

JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

Meeting held on Thursday, 11 November 2004

Present:

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

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

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

Dr S Brown	-	Ambulance Service Association
Ms G Bryce	-	Ambulance Service Association
Dr C Carney	-	Ambulance Service Association
Dr M Colquhoun	-	Resuscitation Council UK
Dr M Cooke	-	Faculty of Accident & Emergency Medicine
Dr T Evans	-	Royal College of Physicians
Mr R Furber	-	British Paramedic Association
Mr K Greene	-	UNISON
Mrs J Grinham	-	RCP Patient & Carers Network
Mr R Gunn	-	Royal College of Surgeons
Mr K Hinshaw	-	Royal College of Obstetricians & Gynaecologists
Dr P Jenkins	-	Royal College of Physicians
Dr F Moore	-	Faculty of Accident & Emergency Medicine
Dr W Penny	-	Royal College of Physicians
Mrs C Reid	-	Royal College of Midwives
Dr S Stockley	-	Royal College of General Practitioners
Dr H Swanton	-	Royal College of Physicians

Observers

Mr M Cooke	-	Ambulance Service Association
Mr A Howson	-	IHCD
Mr A Marsden	-	Scottish Ambulance Service
Mr P Powell	-	Office of the Deputy Prime Minister
Lt Col J Tuck	-	Defence Medical Services Training Centre
Ms K Billingham	-	Committee Administrator

04/27 Welcome and Apologies for absence

- (a) The Chairman thanked Dr McNeil for organizing such a successful Conference, which had been held on the preceding day.
- (b) The Chairman welcomed Mr Rodney Gunn (Royal College of Surgeons) and Mr Philip Powell (Office of the Deputy Prime Minister) to their first meeting of the Committee.
- (c) Apologies for absence were received from Miss Janet Davies (Ambulance Service Association - Honorary Co-secretary), Mr Richard Diment (Ambulance Service Association Observer), Mrs Sue Dodd (Department of Health Observer), Mr Martin Flaherty (Ambulance Service Association), Dr Henry Guly (Faculty of Accident & Emergency Medicine), Mr Mike Hayward (Royal College of Nursing), Dr Fiona Jewkes (Royal College of Paediatrics & Child Health), Mr Graham Johnson (Faculty of Accident

& Emergency Medicine), Mr Tim Kilner (Royal College of Nursing), Professor Michael Langman (Ambulance Service Association), Ms Jo Manning (Health Professions Council), Mr Andy Newton (British Paramedic Association - represented by Mr Roland Furber), Professor Tom Quinn (Department of Health Observer), Mr Steward Rouse (UNISON - represented by Mr Kevin Greene), Dr Tina Sajjanhar (Royal College of Paediatrics & Child Health), Dr Phil Spencer (Royal College of General Practitioners), Miss Kathryn Stelfox (Department of Health Observer), Dr Michael Ward (Royal College of Anaesthetists) and Professor Richard Williams (Royal College of Psychiatrists).

04/28 Minutes of the Previous Meeting

The Minutes of the meeting held on 6 July 2004 (copies of which had been circulated) were approved, and signed by the Chairman as a correct record.

04/29 Matters Arising on the Minutes

- (a) **04/15 (a)** *A serious threat to evidence based resuscitation* - Open letter to MPs [Doc 04/20]

The Chairman thanked the authors of the letter circulated, which had been distributed to Members of Parliament as they were currently debating the Mental Capacity Bill. The Treasurer reported that he had also kept Sir Nigel Crisp (Chief Executive, NHS) abreast of the Committee's concerns in this area, and would ensure that he too received a copy of this letter.

ACTION: Mr Willis

- (b) **04/15 (e)** Review of Emergency Call Prioritization

In Dr Scott's absence, Dr Colquhoun reported that prioritization codes for England had been agreed, and those for Wales had been submitted to the Welsh Assembly. Dr Carney advised that Category C codes were live, with Category A codes coming on stream in April 2005. Dr Brown noted that the new Category B codes would eradicate a statistical anomaly which existed under present systems, and would allow a much closer data match. Dr Colquhoun pointed out that ambulance services would only be monitored against the formal category list; the local creation of further Category A codes was possible, but these would fall outwith official measurement of service performance.

