

# JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

Meeting held on Wednesday, 19 March 2003

## 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 H Booth	-	Royal College of Physicians
Dr S Brown	-	Ambulance Service Association
Professor D Chamberlain	-	Royal College of Physicians
Dr M Colquhoun	-	Royal College of General Practitioners
Miss J Davies	-	Ambulance Service Association
Dr C Deakin	-	Royal College of Anaesthetists
Mr K Greene	-	UNISON
Dr H Guly	-	Faculty for Accident & Emergency Medicine
Mr K Hinshaw	-	Royal College of Obstetrics & Gynaecology
Professor M Langman	-	Warwickshire Ambulance Service
Dr M Ward	-	Royal College of Anaesthetists

## Observers

Dr F Bell	-	Guest
Lt Col M Bricknell	-	Defence Medical Service Training Centre
Mr M Cooke	-	Ambulance Service Association
Mr R Diment	-	Ambulance Service Association
Mr A Marsden	-	Scottish Ambulance Service NHS Trust
Dr T Quinn	-	Department of Health
Ms K Billingham	-	Committee Administrator

## 03/01 Welcome and Apologies for absence

- (a) The Chairman welcomed Dr Charles Deakin (Royal College of Anaesthetists) to his first meeting of the Committee, and Dr Fion Bell who was attending as a guest observer.
- (b) Apologies for absence were received from Dr Chris Carney (East Anglian Ambulance Service), Mr Matthew Cooke (Royal College of Surgeons), Dr Jim Cox (Royal College of General Practitioners), Dr Tom Evans (Royal College of Physicians), Mr Martin Flaherty (London Ambulance Service), Mr Alan Howson (Institute for Health Care Development), Mr Peter Innes (North East Ambulance Service), Dr Fiona Jewkes (Royal College of Paediatrics & Child Health), Mr Graham Johnson (Faculty for Accident & Emergency Medicine), Mr Adrian Lucas (Ambulance Education & Training Group), Dr Quen Mok (Royal College of Paediatrics & Child Health),

Dr Terry Miller (National Paramedic Training Board), Dr Liam Penny (Royal College of Physicians), Mrs Claudette Reid (Royal College of Midwives), Mr Stewart Rouse (UNISON – represented by Mr Kevin Greene) Dr Tina Sajjanhar (Royal College of Paediatrics & Child Health) and Professor Richard Williams (Royal College of Psychiatrists).

### 03/02 Minutes of the Previous Meeting

The Minutes of the meeting held on 30 October 2002 (copies of which had been circulated) were approved, and signed by the Chairman as a correct record.

### 03/03 Matters Arising on the Minutes

#### (a) **02/20 (a) Drug Codes Recoded on Ambulance Patient Report Forms**

Dr McNeil reported that the Cabinet Office had originally requested a unique ambulance code for every patient, but the suggested SNOMED Clinical Terms system required a 19 integer code, which was impractical. The Guidelines Sub-committee had, therefore, agreed to investigate a shorter coding system.

#### (b) **02/25 Prescription Only Medicines – morphine in children**

The Chairman reported further discussions with the Medicines Control Agency and the Royal College of Paediatrics & Child Health, but progress was slow. However, Dr Jewkes had reported the possibility of a morphine licence in April 2003. Professor Langman repeated his offer to present a paper on this matter to the Committee on Safety of Medicines, and the Chairman agreed to approach Dr Mok in this regard.

**ACTION: Dr Clarke**

The Committee discussed the implications of using controlled drugs “off label” in exceptional circumstances, and the position in law if manufacturers guidance was not followed. Dr Ward advised that the Medicines Control Agency was aware of the problems faced, and was working towards rationalizing the situation.

The Chairman reminded the Committee of an agreement with the Medicines Control Agency that JRCALC would not sanction the administration of unlicensed drugs. He was concerned that using Patient Group Direction legislation to circumvent Prescription Only Medicines regulations was merely a short-term solution, and there was a need to negotiate further with the Medicines Control Agency. The Chairman undertook to continue pressing for a formal meeting on this issue.

**ACTION: Dr Clarke**

#### (c) **02/27 Health Professions Council**

The Chairman advised that Jo Manning (Westcountry Ambulance Service) had replaced Ken Wenman as the Committee’s representative on the Health Professions Council. The Council was being re-launched on 9 April 2003, and a report thereon would be submitted to the Committee’s July meeting.

