JRCALC
JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

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18 November 2002

To: Chief Executives and Medical Directors of Ambulance Trusts

Dear Colleague

Re: Audit of myocardial infarction and "new" drugs

All will agree that the audit systems for emergency cardiac care now available to us in the UK are unique in their scope, powerful in content, and a very important tool for improved quality of care.

Our national ambulance database is now collaborating with MINAP (Myocardial Infarction National Audit Project) and with CCAD (Central Cardiac Audit Database), with full electronic linkage anticipated fairly soon. These jointly have the potential to provide comprehensive anonymised data for individual patients (subject to resolution of patient confidentiality issues) extending from the pre-hospital phase of a cardiac event through to possible rehabilitation. Ambulance Trusts will, in any case, be able to match their performance against national averages on a regular basis (hospitals are already able to do this).

There is good news on progress. Our own ambulance database is performing well and according to specifications - with further developments in progress for next year for cardiac arrest data at a later stage. By the end of October 10 Trusts had submitted full data on patients with possible myocardial infarction and by now others will have done so. A few are experiencing technical problems (mostly related to scanning) but these will soon be resolved. The first national report from the JRCALC / ASA database is due at the end of December.

We have learnt that there are some areas of uncertainty that the pre-hospital MINAP steering committee (representing JRCALC, ASA, Department of Health, British Cardiac Society) feel should be clarified. I hope you will forgive me if I set out all the points that have come to our notice, appreciating that most colleagues may have doubts or difficulties in relation to only a few of them.

1. We have been charged by the Medicines Commission to collect all data on patients receiving thrombolytics, benzylpenicillin (for meningococcal septicaemia, not routinely for meningitis), and morphine (whether given for cardiac pain or for trauma). We have to ensure that we comply with the strict instruction that we have received.

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Executive Committee:
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2. At present, we are collecting data for patients with cardiac pain only if they have suspected myocardial infarction which depends on two criteria i) characteristic or suspicious symptoms ii) ST segment elevation on an electrocardiogram. Trusts that do not yet have 12-lead electrocardiographs should rely on the existing 3-lead equipment until this has been upgraded (we recognise that some cases of anterior infarction will be missed in the short term).

3. There is <u>no</u> requirement to submit an electrocardiogram as was rumoured...

4. The intention is for data to be submitted <u>monthly</u> once Trusts have these systems fully functional. We hope that the monthly submissions will occur as a routine without prompting.

5. Some Trusts are sending data on <u>all</u> patients with suspected cardiac pain. We are very happy to receive this more comprehensive information though it is at present not a priority.

One other misunderstanding within a few Trusts relates to the transmission of electrocardiograms before thrombolysis is administered. We recognise that local agreements may require this at least in the short term, but JRCALC/ASA with the Department of Health fully supports the autonomous use of thrombolytics by paramedics who have been fully trained. Transmission is therefore not mandatory outside of these local arrangements.

<u>The four focus group meetings that were held in 2001/2 were found to be helpful, and we plan to repeat these early in 2003 - more news on this point will follow in due course. SEE BELOW</u>.

Finally if you have any further doubts or difficulties please do not hesitate to let me know in my capacity as Chairman of the MINAP Pre-hospital Steering Group.

With kind regards

Yours sincerely

Douglas Chamberlain
Chairman of the MINAP Pre-hospital Steering Group

DATES FOR FOCUS MEETINGS 2003

27 January 2003 Wiltshire Ambulance Service, Chippenham Chairman: Iain McNeil

20 February 2003 Richmond House, Whitehall, London. Chairman: Douglas Chamberlain

21 February 2003 East Midlands Ambulance Service, Training School, Leicester Chairman: Douglas Chamberlain

24 February 2003 Manchester - Ladybridge Hall Chairman: Tom Clarke

Letters will be sent out to services with booking forms - ASAP. Unless anyone has any objections the day will **start at 10.30am** and **finish by 3.30pm**.