



Organisational Review 2004

jrccalc
joint royal colleges ambulance
liaison committee



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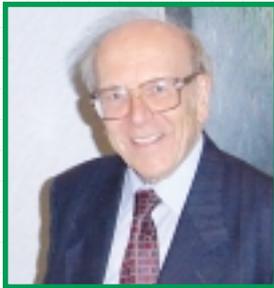
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The Joint Royal Colleges Ambulance Liaison Committee was set up in 1988 by a small group of interested ambulance staff and clinicians to provide a national forum to support the UK Ambulance Service, with a particular focus on its interactions with other professional healthcare groups.



Professor Douglas A Chamberlain

Finding a home in the Royal College of Physicians, the initial group met twice a year to address some of the questions that faced ambulance services as they developed skills that would enable them to treat patients requiring urgent clinical intervention before transporting them to hospital.

Over the subsequent years, it has become a large committee with representatives from the Ambulance Service, the Royal Colleges of Physicians, Surgeons, Anaesthetists, Obstetricians & Gynaecologists, Psychiatrists, General Practitioners, Nursing, Paediatrics & Child Health, the Faculty of Accident & Emergency Medicine, the British Paramedic Association (College of Paramedics) and Unison. Observers are invited from the Department of Health, the Scottish Ambulance Service, the NHS Training Executive, the Institute of Health Care Development (Edexcel) and the British National Formulary.

A wide range of business comes before the Committee, falling into areas of policy, audit, training, equipment and practice. Whilst the Committee has no executive function, it has contributed to changes in the law (for example, additions to the Prescriptions Only Medicines Act) and has been responsible for the development of National Clinical Practice Guidelines and making possible out-of-hospital thrombolysis.

Meetings are currently held tri-annually at the Royal College of Physicians of London, with a day's Conference following the Autumn meeting. There is also a newly-updated website that can be visited at www.jrcalc.org.uk.

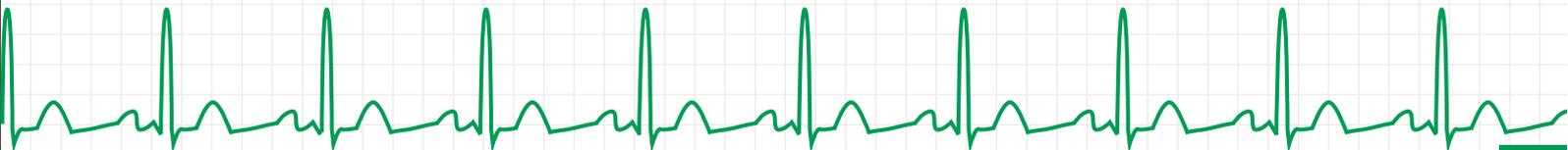


Previous Chairmen:

Dr Tom R Evans

Dr Alan F Mackintosh

Professor Douglas A Chamberlain



The publication of this annual review marks a step forward for JRCALC. Originally started by a group of interested individuals, JRCALC now has a membership of over 45 representatives, Committee members and observers, and holds a pivotal position for clinical guidance in the UK ambulance services.

This has been achieved through the persistent hard work and dedication of its constituent membership. JRCALC recognises the important contribution made by ambulance service staff in the delivery of the best clinical care to patients, and seeks to account for all such staff in its work.

The membership does, of course, change but each individual's expert contribution to JRCALC's work through the years is keenly acknowledged. Perhaps, the most recent notable departure has been that of Professor Douglas Chamberlain, a founder member of JRCALC and latterly its Chairman. His work on behalf of the Committee has been both indefatigable and unstinting and he will be especially remembered in relation to the Practitioners in Emergency Care (PECs) concept and the introduction of pre-hospital thrombolysis for which he was a staunch advocate. The quality and reliability of JRCALC's clinical advice to UK ambulance services is assured by its membership, generously supported by the representative Royal Colleges and other bodies, and it is this collective expertise that guarantees its future.