(d) **02/20 (b) *A serious threat to evidence-based resuscitation***  
**[Docs 03/07 (a) & (b) - TABLED]**

The Chairman reported that the Executive Committee, and Professor Chamberlain, had written to Mr David Lammy on this matter, and that there had been extensive correspondence with Dr Elaine Gadd (and others) at the Department of Health concerning the legality of research on people unable to give legally valid consent. Professor Chamberlain confirmed there had been little progress in this matter, and his on-going discussions with the Department of Health merely indicated that decisions had yet to be made. He referred to paper 03/07 (b), and noted the difficulties in the pre-hospital phase, particularly in cases of cardiac arrest. The solution proposed by the Department of Health to appoint an attending health care professional to act as the legal representative who could give consent on the patient's behalf did not appear to be compliant with the EU Directive, and was under review.

Professor Chamberlain explained he had sought advice on behalf of the Committee, from JRCALC's solicitor (03/07 (a)), on the draft regulations. In Mr Martineau's view, the draft regulations failed to address the Committee's concerns, and suggested that two representatives be appointed to work with him and the Resuscitation Council to take the matter forward. The Chairman agreed this was a sensible proposal to a complex concern, and asked Professor Chamberlain and Professor Langman to represent the Committee.

***ACTION: Professor Chamberlain & Professor Langman***

Mr Marsden pointed out that a different situation prevailed in Scotland, where the Scottish Executive was taking steps to revise the Adults with Incapacity Act.

(e) **02/20 (d) *Meningitis Guidesheet***

The Chairman noted that this was now in circulation, and offered his approbation to all those involved in its production.

(f) **02/20 (c) *Sharing patient information* [Doc 03/01]**

The Chairman reminded the Committee of its previous discussions about sharing patient information between Trusts, and of the NHS Information Authority consultation document on which he had invited Members' comments in December 2002. These had been incorporated into a formal response submitted to the NHS Information Authority on the Committee's behalf, which emphasized the ambulance services' contribution to the audit of care pathways. To illustrate the difficulties which existed under the current regulations, Professor Langman reported that the Wellcome Foundation had agreed a grant in February 2000 to enable him to research sudden death, but he was still unable to commence the project. He felt that the continuing delays were militating against the best interests of patients. The Chairman advised that he awaited the formal response to the consultation with interest, but had detected a recognition on the part of the Information Authority of the problems that had been created, and were required to resolve.

03/04 Guidelines Sub-Committee [Doc 03/02]

(a) **Update on developments**

Dr Brown gave a brief update on his circulated report. As a result of the call for secondees, fourteen paramedics were engaged in reviewing the evidence supporting each of the Guidelines, and it was hoped that a draft of Version 3 would be ready for submission to the Committee's October meeting. It was intended that, by involving road crews in formulating and testing Guidelines, a sense of ownership would be engendered.

(b) **Recommended interventions for approval**

The Committee considered a number of specific procedures and interventions, with a view to recommending whether the teaching of these should be made mandatory components of the Institute for Health Care Development accreditation procedure, and if so, whether their use should be formally recommended. On the question of teaching, the Committee decided:

- i **Laryngeal Mask Airways:** Agreed
- ii **Needle Cricothyroidotomy:** Agreed, with the proviso that it be taught as a “last resort” procedure during paramedic training, but not as a compulsory part of re-accreditation requirements.
- iii **Intraosseous Needles:** Agreed that this was important in the treatment of moribund children, and on-going training should also be supported. Dr Guly advised the Committee that two Ambulance Services were continuing to audit the use of this procedure. The Royal College of Paediatrics & Child Health continued to support its use by paramedics. Dr Ward added the rider that the procedure should not delay transfer to hospital.
- iv **External Jugular Cannulation:** Agreed
- v **Glucometry:** Agreed
- vi **Thermometry:** The Committee did not regard this as a priority, and asked the Guidelines Sub-committee to review this issue
- vii **Needle Thoracotomy:** Agreed

The Committee commented that infrequent use could not be a reason for discontinuing the teaching of potentially life-saving procedures, and noted that communication technology meant it would often be possible to link up with a more experienced practitioner for support.

The discussion went on to consider whether JRCALC should recommend that every Ambulance Trust should ensure all these skills were practised by its staff. It was recognized that it would be difficult to make “best practice” recommendations as training in such procedures would depend upon equipment and funding available locally, and the Committee was reluctant to usurp the role of Paramedic Steering Committees in setting priorities. Miss Davies pointed out that by promoting a national standard, JRCALC would be providing a bargaining tool with which Services could approach their Primary Care Trusts for any additional funding required to meet that standard. Accordingly, the Committee took the view that it was a matter for individual Trusts to determine their local priorities within the national framework, but that JRCALC would recommend the use of these interventions as a national standard.

03/05 To receive Committee Reports [Doc 03/03]

(a) **Joint Thrombolysis Subcommittee**

Professor Chamberlain invited comments on the draft Prescription Only Medicines Application for Tenecteplase circulated. In particular, he drew attention to the issue of linking dosage to the patient’s weight, and expressed the opinion that an assessment of weight would be sufficient. There was also discussion on the role and administration of Heparin.

