

MINUTES

Details:

24 November 2008 at 2pm

The Royal College of Anaesthetists, Churchill House, Red Lion Sq, London

Members:

Dr Tom Clarke (Chair)	CK	RCA
Dr Simon Brown	SB	RCGP
Dr Tom Evans	TE	RCP
Dr Henry Guly	HG	CEM
Mr Alan Howson	AH	IHCD
Dr Fiona Jewkes	FJ	RCPCH
Mr John Martin	JM	BPA
Fionna Moore	FM	CEM
Mr Andy Newton	AN	SECAS
Mr Sam Oestreicher	SO	UNISON
Dr John Stephenson	JS	DoCC
Dr Helen Simpson	HS	RCG
Dr Alison Walker	AW	CEM
Mr Darren Walter	DW	CEM
Dr Michael Ward	MW	RCA
Dr David Zideman	DZ	BASICS

In Attendance:

Emma Murtagh	EM	EMAS
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All attendees to this meeting must be aware that access may be given to all minutes and associated documents under the Freedom of Information Act 2000.

	<i>Minutes</i>	<i>Action</i>
1	APOLOGIES	
	<p>Apologies were received from:</p> <p>Dr Wim Blancke (RCA), Dr Helen Booth (RCP), Lt Col Martin Bricknell, Dr Gillian Bryce (ASA), Dr Chris Carney, Dr Mick Colquhoun, Dr George Crooks, Mrs Sue Dodd (DH), Dr Tom Evans, Mr Martin Flaherty, Mr Roland Furber (BPA), Mr Mike Hayward (RCN), Dr Jeremy Mayhew, Dr Ian McNeil (RCGP), Mr John Nichols, Mr Phil Pimlott (ASA), Prof Tom Quinn (RCN), Mr Brian Robson, Dr Tina Sajjanhar, Dr John Scott (ASA), Dr David Smith (RCP), Dr Howard Swanton (RCP), Mrs Fizz Thompson (RCN), Mr Colin Watson, Mr Mark Woolcock (HPC), Mr Philip Powell, Dr David McManus (ASA), Dr Quen Mok (RCPCH), Dr Liam Penny (RCP), Mr Paul Phillips (Chief Executives Group), Prof Keith Porter (FoPHC), Mrs Claudette Reid (RCM), Ms Rachel Ryan (BNF), Prof Richard Williams (RCP)</p> <p>Julian Sandell was welcomed as a new paediatrician member, although he has given</p>	

	<p>his apologies to this meeting.</p> <p>John Martin was welcomed from the BPA as deputy for Roland Furber.</p>	
2	MINUTES OF THE LAST MEETING	
	<p>The minutes were agreed as an accurate record of the meeting, subject to the following amendments:</p> <p>The minutes were still circulated with the track changes and this will be looked into.</p> <p>Pg 2 – 2nd paragraph states the ‘College of Emergency Medicines’, which should be ‘Medicine’.</p>	
	MATTERS ARISING	
	<p>Intercollegiate Board of Pre-Hospital Medicine</p> <p>A meeting will be convened in January 2009 and this issue has already been taken to 3 college councils (including the Royal College of Surgeons of Edinburgh), who have all expressed an interest in being the primary college for this. It is expected that this will form in January 2009, although curriculum mapping and other significant works will be required.</p> <p>Councils of colleges who are taking primary leadership must legally approve the responsibility.</p> <p>Admin/Structure/Relationships</p> <p>An updated version of the Terms of Reference has not yet been undertaken due to the processes required at the Faculty of Pre-Hospital Care (FoPHC). A meeting is being held on 12 December where this will be discussed. Keith Porter gave written re-assurance that the FPHC has welcomed closer working between the JRCALC and the faculty, but assurance is still required regarding certain financial concerns. The JRCALC funds are felt to be adequate for the next year, but clarity is required regarding guidelines situation.</p> <p>It was stated that Paul Phillips felt that the ambulance service CEOs are expecting to pick up the running costs of JRCALC in the future.</p> <p>A summary of the meeting on 12 December will be circulated in due course to all colleagues to keep them informed as well as to college representatives. It was agreed that communication between colleges and their representatives could be more robust but it is hoped that this may improve if the FPHC situation progresses. The December meeting should allow for discussions to be held around the constitution, Terms of Reference and any partnership with the Directors of Clinical Care (DoCC) group.</p> <p>Dr Simon Brown stated that JRCALC will remain as an expert group for ambulance services with the more practical work being done by DoCCs. The England/Scotland divide will be shortly be non-existent as the DH will cease funding the committee and it will therefore be open to the rest of the UK.</p> <p>JRCALC Guidelines are used by the UK Ambulance Services. Dr Henry Guly asked for more clarity as to the overarching housing of the JRCALC with the Royal College of Surgeons of Edinburgh. Dr Tom Clarke confirmed that the relationship will be very similar to that currently experienced, except with the addition of management of committee administration and to provide an address. The meetings will still be held at the Royal College of Anaesthetists. JRCALC wished to preserve its independence and work alongside the FPHC and partnership groups (DoCCs) and allay concerns of being subsumed into a larger committee.</p> <p>Dr Darren Walter stated that discussions amongst the Faculty executive have been about keeping JRCALC entirely separate with cross-over’s thus recognising its wish to remain stand-alone with a recognised base.</p> <p>Dr Ward asked if the name of the committee should be amended to reflect that we</p>	

