

DRAFT - Unapproved

**JOINT ROYAL COLLEGES AMBULANCE LIAISON
COMMITTEE**

Meeting held on Wednesday, 30 October 2002

Present:

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

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

Mr G Roberts (Essex Ambulance Service NHS Trust), (Honorary Co-secretary)

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

Dr S Brown	- Ambulance Service Association
Dr C Carney	- East Anglian Ambulance Service
Professor D Chamberlain	- Royal College of Physicians
Dr M Colquhoun	- Royal College of General Practitioners
Dr M Cooke	- Faculty of Accident & Emergency Medicine
Miss J Davies	- Ambulance Service Association
Mr M Flaherty	- London Ambulance Service
Dr F Jewkes	- Royal College of Paediatrics & Child Health
Professor M Langman	- Warwick Ambulance Service
Mr A Lucas	- Ambulance Education & Training Group
Mr R Mawson	- Hampshire Ambulance Service NHS Trust
Dr M McGovern	- Department of Health
Dr Q Mok	- Royal College of Paediatrics & Child Health

Observers

Lt Col M C M Bricknell	- Defence Medical Services Training Centre
Mr Mark Cooke	- Clinical Effectiveness Manager, Ambulance Service Association
Mr R Diment	- Chief Executive, Ambulance Service Association
Mr A Marsden	- Scottish Ambulance Service
Ms K Billingham	- Committee Administrator

02/18 Welcome and Apologies for absence

- (a) The Chairman welcomed Lieutenant Colonel Martin Bricknell, Dr Simon Brown and Miss Janet Davies to their first meeting of the Committee. He also noted the attendance of Mr Mark Cooke, the newly appointed Clinical Effectiveness Manager at the Ambulance Service Association, and the change of Committee Administrator.
- (b) Apologies for absence were received from Mr K Blackshaw (Department of Health), Dr H Booth (Royal College of Physicians), Dr J Cox (Royal College of General Practitioners), Dr T R Evans (Royal College of Physicians), Dr H Guly (Faculty for

Accident & Emergency Medicine), Mr K Hinshaw (Royal College of Obstetrics & Gynaecology), Mr P Innes (North East Ambulance Service), Mr G Johnson (Faculty of Accident and Emergency Medicine), Dr T Miller (National Paramedic Training Board), Mr D Page (Welsh Ambulance Services NHS Trust), Dr L Penny (Royal College of Physicians), Dr T Quinn (Department of Health), Dr T Sajjanhar (Royal College of Paediatrics & Child Health), Mr I P Stewart (Royal College of Surgeons), Dr M Ward (Royal College of Anaesthetists), Mr K Wenman (West Country Ambulance Trust) and Mrs R Wilkinson (Royal College of Nursing).

02/19 Minutes of the Previous Meeting

The Minutes of the meeting held on 4 July 2002 (copies of which had been circulated) were approved and signed by the Chairman as a correct record.

02/20 Matters Arising on the Minutes

(a) **Minute 12 – Drug Codes Recorded on Ambulance Patient Report Forms
[Doc 02/11 – Tabled]**

The Treasurer referred to a paper he had tabled summarising the results of a survey (by Westcountry Ambulance Service) of UK Ambulance Services which demonstrated that there was little consistency of approach to administered-drug recording. A previous undertaking that a standard drug code be adopted, with the full name being recorded on the Patient Report Form had previously been supported by the Committee. Dr Cooke noted that the National Patient Safety Agency had identified this as one of its targets.

(b) **Minute 16.3 – Ethics Committee**

Professor Langman clarified that he had written to the Academy of Medical Sciences (not the Health Secretary as recorded in the minutes of the previous meeting), but was still awaiting a response.

Professor Chamberlain advised that the paper *A serious threat to evidence-based resuscitation* (copies of which had been tabled at the previous meeting) had stimulated interest amongst a number of European societies. A meeting, hosted by the European Society for Intensive Care Medicine, was planned for early in 2003. Professor Chamberlain advised the implementation of the legislation in April 2004 would prevent research on individuals without their consent, or the consent of their legal representatives. However, as the Department of Health had disputed the capacity of a legal representative to give consent in this regard, the situation remained unclear. He cautioned against following the position in France, where a patient's medical attendant was deemed to be his legal representative.