Since its inception, the Committee has seen changes and clinical developments year on year as ambulance service staff have moved on from being 'caring porters' to the highly-skilled and dedicated frontline clinical-care professionals of today, with JRCALC providing the clinical lead and guidance on a wide range of topics. JRCALC is well known for the publication of its National Ambulance Guidelines.



Dr Tom Clarke (Chairman)

The Guidelines Sub-committee, comprising both JRCALC and ambulance service representatives, with strong support from the University of Warwick, has continued to fulfil its important role in the process of ensuring that these Guidelines remain relevant and up-to-date. The most recent version, Version 3, appeared in May this year, now entitled 'Clinical Practice Guidelines 2004 (for use in UK Ambulance Services)'. It is planned that these will be widely accessible in a range of formats and presentations and continue to ensure the provision of equitable out-of-hospital care across the UK.

JRCALC has also been instrumental in the development of pre-hospital myocardial thrombolysis with its Thrombolysis Sub-committee continuing to encourage and monitor the development of earliest thrombolysis. Its close association with the Ambulance Service Association, has enabled the exponential success of this enterprise to be both measured and highlighted and JRCALC looks forward to becoming an even more integral and robust part of MINAP (the Myocardial Infarction National Audit Plan) in the future.

On a day-to-day basis, JRCALC responds to the many diverse consultations relevant to pre-hospital practice and the healthcare role of the ambulance service but there are many other specific topics with which JRCALC has been involved. It has worked closely with the Meningitis Research Foundation to produce posters and cards that were issued to all ambulance service staff in the UK to heighten vital awareness in the recognition and early treatment of meningococcal septicaemia. In a very different field of expertise, the difficult and sensitive task of updating the Recognition of Life Extinct (ROLE) guideline has produced a document that enables ambulance staff to focus even more on delivering care in situations where their attention may be best targeted.



It continues to work to secure the right for State-Registered Paramedics to administer autonomously many vital drugs to patients. For instance, the recent acceptance of the use of morphine for pain relief in children under the age of twelve years represents a significant advance in patient care. The January 2004 NICE Technology Appraisal on fluids in trauma benefited from expert JRCALC input. Finally, JRCALC has also joined other representative bodies in challenging the implications of the recent European Directive on consent in incapacitated persons that, if unchallenged, will seriously impede research in acutely life-threatening situations.

Close links with the Ambulance Service Association (ASA) are currently maintained through the Joint ASA/JRCALC Clinical Effectiveness Committee and the Ambulance Extended Training Advisory Group. JRCALC expresses its strong encouragement for the development of a separate paramedic professional body and gives its full support and encouragement to the British Paramedic Association (College of Paramedics). There are other groups, most importantly the British Ambulance Service Medical Directors and Local Ambulance Paramedic Steering Committees, with whom discussion and exchange is, of course, vital for constructive development.

Now established for over fifteen years, JRCALC has continued to fulfil its functions efficiently and reliably through the expertise and dedication of its constituent members. But the world of primary care is changing apace and the role of the ambulance service needs to change with it. JRCALC likewise has to address this change, and the most recent creation of its 'Emergency Care Pathway Group' is a response to address the requirements of the Paramedic as an 'Emergency Care Practitioner' (ECP). The burgeoning appearance of so many expert groups in the field means that JRCALC itself also needs to reassess its own role to enable it to continue to provide a worthwhile, useful and significant contribution to these changes. This will be one of its primary tasks as we begin the next year of work.