- (c) **04/16 (a) ii** Fire & Rescue National Framework

The Chairman reminded the Committee that he had been invited to respond to this consultation on basic life support skills for firefighters. Consequently, the Committee had offered Observer status to a representative of the Fire Service, and he was pleased to welcome Mr Powell from the Fire Services Inspectorate. Mr Powell explained, that as well as being part of the Fire Services Inspectorate, he also attended Chief and Assistant Chief Fire Officers' Association (CACFOA) meetings, and was, therefore, able to contribute to the Committee from more than one angle. He advised that the Fire Services Bill would confer additional statutory responsibilities in connection with attendance at emergencies, so the First Responder Scheme was in development in order to improve firefighters' trauma skills. However, the introduction of the First Responder Scheme was subject to local agreement between Fire and Ambulance services. It was recognized that some degree of flexibility would be required from both parties to achieve uniformity of standards, training and equipment.

Mr Marsden remarked that a memorandum of understanding existed between the Scottish Ambulance Service and many local Fire Services, particularly those in rural areas, covering such matters. All Fire Services were recommended to use First Person on the Scene Course

(FPOS), and a commonality of patient records existed. The Treasurer confirmed that Westcountry Ambulance Service operated similar arrangements. Mr Howson confirmed that the Ambulance Service Association recommended FPOS as the recognized standard.

Dr Evans opined that Observer status should also be offered to a police force representative, again for reasons of consistency. Mr Powell confirmed that he was in contact with the police, looking at the same issues of trauma care, training and equipment. Dr Stockley raised the matter of “hot zone” Cardiopulmonary Resuscitation; Dr Carney commended the highest standards of training to Fire Service colleagues, which he felt should be possible to achieve.

- (d) **04/16 (e) CHD Competency Framework: Acute coronary syndromes [Doc 04/31 - TABLED]**

The Chairman reported, on behalf of Professor Quinn, that this matter was progressing satisfactorily.

- (e) **04/16 (f) Intubation training and airway management [Doc 04/21 - TABLED]**

The Chairman reported that training in airways skills was a matter perennially referred to the Committee, so it had been decided to review the published evidence, and look at the issue afresh. The Laryngectomy Association was conducting a similar exercise. He referred to the document circulated, and advised that a “more polished version” would be submitted to the next meeting.

ACTION: Dr Clarke

Dr Brown averred that the priority must be to train people to establish an airway, and to maintain it during transport in a moving ambulance; the laryngeal mask airway represented the “gold standard”. The Chairman acknowledged that there was no simple solution to this issue. Mr Marsden queried the definition of “success” referred to in the Chairman’s paper, and was advised that the study had merely involved a cursory review of patient report forms. A more detailed study was now underway in the North East to determine why failure occurred. Dr Colquhoun remarked that a study of Rapid Sequence Intubation undertaken in Santiago had been halted due to the level of negative patient outcomes. Dr Carney averred that the decision making aspect of airways management was a key skill, which should not be overlooked. The Chairman invited all members of the Committee to comment on the draft paper.

ACTION: ALL

Mr Howson then raised the issue of the number of intubations which must be performed before a trainee could be adjudged competent. The target of twenty-five had been challenged by many Trusts which were finding this difficult to achieve. The Chairman conceded that this was a random figure, although he did not believe it to be an unreasonable minimum. He agreed, with the assistance of Dr Carney, to issue a note to all Trusts confirming this view.

ACTION: Dr Carney; Dr Clarke

04/30 Chairman’s Report

- (a) **Medicines and Healthcare products Regulatory Agency - Consultation reports**
- (i) **MLX 303: Nurse prescribers extended formulary: proposals to expand the range of prescription only medicines**

Dr Cooke advised that the Committee on Safety of Medicines had approved 91 medicines for use in emergency care settings; the list would be published in due course.