The Chairman agreed to write to Dr Elaine Gadd at the DoH "Good Practice in Consent Advisory Group", expressing the Committee's concerns.

ACTION: Dr Clarke

(c) **Confidentiality**

The Chairman apprised the Committee of the reply he had received in response to Professor Chamberlain's letter to Sir John Patterson, which set out three options for sharing information between Hospital Trusts and Ambulance Trusts:

- Section 60, Health & Social Care Act
- Pseudonymisation
- Consent

An approach had been made to the NHSIA for further guidance, who advised that a national consultation on patient confidentiality had just been launched. The recommended approach in the meantime was the gaining of patient consent to support audit activity, this requirement generally being satisfied by making patients aware of the activity and allowing the minority who have concerns to opt out. A communications strategy and draft code of practice directed towards this process will emerge as a result of the consultation process. The Committee considered that the use of anonymized data for audit could present difficulties particularly where an Ambulance Trust served more than one Hospital Trust, and in terms of an individual patient anonymisation might not always work in their best interest.

Professor Langman noted that it might be possible to test a group exemption on the Health and Social Care Act for a category as wide as "life threatening disease", and Dr McGovern confirmed that the Department of Health was already exploring this option.

Mr Marsden referred to the approach in Scotland where patients were made aware that reasonable access to personal data would be required. He advised the Committee that he was not aware of the whether this approach had been legally enacted or was for guidance only.

The Chairman undertook to respond to the consultation document on behalf of the Committee. Dr McGovern suggested that a formal meeting with the originators of the project might be merited.

ACTION: *Dr Clarke*

(d) **Minute 16.2 Meningitis Guidesheet [Doc 02/07]**

Dr Jewkes referred to the draft document from the Meningitis Foundation which had been circulated, and asked the Committee for its formal approval. She explained that it was intended to present the information by way of leaflets to all ambulance crew, and A3 posters in all ambulance stations, distributed by Ambulance Trusts.

Dr Brown noted the change in emphasis; previous guidelines had required a patient to be in shock before penicillin could be administered, but now paramedics were able to exercise their own judgement. In response to a query from Professor Langman, the Committee decided it was unnecessary to include a statement about seeking parental advice on allergy on to penicillin as the drug would always be administered in accordance with Guideline recommendations.

The Committee formally approved the document, and agreed that the final version be posted on the JRCALC website.

ACTION: *Dr Jewkes, Dr Clarke*

02/21 Guidelines Sub-Committee

(a) **Election of new Chairman**

It was noted that Dr Simon Brown had agreed to take over the role of Chairman of the Guidelines Sub-Committee from Dr Iain McNeil

(b) **Funding**

Dr McNeil stated that funding from the Department of Health had been negotiated, in the sum of £50,000 per annum for the next four years.

(c) **Plan of work**

Dr McNeil advised that it was intended to continue working in partnership with the University of Warwick. The Guidelines were undergoing a systematic review, and the areas targeted for updating included child protection, vulnerable adults, sickle cell anaemia, obstetrics, and pronouncing life extinct.

Dr Carney advised that the algorithms booklet would shortly be available via print ready CD-Rom from Boehringer-Ingelheim. Dr McNeil was pleased to report that East Anglian Ambulance Service had gifted copyright to JRCALC thereby ensuring that technology companies using the information would pay a licence fee, and that Boehringer-Ingelheim had offered to free legal support to achieve this. Dr Brown proposed that licence fees should only be applied to non-NHS organizations, in recognition of the co-operation of Ambulance Trusts in the booklet's development. The Committee recognized the difficulties inherent in enforcing copyright, but Professor Chamberlain advised that it could act as a deterrent. Accordingly, the Committee accepted the premise that copyright should be registered.

ACTION: Guidelines Sub-Committee

Dr McNeil reported that QinetiQ had expressed a keenness to remain involved in the project, and had offered sponsorship to assist with developing the 2004 Guidelines. The Committee debated at length the wisdom of accepting commercial sponsorship from organisations with products linked to the Guidelines. It asked that the Guidelines Sub-Committee should explore all options, including the possibility of publishing the Guidelines in book form, and to take further advice on the copyright issue.

