

JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

Meeting held on Wednesday, 29 October 2003

Present:

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

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

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

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

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| Dr S Brown | - | Ambulance Service Association |
| Dr M Colquhoun | - | Royal College of General Practitioners |
| Mr M Flaherty | - | Ambulance Service Association |
| Mr K Greene | - | UNISON |
| Dr H Guly | - | Faculty of Accident & Emergency Medicine |
| Ms F Hashmi | - | British National Formulary |
| Ms J Manning | - | Health Professions Council |
| Mr A Newton | - | British Paramedic Association |
| Professor T Quinn | - | University of Coventry |
| Dr H Swanton | - | Royal College of Physicians |
| Dr M Ward | - | Royal College of Anaesthetists |
| Professor R Williams | - | Royal College of Psychiatrists |

Observers

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| Lt Col M Bricknell | - | DMST Centre |
| Mr R Diment | - | Ambulance Service Association |
| Mr A Howson | - | IHCD |
| Ms K Billingham | - | Committee Administrator |

03/30 Welcome and Apologies for absence

- (a) The Chairman welcomed Mr Andrew Newton (British Paramedic Association) and Professor Richard Williams (Royal College of Psychiatrists) to their first meeting of the Committee.
- (b) The re-appointments of Mr Martin Flaherty, Mr Paul McCormick and Mr Michael Willis of the Ambulance Service Association were noted.
- (c) The retirements of Dr Jim Cox (Royal College of General Practitioners) and Messrs Peter Innes and Don Page (Ambulance Service Association) were also noted.
- (d) Apologies for absence were received from Dr Gillian Bryce (Ambulance Service Association), Dr Chris Carney (Ambulance Service Association), Mr Mark Cooke (Observer), Dr Matthew Cooke (Faculty of Accident & Emergency Medicine),

Dr Charles Deakin (Royal College of Anaesthetists), Dr Tom Evans (Royal College of Physicians), Dr Paul Jenkins (Royal College of Physicians), Dr Fiona Jewkes (Royal College of Paediatrics & Child Health), Mr Tim Kilner (Royal College of Nursing), Mr Andrew Marsden (Scottish Ambulance Service), Dr Mike McGovern (Observer), Dr Fionna Moore (Faculty of Accident & Emergency Medicine), Dr Adrian Noon (Ambulance Service Association), Mrs Claudette Reid (Royal College of Midwives), Mr Stewart Rouse (UNISON – represented by Mr Greene) and Dr Phil Spencer (Royal College of General Practitioners).

03/31 Minutes of the Previous Meeting

The Minutes of the meeting held on 3 July 2003 (copies of which had been circulated) were approved, and signed by the Chairman as a correct record.

03/32 Matters Arising on the Minutes

(a) **03/17 (b) Prescription only medicines – Morphine in Children [Doc 03/15]**

The Chairman rehearsed previous disagreements with the Medicines and Healthcare products Regulatory Agency over the exclusion of children under twelve years old from the Prescription Only Medicines licence for Morphine. Permission had, ultimately, been granted for JRCALC to re-write its Guidelines on this point, and the Committee approved the document circulated by Dr Jewkes.

ACTION: Dr Jewkes

(b) **03/17 (c) Amiodarone – consent statement [Doc 03/21 – TABLED]**

The Chairman reminded the Committee that Professor Chamberlain had undertaken to formulate the Prescription Only Medicines Exemption submission on Amiodarone to the Medicines and Healthcare products Regulatory Agency, which had insisted on consent being obtained before the drug could be administered. Such a consent statement had been agreed at the last meeting, and the Chairman reported that the Medical Protection Society had expressed approved of the text.

(c) **03/17 (d) *A serious threat to evidence based resuscitation***

The Chairman reported that the EU Directive was being amended, but was not yet available for consultation. He advised that the matter would revert to the Committee when appropriate.

(d) **03/18 (a) NHS Information Authority: Confidentiality consultation**

The Chairman reported that he continued to pursue this matter; only feedback on the initial consultation had been made available, and no advice on the issue of the final document had been forthcoming.

(e) **03/18 (d) NICE Health Technology Appraisal: Pre-hospital Fluid Therapy**

The Chairman thanked Dr Guly and Dr Sajjanhar for their work on behalf of the Committee in the development of this Guideline, publication of which was awaited.