Dr Tom Clarke



Members

Ambulance Service Association

Mr John Bottell
 Dr Simon Brown
 Dr Gillian Bryce
 Dr Chris Carney

Miss Janet Davies (Honorary Co-Secretary)

Mr Martin Flaherty
 Professor Michael Langman
 Mr Paul McCormick
 Dr Adrian Noon
 Dr John Scott

Mr Michael Willis (Honorary Treasurer)

British National Formulary

Ms Fauziah Hashmi

British Paramedic Association

Mr Andy Newton

Faculty of A & E Medicine

Dr Matthew Cooke
 Dr Henry Guly
 Mr Graham Johnson
 Dr Fiona Moore

Health Professions Council

Ms Jo Manning

Resuscitation Council (UK)

Dr Mick Colquhoun

Royal College of Anaesthetists

Dr Tom Clarke (Chairman)

Dr Wim Blancke
 Dr Charles Deakin
 Dr Michael Ward

Royal College of General Practitioners

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Dr Phil Spencer
 Dr Simon Stockley

Royal College of Midwives

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Royal College of Nursing

Mr Mike Hayward
 Mr Tim Kilner
 Mrs Dorothy Walters

Royal College of Obs & Gynae

Mr Kim Hinshaw

Royal College of Paeds & Child Health

Dr Fiona Jewkes
 Dr Quen Mok
 Dr Tina Sajjanhar

Royal College of Physicians

Dr Helen Booth
 Dr Tom Evans
 Dr Paul Jenkins
 Dr Liam Penny
 Dr Howard Swanton

Royal College of Psychiatrists

Professor Richard Williams

Royal College of Surgeons

Mr Rodney Gunn

Staff Side Ambulance Council

Mr Stewart Rouse

Observers

Ambulance Education & Training Group

Mr Adrian Lucas

Ambulance Service Association

Mr Mark Cooke
 Mr Richard Diment

Defence Medical Service Training Centre

Lieutenant Colonel Martin Bricknell

Department of Health

Mrs Sue Dodd
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 Miss Kathryn Stelfox

IHCD

Mr Alan Howson

National Paramedic Training Board

Vacancy

Scottish Ambulance Service

Mr Andrew Marsden

Patient & Carer Network

Mrs Josephine Grinham

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Pre-hospital Thrombolysis

Following acceptance by the Medicines and Healthcare products Regulatory Authority, the Prescriptions Only Medicines (Human Use) legislation was amended in May 2004 to include reteplase and tenecteplase for use by trained paramedics in the pre-hospital setting.

This is the result of an enormous amount of work by Professor Douglas Chamberlain. He produced a written statement on JRCALC's position (posted on the JRCALC website). It details the use of these drugs, and in particular the use of adjuvant heparin, a subject that has caused some controversy.

The number of patients receiving pre-hospital thrombolysis is rising exponentially, and 1,094 patients have been treated so far to September 2004. 24 out of 31 ambulance trusts are now participating and 28 will be by the end of the year. London is concentrating on primary angioplasty with the 8 interventional providing this service.

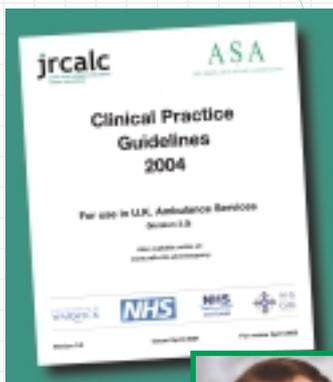
The future of the Joint Thrombolysis Sub-committee was discussed with Dr Roger Boyle (National Director for Heart Disease) in April 2004, and subsequently with Dr Huon Gray, the President of the British Cardiac Society (BCS), with a view to getting this sub-committee under its wing. Dr Gray does not wish to form another sub-committee of the BCS, but will nominate additional BCS representatives on JRCALC if requested.

All 231 hospitals in England and Wales are now contributing data to the Myocardial Infarction National Audit Project (MINAP). There are over 286,000 records with the number increasing by about 8,000/month. Non-elevation MI episodes (NonSTEMI) now exceed ST elevation episodes (STEMI). Those indicators used to demonstrate the effectiveness of shortening the time to thrombolysis show welcome improvement, with "Call to Needle" time improved to 55% of its 1 hour target, and "Door to Needle" time to 84% of its 30 minute target. The Patient Information Advisory Group (PIAG) has now given permission for MINAP to share patient identifiable outcome data with the ambulance service, and importantly from December 2004, Ambulance Trusts will be able to access the outcome of patients they deliver to hospitals.