Referring to the proposal for the Guidelines to include topics such as vulnerable adults, the Chairman queried whether it would be appropriate to extend the expertise of the Committee to include relevant College representatives such as the Royal College of Psychiatrists. Professor Chamberlain noted that this College had been approached when the Committee was established, but had declined to participate at that time. The Chairman advised that he had identified a possible psychiatrist to join the Committee, and would issue an appropriate invitation.

ACTION: Dr Clarke

02/22 To receive Committee Reports [Doc 02/10 – TABLED]

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

Summarizing the document tabled, Professor Chamberlain highlighted a number of issues:

- Confusion about the data required from Trusts, and the preparation of a second statement to clarify this
- Costs attaching to linking databases, CCAD having switched from Access to Lotus Notes
- Widening the scope of the project to include cardiac arrest data, and – eventually – data on all patients with chest pain
- Confidentiality problems and sharing information between Trusts to establish patient outcomes.

Professor Chamberlain then reported on several ancillary issues:

(a) **National Institute for Clinical Excellence**

NICE had reported on the use of thrombolysis and approved the use of Reteplase and Tenecteplase in the pre-hospital phase. Professor Chamberlain advised that he had begun work on the POMs submission for these agents to the Medicines Control Agency.

(b) **Training Courses**

Boehringer-Ingelheim had offered to provide a training course for trainers based on the JRCALC model, free of charge, and had asked for JRCALC endorsement of these courses. Professor Chamberlain advised that Boehringer was aware that Roche was developing a similar course. Concerns were expressed about JRCALC endorsing a course being run at any specific university but would of course endorse the content of the course wheresoever it was held. Professor Chamberlain agreed to reinforce with Boehringer the need to adopt an even-handed approach.

(c) **European Pilot Study**

A pilot study on treating cardiac arrests refractory to ventricular fibrillation was being undertaken on mainland Europe; it was not appropriate for the UK to be included, as doctors did not crew ambulances.

02/23 Report from Joint Ambulance Service Association/Clinical Effectiveness Committee

In the absence of Mr Innes, Mr Diment advised that the group had met only once since the last meeting of JRCALC. Although lack of staff in post had hampered progress, work was being done on Audit, and Clinical Performance Indicators. The next meeting was scheduled for the end of November, by which time Stuart Nicholl's replacement, Mr Mark Cooke, would be post. In response to a question from the Chairman, Mr Diment confirmed that the Committee would be revisiting its constitution, and considering whether a stronger input from JRCALC was appropriate. He undertook to report back to the next meeting.

ACTION: *Mr Diment*

02/24 Recognition of Adult Death (ROAD) report [Doc 02/08]

In Dr Ward's absence, Dr Colquhoun spoke to this report. He advised that the project was on schedule to produce its final documentation by the end of the year. Professor Chamberlain, offering his congratulations on the manner in which project had been tackled, proposed two amendments to paragraph 14, bullet point three:

“In situations when **ALL** the following exist together

- Non-shockable Rhythm on an AED
- No bystander CPR prior to arrival of the Ambulance
- > 15 minutes since the onset of the collapse (previously “arrest”)
- The absence of any of the exclusion factors on the flowchart
- Asystole (Flat Line) for < 30 (previously “10”) seconds on the ECG monitor screen”

The Committee debated at length the issue of Do Not Attempt Resuscitation (DNAR) Orders, and the advisability of accepting only written instructions where it was clear these had been revisited and re-signed within two weeks of death. The acceptance of verbal instructions was rejected. A national consultation on the ethics of such Orders was suggested, and Mr Marsden advised that the Coroners Society had already been involved.

Although headed Recognition of Adult Death, the Committee noted that it also referred within its text to “children”, “infants” and “newborn”, and it was recommended that an additional separate section headed “Children” be included. Professor Chamberlain advised that the original terms of reference had been devised when resuscitation had always been attempted for children, and now should be adapted. It was suggested that the project be re-named **ROLE** – Recognition of Life Extinct.

The Committee further considered the difficulties in the central consultation on this document noting that coroners and police forces operated differing local policies, and that the Home Office was keen to maintain such local agreements.

02/25 Prescription Only Medicines – Progress including morphine in children

The Chairman reported a number of discussions with the Medicines Control Agency regarding applications for POMs exemption for Tramadol (not licensed for use in the under 12s) and ondansetron (not licensed for prehospital use). Whilst JRCALC had in the past always agreed to support the POMs exemption approach for clearing drugs for paramedic use, it was becoming increasingly clear that lack of appropriate licensing mechanisms meant that it was becoming progressively more difficult to introduce new drugs. This was currently a particular hurdle to the approval of morphine for use in the under-12s thus potentially denying them pre-hospital the appropriate pain management they would receive in-hospital.