are now an expert group. However, it was agreed that the name is very well established, although it was agreed that this was a valid point but that the re-establishment of a new name would not be viable.

Mr Andy Newton wanted to see a relationships structure but Dr Fiona Jewkes was not sure that this would be possible due to the informal nature of many of the relationships. The meeting on 12 December will allow for some of these to be put down onto paper and it was agreed that these would form the basis of a structure which will be circulated when completed.

Dr David Zideman asked if it was possible to use this move to formulate a list of organisations that we are currently involved with and ask them for the name of their representative and their role on the panel. It was confirmed that such groups have been highlighted in the paper that is being taken to the FPHC Board.

Pre-Hospital Airway Management Review

Comments are still being received and there is nothing to add at this stage. It was felt that the document was slightly negative but Dr Clarke felt that people are beginning to assimilate the changes. Lively discussion ensued around a number of points including training and competence, with comments from Dr Ward and Dr Zideman. Mr Martin stated that his service has decided that airway management is key and that Paramedics should utilise this by they means they feel best and most appropriate for the patient. Dr Ward felt that unless we change the training staff will continue doing intubations as that is how they are trained. Dr Alison Walker stated that an airway review is underway which is being submitted and is promoting a progression from basic airway management to LMA.

Dr Clarke stated that there are newer LMA devices that some trusts are piloting and these may be a better option in the future. Mr Sam Oestereicher asked if it would be worth having a national focus on what is happening rather than reporting to trusts on an ad-hoc basis as the danger is that some services will continue utilising ET. Dr Clarke was expecting to see changes occurring through clinical governance audits from each trust in a staggered timeline.

Dr John Stephenson stated that there will be a meeting with the IHCD to bring this into the training programme and also looking at the appropriate wording regarding airway management. Mr Howson stated that DoCCs are expecting the IHCD to come back with some re-wording regarding the 25 intubations and will then make minor amendments as appropriate.

Equipment provision for out of hospital paediatric cardiac arrest

Unfortunately Mr Mark Woolcock was unable to be present, and it was agreed that this item should remain on the agenda until he can progress this. Dr Jewkes will see if some one else can discuss this at the next meeting if Mr Woolcock is again unable to attend.

Letter to Anaesthesia re: NCEPOD Trauma report

The letter and its reply had been published in Anaesthesia and copies circulated to the group.

Oramorph/Clopidogrel

Emails are still being circulated asking if PDG is required for Oramorph. Ann Ryan has conveyed to Dr Brown that it is not required and an email was circulated to confirm this.

Technicians operate under JRCALC guidelines and can administer these drugs but not supply them (although this is down to individual service requirements).

Ambex 2009

It was confirmed that Ambex 2009 has been cancelled.

TC

FJ

3 CHAIRMAN'S REPORT

Consultations 1) National Marketing Authorisations June 2008 2) Supply & Admin of meds by Armed Forces MLX348 3) End of Life Medicines Nov 2008

The above consultations have been received and any further will be circulated as appropriate.

Epilepsy Action Enquiry 18/7/08 on authority for EMT diazepam use

Following an enquiry a letter has been written informing them that Technicians are not permitted to be in possession of Diazepam but can administer patients own supply.

Dr Jewkes stated that if patients or patients' parents/carers lobby their consultants to supply them with Diazepam or Midazolam then crews could administer it.

Dr Jewkes added that Technicians are not required to do any paediatric training, although many services provide it.