- (ii) **MLX 305: Proposals for supplementary prescribing by Chiropodists, Physiotherapists, Radiographers and Optometrists and proposed amendments to the prescription only medicines (Human Use) Order 1997**

Dr Carney noted that paramedics should be added to the categories of healthcare professionals being considered under these proposals; Dr Cooke confirmed that the Department of Health had already asked the Medicines and Healthcare products Regulatory Agency to make this change. The Chairman stated that although this proposal had been supported, the need to include paramedics had already been highlighted in response to previous general consultations. In this case, he felt that some of the drugs were not appropriate to the traditional ambulance role, and - given the attendant training implications - specific reference to paramedics should be deferred until the introduction of "Treat & Refer" Emergency Care Practitioners. Dr Brown took the contrary view, believing it was advantageous to establish the legal framework now, in readiness for future development of the paramedic role.

- (iii) **MLX 309: Implementation of revised EU medicines legislation: implementing the "2001 review"**

- (iv) **MLX 310: Proposals to enable the use of electronic signatures on prescriptions and proposed amendments to the Prescription Only Medicines (Human Use) Order 1997**

The Treasurer opined that the ability to fax prescriptions to pharmacies represented a significant step forward in unscheduled care.

- (v) **MLX 313: Proposal for amendments to medicines legislation to allow supply of Water for Injection by people employed in needle exchange schemes**

- (vi) **MLX 314: Proposal to add naloxone to the range of medicines which can be administered parenterally by anyone for the purpose of saving life in an emergency**

The Chairman felt that this was the most relevant of all the consultations he had been asked to review, noting that agencies working with drugs misuse had advocated that paramedics should be licensed to administer this drug. Dr Brown noted that this license should be extended to Technicians, for practical purposes. The Treasurer referred the Agenda for Change, and its impact on Technicians in relation to Schedule 7 drugs. The Chairman undertook to emphasis training needs in his response to this consultation.

- (b) **JRCALC: A strategy for the future - discussion document [Doc 04/22]**

The Chairman reported that he had written this document some months previously, following a meeting with Professor Sir George Alberti, Mr Peter Bradley and others, to discuss the future direction of the Committee. He invited written comment on the Strategy.

ACTION: ALL

Dr Carney reiterated the idea that a formal link should be forged between the Committee and British Ambulance Service Medical Directors Group (BASMED); whilst he recognized that many representatives from the Ambulance Service Association were also BASMED members, he felt it would be appropriate to appoint a nominee in his or her own right. The Chairman explained that his reluctance to do this stemmed from his reservations about the robustness of BASMED as an organization. However, Dr McNeil felt that recognition by the Committee would prove an essential fillip to its development. The Treasurer undertook to suggest to the Ambulance Service Association that should it fill its next vacancy on the Committee with a BASMED representative.

ACTION: Mr Willis

Mr Greene then referred to the *JRCALC Organisational Review 2004* which he felt did not reflect accurately the contribution of the organisations which represented ambulance personnel. The Chairman countered that he had hoped to recognize the contributions of all those bodies which sent representatives to the Committee, but acknowledged that he been forced to edit the Review quite stringently to meet the publisher's requirements. The Review would be distributed to Trust chief executives, the Department of Health, Health Ministers, the Scottish, Northern Irish and Welsh Offices, and the Chairs of Local Ambulance Paramedic Steering Committees. He noted the intention that the Review would be published annually from now onwards, and invited comments on the first edition, and volunteers to take on the production of the 2005 Review.

ACTION: ALL

(c) Letter from BMA Junior Doctors: Transport

The Chairman reported that the British Medical Association, which was investigating the transport of patients with head injuries, had contacted him. He had advised the BMA that whilst the Committee was not, currently, undertaking specific projects in this area, it would be pleased to participate in further discussions with the Association.

**(d) Standards Board of Faculty of Pre-Hospital Care - Call for nominations
[Doc 04/23 - TABLED]**

Dr Bryce advised that she represented British Ambulance Service Medical Directors Group on this Board, and offered to represent the Committee concurrently. The Committee ratified Dr Bryce's nomination accordingly.

