This has been the Committee’s first full year at Churchill House with its administrative base located alongside the ASA at Capital Tower but the apparent stability has been transient. It has been a year of unknowns regarding the effect of ambulance trust reconfiguration on the future of the ASA itself and only recently has it been decided that its future should lie as an Ambulance Service Network under the umbrella of the NHS Confederation. Although precise structures and relationships have yet to be worked out it is our intention that JRCALC should retain its identity and position both at an administrative and functional level within the new network. That said we will also be looking at how to work more closely with our professional partners, specifically the BPA and the Directors of Clinical Care (DOCCs). In last year’s annual summary I referred to progress towards the formation of a Charitable Company limited by guarantee as the most suitable and protective legal construct for JRCALC as an advisory body. It now appears that this may be an overly complex solution and that more appropriate alternatives may now present themselves. In other words it is still a case of “watch this space”!

There are currently 42 members and 8 observers on the Committee, and it is certain that there will need to be a reappraisal of the committee structure with the formation of the new Ambulance Service Network.

This year we have welcomed a number of new members: Paul Phillips (ASA), John Stephenson (Chair, Directors of Clinical Care), David Zideman (Chair, BASICs), Colin Watson (CO19, Metropolitan Police) and Brian Robson (Chief Fire Officers Association) have joined us as new representatives of their particular fields of expertise. Matthew Cooke has been replaced by Darren Walter for the College of Emergency Medicine, George Crooks replaces Andrew Marsden as Scottish Ambulance Service observer, Rachel Ryan replaces Dinesh Mehta (BNF) and Fizz Thompson has taken the place of Tim Kilner for the RCN. Paul Jenkins (RCP) has left for Australia, and we were very sorry to see our administrator Lotte Large leave us in September for an extended trip to the Far East. Sangeeta Sooriah at Capital Tower has stepped very competently into her place, supported by Adrienne Long as the Conference looms.
The Committee itself has had a full, varied and busy year and for reasons of clarity and brevity its activities are summarised here under their respective headings:

CLINICAL DIRECTION

- Ongoing production of National Clinical Practice Guidelines for use by UK ambulance services. Updated 2006 version published/issued October 2006 (JRCALC Guidelines Subcommittee)
- Expert group deliberations with intention to produce UK Ambulance recommendations for prehospital airway management March, November 2007
- DH invitation to feedback on the role of the Critical Care Practitioner November 2007
- Advisory role in development of USAR and HART strategies 2007
- Update on management of acute ST segment elevation MI (STEMI) (JRCALC Cardiac Care Team April 2007)
- Home Office approval for paramedic oral morphine use sought and secured April 2007
- Assessment and endorsement of Sandell tape for paediatric emergency care June 2007
- Assessment and endorsement of the Decision Framework for STEMI CDrom July 2007
- Ongoing discussions with MHRA and liaison with MINAP regarding pre-hospital use of Enoxaparin and Clopidogrel (JRCALC Cardiac Care Team July 2007)
- Internal Report: “Doctors attending RTCs (provision of advanced medical interventions in emergency situations)”
- Statement regarding the use of LUCAS device December 2006
- Organisation and holding of annual JRCALC Conference November 2006-7
- Ongoing encouragement and support for Ambulance Service CPD (Continuous Professional Development) philosophy
- Maintenance of JRCALC Website 2006-7
- Weekly responses to ad-hoc email/telephone enquiries related to paramedics, JRCALC and prehospital care.

ADVISORY

- Provision of clinical expert advice to the Department of Health Emergency Call Prioritisation Advisory Group (ECPAG).
- Provision of expert adviser to BMA working party on safe transfer of patients between hospitals 2006-7
- Consultation stakeholder for NICE, MHRA. Feedback on relevant topics relating to ambulance/prehospital care.

