London Ambulance Service NHS Trust

Policy for Identifying and acting upon National Clinical Guidance

DOCUMENT PROFILE and CONTROL

Purpose of the document: is to ensure the LAS adopt the best available nationally or locally agreed clinical practice guidelines so that the service provide the highest possible standards of triage, treatment and transport to patients.

Sponsor Department: Medical Directorate

Author/Reviewer: Senior Clinical Advisor to the Medical Director. To be reviewed by September 2015.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
14/05/13	3.2	Senior Clinical Adviser to the Medical Director	Minor amendments
18/09/12	3.1	Senior Clinical Adviser to the Medical Director	Minor amendments following approval
14/08/12	2.3	IG Manager	Document Profile & Control update
27/07/12	2.2	Senior Clinical Advisor	Monitoring section updated
26/08/10	2.1	Senior Clinical Advisor	Minor amendments to responsibilities and monitoring, addition of process for ensuring recommendations are acted upon and for documenting any decision not to implement recommendations
23/06/09	1.2	Senior Clinical Advisor	Scope & Objectives, 5.2, 5.4, 5.5 & Training added; additions to 4.2, 6.1
23/09/08	1.1	Records Manager	Added monitoring section
01/06/07	1.0	Medical Director	First approved version

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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The RIB	09/10/12	IG Manager	GCT
The RIB	02/02/10	Records Manager	GDU

Equality Analysis completed on	By
31/07/12	Medical Directorate team
Staffside reviewed on	**By**
22/07/09	Head of Employee Services

Links to Related documents or references providing additional information		
Ref. No.	**Title**	**Version**
TP 039	Policy to responding to external recommendations	
TP 005	Risk Management Policy and Strategy	
TP012	Data Protection Policy and	
TP022	Trust Policy Freedom of Information Act 2000	
JRCALC Guidelines	Clinical Practice Guidelines for Use in UK Ambulance Services (JRCALC Guidelines)	
NICE	National Policy Documents	
LAS Staff	BY virtue of their membership to Committees, Groups or other work programmes of the medical Royal Colleges or Learned Medical Societies	
Ad hoc	E-mails, letters or personal communications received by the LAS from the medical Royal Colleges or Learned Medical Societies regarding proposed or actual changes to national clinical / medical practice	

	that might or would affect LAS practice.	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

The purpose of the London Ambulance Service (LAS) is to provide the highest possible standards of triage, treatment and transport to patients requiring our care. In achieving this aim, the service has a duty to limit the potential risk of harm to patients, potential patients, members of staff and the public. In order to achieve its purpose the LAS will therefore adopt the best available nationally or locally agreed clinical practice guidelines. The core nationally agreed clinical guidelines are the Clinical Practice Guidelines for use in UK Ambulance Services published by the Joint Royal Colleges Ambulance Services Liaison Committee (JRCALC), (commonly called the "JRCALC guidelines"). The LAS acknowledges that other national or local clinical guidelines are also appropriate to LAS clinical practice.

2. Scope

This document sets out the role of the Medical Directorate in ensuring best clinical practice is followed so that the LAS can achieve its purpose and uphold the Visions and Values of the LAS.

This document applies to all national clinical and medical policy, guidance and recommendations that might affect the manner in which the LAS responds to and treats patients. In the main that clinical guidance will come from JRCALC, but this document also gives guidance on how to implement guidance from the medical Royal Colleges and/ or learned Medical Societies.

3. Objectives

1. To provide guidance to LAS Directorates and Departments on how to deal with changes to national clinical guidance that affects the LAS.

2. To inform and remind staff who are members of medical Royal Colleges, or Learned Medical Society committees, groups or work programmes of their duty to inform the LAS if the output of such committees, groups or work programmes affects LAS practice.

4. Responsibilities

4.1 The Medical Directorate will assist the Trust Board via the Clinical Quality Safety and Effectiveness Committee (CQSE) and the Executive Management Team (EMT) in the development and maintenance of the strategic direction of clinical practice within the Trust. This will be achieved through the recognition of both local and national initiatives in ambulance clinical practice. This will involve working with the EMT and other LAS Senior Managers, and where appropriate managers/ clinicians/ experts external to the LAS.

4.2 In the main these initiatives will come via JRCALC, National Institute for Health and Clinical Excellence (NICE), College of Paramedics (COP) and Health and Care Professions Council (HCPC). However, other initiatives will from time to time arise from Care Quality Commission (CQC) enquiries & reports, National Confidential Enquiries/Inquiries, HM Coroner Rule 43 Recommendations, National Service Frameworks, Chief Medical Officer (CMO) Reports. In respect of drugs management it will be necessary to liaise with the DH, the National Prescribing Centre, the Medicines and Healthcare products Regulatory Agency (MHRA) and the Home Office for the relevant guidance, legal directions etc. The Medical Directorate will be the initial conduit through which any such initiative, report or inquiry will be channelled to the appropriate Committee(s), Directorate(s) for consideration and action planning as appropriate.

4.3 The Central Alerting System (CAS), (formerly known as Safety Alert Broadcasting System), is also utilised by the Department of Health (DH) to alert NHS organisations to disseminate information related to patient safety, medical devices, drugs, clinical guidelines and protocols. This is not an exhaustive list and further information can be obtained either from the DH website or the LAS Safety and Risk Department. The LAS Safety and Risk Department administer and service reporting both to and from CAS and through the Medical Director to the Trust Board. **Note**: CAS requires a “Nil Return” reply.

4.4 TP039 Policy for responding to external recommendations, and TP005 Risk Management Policy and Strategy, contain advice and guidance that must be considered when deciding how existing clinical services or activities are being altered, or new ones introduced. These two documents also give clear advice and guidance on reporting structures and systems, setting up short term working groups and monitoring processes.

