

Heads of Agreement involving AACE, JRCALC & NASMeD

1. Introduction

- 1.1. This document sets out the relationship between the Association of Ambulance Chief Executives (AACE), the National Ambulance Service Medical Directors (NASMeD) and the Joint Royal Colleges Ambulance Liaison (JRCALC).

2. Background

- 2.1. JRCALC includes representatives from the Royal Colleges, Colleges and Faculties related to all aspects of the clinical practice of ambulance services in the UK as well as representatives of NASMeD and further expert representation. JRCALC currently consists of specialty experts, and a number of stakeholders. Its role has been to provide robust clinical specialty advice. JRCALC first met in 1989, at this time ambulance services in the UK were smaller in size, with little formal medical director input in many cases. The role of Medical Directors has grown considerably since that time. In 2006 a number of ambulance services merged to form 10 regional English ambulance Trusts.

- 2.2. AACE is a formally constituted private company wholly owned by the English Ambulance Trusts who are all full voting members. As such it is a company owned by NHS organisations. Associate membership is currently open to the Devolved Administrations, Dependencies, Southern Ireland and the Islands. It exists to provide ambulance services with a central organisation that supports, coordinates and implements nationally agreed policy. Its primary focus is the ongoing development of the English ambulance services and the improvement of patient care.

AACE manages a complex infrastructure of national ambulance working groups who lead on various aspects of policy and advice. In doing so it is able to ensure that a national view is taken and consistency is maintained in terms of overall service provision.

- 2.3. The Medical Directors within Ambulance Trusts are entirely accountable for the clinical delivery within their Trust area. NASMeD is one of ten key national director groups and is responsible for providing high level clinical advice to AACE and to DH in formulating ambulance policy. Inevitably as it has evolved it has now subsumed some of the original functions of JRCALC.
- 2.4. Previous national clinical guidelines have been produced with JRCALC overseeing and advising on the development of the guidelines that represent evidence based best practice. A team of clinical experts led by Warwick University were previously responsible to the JRCALC guidelines subcommittee for drafting and

editing. However the ultimate responsibility for the quality of Guidelines, their funding and their ongoing development now rests with AACE and its advisors - NASMeD.

- 2.5. The intellectual property rights relating to the Guidelines have been novated to AACE by the previous owners, the Ambulance Service Association (ASA), which is being wound up as an entity.
- 2.6. AACE now holds all liability for the Clinical Guidelines and has taken out professional indemnification insurance to deal with any challenges which may arise in use of the guidelines going forward.
- 2.7. Given all of the above changes there is a need to revise the working relationships between AACE, NASMeD and JRCALC to ensure that those working relationships operate effectively. This will allow JRCALC to continue to be a source of high level additional clinical guidance to NASMeD both in the production of future Guidelines and as a source of ad-hoc clinical advice on specific issues as and when they arise. The ability to continue to have access to a reconstituted JRCALC and through them to the Royal Colleges, Colleges and related Faculties as a source of additional clinical support to NASMeD is felt to be highly desirable going forward.

3. Revised Arrangements

- 3.1. The responsibility for standards of clinical care within Ambulance Trusts rests with the Chief Executives and Medical Directors of each ambulance service. On behalf of AACE, NASMeD will provide appropriate assurance and lead the development of future versions of the guidelines. A clinical reference group will be required to provide independent, specialist and expert advice to NASMeD.
- 3.2. NASMeD will invite JRCALC to act as that clinical reference group and JRCALC will be invited to regularly review their representation to ensure it remains appropriate. Typically, this will be one or two individuals who can access expert advice from each of the Royal Colleges, Colleges or stakeholders. The group should also provide a horizon scanning function.
- 3.3. AACE will provide funding to cover the legitimate expenses associated with the running of JRCALC meetings going forward.
- 3.4. It is intended that any royalties from the Guidelines will be held by AACE who will fund the development and publication of future iterations of evidenced based JRCALC Clinical Guidelines for use in the NHS ambulance services and the wider pre-hospital care system. These royalties will primarily be used to fund future JRCALC clinical guideline development.

4. Function of JRCALC

Will include:

- 4.1. Maintenance and development of robust Clinical Guidelines for use by paramedics in ambulance services
- 4.2. Provision of multi-disciplinary and expert advice to NASMeD on national clinical standards (either directly or indirectly) regarding emergency and urgent care provided by ambulance services
- 4.3. Provide clinical advice regarding new treatments, equipment or pharmaceuticals that NASMeD may benefit from. Advising on any clinical or technological development that may improve or impact upon the delivery of pre-hospital care
- 4.4. Providing a clinical horizon scanning function through the sharing of intelligence gathered by the Royal Colleges, Colleges and related Faculties and their representatives

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