RESEARCH

- Research sponsorship (scholarships, merit prizes)
- Close liaison with EMS 999 Research Forum 2006-7
- Guideline developments: physiology and threat of positional asphyxia 2007
- Joint meeting with EMS 999 Research Forum November 2007
- Involvement with Strategic Reperfusion Early After Myocardial Infarction (STREAM) study 2007
- Consultees for EMS 999 Research Forum Delphi Project “Review of Research in Pre-Hospital Care” October 2007.
LIAISON

- Close association with ASA, British Paramedic Association (BPA), Directors of Clinical Care (DOCCs), EMS 999 Forum, BASICs, Resuscitation Council (UK), Higher Education Ambulance Direction Group (HEADG) and other specialist prehospital care groups in UK
- Support, stand and presentations at AMBEX Conference, Harrogate June 2007 in conjunction with British Paramedic Association
- Representation at Laerdal Centre opening in Orpington March 2007
- Work with specialist patient groups e.g. Addison’s Disease Group, Meningitis Research Foundation, Laryngectomy Association and others to raise public and ambulance awareness of specialist requirements and to improve delivery of care in emergency situations
- Contribution to Resuscitation Council Anaphylaxis update 2007
- Response to enquiries from BMA Ethics
- Fire & Rescue National Framework conjoint working on Trauma Care and Co-responder Task & Finish cooperation
- Prompt constructive responses to emergency healthcare issues arising from coroners’ inquests, provision of expert advice where required

PUBLICATIONS

- Publication of Committee report June 2007 for distribution at AMBEX Exhibition, Harrogate
- “Emergency management of arrhythmias and/or shocks in patients with implantable cardioverter defibrillators (ICDs)”. Statement on behalf of the Resuscitation Council (UK), Heart Rhythm UK (formerly BPEG), The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and the Ambulance Service Association (ASA) 2006.

In last year’s annual summary I highlighted the need to address the Emergency Care Practitioner role and this continues to be discussed, particularly as part of the Ambulance Framework Review. The British Paramedic Association, which continues to increase its membership thereby strengthening its position as the authoritative body for paramedic professional representation, has and is making a very specific contribution in this debate. More recently attention has also focussed on the potential role of a Critical Care Practitioner (a “working title” only!), and the DH have asked JRCALC to collate a summary of all the competencies that have been recommended for such a speciality. This accords well with the work we have already been doing regarding medical on-scene assistance and the ability to provide same. On other fronts, a specialist group tasked with out-of-hospital airway management will be reporting formally on its findings early next year, and the cardiac care group will be reassessing the respective (competing?) roles of thrombolysis and PCI. In the meantime the process of developing and maintaining the JRCALC Guidelines (see report, next page) has of course continued apace with the University of Warwick’s expert assistance, and for this coming year there are interesting developments on how best to adapt them to modern IT technology.

Finally it remains for me to join with the Executive to thank all those who have given so generously of their time and their expertise throughout this past year and to look forward together to a more settled but exciting future as part of the Ambulance Service Network in the NHS Confederation.

Dr Tom Clarke
Chair, November 2007
The Guidelines sub-committee meet 3-4 times a year. All the current guidelines are being reviewed to ensure they remain in line with current practice. Systematic literature searches are being performed on each topic. Web-based forums allow the 100 plus members of the Guidelines sub-committee to work on their specific areas in small groups remotely. Where changes in practice are indicated the evidence behind the change is presented at the meetings. Those unable to attend the meetings are able to comment on the Guidelines Development web-site. In this way as wide a view as possible is obtained and a clear audit trail is available on the decision making process.

New guidelines are being prepared on Pelvic Trauma and Incapacitating Agents and Physical Restraint. The evidence base behind the existence of Suspension Induced Shock Syndrome is being examined. The Mental Disorder Guideline is to be updated in line with changes introduced in the Mental Capacity Act.

The JRCALC Guidelines are now also available in a PDA version that can be purchased through a link from the JRCALC web-site.

Simon Brown
Chairman
JRCALC Clinical Practice Guidelines Subcommittee

November 2007