of endotracheal intubations could be found on the website at:

[http://www.asancep.org.uk/JRCALC/publications/docs/Endotracheal\\_Intubation.pdf](http://www.asancep.org.uk/JRCALC/publications/docs/Endotracheal_Intubation.pdf)

Despite pressures to reduce the IHCD requirement for 25 endotracheal intubations JRCALC could neither recommend nor advise such an adjustment and this was reflected in the letter. It was agreed that the Chairman would contact Dr Carney to see whether the letter had been forwarded to Trusts.

**ACTION: Dr Clarke**

(e) **04/30 (a.vi)** MLX 314: naxolone response

The Chairman reported that he had discussed the situation with Miss Stelfox (DH) and had been informed that the public consultation had now ended. The matter would now be referred to the Committee on Safety of Medicines (CSM). JRCALC recommended amendments to include appropriate training for Technicians and to change the wording regarding on how the drug would be administered by Technicians from “intravenously and intramuscular” to “parenterally”. The Chairman would reiterate these thoughts to Miss Stelfox.

**ACTION: Dr Clarke**

(f) **04/30 (b)** Formal links with BASMed

It was noted that Dr Scott was progressing this item.

**ACTION: Dr Scott**

(g) **04/30 (d)** Standards Board of Faculty of Pre-Hospital Care

Dr Bryce informed members that she had attended a recent Board meeting. It was noted that the Faculty had published a useful manual on competencies for pre-hospital care providers and that they were keen to accredit courses that complied with the recommendations. There were also moves to develop a full CCST in Pre-Hospital Care and the committee felt that this would especially applicable to the post of Medical Directors of Ambulance Services. Mr Marsden stated that he was to Chair the next Faculty Conference (to be held May 14<sup>th</sup> 2005). This would include a session looking at the validity of making Pre-Hospital Care a full specialty.

(h) **04/30 (e) Guidelines and research principle**

Dr Brown stated that research projects should only differ from the existing guidelines if they were for properly approved Clinical Trials.

(i) **04/33 (c) Reconstruction of Joint Thrombolysis Subcommittee**

The Chairman opened the discussion by stating that the Guidelines Subcommittee had subsumed the Thrombolysis Subcommittee. He asked members to give thoughts on the need for a separate Cardiac Care Subgroup that would look at both thrombolysis and primary angioplasty (PCI). He also stated that JRCALC was awaiting a nomination from the British Cardiac Society who would be ideally placed to be involved in this area.

Mr Marsden informed members that the National Medical Advisory Committee in Scotland was currently comparing primary angioplasty to thrombolysis. A SIGN Guidelines Group was due to report on the issue in September 2005. He felt that this work would aid that of a new subcommittee.

Dr Penny reported that Wales was introducing Pre-Hospital Thrombolysis and supported the formation of a new subgroup to tackle this hot issue.

Dr Swanton stated that the debate on comparative benefits and risks of angioplasty versus thrombolysis had been ongoing for years although it was accepted that early angioplasty (within 3 hours) was equally as effective and prevented future problems (e.g. angina). He informed members about the National Primary Angioplasty Project where 7 pilot locations were comparing thrombolysis in ambulances to quick level angioplasty in hospitals. It was noted that Ms Dodd was the Projector Director for the study. Dr Swanton believed that the formation of a new subcommittee was overdue and insisted that the membership should meet in person and have secretarial back up.

Dr Brown felt that most Trusts were of the opinion that the Healthcare Commission looked unfavourably at areas that lacked Pre-Hospital Thrombolysis. Mr Willis reported that a letter had been sent to the Healthcare Commission to ascertain their viewpoint.

The Chairman stated that the committee had not intentionally neglected PCI but felt it was timely to cover this via a Cardiac Care Subgroup. Members agreed that this should occur and that funding should be provided as it concerned the logistics of service and was thus best kept separate from the Guidelines themselves. The Chairman also thanked Professor Langham for writing to him initially proposing the idea.

**ACTION: Dr Clarke**

(j) **04/37 Legal Status of JRCALC**

The Chairman reported that he had consulted the JRCLAC solicitor (Edward Martineau) regarding the options available that would protect the membership from potential litigation and still provide independence. It was agreed that the Chairman would investigate further then circulate a pros v cons option paper for the following four scenarios:

Charitable Status

Umbrella model similar to JCHMT (suggestion from the RCP)

Umbrella model under the ASA

Umbrella model under the BPA

**ACTION: Dr Clarke**

On first impression members favoured an alliance with the ASA as initial registering and the up keep of JRCALC as a charity was deemed expensive. Some members asked whether there was a need to change from the current set up but generally it was felt that a change would secure the committee's position both legally and financially. It was noted that the annual £25,000 from the DH wasn't necessarily guaranteed. Other members felt that Parent Bodies may want to be involved in the process as members were ultimately accountable to them. It was also felt that all members should review their reporting processes to the parent bodies.