(f) 03/20 (a) Update: Thrombolysis indications extension

Following the circular distributed after the last meeting, the Chairman reported that he continued to receive feedback on the listed contra-indications, particularly on the matter of age limits. Dr Swanton advised this limit was likely to be raised, should sufficient evidence be available to support the safety of such a revision.

(g) 03/26 Website

The Chairman reported that, having received no feedback from the Committee, revisions to the site were still under discussion. However, it was still his intention to upgrade the site to make it more user friendly.

(h) 03/27 (e) Local Ambulance Paramedic Steering Committees

The Chairman referred to his proposal to hold a workshop to explore and progress the relationships between the Committee and other bodies, including Local Ambulance Paramedic Steering Committees. The Executive had subsequently refined the proposal. A strategic meeting was now planned for December, involving representatives from the Ambulance Service Association, Department of Health, Health Professions Council and the NHS Modernisation Agency, with the aim of defining the relationship with Medical Directors, and Local Ambulance Paramedic Steering Committees, to improve services to patients. Speaking in his capacity as Chairman of the Higher Education Ambulance Development Group, Dr Guly advised that his Group had asked for such a meeting, and he would be happy to participate.

ACTION: *Dr Clarke*

03/33 Consultation Reports

- (a) Computer generated prescriptions (Home Office) 22 August 2003**
- (b) Supplementary Prescribing of controlled drugs by nurses and pharmacists (Home Office) 28 August 2003**
- (c) Patient Group Directions – a practical guide (National Prescribing Centre) 30 September 2003**
- (d) Extension of Patient Group Directions to Certain Allied Health Professions 30 September 2003**
- (e) Amendment to Prescription Only Medicines Order to include Tenecteplase and Reteplase 11 November 2003**

The Chairman reported that JRCALC was now asked to participate in a lot of consultations, some which had deadlines too tight for him to involve other members of the Committee. Referring to the Home Office consultation on Supplementary Prescribing of controlled drugs by nurses and pharmacists, he explained that he had responded in line with Dr Chris Carney's views on extending paramedics' ability to prescribe medicines. Professor Quinn, referring to an earlier discussion on nursing staff in Accident & Emergency departments (Minute 03/12 (e) refers), advised that the amended legislation was now in force. He undertook to circulate the relevant Statutory Instrument to the Committee for information.

ACTION: *Professor Quinn; Committee Administrator*

(a) **Guidelines Version 3**

Dr Brown advised that a CD Rom of the current version, together with sample algorithms, was being distributed with a grant from Boehringer-Ingelheim; no company endorsement appeared thereon.

Version 3 had been circulated to the Committee by e-mail; the content had changed little from the current version, although the section on Obstetrics and Gynaecology had been extensively re-written. Dr Brown asked for any late feedback to be submitted to him by e-mail. He sought, and received, approval from the Committee as to the revisions to content. Professor Williams noted his satisfaction that a chapter on mental health had been included within the Guidelines, and offered his services for the revision thereof, as he felt that some of the techniques described were out of date. Mr Greene was also keen for UNISON to get involved, as he felt that direct staff feedback was important.

Dr Brown explained that the next meeting in December would concentrate of the format of Version 3, together with issues such as copyright, royalties, intellectual property rights, and printing. The view of the meeting was that a paper version should be produced for national distribution, rather than each Ambulance Service producing a customized edition; the cost effectiveness of bulk production was noted.

On the matter of royalties, it was felt that these should not be waived, as the monies would eventually be channelled back into the Sub-Committee, and therefore, the contribution of Ambulance Services to the development of the Guidelines could be recognized financially. It would then be possible to pay a grant to the British Paramedic Association from the proceeds if appropriate. Additionally, Mr Diment pointed out that it was intended that the National Institute for Clinical Excellence would eventually take over the Guidelines project, and it would be advantageous to be seen as income generating.

There was much discussion about whether to let the printing contract via tender, or grant it to an existing contactor. Mr Howson volunteered to advise on this point, and accepted Dr Brown's invitation to attend the next meeting of the Guidelines Sub-Committee. He also offered his assistance in matters of design and layouts.