ACTION: Dr Clarke; Dr Bryce

**(e) Support for European Resuscitation Council Position Statement on research
[Doc 04/24]**

The document circulated had been taken from a *Resuscitation* editorial written by Professor Douglas Chamberlain and Tony Handley, which the authors had asked to be promulgated to ambulance services. Accordingly, the document had been posted on the Committee's website. In essence, research projects which had been properly sanctioned by an accredited research ethics committee, but conflicted with European Resuscitation Council guidelines, would still be acceptable. Dr Cooke felt that the principle should be extended to other areas of research, not limited to resuscitation, provided that such research was part of a properly constructed clinical trial. Whilst the Committee was reluctant to deliver such a message explicitly, it was agreed that Version 4 of the Guidelines would address this issue.

ACTION: Dr Brown

(f) Nubain withdrawal

The Chairman thanked Dr McNeil for ensuring that this development had been publicized comprehensively. Dr Brown pointed out that a number of ambulance services were now using Meptazanol instead of Nubain, and others were intending to opt for Meptid rather than Morphine. Dr McNeil felt that there was no reason why services should not introduce Morphine; indeed, Dr Cooke confirmed that the Health Care Commission would be including Morphine in its performance standards for ambulance services, due to be published shortly.

It was agreed that the Guidelines Sub-committee should develop protocols dealing with pain relief, for children as well as adults, given the interest in children's analgesia

expressed by the “Children’s Tsar”, Professor Al Aynsley-Green. It was reported that Dr Fiona Jewkes was already drafting a guideline for submission to the Guidelines Sub-committee.

ACTION: Dr Brown; Dr Jewkes

04/31 Report of the Pathways Project [Doc 04/25]

Dr McNeil advised that whilst background activities continued, a formal decision from the Department of Health was still awaited. Work with the National Patient Safety Agency, which had agreed to act as “host employers”, was progressing and draft job descriptions had already been prepared. Dr McNeil advised that the Royal College of General Practitioners was very supportive of the Pathways Project, as was the British Paramedic Association.

In the absence of Miss Stelfox, Dr Cooke reported that the Department of Health was wholehearted in its support for a project along the lines proposed by the Committee. The difficulties arose from the tendering process, not the bid *per se*. He advised that he had asked for the scoping exercise to be expedited; as it was likely that other organisations would have an interest in running such a project, it could not, automatically, be awarded to the Committee and a limited tendering process would be needed.

04/32 Guidelines Sub-Committee [Doc 04/26]

Dr Brown explained that Version 4 of the Guidelines would be developed with a more robust mechanism to allow opinions to be submitted to, and shared with, the Sub-Committee. He advised that his Strategic Health Authority had raised the issue of administering Morphine to women in labour, following a recently reported case in Wales, and sought advice from Mr Hinshaw. Mr Hinshaw felt there was no need to alter the current guidance, as he hesitated to recommend the routine use of Morphine to ease labour pains, particularly as most maternity units administered Pethidine, and all ambulances carried Entonox. Mrs Reid noted that given the choice, few women were likely to opt for such a strong drug during labour.

04/33 To receive Committee Reports [Doc 04/27]

- (a) **Joint Thrombolysis Subcommittee**
- (b) **MINAP Steering Committee**
- (c) **Reconstitution of Joint Thrombolysis Subcommittee**

Dr Swanton reported that his attempts to generate interest in thrombolysis within the British Cardiac Society had not proved fruitful, as it appeared to be concentrating its resources on primary angioplasty. He had recommended to the Society’s President, Dr Huon Grey, that a sub-committee be formed to review this area, but as this had not succeeded, he intended to seek additional cardiac representation on the Committee from Professor Carol Black (President, Royal College of Physicians). Dr Penny, a member of the British Cardiac Society’s Council, volunteered to progress this matter too. Dr Swanton confirmed that the Sub-committee had reached the end of its useful life, given that MINAP had taken on its data collection and audit functions, and Dr Brown agreed that it would be feasible to co-opt expertise in this area when the Guidelines Sub-committee so required.

