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The newsletter of the Joint ASA/JRCALC Clinical Effectiveness Committee and the ASA National Clinical Effectiveness Programme

JRCALC

JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

ASA



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Programme for the year ahead

The following initiatives will form the basis of a programme for improving quality within the NHS ambulance services:

NHSLA standards

For background information the Litigation Authority was established as a special health authority to provide indemnity for initially clinical negligence claims and latterly liability and property expenses claims. Clinical negligence is covered by the Clinical Negligence Scheme for Trusts (CNST) whilst liability and property expenses are covered by the Liability to Third Parties (LTPS) and Property Expenses Scheme (PES) respectively. The CNST and Risk Pooling Schemes for Trusts (RPST) risk management programmes support these Schemes. Membership of the Schemes is voluntary and requires regular assessment against risk management standards.

There is currently some overlap between the assessment processes, whilst around 50% of the CNST assessment process is applicable only to acute trusts.

In recognition of these factors the NHSLA is proposing to introduce a combined CNST/RPST set of standards and assessment process for ambulance trusts. A working group of CNST/NHSLA and ambulance service members was established with the aim to focus on the development of ambulance specific standards (see Candour Issue 18 October 2001).

At the second meeting of the working group, feedback was provided on the NHSLA ambulance seminar, which was held in October 2001, where delegates had suggested that the aspects perceived as having the greatest risk were as follows:

- Obstetrics;
- NHS Direct;
- Patient report forms and documentation;
- Thrombolysis; and
- Communications.

After a lengthy discussion the working group decided to look at developing risk management standards on the following topics:

- Drug management with particular emphasis on the use of thrombolytics and morphine;
- The use of first responders, co-responders and ambulance volunteers;
- The security and safety of patients in transport;
- Infection control in relation to the decontamination of ambulances;
- Telephone triage (in collaboration with NHSDirect);
- Communications.

It was queried whether there should be a specific standard on clinical audit. It was suggested that this issue could be incorporated into continuing professional development and the proposed standard on drug management. This issue will be reviewed and a report made to the next meeting.

The DOH circular entitled “The Development of Performance Indicators for NHS Ambulance Trusts” will also be discussed at the next meeting given the obvious implications for duplication and development of standards.

The developments to come from the meeting at the end of January 2002 will be reported in the next edition of Candour.

Electronic Patient Report Forms (E-PRF's)

Several of the initiatives in the coming year require robust, timely and accurate information, for example reporting adherence to standards, clinical governance and clinical audit, and in looking to the future development of these requirements it seems the appropriate use of technology will

provide the answer to how ambulance services can collect such data in a robust and timely fashion.

The Joint ASA/JRCALC Clinical Effectiveness Committee has had several discussions around data collection for national clinical audits and debated the merits of E-PRF's. E-PRF's would ensure consistency, accuracy and timeliness in data capture. It was noted around 5% of patients do not currently get a PRF completed – a major risk to the service.

Any system to be adopted by the ambulance service would have to be patient centered ensuring compatibility with Accident & Emergency systems; telemetry; Electronic Health Records and a plethora of other IM&T systems. Therefore a long-term view must be taken.

There are several initiatives underway around the country :

- 5 services in the West Midlands Region were looking to collaborate on a single E-PRF system. Funding was being sourced through the Modernisation Agenda and through Information For Health monies.
- Surrey Ambulance Service are progressing their SECS Project (see Candour Issue 9 April 2000)
- And there are various other developments across the country.

It has been suggested a common ambulance service-wide specification is written and that a seminar on E-PRF's and Information for Health be held, possibly at Ambex 2002. The work of the Clinical Effectiveness Committee will be co-ordinated with that of the ASA Information for Health Committee to identify any work carried out to date, to establish links, and to develop these ideas further, including the issues of radio technology and telemetry.

Audit tools

The coming year will also see the development of a set of audit tools to measure key performance indicators based around the 2nd edition of the JRCALC clinical guidelines.

Similarly, the Clinical Effectiveness Committee have agreed that the following areas would be developed:

Patient Report Form - compliance & completion

Reasoning - accurate robust data must underpin clinical audit as part of clinical governance.

Cardiac Audit - chest pain, ROSC, time to 1st shock

Reasoning - to comply with NSF requirements and monitor 8-minute response times.

Hypoglycaemia

Reasoning - to support the National Service Framework on diabetes.

Such measures are necessary to improve the quality of care provided to patients through the sharing of good practice.

National Clinical Audit Update

There has been great progress made with the national clinical audit. Installation in all English and Welsh ambulance services should be complete by the time this article is published and the Chairman of JRCALC circulated the first newsletter in December 2002. The main developments to watch out for are:

Website

You can view all the relevant documentation, monitor the progress of the project and get up-to-date news via the project website:

www.asancep.org.uk/ami.htm

Seminars

During January and February 2002 the project team of Stuart Nicholls, ASA Clinical Effectiveness Programme Manager, Lesley Cave, Clinical Audit & Research Manager, London Ambulance Service, and Lucy Evans, Clinical Audit Manager, Twoshires Ambulance Service are holding a series of seminars to promote the CHD project and gain feedback from the users following installation of the database.