**ACTION: All**

**(k) 04/38 (b) Scholarships**

Members noted a tabled invite flyer with details of the JRCALC Scholarships available. It was noted that applicants required registration but could come from any part of the service. It was agreed that the administrator would circulate the fliers to all ambulance services.

**ACTION: Mr Land**

05/04 Chairman's Report

- (a) **Medicines and Healthcare products Regulatory Agency - Consultation reports**
- (i) **MLX 315: Licence Fees for Medicinal Products**
- (ii) **MLX 316: Review of code of practice on interests to apply to the chairmen and members of the advisory bodies laid down in the Medicines Act 1968**
- (iii) **MLX 318: Proposed Herbal Medicines Advisory Committee.**
- (iv) **MLX 319: Medicine for Human Use (Kava-Kava) Prohibition Order 2002**
- (v) **MLX 320: Options for the future of independent prescribing by extended formulary nurse prescribers**
- (vi) **MLX 321: Proposals to introduce independent prescribing by pharmacists**

The Chairman stated that he had made enquiries as to why paramedics (specifically Emergency Care Practitioners (ECP's)) were not included in the MHRA consultations on prescribing/administering. He had been informed that paramedics had not been forgotten but that pharmacists and chiropodists were the current priority within the DH. It had been suggested that JRCALC compile a paper relevant to ECP's who administer via PGD (Patient Group Direction), which could then be considered and legalised. Dr Bryce felt that this information was already held at the DH and that it would just need reviewing. The Chairman, Dr Bryce and Mr Whitmore agreed to progress this issue.

**ACTION: Chairman, Dr Bryce, Mr Whitmore**

**(b) Other Issues**

- (i) **Amiodarone approval S12004/2693**

The Chairman stated that approval had been granted on 19<sup>th</sup> November 2004 and that the Guidelines Subcommittee had considered this in March 2005. A letter detailing a 'gold protocol' would be placed on the website.

- (ii) **Committee based move to Royal College of Anaesthetists**

The Chairman referred to the letter sent from the Executive to all members and observers, which stated that JRCALC would look to move to the RCA from January 2006. No letters of disapproval had been received, so the Chairman agreed to write to the Chief Executive of RCA to formalise the procedure.

**ACTION: Dr Clarke**

The Chairman wished to record that the RCP was a good and enjoyable venue but felt that, as the Committee was multi-disciplinary that it was right to now make the move to one of the other parent bodies.

**(iii) Letter from RCA president re. Organisation of prehospital and immediate care**

The Chairman reported that he had replied to a letter from Peter Simpson, President of the Royal College of Anaesthetists, stating that it was a good idea to set up an independent group to look at who holds responsibility for Pre-Hospital Care in the UK. Dr Ward felt this was particularly timely with regard to the discussions at 05/03 (g). Members noted that they had not been asked to contribute a recent article in the EMJ on the subject but felt another letter to Dr Simpson from the Chairman stating that JRCALC would like to be represented on any group would lessen the chances that Guideline work would be duplicated.

**ACTION: Dr Clarke**

**(iv) Letter from President NASGBI re. Head injury transfer**

The Chairman reported that he had received a letter from the President of NASGBI stating that the 1996 Guidelines on the transfer of patients with Head Injuries had been updated. Following JRCALC/ASA consultation this now included constructive references to involvement of ambulance services and staff. Although, there had not been time to consult with the Committee as a whole it was felt that the update made good sense and the Chairman had written back giving approval on behalf of the Committee.

**ACTION: Dr Clarke**

Dr Clarke reported that he had been recontacted by Dr Elsharkawy of the BMA Junior Doctors re. safe patient transfers. Dr Ward stated that he had also been approached by the same. Although some concern was raised that the remit of the group was not clear Dr Ward agreed to report back to the committee at a later date. Mr Willis also asked Dr Ward to ensure Ambulance Managers and a paramedic were represented on the group.

**ACTION: Dr Ward**

Mr Marsden alerted members to the Intensive Care Society Guideline 2004 for information.

**(v) Ambulance Service Review [Doc 05/01]**

Members noted the delegate feedback from the Ambulance Service Review. They were encouraged by the level of PCT attendance.

- (vi) **Healthcare Commission: Standards-based inspection; Ensuring responsiveness to the needs of the Ambulance Sector**

It was noted that JRCALC members had attended and paramedic staff had made their views known.

- (vii) **HPC Consultation on a proposed change to the Standards of Proficiency**

Members noted the consultation.

- (viii) **Home Office Consultation: Proposal to control ketamine under the Misuse of Drugs Act**

Members noted the consultation.

#### 05/05 Report of the Pathways Project

Dr McNeil advised no progress had been made on the project since the last meeting. It was noted that the DH had thought it was a good idea but as yet no action had been forthcoming despite regular e-mails to the Ambulance Policy Section on the subject. Dr McNeil was therefore very concerned that support would not be given and that the considerable input and momentum that had been developed would be lost with the result that the project would have to start again from scratch. Ms Dodd agreed to follow up the issue and report back to Dr McNeil.

