

JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

Meeting held on Monday, 12 July 2005

Present:

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

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

Dr W Blancke	-	Royal College of Anaesthetists
Dr S Brown	-	Ambulance Service Association
Mr M Colquhoun	-	Resuscitation Council UK
Mr M Cooke	-	Ambulance Service Association
Dr H Guly	-	Faculty of Accident & Emergency Medicine
Mr M Hayward	-	Royal College of Nursing
Dr F Jewkes	-	Royal College of Paediatrics & Child Health
Professor M Langman	-	Ambulance Service Association
Dr Q Mok	-	Royal College of Paediatrics & Child Health
Mr A Newton	-	British Paramedic Association
Mr S Oestreicher	-	UNISON
Mrs C Reid	-	Royal College of Midwives
Dr T Sajjanhar	-	Royal College of Paediatrics & Child Health
Dr M Ward	-	Royal College of Anaesthetists

Observers

Mrs S Dodd	-	Department of Health
Mr A Marsden	-	Scottish Ambulance Service
Mr S Land	-	Committee Administrator

05/11 Welcome and Apologies for absence

- (a) The Chairman informed members that Dr Graham Johnson had tendered his resignation. The Faculty of Accident and Emergency Medicine would respond by nominating a replacement in due course.
- (b) The Chairman stated that Miss Davies was soon to leave her post as Chief Executive of Mersey Ambulance Service to take up the position of Director of Service Delivery at the Royal College of Nursing. The Chairman thanked her for contribution to the committee and the Executive and agreed to progress a replacement nomination for Honorary Co-Secretary.
- ACTION: Dr Clarke**
- (c) The Chairman reported that he had written to the Royal College of Nursing regarding the potential nomination of Professor Quinn. A reply was awaited.
- (d) Apologies for absence were received from Dr H Booth (Royal College of Physicians), Dr G Bryce (Ambulance Service Association), Dr M Cooke (Faculty of Accident & Emergency Medicine), Dr J Cox (Royal College of General Practitioners), Mr R Diment (Observer, Ambulance Service Association), Dr T Evans (Royal College of Physicians), Mr Martin Flaherty (Ambulance Service Association), Mr R Furber (Observer, British Paramedic Association), Mr R Gunn (Royal College of Surgeons), Mr K Hinshaw (Royal College of Obstetricians & Gynaecologists), Mr A Howson (IHCD, Observer), Dr P Jenkins (Royal College of Physicians), Mr Graham Johnson (Faculty of Accident & Emergency Medicine), Ms J Manning (Health Professions Council), Dr D McManus

(Ambulance Service Association), Dr I McNeil (Royal College of General Practitioners), (Honorary Co-secretary), Mr Dinesh Mehta *British National Formulary), Dr F Moore (Faculty of Accident & Emergency Medicine), Dr W Penny (Royal College of Physicians), Mr Philip Powell (Fire Service Inspectorate), Dr David Smith (British Cardiac Society), Miss K Stelfox (Department of Health Observer), Dr H Swanton (Royal College of Physicians), and Mr M Willis (Ambulance Service Association), (Treasurer).

05/12 Minutes of the Previous Meeting

Following amendments the Minutes of the meeting held on 11 April 2005 (copies of which had been circulated) were approved, and signed by the Chairman as a correct record.

05/13 Matters Arising on the Minutes

(a) 05/03 (a) A serious threat to evidence based resuscitation

The Chairman stated that he had received e-mail from Professor Douglas Chamberlain saying that he was progressing the work. Ms Dodd reported that the consultation was likely to begin in August 2005 (subject to agreement) and would be open for 12 weeks.

(b) 04/03 (b) Review of Emergency Call Prioritisation

The Chairman reported that the implementation of new codes was causing an impact and required review. A meeting with Peter Bradley had been arranged to address this.

It was noted that some changes had been operationally significant with two services reporting a 20 to 30% increase in Category A's following reclassification.

Dr Jewkes reported that some Category C's were wrongly ascribed. Comments had now been received from BASMed and she believed everyone was now working in unity.

Mr Colquhoun stated that England had adopted Welsh rules and Mr Marsden relayed that Scotland was currently mapping across from the Welsh system and intended to take advice from Peter Bradley. It was agreed that Mr Colquhoun and Mr Marsden would facilitate conversations between the three countries by asking the Chief Executives of Wales and Scotland to write to Peter Bradley.