ACTION: Mr Howson; Dr Brown

(b) **Drug Codes**

Referring to Doc 03/16 (b), Dr Brown explained that the requirement for standardized pre-hospital drug codes had arisen from discussions with, inter alia, the National Patient Safety Agency. Different Services were using different drug codes on their Patient Report Forms, sometimes without reciting the full name as well, which was potentially confusing for Accident & Emergency departments which received patients from more than one Ambulance Service. The codes had already been agreed, and the only point of discussion was how soon they could be implemented. Dr McNeil noted that this project was one of the Cabinet Office's key priorities, and as such, the Department of Health would be expecting a speedy launch. Practically, the Committee felt that the end of 2004 was a reasonable target date for national use of the new codes.

03/35 To receive Committee Reports [Doc 03/17; Doc 03/21 – TABLED]

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

Dr Swanton reported that the Medicines and Healthcare products Regulatory Agency application in respect of Reteplase and Tenecteplase was progressing, although that for Amiodarone was still problematic. Dr Swanton advised that he had been warned that the Amiodarone submission would be rejected unless reference to its use in cases of pulseless ventricular tachycardia was removed. The Committee debated at length the distinction between pulseless ventricular tachycardia and cardiac arrest, and found it to be largely artificial, and felt that the Medicines and Healthcare products Regulatory Agency was overreacting as to the possible side effects. Nevertheless, it agreed that the pragmatic approach was to await approval on cardiac arrest only, and to address the issue of pulseless ventricular tachycardia thereafter.

Turning to the matter of Heparin, and the guidance given by the Joint Thrombolysis Subcommittee that Heparin administration may be delayed following the administration of Tenecteplase (by up to 30 minutes) or Reteplase (by up to 20 minutes), Dr Brown stated that this off label use had been contested by Boehringer-Ingelheim and Roche; the Committee was not minded, however, to alter its stance on this point.

Professor Quinn advised that the Department of Health had published a Review of Thrombolysis in June, and he undertook to circulate this document to the Committee.

ACTION: *Professor Quinn; Committee Administrator*

03/36 Report from Joint Ambulance Service Association/Clinical Effectiveness Committee [Doc 03/22 – TABLED]

In the absence of Mr Cooke, the Chairman noted important work in the areas of Clinical Performance Indicators and auditing the administration of Morphine and Benzyl Penicillin. He also expressed the hope that the Regional Seminars on Thrombolysis would be re-run in 2004.

The Chairman also reported that the main Committee had been asked to nominate two members to the Joint Committee. Lt Col Martin Bricknell was proposed and elected, and in his absence, Dr Adrian Noon was also suggested; the Chairman undertook to raise the matter with Dr Noon.

ACTION: *Lt Col Bricknell; Dr Clarke; Dr Noon*

03/37 Report from the Health Professions Council

Ms Manning reported on developments since the Committee's last meeting. Useful meetings had been held with UNISON concerning fees, and she commended to the Committee the joint statement now posted on the Health Professions' Council website. Meetings had also been held with the TGWU, which represented the majority of paramedics in Scotland, where strong feelings against registration had been noted. In response to Ms Manning's comment on the situation outside England, Dr Colquhoun confirmed that all paramedics employed by Welsh Ambulance Service had registered, as a condition of service.

Ms Manning pointed out that the date for registration, 30 September 2003, had passed, and although there were pockets of reluctance, she was pleased to note that some 8,500 paramedics had registered. The two-year period of grace was due to expire on 8 July 2005, and registration could continue under the grand parenting scheme until that time. However, the Health Professions Council was investigating complaints about GP charges for certificating fitness to practice.

Paramedic Partners had been re-advertised; the response had been good, and short listing was complete.

Regarding the expansion in membership, Ms Manning reported agreement in principle for both Clinical Psychologists and Occupational Therapists to join the Council. However, the Council was exploring ways to involve other professions without granting full Council membership.

The Chairman advised that he had been invited to participate in a consultation on education standards, and confirmed his willingness to continue to be involved in future work.

03/38 Review of Emergency Call Prioritization [Doc 03/20 – TABLED]

The Chairman advised that the summary report had been tabled on behalf of Rick Davies, who had unfortunately been unable to attend the meeting. He explained that he had been involved in devising the original A and B categories defined in the 1996 document, but at that time, a safe category C could not be defined. The revisions to category A were small, the only significant change being to remove the blanket inclusion of “any child under two”. The Chairman noted that much discussion had taken place surrounding category C. The report had not yet been submitted to ministers for review.