NWAS: Withdrawal of some CFR drugs 18/8/08

The Chairman had been asked to comment on the NWAS proposal to limit drugs for use by Community First Responders. Dr Walter has viewed the Staffordshire report which shows a list of suitable and non-suitable drugs and Dr Clarke had expressed support for the NWAS recommendations on this basis.

End of Life Care (EOLC) Team 29/8/08

Members have tried to contact David Whitmore to see if the committee should be offering any help. Dr Fiona Moore stated that this was not necessary at this time as a committee, but that any interested individual should speak with Mr Whitmore directly.

DH 18/9/08 Business Plan in support of independent prescribing for Advanced Paramedic Practitioners

A meeting was held on 18 September 2008 which was attended by Dr Brown. It was a fact-finding meeting by the Department of Health who have been asked to find out if they should be recommending that Paramedics should become independent prescribers. This is now back with the DH to persuade those appropriate that this should be funded and taken forward, which was the feeling of the group at the September meeting. The feeling was that paramedics should parallel nursing requirements before they become eligible to undertake advanced training.

HART Status Report 27/9/08

Dr Stephenson stated that there is scope in the future for staff to have enhanced skills and medications and that it may be proposed that JRCALC in the future have a section for additional drugs for those in different areas i.e. Mountain Rescue, HART etc. This will be particularly useful to inform the national discussion and enable staff to work anywhere in the country and be using the same drugs and protocols. Dr Brown stated that paperwork is currently being finalised to legally allow HART teams to hold Midazolam and Ketamine. Mr Andy Newton stated that his service will only be allowing this for their CCPs as they have received advanced training. Dr Stephenson confirmed that EMAS have accepted that this will be used on patients in an unusual situation where a physician would not be available to authorise prescribing. Dr Moore would support the usage of Midazolam, under Physicians authorisation.

Dr Fiona Jewkes stated that HART and USAR protocols coming under JRCALC will require further discussion to see how it would fit into the next guidelines. Dr Stephenson pointed out that the problem is that the Standard Operating Procedures are difficult to implement and, as it is part of the ambulance work for the future, it should be something to think about. Dr Brown felt it would be easier to absorb HART

	<p>Dr Walter felt that it should be emphasised that there are no 'respond and carry' or 'leave children at home' strategies within JRCALC and ambulance services should be informed that they should be creating these themselves.</p> <p>An interim guideline will be created for assessment of less ill children and local trusts should make arrangements for referrals to GPs.</p>	FJ
6	FUTURE CONFERENCE PROPOSALS	
	<p>The committee were very keen to join with other bodies in putting together conferences and encouraged exchanging speakers at meetings, or maybe holding conjoined events i.e. with BASICS etc.</p>	
7	GUIDELINES SUB-COMMITTEE	
	<p>Dr Brown highlighted several parts of his paper, including stroke/TIA and terminal illness.</p> <p>Dr Clarke mentioned that the stroke group in NEAS is doing a study on value of ABCD2 and suggested it needs to be validated on a more comprehensive level.</p> <p>Regarding the new BTS O2 Guidelines Dr Brown confirmed that all references to blood gases. The BTS had stated that everyone giving oxygen should use pulse oximetry, including community responders, but the Guidelines group had fed back disagreement with this and it has been down-graded to a decision for the local ambulance services as it may delay treatment. Dr Stephenson felt that they should use pulse oximetry to prevent issues between CFRs and the crews when they arrive on scene. Dr Walter asked if it could be stated in the guidelines whether they are to be used by CFRs or not because he felt it may create ongoing problems. However, Dr Brown stated that the guidelines group will now step back and let the national CFR group decide such things, but it was agreed that this will be made explicit within the guidelines group minutes.</p> <p>Dr Jewkes stated that the drugs guidelines needs to specify that this is adults only and does not include children.</p> <p><u>Buccal Midazolam</u> – A clarifying document regarding care following carer/parent use was distributed with the papers and the group were happy for the document to be published on the website, once the photos had been released or alternatives sourced. It was agreed that it should be included that there is respiratory depression as easily as if given by IV, as all other side effects, but the timings may differ.</p> <p><u>Significant Pelvic Trauma</u> –Pelvic stabilisation and springing - Dr Guly raised concern over the poor guidance as unstable fractures require different treatment to pubic ramus fractures. The following will be included to clarify this – 'Most of these are minor and therefore unlikely to ...'</p> <p>Dr Walter stated that radical changes are involved in this. The fact that we are not springing pelvises is accepted but the fact that we are not log rolling should have a bit more emphasis and explanation as it is a significant change.</p> <p>Dr Walker felt that risk factors may require clarity on athletes and military recruits.</p> <p><u>New Guidelines</u> - These were due to be distributed in 2010 but new resuscitation guidelines will be coming out at the end of 2010 so the hard copy printing/distribution will be delayed until 2011 and these can then incorporate the rescus guidelines.</p> <p>The electronic guidelines will be produced and kept up to date, with a section of the website dedicated to showing everything that has changed since the last publication.</p> <p>Mr Alan Howson left the meeting at this point as the discussions turned to publication and distribution, in which he declared an interest.</p> <p>The current guidelines on the website are not available for printing. Dr Guly felt that if we are expecting staff to update themselves from this then the updated list should be printable. Dr Brown agreed that this would resolve several issues. Dr Stephenson agreed that most trusts are anticipating a move to electronic copies by 2011. EMAS</p>	SB