ACTION: Mr Colquhoun/Mr Marsden

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

Members noted the following e-mail update from Mr Powell.

- A Co-Responder Task and Finish group has been established by the Practitioners Forum, (the main national policy making body). Terms of reference will be agreed at the 2nd meeting due to be held on 19th July. I will forward these to you for the next meeting.
- There has also been a new Task and Finish group formed by the Metropolitan Chief Fire Officers to look at all aspects of Trauma Care within the Fire and Rescue Service. This will link in with the work of the Co-Responder group and I have been nominated to sit on both. I will provide JRCALC with a written position statement at the next meeting.

(d) 05/03 (e) MLX 314: naloxone response

The Chairman stated that discussions were ongoing regarding the use of naloxone by technicians. Members comments on this had been forwarded to the DH.

(e) 05/30 (f) Formal links with BASMed

It was agreed that the Chairman would contact John Scott for an update on the issue.

ACTION: *Chairman*

(f) 05/04 (ii) Committee-base move to the RCA

The Chairman reported that a meeting had been arranged for 25th August 2005 to discuss the logistics of the move.

(g) 05/04 (iii) RCA: organisation of prehospital and immediate care

The Chairman stated that the issue had arisen from the RCA, where Peter Simpson (PRCA) wished to convene a meeting for stakeholders with an interest in prehospital care.

This had further evolved following a letter from Brian Steggles inviting the Chairman to attend a meeting on 12th August to discuss the formation of a new sub-specialty in prehospital care. This meeting would look at the possible creation of the sub-specialty and also who would be responsible for any training and guidelines. The Chairman stated that he had not received a list of attendees and was unable to attend in person but reported that Dr McNeil and Dr Bryce had agreed to represent JRCALC. It was also noted that Dr Jewkes was attending on behalf of the RCPCH.

Members felt that the Faculty of Prehospital Care now had the formation of a sub-specialty at the top of its agenda. There was some concern that August was not the best time for a large-scale important meeting (due to annual leave) and that proper coordination between medical and non-medical bodies may suffer as a result.

(h) 04/33 (c) Reconstruction of Joint Thrombolysis Subcommittee

The Chairman stated that discussions with Dr Swanton regarding the formation of the Cardiac Care Subgroup were ongoing. The new BCS member (Dr Smith) was also keen to be involved and a meeting would be convened in the autumn of 2005.

Mr Cooke stated that it would be important for JRCALC to progress this work as soon as possible as questions were being raised on a daily basis and any delay would reflect badly on the committee. It was agreed that the Chairman and Mr Cooke would make contact and drive forward the issue with Dr Swanton.

ACTION: *Chairman, Dr Swanton, Mr Cooke*

It was agreed that the membership and remit of the sub-group would be received at the next JRCALC meeting. Work should include the updating guidelines, reducing re-occlusion rates following prehospital thrombolysis and production of a formal statement on PCI/angioplasty. It was noted that this would time nicely with the JRCALC conference in November.

Mr Marsden stated that SIGN were due to publish a document on Acute Coronary Syndrome in September 2005. This would address the PCI vs Thrombolysis issue and might be useful as background to the meeting.

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

The Chairman stated that following discussions with the JRCALC solicitor it was looking more likely that the committee would pursue charitable status. Further work was being progressed.

Dr Ward reported that he had contacted the Royal College of Anaesthetists to check that the arrangements for reporting back to his parent body were acceptable. All members agreed to do the same to make certain that minutes etc reached the relevant individuals. It was suggested that members forwarded the name and e-mail contacts for the relevant Presidents and their PAs to the administrator who could then disseminate the minutes direct.

ACTION: All

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

The Chairman stated that the Executive and Mr Furber would now review the scholarships proposals received.

05/14 Chairman's Report

(a) **Medicines and Healthcare products Regulatory Agency - Consultation reports**

(i) **MLX 320: Options for the future of independent prescribing by extended formulary nurse prescribers**

The Chairman reported that he had contacted the MHRA to ascertain if Emergency Care Practitioners (ECPs) could be included within the consultation (as there was a large crossover to nursing). He had been informed that ECPs would need to apply separately if they wished to be considered for extended prescribing.

Members disagreed with this stance and strong letters had been written from both JRCALC and the BPA but to no avail. Miss Davies felt that the nursing lobby had been extremely effective and vocal, which explained why they were part of the consultation. Mr Oestreicher believed that cost implications of extending ECPs roles may explain why they were not being considered at the same time.

