



London Ambulance Service **NHS**
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 January 2013.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
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.

For Approval By:	Date Approved	Version
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Medical Director	01/06/07	1.0
Agreed by Trust Board (if appropriate):		

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The Pulse	26/01/10	Records Manager	GDU
LAS Website	26/10/10	Records Manager	GDU
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EqIA completed on	By
21/08/09	Senior Clinical Advisor
Staffside reviewed on	By
22/07/09	Head of Employee Services

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
TP 039	Procedure to responding to external recommendations	
TP 005	Risk Management Policy	
JRCALC Guidelines	UK Ambulance Service Clinical Practice 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 Governance Committee (CGC) and the Senior Management Group (SMG) 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 SMG and other LAS Senior Managers, and where appropriate managers/ clinicians/ experts external to the LAS. The main body that will assist the

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Medical Directorate in this task is the Clinical Steering Group (CSG) under its terms of reference.

- 4.2 In the main these initiatives will come via JRCALC, National Institute for Health and Clinical Excellence (NICE), British Paramedic Association (BPA) and Health Professions Council (HPC). However, other initiatives will from time to time arise from Healthcare Commission enquiries & reports, Confidential Enquiries (CEMACH), National Service Frameworks, Chief Medical Officer (CMO) Reports and other high level inquiries such as Public Inquiries and Inquests. 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. The Medical Director will where necessary liaise with the Chairman of the CGC in making these decisions.
- 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 TP 039 - Procedure for responding to external recommendations, and TP 005 - Risk Management Policy, 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. TP 005 and TP 039 provide the requisite guidance to determine whether that will, or has happened. If any shortfalls are identified the Medical Director will consult with the Chairman of the CGC and the Chief Executive to decide a course of action.

5. Dissemination of Documents/ Reports

- 5.1 The Medical Directorate will receive any such initiatives/ reports/ enquiry results either via e-mail or post (NICE, JRCALC, DH, CEMACH, CMO, NHS London, BPA & HPC). 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

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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 Services Group by the Medical Director. The Training Services Group 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 Senior Management Group, the Clinical Governance Committee, Training Services Committee, the Clinical Steering Group and the Vehicle and Equipment Working Group 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) so 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, The Project Office/ Operational Development Department may also be asked to contribute.
- 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. The Heads of the Education and Development Department and/ or the Operation Development Department can be utilised as required to achieve this.

7. Monitoring

- 7.1 The overall monitoring of the effectiveness of any activities undertaken in Sections 1 to 3 above will be undertaken by the use of CPIs, Clinical Audit & Research Reports, CGC minutes, Area Governance Group minutes and the use of Management Information Department. The Medical Directorate, The Operations Directorate & the Department of Education and Development will also provide advice and guidance on monitoring processes as and when required.
- 7.2 If required the Terms of Reference for existing Committees and/ or Groups are to be amended to reflect the need for monitoring activity to be undertaken and the results disseminated throughout the LAS as required/ appropriate.
- 7.3 If 7.1 and 7.2 are not considered to be appropriate courses of action then the Medical Director will consult with the Chairman of the CGC and the Chief Executive to decide a course of action.
- 7.4 Where the monitoring activity is other than a purely clinical nature then the SMG will decide which Directorate(s) or Department(s) will be responsible for the monitoring of activity undertaken under Sections 4 to 6 above.

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	See section 7.