	<p>will not be purchasing any paper copies as they are accessible electronically in every vehicle. This raised the question as to what the future market will be and Dr Stephenson felt that it may not be worth doing a print run at all. Staff are given a pocket handbook but this can't be updated with extra pages, so it is unclear as to how printable updates will help either. A suggestion from BMJ is to do away with the waterproof pocket books and have a paper copy (with updates) that can be replaced when it becomes tatty, which is a cheaper option.</p> <p>EdExcel currently print the hard copy and JRCALC pay for the print setting, with the copyright being held by the ASA. Dr Clarke stated that the ASN is not legally related to the ASA in any way. The ASA remains a dormant company waiting to be shut down once the financial issues have been resolved.</p> <p>BMJ publishing is keen to print the existing guidelines, new guidelines, undertake the marketing and the proof reading for the publication. The question put to the committee was whether to stay with EdExcel, move to BMJ or go out to tender. Dr Clarke suggested that interested parties should feedback with recommended solutions to the issues discussed here and the committee would move forward with the best option. This would be almost like a full tender procedure, including costings. Dr Stephenson commented that this must be done once JRCALC is no longer hosted by EMAS as it will have to go through a formal tendering process otherwise.</p> <p>Dr Zideman stated that the BMJ may request the copyright to allow them full control and this will allow better policing of the electronic usage.</p> <p><u>Massive Truncal Injury</u> – Dr Walker was concerned about the recommendation for immediate transfer to hospital of massive truncal injury patients and it was felt that this should be removed and allow for Paramedics to make that decision themselves to allow them to undertake an assessment and treat in the first instance. It was agreed that this will be amended.</p>	<p>TC/ALL</p> <p>SB</p>
<p>8</p>	<p>HEALTH PROFESSIONS COUNCIL</p>	
	<p>Unfortunately there were no representatives available to report on this. It was agreed that it will be taken forward to the next agenda.</p>	<p>TC</p>
<p>9</p>	<p>COLLEGE OF PARAMEDICS</p>	
	<p>Mr John Martin stated that the college was undertaking a strategic review of how they work and what their role and remit is. The review of Standards of Proficiency has now been out for a year and has been implemented by the majority. It was agreed that regular updates would be received from the college.</p>	
<p>10</p>	<p>HEADG</p>	
	<p>A meeting was held approximately 2 weeks ago and, although this was felt to be useful, it was felt that it was more for the university representatives rather than those attending from JRCALC. There are still concerns that nothing seems to be happening about critical care paramedics, in that different universities are being asked by different services to produce different things. What the universities and reps were worried about was that this may go much the same way as ECPs with differing levels of skills in different regions.</p> <p>There is currently a project to develop a database of electronic resources for learning due to the current emphasis on safe and distant learning. Both free and purchased resources will be included.</p>	
<p>11</p>	<p>ANY OTHER BUSINESS</p>	
	<p>AAGBI document was circulated prior to the meeting. The members of the committee were happy to approve JRCALC involvement and endorsement. The change in process of disseminating documents to the committee was felt to be much easier and more reliable.</p>	

	<p>A research event is being held at EMAS on 27 November.</p> <p>Dr Zideman will be the Chief Medical Officer for the 2012 Olympics and was congratulated on this by the group.</p>	
12	DETAILS OF THE NEXT MEETING	
	<p>The next meeting will be held on 12 March 2009 at 2pm at the Royal College of Anaesthetists.</p>	