It was agreed that ECPs required clear definitions of roles and working environments however some members were strongly against the establishment of a second HPC register for ECPs. Mr Newton called for JRCALC to support the BPA in opposing this as 95% of ECPs were paramedics and the formation of two registers would cause severe problems. It was agreed that more discussions were required on this issue and members were invited to offer comments to the Chair with relevance to the following points:

- ECPs required recognised training courses for the MHRA to consider them for extended prescribing.
- JRCALC needed to reiterate benchmark statements and references with regard to ECPs.
- ECPs worked under Patient Group Directions who could recommend and sign off each paramedic once training was complete. This idea could be used across the ambulance service. Miss Davies stated that this worked well in Mersey after where all Medical Directors signed off individuals after training.
- Paramedics were moving outwards in the field of emergency care and JRCALC need to anticipate this and the challenges that it would bring.
- JRCALC should ally itself to the RCN who had a strong lobby.

ACTION: All

- (ii) **MLX 324: Licence Fees for Medicinal Products for human use only**
- (iii) **MLX 325: Implementation of the directive on traditional herbal medicinal products: Directive 2004/24/ec**
- (b) Other Issues
- (i) **Patient Confidentiality Guideline**

The Chairman stated that one Medical Director had asked if JRCALC should be dealing with Patient Confidentiality Guidelines when Clinical Governance Boards already did this.

Dr Brown stated that an awareness of patient confidentiality was part of the JRCALC Guidelines. They had since been amended to include a review of legislation changes in the area. Members agreed that this was a good and useful change.

(ii) **Internal Cardiac Defibrillators**

Mark Cooke tabled a document jointly produced by the ASA/JRCALC/Resuscitation Council, which gave information on Implantable Cardioverter Defibrillators. Members agreed that it was a useful draft that provided a good overview and incorporated recent technology changes. It was agreed that Dr Brown and Mr Colquhoun would feed comments to Mr Cooke and other members were invited to do so as well.

ACTION: Dr Brown, Mr Colquhoun, Mr Cooke

(iii) **Patient and Carer Network Representation**

Members noted the resignation of Mrs Grinham from the committee. It was agreed that a replacement would not be sought from the RCP. Instead the RCA would be approached when the committee moved base for a representative from their Lay Committee.

05/15 Report of the Pathways Project

The Chairman reported that no progress had been made on the issue, as the DH had not yet responded despite regular enquiries.

05/16 Guidelines Sub-Committee

Members noted a tabled update on the work of the sub-committee [**Doc 05/04**]. The following points were also made:

- The Guidelines development website had been expanded to include discussion forums on each topic.
- Guideline changes could be mapped via minutes and comments, which would show how a consensus view was reached.

The issue of printing of the Guidelines and the Royalties (circa £30K per annum) that were generated was also discussed. Members agreed that the present system would be kept. This allowed Alan Howson at ICHD/Edexcel to check and police the Guidelines in-house and meant that all Royalties were used to fund future work. The ASA would continue to monitor copyright issues.

Clerks note: There was a facility for Ambulance Trusts to print Guidelines on a local basis. Trusts wishing to do this had to make an application to the ASA, in the first instance.

- The committee had decided not to back the use of intravenous paracetamol, as it required a 15-minute infusion, which was not practical. Some members disagreed with this decision and Dr Brown stated that work on pain relief guidance (which would increase the spectrum of drugs available for mild to severe pain) was continuing.

05/17 Report from Joint Ambulance Service Association/JRCALC Clinical Effectiveness Committee **[Doc 05/05]**

Members noted a tabled update on the issues that were being considered. This included CPIs, Thrombolysis, Stroke Care, ICDs and Police Taser Guns.

Mr Cooke stated that the committee had been undergoing a period of redevelopment with Dr Bryce acting as the Chairperson. DoH funding had also been agreed for 2005/6 to continue to support the national prehospital cardiac audit programme. The ASA were also looking at an integration between the cardiac national audits and the NHSIA Central Cardiac Audit Database (CCAD) for the future.

05/18 Report from the Health Professions Council

It was agreed to contact Mr Whitmore for a written update, which would then be circulated by e-mail.

ACTION: Committee administrator

05/19 Report from the British Paramedic Association

Mr Newton stated that the membership was now over 1300. He also wished to record thanks to those who had returned comments on the HEI curriculum guidelines. The Chairman urged members to respond as the document embodied the concept of the ECP. He also believed this was a good opportunity for the BPA and JRCALC to work together and forward a joint response. It was agreed that the Chairman and Mr Newton would liaise and produce this.