Mr Marsden pointed out that a separate Application should be submitted for each drug, and Professor Chamberlain agreed this could be done. He felt from experience in Scotland that Heparin should always be administered in the larger dose, although Dr Brown advocated the retention of the statement about exercising judgement. It was agreed this matter should be discussed further with the Medicines Control Agency.

**ACTION: Professor Chamberlain**

**(b) MINAP Steering Committee**

Professor Chamberlain reported that the researcher appointed to the project was making an immense difference. Almost all Trusts were collecting data, and the electronic transfer of data was improving. There was still an issue of missing data from those Trusts which were still using 3 lead electrocardiographs, but Professor Chamberlain advised that this would be ameliorated by the plan to upgrade to 12 lead machines within the next twelve months. He noted that funding was available for the Cardiac Arrest Audit, which would be piloted in eleven Services, in consultation with all Trusts.

Professor Chamberlain then reported on several drugs related matters

- Penicillin: for use in cases of Meningococcal septicaemia, rather than meningitis
- Morphine: requirement for an audit of morphine use, not limited to trauma procedures
- Amiodarone: draft Prescription Only Medicines submission completed, and available on request

Dr Guly raised the issue of matching project data with that held by hospitals. Professor Chamberlain noted the on-going difficulties proscribing the use of patient names, but hoped that the situation would soon improve. (Minute 03/03 (f) refers.)

03/06 Report from Joint Ambulance Service Association/Clinical Effectiveness Committee  
**[Doc 03/04 - TABLED]**

In the absence of Mr Innes, Mr Cooke reported on a number of conferences and seminars, including *Moving Forward – The CHI Experience* and four seminars run jointly by the Ambulance Service Association and JRCALC on Coronary Heart Disease. He further advised that a Morphine Workshop had been held to debate the information requirements for a national data set, which had raised a number of issues for discussion with the Medicines Control Agency. A three-way meeting between JRCALC, the Ambulance Service Association and the Medicines Control Agency had been proposed, and he and the Chairman undertook to expedite its arrangement.

**ACTION: Mr Cooke; Dr Clarke**

03/07 Report from the Higher Education Ambulance Development Group **[Doc 03/05]**

The discussion document (circulated) set out the core competencies required of a Paramedic Practitioner; Professor Chamberlain invited Committee members to submit any comments thereon directly to him or Dr Guly. As well as JRCALC, the Ambulance Service Association, Ambulance Education & Training Advisory Group, and the Departments of Health in England and Wales were involved in the consultation process.

**ACTION: ALL**

The Chairman noted that the Access Care Group Workforce Team had approached him to nominate a Committee member to sit on its Reference Group. Mr Diment advised that the Ambulance Service Association had received a similar request, and suggested that a HEADG member could represent both organisations. Accordingly, he agreed to ask Dr Carney to undertake this role.

**ACTION: Mr Diment**

03/08 Presentation: Definitive version of ROLE document [Doc 03/06]

Dr Ward listed some minor changes to the document circulated:

Para 5 Add: Lay member – Eve Knight (British Cardiac Society)

Para 10 (a) In bold: “. . . vigorous resuscitation attempts must be undertaken whenever there is a change of survival, however remote.”

Para 13 (f) Annex the last two sentences of (f) and all but the first sentence of the first & paragraph at (g), to the Special Note on Submersion victims

Para 13 (g)

Para 15 Re-order final bullet points, to give priority to “> 15 minutes since the onset of collapse”

Appendix B - “Death in Home or place of normal residence”  
- Add: “Complete Diagnosis of the Fact of Death form” to all action boxes

Appendix C Amend form to allow bystander details to be included

Professor Chamberlain congratulated Dr Ward and his team on producing a thorough document on a difficult subject.

Dr Ward suggested that the document be offered to the Emergency Medicine Journal, or a similar publication, in order to bring it to a wider audience. The Committee agreed with his suggestion, although it was concerned about possible delays arising from editorial deadlines. It was further agreed that the document would be posted on the JRCALC Website, and published with the Ambulance Service Association’s News Diary.

**ACTION: Mr Willis; Mr Diment**

03/09 Training for endotracheal intubation and use of the laryngeal mask

A letter had been received from Essex Ambulance Service, which asked about using laryngeal masks in place of intubation. This was partially in response to the difficulty they were having in achieving the Institute for Health Care Development stated number of intubations (25) which had to be performed in order to demonstrate competence in the skill.