4.5 The LAS will ensure that any recommendations are acted upon throughout the whole organisation. TP005 and TP039 provide the requisite guidance to determine whether that will, or has happened. If any shortfalls are identified the Medical Director will consult with the Chief Executive to decide a course of action.

4.6 The processes for ensuring the Trust responds to any external organisation or individual request requiring data is covered in TP012 Data Protection Policy and TP022 Trust Policy Freedom of Information Act 2000.

5. Process for Identifying and Disseminating Documents/ Reports

5.1 The Medical Directorate is the LAS gateway through which any such initiatives/ reports/ enquiry results either via e-mail or post (NICE,

JRCALC, DH, CEMACH, CMO, NHS London, COP & HCPC) will be received. Where members of the LAS are a part of a DH / Medical Royal College or Learned Medical Society committee, group or work programme, they will inform both the Chief Executive and Medical Director of that fact. They will then be responsible for discussing with the Chief Executive and Medical Director how and with whom any output from their work impacts upon the LAS and how it is to be implemented, (see also 5.3 below).

5.2 The JRCALC Guidelines are regularly updated, with updates being disseminated to all UK Ambulance Trusts by the JRCALC Guidelines Development Group. The implication(s) and introduction of any update(s) will be taken initially to the Training Strategy Group by the Medical Director. The Training Strategy Group (TSG) will then draw up an action plan that will include as a minimum the education and training requirements, equipment requirements, associated costs and timeframes required to put the update(s) into force.

5.3 It may be necessary/ appropriate to circulate complete documents/ reports to selected Committees, Groups, Managers/ Leads/ Directorate or Departmental Leads. This decision will rest with the Medical Directorate. If deemed necessary/ appropriate the Medical Directorate will provide/ produce an executive summary of any such documents/ reports. NICE updates are regularly provided to the Clinical Governance Committee and the Clinical Audit Group to the Trust Board.

5.4 Where any required changes to clinical practice are identified, a number of existing committees and working groups exist to ensure that any such changes are handled with due consultation, planning and overall clinical and financial governance.

5.5 In the main it will be the CQSE, EMT, TSG, Quality Committee (QC), Medicines Management Group and the Vehicle and Equipment Working Group (VEWG) that will, to varying degrees, oversee the implementation of changes to clinical practice. (The Education and Development Department have membership on all committees and groups detailed above).

6. Organisational Gap Analysis & Organisational Learning

6.1 The organisational Gap Analysis will be undertaken by the Directorate(s) and/ or Department(s) as identified in 5.3 above. A decision will also be made at this time whether Staff Side Representatives, other Directorates/ Departments need to be involved,

6.2 Those Staff Side Representatives, Directorate(s) and/ or Department(s) identified via 6.1 above will also be responsible for ensuring that a strategy for organisational learning is drawn up. This strategy will

consider how any education/ training/ learning is to be carried out, as well as the need(s) for continued learning/ monitoring.

7. Process for Ensuring that Recommendations are acted upon

The Medical Directorate is the LAS gateway through which any such initiatives/ reports/ enquiry results either via e-mail or post (NICE, JRCALC, DH, CMO, NHS London, BPA & HCPC) will be received. All recommendations referred to this policy, with the exception of NICE, will be reviewed by the Medical Directorate to determine their relevance to ambulance pre-hospital care. Where deemed necessary the Medical Director will take the matter to the CQSE. The CQSE will determine what action, if any, is to be taken. Senior Managers will be tasked to respond and report back to the committee, including action plans to address any shortfalls in accordance with timescales.

The Assistant Medical Director (EAST) reviews NICE consultation and guidance to determine its relevance to ambulance pre-hospital care. Where deemed necessary consultation exercises and guidance is referred to the Medical Director to be considered by the CQSE. The CQSE will determine what action, if any, is to be taken. Senior Managers will be tasked to respond and report back to the committee, including an action plans address any shortfalls in accordance with timescales.

8. Process for documenting any decision not to implement recommendations

If the Medical Director deems that recommendations/guidance are not applicable or where no further action is required, this will be reported to the CQSE and documented. Any decision made will be reviewed in light of changes or provision of new services, when they occur, which may lead to previous decisions being revoked

IMPLEMENTATION PLAN				
Intended Audience	For all Medical Directorate staff For all Directorate and Department Heads			
Dissemination	Available to all staff on the Pulse.			
Communications	Revised Procedure to be announced in the RIB and a link provided to the document.			
Training	Given that this document is dealing with national clinical guidance affecting LAS practice(s), it is for each Director and Directorate to ensure that new members to Directorates are made aware of this guidance and how it relates to particular jobs / roles. The Medical Directorate will be the Directorate that is charged with either providing, or directing induction training / education or training about this document.			
Monitoring:				
Aspect to be monitored	**Frequency of monitoring AND Tool used**	**Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported**	**Committee/ group responsible for monitoring outcomes/ recommendations**	**How learning will take place**
Duties, including How the organisation responds to requests for data (Section 4)	Annual PDR process	AOM reporting via Area Quality Meetings	Clinical Quality Safety and Effectiveness Committee	Learning disseminated via various mechanisms including Medical Directorate Bulletins, Area Quality Meetings, Routine Information Bulletins, etc
How the organisation identifies which NICE guidelines/ National Confidential Enquiry/Inquiry recommendations are relevant to its service (Section 5)	Annual review of Guidance and decision taken	Medical Directorate will report to the Training Strategy Group and Clinical Quality Safety and Effectiveness Committee	Trust Board	
How a gap analysis is conducted, and action plans created to address any shortfalls, including recording decisions not to implement (Section 6, 7 and 8)				