Howard Swanton



Howard Swanton



Simon Brown

Guidelines Sub-committee

This year saw the completion of Version 3 of the JRCALC Clinical Practice Guidelines. Recognising that a complete rewriting of the Guidelines would have important training implications for Ambulance Trusts and could delay the adoption of the new version, the emphasis was on reformatting and broadening the scope of the Guidelines by introducing more topics. Some chapters, such as Driving, were removed as they were felt to be more appropriately covered in basic training. New topics include Consent, Sickle Cell Crisis, Dealing with the Death of a Child and Chemical, Biological, Radiological and Nuclear (CBRN) Threats.

Four well-attended Consensus meetings were held during the year. JRCALC agreed that the Guidelines should be published by IHCD (Edexcel) in conjunction with the ASA that will monitor copyright issues. The electronic version has been published on the World Wide Web hosted by the National Electronic Library for Health. Printed copies incur royalty payments and income from this will be used to fund ongoing work in the future.

As well as the standard A4 version, a Pocket Book has been produced which enables ambulance staff to refer to relevant parts of the Guidelines at the patient's side. This will help enhance patient care particularly in areas such as drug administration.

Simon Brown

Joint ASA/JRCALC Clinical Effectiveness Committee

Chaired by the ASA, assisted by a vice chair from JRCALC, and with membership drawn from the ASA, JRCALC and healthcare partners, the priority of the Clinical Effectiveness Committee is to ensure the promotion of the highest quality pre-hospital care through clinical audit, education, and the application of evidence-based practice.

The programmes of the Clinical Effectiveness Committee include the first national audit of suspected acute myocardial infarction and the first ever national audit of 'out-of-hospital cardiac arrest'. Other projects have included the audit of pre-hospital thrombolysis and the pre-hospital administration of morphine and benzyl penicillin.



Mark Cooke

The Clinical Effectiveness Committee hosts a number of annual regional seminars as a way of sharing best practice and to provide local input and discussion to national strategy and decision making.

The Clinical Effectiveness Committee is also responsible for the development of a national framework for clinical performance indicators, which should facilitate reliable and robust benchmarking across ambulance services. Another important development has been the successful lobbying to allow ambulance services access to outcome data (linked through the Central Cardiac Audit Database).

The combined use of ambulance response performance data and clinical performance indicators, linked to patient outcome will soon provide more useful and reliable information regarding service delivery to patients.

The Clinical Effectiveness Committee continues to work in close partnership with many healthcare partners and stakeholders, with the main ones including the Department of Health, Healthcare Commission, National Institute for Clinical Excellence (NICE), MINAP, British Paramedic Association.

In addition to these arrangements, the Clinical Effectiveness Committee has been working actively towards the establishment of a dedicated pre-hospital field within the Cochrane Collaboration.

Mark Cooke



Iain McNeil

Emergency Care Pathway Development Project

To address the widening involvement of ambulance services in out-of-hospital care and the progressive development of paramedics as Emergency Care Practitioners (ECPs), an Emergency Care Pathway Group has very recently been formed to evaluate the requirements to respond appropriately to the new challenges presented in out-of-hospital patient care. A bid has been submitted to the Department of Health to coordinate the creation of agreed common clinical standards through a package of risk assessed clinical pathways that can be used by ECPs and Community Paramedics. The project will be carried out in partnership with care providers and academic bodies along with the National Patient Safety Agency.

There has been a steady year on year increase in demand by the public for unscheduled care in all settings. There are numerous initiatives underway to improve the management of this out-of-hospital unscheduled care but they are being managed in an uncoordinated and non-risk managed way with no focus on patient safety. Of particular note is the development of ECPs. In some areas, guidelines have been developed for ECPs, in others they have not. Thus, ECPs are practising with a variable amount of clinical supervision against variable guidelines that can expose the NHS to the accusation of a post code lottery in care. It was such an accusation that was levied against the ambulance service in 1999 and led to the JRCALC Clinical Guidelines, now adopted by all ambulance services in the UK.