Dr Brown confirmed that the Guidelines Sub-committee was already considering this issue, together with the allied matter of the efficacy of using training mannequins in favour of live patients. The Committee stated that the use of the endotracheal tube still represented the “gold standard”, and was reluctant to recommend the replacement of one method of airway maintenance over the other, taking the view that circumstances should continue to dictate which procedure should be employed. Neither was it prepared, at the present time, to sanction a reduction in the number of successful intubations required to demonstrate proficiency, although it recognized that consideration should be given to undertaking comparative research.

03/10 Conference: 30 October 2003

Dr McNeill reported that a draft programme was being developed.

03/11 Nominations for the post of Honorary Co-Secretary – Ambulance Service Association

Upon a nomination by Dr Brown, which was seconded by Mr Willis, Miss Janet Davies was unanimously appointed to the post of Honorary Co-Secretary – Ambulance Service Association.

03/12 Chairman's one liners

(a) **The Shipman Enquiry**

The Chairman reported that he had been approached for information on the development of the Recognition of Adult Death document (Minute 03/08 refers) and had provided evidence on the evolution of this JRCALC Guideline.

(b) **Oxygen and Chronic Obstructive Airways Disease**

The Chairman referred to correspondence from Dr Judith Fisher, concerning the use of oxygen in patients with chronic obstructive airways disease. Dr Brown explained that the North-West Oxygen Guidelines would be included in Version 3 of the JRCALC Guidelines, subject to review once the British Thoracic Society had published its own guidance. The Committee did not accept the concerns that had been expressed, and hoped to be able to influence the British Thoracic Society to include pre-hospital care.

(c) **Ambulance Education & Training Advisory Group: Appointment of Dr Fiona Jewkes**

Dr Jewkes' appointment as the Committee's representative was noted.

(d) **NHS Information Agency: National electronic Patient Reporting Form**

The Chairman referred to a letter he had received from Dr I Robertson Steele, regarding the work of Central Lancashire & Fylde Coast Health Informatics in developing a national specification for an electronic patient reporting form. Dr McNeil advised that all ambulance services had been invited to participate in this project, which was being undertaken by the NHS Information Authority. He confirmed that the NHS Information Authority was developing a basic Patient Reporting Form Output based specification, which would include the JRCALC dataset.

(e) **Home Office public consultation: Patient Group Direction (PGD) - proposal to permit supply of certain controlled drugs by health professionals under the PGD system [Doc 03/08 - TABLED]**

Dr Quinn advised that the consultation had arisen from the Home Office's wish to cancel the anomaly whereby ambulance personnel were able to administer morphine – a controlled drug – but nursing staff in Accident & Emergency were not. The Chairman's approach, as detailed in the tabled paper, was agreed.

**ACTION: Dr Clarke**

(f) **Conference dues owing**

The Chairman noted that there was still one delegate who had failed to pay his fees from last year's Conference, notwithstanding contact from himself and the Committee Administrator. It was agreed that he would send one further letter to the culprit, advising that if no monies were remitted, delegates from his organisation would not be admitted to future Conferences.

**ACTION: Dr Clarke**

03/13 Any Other Business

- (a) The Chairman reported his involvement in National Institute for Clinical Excellence's Health Technology Assessment *The clinical and cost effectiveness of pre-hospital intravenous fluid therapy in trauma*, to which Dr Guly and Dr Sajjanhar had been appointed to give expert advice.
- (b) Dr McNeil noted that the Guidelines Sub-Committee had offered support to the Faculty of Pre-hospital Care (Edinburgh) in the preparation of its paediatric guidelines.
- (c) The Chairman noted that his letters requesting a successor to Dr David Williams (who had resigned in Autumn 2002) had gone unanswered. He had approached a potential Committee member, Fiona Moore, in the belief that the vacancy lay with the Faculty of Accident and Emergency Medicine, rather than the Royal College of Physicians. The Committee supported the suggestion, and Dr Guly undertook to clarify with Ian Stewart his plans regarding continued membership. It was noted that the Committee's constitution did not bind it to a set number of delegates from each member organisation, and that it could change the number of these representatives at its discretion.

The Committee further noted that the Royal College of Physicians had nominated an acute physician to replace Professor Chamberlain, who was to retire on 31 July 2003. Concern was expressed, however, that a member with knowledge of MINAP and the Thrombolysis project was lacking, and Professor Chamberlain agreed to follow up his approach to Howard Swanton to undertake this role.

03/14 Date of next meeting

It was confirmed that the next meeting would be held at the Royal College of Physicians on Thursday, 3 July 2003, commencing at 2.00 pm.

The Chairman drew the Committee's attention to the "Developing Paramedic Practice 2003" meeting to be held at the Royal College of Anaesthetists on for Monday, 16 June 2003.

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The meeting closed at 5.10 pm