We are keen to ensure that we get the national audit off on a good footing and to that end would appreciate any thoughts you may like to offer in the following areas:-

1. Any key issues you would like to see discussed at the seminars
2. Any burning questions you want/need answered
3. Any key issues you would like to raise regarding the installation of the database
4. Any problems you have identified with inputting data onto the database
5. Any other relevant comment not covered by the above

Ideally we would like to predicate as many of the questions and problems as possible in order to be able to bring clear and concise answers for everyone to the seminars.

ASA/JRCALC REGIONAL CHD SEMINARS

Thursday 31 January 2002, Greenways Training Centre, Chippenham
Monday 4 February 2002, Ladybridge Hall Training Centre, Bolton
Friday 8 February 2002, EMAS Training Centre, Leicester
Thursday 28 February 2002, LAS Training HQ, Fulham

PROGRAMME

| | | |
|-------|--|-------------------------------------|
| 10.30 | Registration, Tea/Coffee | |
| 11.00 | JRCALC Introduction | JRCALC Representative |
| 11.20 | National Benzyl Penicillin Audit and recording use of morphine in trauma | Stuart Nicholls |
| 11.30 | Background of SEAGAG | Lesley Cave |
| | Development of CHD Dataset & Database | Lesley Cave/Lucy Evans |
| 12.30 | Installation and implementation of database | Stuart Nicholls |
| 1.00 | Lunch | |
| 1.30 | Local & National Audit Reports And Future development of the database | Stuart Nicholls |
| 2.00 | Question & Answer session | Chaired by JRCALC Representative |
| 2.50 | Summary of the day | JRCALC Representative |
| 3.00 | Finish Tea/Coffee will be served | |

Again look at www.asancep.org.uk for further news on the CHD project

Audits of Benzyl Penicillin and Morphine

Just to reiterate that when treated with Benzyl Penicillin an anonymised copy of the Patient's Report Form should be sent to the ASA Clinical Effectiveness Programme, Friars House, 157-168 Blackfriars Road, London SE1 8EU.

This is also the procedure for the national audit of the use of morphine administered to patients suffering trauma.

CLIP Database

The online Clinical Improvement Projects database, covering completed and ongoing local clinical effectiveness initiatives across the NHS, is now available via the NeLH site at www.nelh.nhs.uk

The online clinical improvement projects (CLIP) database is a new eGuidelines initiative. The database is made up of titles and summaries (where appropriate) of completed and ongoing local clinical effectiveness initiatives from across the NHS.

Each entry includes full contact details for each initiative. It will give users access to a constantly updated index of existing clinical improvement and audit information, to enable the sharing of resources, expertise and good practice across the NHS

We welcome submissions of clinical effectiveness projects to the CLIP database, and offer several different methods to make the submission process as easy as possible:

1. If the information is included in your annual report or other documents, then we can extract the details for you. Just send a copy of the document, with a letter indicating your permission for us to use the information in the database, to: CLIP Database, The Chapel, Park View Road, Berkhamsted HP4 3EY
2. Complete the online registration form
3. Email, in any format, to: CLIP@eguidelines.co.uk
4. Send on disk, in any format, to: CLIP Database, The Chapel, Park View Road, Berkhamsted HP4 3EY

Library of Patient Group Directions at www.jrcalc.org.uk

A library of Patient Group Directions (PGD's) for drugs issued outside the Prescription Only Medicines list is now available at the JRCALC website: www.jrcalc.org.uk

If your trust is looking to develop a PGD you will find guidance to help you write a PGD and a complimentary template to promote common practice across the country.

Similarly, if your trust has already written a PGD please send us a generic version, which others may benefit from without having to reinvent the wheel. PGD's should be in electronic format (ideally in MS Word format) and should be sent via email to pgd@jrcalc.org.uk or follow the instructions at the JRCALC website.

Currently the library consists of the following items:

| Drug | Author (Service) | Posted | File type |
|------------------------------|------------------|----------|-----------|
| PGD Guidance | East Midlands | 10/09/01 | pdf |
| PGD Template | East Midlands | 10/09/01 | pdf |
| Tramadol | JRCALC | 10/09/01 | pdf |
| Tenecteplase | Essex | 20/12/01 | doc |
| Heparin | Essex | 20/12/01 | doc |

Guidelines update

The second version of the JRCALC Clinical Guidelines for ambulance services were published at the end of January 2002. These are an improvement on the original guidelines providing where possible an evidence base or at the very least a consensus of expert opinion from the clinical specialty and prehospital care.

A joint Paediatric Day was held by the JRCALC Clinical Guidelines Committee and the Faculty of Prehospital Care at the Royal College of Surgeon's of Edinburgh during mid-January. The consensus group discussed the treatments being contemplated for use in prehospital care and the use of appropriate equipment, both of which would be built into future prehospital guidelines for care of paediatric emergencies.

NICE Health Technology Appraisal – thrombolytics

The ASA and JRCALC were invited to a preliminary meeting with the National Institute for Clinical Excellence to discuss the health technology appraisal covering the use of thrombolytics in the NHS. A draft document will be produced for consultation by April 2002. The report will look at the clinical and cost effectiveness of thrombolytics, including their use prehospitally. Costs in terms of time, resources, telemetry equipment etc. will be discussed alongside the cost of treatment in itself in determining the best practice for use in the NHS.

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| Just a reminder that previous editions of Candour can be viewed via the ASANCEP website at www.asancep.org.uk/candour.htm which provides an index and contents from Issue 2 (February 1999) to the current Issue. |
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