Dr Jewkes advised that Celltech was hopeful that a morphine drug would be available for children less than twelve years old in the New Year. Arum's application had been turned down, on the basis that if the whole dose was administered, it would be harmful. Accordingly, it was in the early stages of developing half and quarter size minijets for the treatment of young children, but these were unlikely to be available for at least eighteen months. Dr Jewkes advised that she had written to the Royal College of Paediatrics and Child Health, seeking engagement with the Medicines Control Agency, particularly in view of the

increasing number of drugs under review and the recent EU Directive requiring the licensing process to be speeded up.

Professor Langman, recognizing the difficulties posed by a range of unlicensed drugs for children being brought before the Committee on the Safety of Medicines, offered to sponsor a paper on behalf of JRCALC for presentation to this Committee.

ACTION: Professor Langman

At the suggestion of Mr Marsden, the Chairman agreed to expedite matters with the Medicines Control Agency and the Committee on the Safety of Medicines, by ensuring that both bodies were aware of the problems facing ambulance services in administering appropriate drugs to children.

ACTION: Dr Clarke

02/26 Higher Education Ambulance Development Group – Newsletter 01-08-2002 [Doc 02/09]

Professor Chamberlain reported that this Group was looking at the development of higher training for paramedics. There was a short discussion regarding the use of the term *Practitioner in Emergency Care*, and whether *Paramedic Practitioner* would be more appropriate. The Committee agreed the importance of integrating any such training with nurses and other agencies in primary care.

02/27 Update from the Health Professions Council

In the absence of Mr Wenman, it was agreed to defer this item to the next meeting of the Committee.

ACTION: Committee Administrator

02/28 Cochrane Collaboration

Mr Cooke advised that he was engaged in a collaborative review group for pre-hospital care which would be presented to the next Cochrane Collaboration seminar in Australia in 2003. He invited assistance from another Committee member in this work, and the Chairman asked that any interested members to write to Dr McNeil or himself.

ACTION: All [Dr McNeil/Dr Clarke]

02/29 Any Other Business

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

As the outgoing Chair, Professor Chamberlain had written a letter to the European Support Unit Manager of the MCA to express JRCALC's satisfaction at the proposal to replace British Approved Names (BANs) with recommended International Non-proprietary Names (rINNs). Particularly appreciated was the decision to retain the names of adrenaline and noradrenaline.

(b) **JRCALC Ambex Award 2002**

The Chairman congratulated Mary Halter of the London Ambulance Service, the winner of this year's award.

(c) **Letter re use of charcoal by paramedics**

The Chairman referred to a letter he had received from a relative who had asked why charcoal was not carried in ambulances. He advised the Committee that he had sent a reply explaining that its use had been considered in the past and rejected on a risk/benefit analysis basis, but would now be reconsidered once the results of a London Ambulance Service study had been received.

(d) **Website**

The Chairman expressed his gratitude to the Treasurer and Westcountry Ambulance Service for agreeing to take over the supervision of the Website.

(e) **Maternity Transfers**

In the absence of Mr Hinshaw, the Chairman sought clarification on the priority attaching to calls in connection with homebirths or other parturition complications. The Committee concurred that this was an operational issue outwith its remit, but advised that all emergency calls received an immediate response, irrespective of whether the mother or the infant was at risk.

(f) **Guidelines for the transport of critically ill adults**

The Chairman drew attention to a recently re-released document from the Intensive Care Society on "Transport of the Critically Ill Adult".

(g) **Administration of aspirin**

The Committee noted that it was now recommended that aspirin should not be administered to young people less than sixteen years of age. It was agreed that the Website Guidelines should be amended immediately to reflect this change.

ACTION: Dr Clarke

02/30 Dates of future meetings

It was agreed to adopt the following schedule of meetings for 2003:

Wednesday, 19 March 2003	2.00 pm
Thursday, 3 July 2003	2.00 pm
Wednesday, 29 October 2003	2.00 pm
Thursday, 30 October 2003	Annual Conference

The meeting closed at 4.35 pm