

Synopsis of proceedings of JRCALC Committee Meeting held on 19 March 2002 at The Royal College of Physicians, London.

- 1) Matters arising from meeting held on 1 November 2001. *DoH support.* Recent meeting with DoH indicated audit funding agreed for 2001/02 and support for Mr Nicholl's costs up to 2002/03, but further funding still required for guideline development and other audit activities. *Review of Guidelines.* A good response had been received to invited comments on new revision of Guidelines, with few amendments being required.
- 2) Infection Control. A draft document "Airway-associated equipment (and cervical collars) - a Guide for use by Infection Control Groups" was tabled. This was an initial draft only, and was to be further discussed at the paramedic meeting at the Royal College of Anaesthetists in May. A definitive document will be re-presented at the next committee meeting. It was suggested that cervical collars be considered as a separate topic.
- 3) Telephone Conference Minutes. The minutes of an Executive Committee telephone meeting held on 18 December 2001 had been circulated to all members for information.
- 4) Audit progress. The thrombolysis audit database programmes have now been installed at Ambulance Trusts, and 4 very successful focus group meetings had been held across the country to discuss their implementation. Morphine and penicillin data were currently still to be acquired via PRF reporting. A questionnaire had been sent round in March 2001 to determine Trust policies for speeding thrombolysis, and it was agreed to recirculate this in April 2002 to monitor progress.
- 5) Joint Thrombolysis Subcommittee Report. i) The question of the wording for informed consent for thrombolysis was still to be resolved. It was felt that the approach suggested by Prof. Len Doyal at the November 2001 Conference might cause patients undue concern. Further guidance had been sought from the JRCALC legal adviser (Mr Martineau) and Dr Gerard Panting of the Medical Protection Society who attended the meeting by special invitation. He commented that the key was to make sure that basic principles were set out such that patients could have informed choice. The Committee agreed to the principles he outlined and to leaving the final drafting to the Executive Committee, Dr Panting and Mr Martineau. This is now appended as Annex 1. ii) It was reported that NICE were considering thrombolysis and JRCALC had submitted a detailed document on their prehospital use. This extensive and detailed piece of work that is appended as Annex 2. An appraisal being undertaken by the University of Liverpool was also noted.
- 6) Report from JRCALC/Clinical Effectiveness Committee. Mr P Innes (Deputy Chair, ASA) has taken over from Mr S Jones as Chairman. Issues to be reviewed included intraosseous infusion, CHI reviews and electronic patient records. A lack of paediatric input, which would be referred to the ASA, was noted.
- 7) Report from Guidelines Sub-Committee. i) *Pocket version.* Dr Carney reported that the pocket version was now revised and ready for publication, available as print-ready algorithms on CD-Rom. The Chairman noted that the full Guidelines would now be available to all Trusts, and that they would also be available on the NHS web. Members were asked to contact Dr I McNeil for details of the keyring version.

ii) *Guidelines Review*. The Chairman reported that since completion of the current Guidelines the issue of further funding was still unresolved. Further legal meetings between JRCALC, QinetiQ and the University of Warwick had also been required to clarify ownership questions before legal documents could be signed. It was agreed that, under joint ownership, funds generated by the Guidelines would be used for their further development, and that the Executive Committee of JRCALC would act as a steering group. Mr Cooke stated that it was intended that the Guidelines would be regularly updated, and requested that he or JRCALC be informed where this might be necessary. It was generally agreed that the ASA should assume the lead in sourcing funding, and the possibility of approaching individual Trusts for support was discussed.

10) Development on PECS. Professor Chamberlain advised that a Prehospital Workforce Group meeting had been held in Coventry where he had presented the JRCALC PECs concept document which had been well received. The impression was gained that the Workforce Group was very much feeling its way at this stage in time and although some progress was being made in respect of PECs this was noted to be further ahead in Wales.

11) Progress on Morphine Working Group. An introductory draft document "Introduction of opiates for paramedic use" was tabled. A more formal presentation of this document was to be made at the Developing Paramedic Practice 2002 meeting at the RCA in May, and the Committee would be informed of progress towards a document for general release.

12) Other items discussed. 1) Letter from Dr P Milton at RCOG on destination of obstetric emergencies referred to ASA 2) members were invited to submit possible drugs for addition to POMs list. Continued support of POMs process agreed. Further approaches to be made to MCA. 3) Intraosseous drugs not discussed in absence of paediatrician 4) Draft Document "Update on paediatric pain control" tabled. Chair highlighted anomaly that morphine not licensed for under twelves. Committee once again expressed concern re. analgesia and children. 5) A Marsden, M Ward and M Colquhoun agreed to be new members on Recognition of Death Committee (following retirements), suspicious death and breaking bad news guidance to be included in revised guideline. 6) Request from St John's Ambulance for observer status not felt to be appropriate to their needs though Committee expressed view that their cooperation with statutory ambulance service was greatly valued. 7) Request for representation on Committee received from British Ambulance Service Medical Directors (BASMeD); it was felt that representation via ASA would be more appropriate at this time. 8) Letter from DoH received in response to enquiry re. sharing of patient information. Further clarification re. Section 60 was needed and would be pursued with DoH and MINAP.

13) Election of new Chairman. Professor Chamberlain announced his coming resignation. Dr Tom Clarke (RCA) had been nominated and seconded as Chair-elect leaving vacant post of Hon. Clin. Sec.. Professor Chamberlain asked to remain as member of Committee for outstanding NICE and MINAP business which was unanimously agreed. Mr Gron Roberts stated his term of office would soon reach its end and therefore nominations were required for his replacement. Dr Henry Guly proposed a vote of thanks for Professor Chamberlain's enormous contribution to the Committee.

14) AOB. 1) Mr Gron Roberts said that a letter had been received from the DoH announcing their intention to review the 999 call categories. Professor Chamberlain and four other members of the Committee would be needed to take part.

15) Dates and times of coming meetings. 1) JRCALC Committee **Thursday 4 July 2002** (RCP London) 2) JRCALC Committee **Wednesday 30 October 2002** and JRCALC Conference **Thursday 31 October 2002** (RCP London)

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