Dr Brown noted the concerns of the British Association of Medical Directors that the report had been based on an old version of the Advanced Medical Priority Despatch System codes, and was, therefore, out of date. The Chairman confirmed that London Ambulance Service had already caused Dr David Janes to make revisions compliant with version 11 of AMPDS.

Dr Guly felt that ambulance officers and medical directors were better placed than JRCALC to contribute to this review; the Chairman confirmed that JRCALC’s contribution had been limited to providing clinical advice, and that input on operational matters had been sought from other sources. Dr McNeil was concerned that there would be no scope for Ambulance Services to adapt categories to meet local conditions. The Treasurer advised that the Department of Health should be encouraged to model the revised categories, as he was concerned they would adversely impact on the achievement of performance targets.

The Committee was reluctant to take any action, given that it had not seen the full report, and as, in any event, the proposals had not yet been finalized.

03/39 Producing a JRCALC Annual Report

The Chairman thanked Miss Davies and Mersey Regional Ambulance Service for its work in designing an annual report format, and a new logo for the Committee. From the samples supplied, a conventional style had been selected (as being most fitting for distribution amongst Medical Royal Colleges), and he hoped the document would be issued shortly. In the meanwhile, the new logo would be circulated to the Committee for comment.

ACTION: *Dr Clarke*

03/40 Commission for Health Improvement report [Doc 03/18]

The Chairman advised that this paper had been circulated for information, and drew the Committee's attention to some of the positive comments made by the Commission, including reference to the widespread adoption of the JRCALC Guidelines.

03/41 Review of Constitution [Doc 03/19]

The Committee endorsed the revisions to the membership recited in the revised Constitution. The Chairman advised that efforts to persuade the Royal College of Surgeons to nominate a successor to Mr Stewart had proved fruitless. The Treasurer undertook to identify the lead on Pre-hospital Trauma Life Support with the Royal College of Surgeons, in order that a direct approach could be made.

ACTION: Mr Willis

03/42 Chairman's one-liners

(a) **Oxygen Therapy – Correspondence with Dr Judith Fisher**

The Chairman advised that he had received feedback from several Trusts which regarded the administration of oxygen by paramedics as dangerous, and contrary to local policies. Version 3 of the Guidelines would incorporate the NorthWest Oxygen Group Guidelines, as these were the best evidence-based guidelines available. However, it was possible that the British Thoracic Society's guidelines might be included in a future version, but these were not yet published.

(b) **Extending morphine maximum dosage**

The Chairman confirmed that Version 3 of the Guidelines would introduce a maximum dosage of morphine at 20 mg. The Medicine and Healthcare products Regulatory Agency had suggested that the Home Office would not sanction this, but Dr Brown explained that the legislation referred to a maximum size of ampoule, not a maximum dose, and as such, he did not anticipate opposition from the Home Office.

(c) **Invitation from Faculty of Pre-hospital Care**

The Chairman thanked Dr Guly for agreeing to represent the Committee at the forthcoming meeting on the Pre-hospital Management of Thoracic Trauma.

03/43 Any other business

(a) **Recognition of Life Extinct**

The Treasurer reported a police trend towards asking paramedics to diagnose death (in line with JRCALC's ROLE document) rather than approaching a doctor. He further pointed out that the death of a mother within twelve months' of parturition must be notified to the Coroner's Office, but that this obligation had been omitted from ROLE. It was agreed that the Ambulance Service Association would issue an update via its next Newsletter, drawing attention to the list of notifiable deaths set out at the front of Death Certification Books.

ACTION: Mr Diment

(b) **Report from British Paramedic Association**

At the invitation of the Chairman, Mr Newton reported the interim Council had met on the previous Monday, and established a series of Committees, including one to deal with education matters. There was also an on-going drive to expand the Association's membership. Overall, Mr Newton advised that whilst progress had been made, there was still much work to be done.

(c) **Adoption of rINNs to replace BANs**

The Chairman noted that these proposals would be effective next Spring, although dual labelling would be retained for Adrenalin.

(d) **Yellow Book data**

The Chairman reported an imminent consultation on wider access to data on adverse reaction to drugs.

03/44 Date of next meeting

It was confirmed that the date of the next meeting would be **changed** to Monday, **23 February 2004**, commencing at 2.00 pm.

The meeting closed at 4.31 pm