ACTION: Chairman/Mr Newton

05/20 Paediatric Issues

Dr Jewkes updated on the following issues:

There was dialogue with the MHRA about facilitating the use of intranasal morphine. It was noted that the NSF for Children stated that children should not be denied medicines even if they were unlicensed. Dr Brown stated that if unlicensed drugs were used and an adverse drug reaction occurred then the problem would be with the prescriber and they would have to fall back on JRCALC Guidelines as a defence.

The Healthcare Commission Child Protection indicators included children in Joint Area Reviews. Letters to the DH and Healthcare Commission expressing concern over this had as yet not been replied to. Mr Cooke stated that a similar situation had happened with Pain Management and he agreed to liaise with Dr Jewkes on the issue.

ACTION: Mr Cooke/Dr Jewkes

05/21 Verification of Fact of Death (VoFoD) [Doc 05/07]

Members discussed the suggested changes that had been forwarded to Dr Ward. It was agreed that once approved the document would be passed to Dr Brown for review and then be added to the JRCALC website.

ACTION: Dr Brown/Dr Ward

Mr Cooke felt that it was important to include a section on how children should be transferred under the protocol. Dr Jewkes agreed to draft this and forward it to Dr Ward.

ACTION: Dr Jewkes

05/22 Conference Programme Nov 2005 [Doc 05/08]

Members noted the draft Conference programme with a focus on paediatrics in the afternoon. and were pleased that Professor Stuart Tanner had agreed to make a presentation. The Chairman stated that the morning session would be based on Airway and that the focus for the day would be clinical rather than operational.

05/23 Any other business

(a) **Ambulance Review**

Members noted the publication of the Review 'Taking Healthcare to the Patient: Transforming NHS Ambulance Services'.

Professor Langman stated that its prime recommendation was to reduce the number of Ambulance Trusts but that there was no evidence to suggest that this would aid clinical issues.

Mr Oestreicher stated that there was evidence that job descriptions for Technicians and Paramedics varied between Trusts. Therefore a national perspective was required to rectify this.

Dr Blanke felt it would be beneficial if Peter Bradley could present to JRCALC on the recommendations of the review. However it was noted that implementation was due in August 2005 so this would not be possible. Instead members were invited to respond direct to Mr Bradley.

ACTION: All

(b) **Ambex**

Members noted that a West Yorkshire team had won the Ambex Prize for the Clinical Research Project most likely to change practice. Further details were available on the Ambex website.

The Chairman stated that the Ambex Conference had contained a very good clinical session organised by the 999 Research Forum and suggested that JRCALC and the Forum could work alongside each other in future. He agreed to contact Helen Snooks to progress this possibility.

ACTION: Chairman

(c) Higher Education Ambulance Development Group

Dr Guly stated that the group had been in abeyance for 12 months while new ASA plans were drawn up. It had since been reformed and had met twice. Fifteen Universities were now involved and two working parties had been formed to look at the following issues:

- The standardisation of credits to join courses
- The way forward for ambulance instructors without Higher Education.

(d) HPC Consultations

The Chairman stated that he had received two consultations from the HPC and would respond on behalf of the committee. These covered Returners to Practice and Managing Fitness for Practice for Registered Individuals.

(e) Paediatric Card system

Members noted an approach received by the Chairman asking for JRCALC endorsement of a paediatric card system (PEDICALC).

Mr Marsden stated that the first edition of the Paediatric Calculator Cards had been supported by Scottish Health Innovations and published five to six years previously. It included a slide calculator with doses listed against age and length of child and had recently been updated to include information on morphine and anaphylaxis. It was also published in the same size and shape as the Clinical Guidelines Booklet so that they could be kept together.

Members felt that the invention (together with a similar device which was received at the previous meeting) augmented the Clinical Guidelines Booklet well. However, they felt that it would be wrong for JRCALC to lend its name as an endorsement to only one device. Instead it was agreed that all similar inventions would be passed through the Guidelines Sub-Committee. Dr Browne stated that the Guidelines Sub-Committee had approved the invention and that he hoped NHS Scotland would follow suit.

Note:

Next meetings:

14.00hrs Monday 28th November 2005

Conference:

09.30-16.30hrs Tuesday 29th November 2005

The meeting closed at 16.35pm.