04/34 Report from Joint Ambulance Service Association/JRCALC Clinical Effectiveness Committee [Doc 04/28]

Mr Cooke expressed his satisfaction at the thrombolysis data received, believing this to demonstrate how well the procedure had taken off. He confirmed he had met with MINAP in order to discuss how audit methodology might be harmonized. Mr Cooke also noted his concerns about the consultation process followed by the Health Care Commission, and advised that he had requested a meeting in order to take this matter further. The pilot for Performance Indicators was on-going. There had been a meeting to discuss National Programme for Information Technology developments, and the requirements of Ambulance Services in this regard.

04/35 Report from the Health Professions Council [Doc 04/29]

In the absence of Ms Manning, the report - which had been written by Mr David Whitmore - was received. Dr Brown raised the issue of registration for Technicians; the Treasurer noted a European proposal that all healthcare professionals dealing directly with patients would require professional registration.

04/36 Report from the British Paramedic Association [Doc 04/30]

Mr Furber reported that he was pleased with the progress to date, although it seemed to him that matters were moving rather slowly. He advised that the membership, although increasing, was not growing at the anticipated rate. Several strategies were under consideration, but any suggestions from members of the Committee about raising the Association's profile would be welcomed. Mr Furber highlighted from the report circulated the issue of Continuing Professional Development, reporting that it was intended that this should be linked to membership arrangements, and a paper had been submitted to the Ambulance Education and Training Advisory Group (AETAG) in this matter. He also noted that the Association was becoming increasingly involved in responding to consultations, and was lobbying the Health Professions Council to recognize its value as a new professional body.

04/37 Legal Status of JRCALC

The Chairman referred to the document he had circulated earlier in the year concerning the reconstitution of the Committee, either as a registered charity, or as a company limited by guarantee. Mr Philip Masterton-Smith (Chief Executive, Royal College of Physicians) had been the only person to make a substantive response to this letter, proposing that the Committee consider a third option, namely a formal and legal alignment with one of its partner bodies as its advisory group. Mr Masterton-Smith had cited, as an example, the Joint Committee on Higher Medical Training, which held such a relationship in respect of the three Colleges of Physicians. Dr McNeil, the Treasurer and he had met with Mr Masterton-Smith prior to the meeting to explore this idea further, and had been most interested in a solution which seemed to safeguard the Committee's independence without entailing onerous bureaucracy. The Chairman undertook to discuss this further with the Committee's solicitor, Edward Martineau, and to report back on developments.

ACTION: Dr Clarke

04/38 Any other business

(a) Cochrane Prehospital and Emergency Health Field

Mr Cooke was delighted to report that after eighteen months' in development, the Cochrane Collaboration had launched its Prehospital and Emergency Health Field. He felt this represented a massive move forward in terms of both prehospital care and research.

(b) **JRCALC Scholarships**

The Chairman reported that the three Scholarships would be:

- The Douglas Chamberlain Research Scholarship
- The Mike McGovern Travel Scholarship
- JRCALC Chairman's Education Scholarship

The Chairman, Miss Davies and the Treasurer would be finalizing detailed application and selection procedures shortly.

ACTION: Dr Clark; Miss Davies; Mr Willis

(c) **Implantable cardioverter defibrillators**

Following the presentation by Dr Janet McComb (Freeman Hospital) at the previous day's Conference, the Chairman raised the possibility of the Committee producing a poster on this topic, for use by ambulance services. Dr McComb had referred to such a poster, issued to Accident & Emergency Departments, which she felt to be unsatisfactory. Dr Colquhoun reported that he was involved in updating the A&E poster with a colleague from St George's Hospital; he agreed that the presentation of the information needed to be re-formatted to make it easier to understand, and that resuscitation issues must be added.

Note: No date was agreed for the next meeting, although Dr Brown's request that it be held in March 2005 was noted.

The meeting closed at 12.40 pm.