National Ambulance Resilience Unit
NARU

CLINICAL UPDATE

SEPTEMBER 2020

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BY DR EDDIE TUNN, NARU MEDICAL DIRECTOR

After extensive consultation to which many of you have contributed, I'm pleased to confirm that we are now able to move forward with addressing clinical skills within HART units. This will include gathering evidence on the maintenance of core paramedic clinical skills, together with the introduction of selected elements of extended clinical competencies. For both core and extended skills the over-riding principle is interoperability.

Permissions

In addition to the special operations non-clinical skills, NARU is able to support the clinical skills of HART paramedics through the work of the NARU/NASMeD Clinical Sub Group (CSG), and with a direct reporting line to (and with the support of) the NHSEI EPRR Clinical Reference Group (CRG).

Reviews

A review has been undertaken by the CSG and associated stakeholders, to explore whether selected elements of the extended skills standard of care might be introduced to patients in environments accessible only by HART paramedics. A consensus on the way forward has been reached.

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Ethos: Core vs Extended Standard of Care

HART teams work in the more dangerous and hazardous settings and have always delivered core paramedic skills to patients.

However, other paramedic teams who don't work in these settings have been able to develop their skills further through the provision of extended skills clinicians (such as advanced or critical care paramedics). There are variations between trusts but all deliver some elements of extended care.

Compliance Support and Inspection Visits

This financial year NARU will be commencing annual interoperability compliance visits on behalf of NHS England and NHS Improvement, incidents permitting.

It has been agreed to address elements of clinical skills maintenance in these visits. In addition to the compliance assessment, the CQC is consulting with NHS England and NHS Improvement and NARU on meaningful elements to include in their visits to special operations teams, and the clinical logs will help evidence the maintenance of standards.

To respect the consensus for collecting this clinical education information, the first rounds of NARU visits will include a fairly open invitation to "show and tell" (the clinical contact activity logs will be more factual data) to assist in developing best practice and standards.

Care Quality Commission

Core Paramedic Clinical Skills

To underpin any extension of clinical skills, medical directors have asked for more information about the maintenance and deployment of core clinical skills by HART paramedics. This is to offset the concerns that the special circumstances of HART operations could make maintenance of core skills more challenging.

Data already collected includes number and type of deployments of HART units. More information about the actual clinical work of the individual HART paramedic has been requested.

We will introduce for individual HART paramedics a prospective log of clinical activity and include information on whether the individual was undertaking a lead or supporting (or non-) clinical role for the incident.

We are also aware of many excellent examples of good clinical education practice in HART units across the trusts. There is strong support for the sharing of good practice across the stakeholders; front line HART paramedics, HART managers and medical directors.

We will introduce as a second part of the clinical log, the recording of clinical education in three divisions:

1. The clinical elements of trust mandatory training.
2. Any core paramedic skills clinical training undertaken specifically by HART (e.g. in training weeks or in gaps in live shifts).
3. Any extended clinical skills undertaken in HART.

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Extended Clinical Skills

The consensus is that selected elements of extended clinical skills can be introduced to HART paramedics. The skills have been grouped into priority lists:

GREEN

Those agreed by all parties to be introduced as soon as practicable and forming a minimum standard for interoperability.

AMBER

Those next in line for consideration but not yet being actively evaluated.

RED

Those suggested but not for evaluation yet.

There is also a list of those items considered and by consensus excluded from the HART minimum clinical skills required for interoperability.

Green – Ketamine

It has been agreed that the minimum standard for interoperability is the capability to administer and manage a patient requiring ketamine for analgesia (note not for sedation). The standard does not specify whether a trust achieves this for some or all members of a HART team of six, or whether this is by autonomous or supported decision making.

All trusts in England have the ability to administer ketamine to patients in non-HART environments, and about half of trusts also have ketamine administration as a HART competence. All trusts therefore have the governance systems to deliver ketamine. On one hand the task is simply to add the remaining HART units to those already with the competencies but they need to be interoperable so we need to ensure protocols are consistent across all HART units.

Members of the NARU/NASMeD CSG are drafting a consultation document to lay out all of the scope, education, audit and prescribing issues. We are collecting existing trust protocols and will look to consensus on aligning to ensure interoperability. Separate to the HART skills work NASMeD is working to support the principle of national Patient Group Directives (PGD). If a national PGD for ketamine is agreed outside of HART, that would clearly facilitate the HART alignment.

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Ketamine: Administer vs Awareness Competency

We are intending to suggest two levels of competency for HART teams for ketamine.

All HART paramedics will be required to complete the awareness education, to be able to support the management of the patient by the multi-person team. We will look to include this in the initial HART courses centrally for new entrants and will make the materials available to support existing HART paramedics. These learning objectives and materials will be adjusted to align with existing trust materials.

We will also lay out the competency required to administer the drug and align this with existing trust protocols.

Next Steps

Members of the CSG are preparing the consultation document attempting to address all aspects of the ketamine development. We will then share that with trusts to compare with their existing protocols, so that we can understand similarities and differences. We will then consult on alignment before moving forward to implementation.

We aim to begin the roll-out of both the individual clinical activity logs and the ketamine skills extension within the current financial year.

The lessons learned in the roll-out will help inform how we discuss and possibly promote into the green list, candidate skills from the amber and red lists.