**ACTION: Ms Dodd**

#### 05/06 Guidelines Sub-Committee

Members noted the tabled update from Dr Brown. Dr Brown asked if members were comfortable with the decision not to make a second-line antibiotic available in all ambulances for use in Meningococcal septicaemia for patients truly allergic to Penicillin. Dr Swanton wished to ensure that appropriate Microbiological advice had been sought as the drug was proven to save lives. Other members felt that to stock over 2500 ambulances with an expensive drug was unworkable especially if it had a short shelf life.

Professor Williams offered to edit the extended Paediatric section of the guidelines to fully cover issues on consent. This would need to be done by 26<sup>th</sup> May 2005 as the final approval meeting was scheduled for 6<sup>th</sup> June 2005.

**ACTION: Professor Williams**

#### 05/07 Report from Joint Ambulance Service Association/JRCALC Clinical Effectiveness Committee

**[Doc 05/02]**

Members noted the update supplied by Mark Cooke. Dr Bryce informed members that the committee still lacked a Chairman and that she had been acting in this capacity. As yet there had also been no notification from the DH that they would fund the 2005/6 work programme. Ms Dodd stated that the Department of Health budgets for individual departments had not yet been confirmed and so it was not yet possible to commit expenditure for 2005/6. She also confirmed that Roger Boyle and the Heart Team were supportive of the audit and wanted it to continue. There was also a move to arrange a meeting of interested parties to discuss the move of the ASA database to the CCAD (Central Cardiac Audit Database).

A letter to the Healthcare Commission regarding proposals for the assessment of pain management had been forwarded. It stated that they were somewhat crude and offered

little information relating to effectiveness. Dr Brown felt that by the time paramedics arrived sometimes the pain had passed and a simple chat did not reflect the true position. Professor Williams also felt that the committee need generic advice on this issue as the Healthcare Commission did not cover the whole of the UK.

#### 05/08 Report from the Health Professions Council [Doc 05/03]

Members noted the report from Mr Whitmore. Work was being progressed which stressed the differing educational base of paramedics compared to the other 12 professions regulated by the HPC. There were also moves to regulate healthcare assistants.

#### 05/09 Report from the British Paramedic Association

Members noted the report tabled by Mr Furber. The Chairman thanked Mr Furber for his work and congratulated him on the progress made so far.

#### 05/10 Any other business

##### (a) **Conference 2005**

The Chairman recorded that the conference would be held on Tuesday 29<sup>th</sup> November 2005. A suggestion that the day could be called "Big A Day - Analgesia and Airway" was made and members were invited to make suggestions for this or alternative ideas.

**ACTION: All**

The administrator would circulate the date and suggestions to members by e-mail and place a notice on the website.

**ACTION: Mr Land**

##### (b) **Officer Elections**

The Chairman stated that his term of office was due to expire after the next meeting but was willing to continue in the post if members wished. It was agreed that nominations for a successor or an extension re-election for a new term would be held at the next meeting.

**ACTION: All**

##### (c) **Recognition of Life Extinct**

Dr Ward stated that the sub group had met that morning and were looking to review and make small changes to the document published March 2003 with the committee's agreement. It was noted that members felt that this was timely as telephone triage and training implications needed addressing. Dr Cox also felt that the definitions of natural end of life and terminal disease should also be re-visited. Dr Ward agreed to circulate an amended draft to the committee for comments.

**ACTION: Dr Ward**

##### (d) **Prehospital Paediatric Emergency Care**

Members noted the draft document that had been circulated before the meeting by e-mail. The Chairman thanked Dr Sajjanhar (who had acted as the lead author) and Dr Jewkes on producing a useful, readable, clear and digestible document. Its aim was to give broad informative guidance and it would likely be published on the web to allow easy access. Members were asked to respond to Dr Sajjanhar with any comments.

**(e) Paediatric Tape**

Dr Jewkes introduced Dr Julian Sandell (Paediatric Consultant) who had developed a new paediatric smart tape in line with JRCALC Guidelines that could be used either as age based or height based, when the age was unknown. Members examined the tape and felt that it was a useful new tool that could have a market. Some concern was expressed that the firm due to print the tape wanted orders up front and it was noted that the cost would be £35 per copy. It was agreed that JRCALC would be willing to consider issuing an endorsement once Dr Sandell had checked with the University of Warwickshire (who manage the research of the Guidelines for the Ambulance Service Association who hold the copyright) that he had not infringed copyright and liaised once more with the Chairman.

**ACTION: Dr Sandell**

**Note:**

Next meetings:

**13.30hrs Tuesday 12<sup>th</sup> July 2005**

**14.00hrs Monday 28<sup>th</sup> November 2005**

Conference:

**09.30-16.30hrs Tuesday 29<sup>th</sup> November 2005**

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The meeting closed at 17.04 pm.