Also of interest, is the development of the 'Community Paramedic' - ambulance staff, located within the community and working in Primary Care, providing a response to life threatening calls in their areas, but also carrying out community-based roles on behalf of General Practitioners. Some have not had sufficient additional education and training and yet are expected to make unsupported decisions about patient care. There is evidence from the United States of high critical incident rates when Paramedics make discharge decisions without extra training. It is, therefore, vital that appropriate care pathways are established to ensure safe practice. It is accepted that there will be a need for local variation in practice dependant upon services available in that area and there is an agreement that variations should be based upon a common core of clinical guidance.

Iain McNeil

Strategy for the future

As part of the Committee's strategy for the future, there are a number of key issues that JRCALC needs to keep at the top of its agenda. In order to continue as a forward thinking organisation, JRCALC must respond proactively and appropriately to these pressures and challenges. For instance, in response to the many changes occurring in out-of-hospital unscheduled emergency care, the role of the ambulance service continues to expand more and more beyond original areas of expertise. Dr Iain McNeil has described how the formation of the Emergency Care Pathway Development Project intends to meet this need.

The close working relationship with the Ambulance Service Association continues to deliver many key benefits, particularly in keeping us informed of the professional and progressive approach of ambulance staff. JRCALC believes it is crucial to actively support the development of this process.

There are a number of organisations with which JRCALC interacts to ensure future development and effective communication. The British Paramedic Association is developing as a body in its own right and JRCALC is committed to supporting its growth. Furthermore, JRCALC wishes to acknowledge the important contribution made by all ambulance service staff in the delivery of the best clinical care to patients.

As we look to the future, it is clear that the absence of formal legal status impairs the Committee's ability to pursue its aims, and confers only limited protection for its constituent members. We are now in the process of determining the means by which this situation can be resolved.

Throughout its existence, the provision of clinical advice to the ambulance service has been one of JRCALC's priorities. The JRCALC Guidelines Sub-committee has continued to ensure the regular publication of up-to-date, evidence-based pre-hospital guidance for paramedics and other ambulance service staff. It is important that this process be extended to embrace those areas not covered by the current Guidelines and address the widening involvement of ambulance services in out-of-hospital care and the progressive development of paramedics as Emergency Care Practitioners. With most Ambulance Trusts now delivering thrombolysis, the JRCALC Thrombolysis Sub-committee can now place more emphasis on its monitoring and relational role by concentrating its



focus on patient outcome and patient-care pathways. The Joint ASA/JRCALC Clinical Effectiveness Group, already tasked by the Department of Health to collect data for the paramedic use of new drugs such as thrombolytics, morphine and benzylpenicillin, is also looking at important areas such as the development of patient-orientated clinical key performance indicators. The increasing demands for the development and professionalisation of the ambulance service underlines the need for the expansion and development of

paramedic/ambulance service staff education. The conjoint role of groups, including the Ambulance Education Training Advisory Group, the British Paramedic Association, the Health Professions Council, the Higher Education Ambulance Development Group and JRCALC, is primarily to address this need. JRCALC is keen to encourage and support research initiatives and already awards an annual prize at Ambex International for an Ambulance Trust research project in conjunction with the 999 EMS (Emergency Medical Services) Research Forum. There is now an initiative for JRCALC to sponsor specific scholarships to encourage ambulance staff professional development.

The contribution and support of local Clinical Advisory Groups (formerly Local Ambulance Paramedic Steering Committees) has always been valued, and JRCALC wishes to facilitate, strengthen and maintain this relationship. It also acknowledges the useful work done by BASMeD (the British Ambulance Medical Directors' Group), many of whose members also sit on JRCALC.

These may be challenging and changing times, but JRCALC intends to develop in order to continue to provide the support and clinical expertise to UK ambulance services for which it is justifiably held in high esteem.



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