Priority Dispatch Committee

Meeting Minutes

3rd April 2019, PHECC office @ 10:00am

Present:	Apologies	In Attendance
Stephen Brady (Chair)	Andrew McCrae	Richard Lodge, PHECC Director
Anne McCabe	Sean Brady	Brian Power, PHECC PDO
Robert Howell	Derek Scott	Margaret Bracken, PHECC Support Officer
Martin O'Reilly	Peter O'Connor	Aisling Ryan, PHECC Support Officer
John Moody		
Teleconference:	**Absent**	
David Menzies	Brian Byrne	
	Cathal O'Donnell	
	Illona Duffy	

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1. Chair's Business

The Chair welcomed the assembled members and apologies were noted. David Menzies attended via teleconference. Aisling Ryan, who recently joined PHECC as a support officer, was welcomed to the meeting.

2. Minutes from January 2019 meeting

The minutes of the Priority Dispatch Committee meeting of 9th January 2019 were reviewed.

Resolution: That the Priority Dispatch Committee approve the minutes of the meeting held on 9th January 2019.

Proposed: Martin O'Reilly **Seconded: Anne McCabe**
Carried without dissent

2.1 Matters Arising

John Moody sought an update on the meeting of 16th January to discuss the issues of concern regarding NAS participation in the Priority Dispatch Committee. The Chair informed the members that the meeting took place and the Chair, PHECC Director, Brian Power, the NAS Director, Cathal O'Donnell, Macartan

Hughes, and other representatives from NAS were in attendance. A long discussion was had and NAS expressed concern in relation to losing their ACE Accreditation with the International Academies of Emergency Dispatch if NAS comply with PHECC standards. Brian Power assured NAS that PHECC's requirements would not interfere with their ACE Accreditation in any way. The NAS Director had to leave the meeting early and a solution could not be reached with those remaining. It was agreed that a second meeting will be organised by NAS, but no proposed dates have been forthcoming. Martin O'Reilly stated that there is no impediment from DFB's point of view with regard to participation in the Priority Dispatch Committee and complying with PHECC's standards.

Brian Power noted that the Priority Dispatch Committee is an expert Committee with representation from both statutory providers. David Menzies suggested that the PHECC and DFB seek clarification from the IAED that the PHECC standards does not preclude compliance with ACE Accreditation. Brian Power will seek this clarification from the IAED and report back to the Committee.

* The PHECC Director joined the meeting.

The Director noted that the initial meeting with NAS was a discussion meeting and the next meeting will be minuted. The Director queried if DFB use the same priority dispatch system as NAS. Martin O'Reilly confirmed that this is the case and that DFB are currently on their fourth accreditation cycle.

Brian Power outlined the Priority Dispatch Standard as set by Council and the role of the Priority Dispatch Committee. Anne McCabe advised that regardless of NAS participation the Priority Dispatch Committee are required to continue their work unless otherwise directed by Council. It was noted that the Priority Dispatch Committee has been a standing Committee of Council for over ten years with no issues arising before this and the work of the Committee is essential to pre-hospital emergency care. The members agreed that this matter be referred to the PHECC Director and Council for advice.

Resolution: That the Priority Dispatch Committee, having discussed the concerns of NAS at length, are referring the matter to the PHECC Director and Council for advice as to how to proceed.

Proposed: John Moody **Seconded: Anne McCabe**
Carried without dissent

3. Terms of Reference for Priority Dispatch Committee

At the January Committee meeting the members agreed that it is timely to review the terms of reference of the Priority Dispatch Committee. TOR013 Priority Dispatch Committee Terms of Reference were included in the meeting papers. Brian Power informed the group that the terms of reference were provided to the Director of NAS as per his request, and it was hoped that NAS Committee members would be present at this Committee meeting to contribute to this review.

Anne McCabe queried her membership under 5.9 National Transport Medicine Programme coordinator (generic), as NTMP is now a service run by NAS and is no longer a programme. She advised that her role has not changed, but she noted that she was not nominated to the Committee by NAS. Brian Power stated that

the Committee is an expert Committee with representatives from both DFB and NAS. Nominations, other than NAS and DFB, do not have to be made by these organisations.

The Director advised the members that he informed the Director of NAS that the terms of reference would be reviewed at this meeting. He requested that if the NAS Committee members were unable to attend this Committee meeting that they submit their suggestions for consideration. No suggestions were received from the NAS Committee members.

The members reviewed the terms of reference and suggestions were made. David Menzies suggested, in order to ensure a broad range of representation on the Committee and a quorum for meetings, to include up to three nominees at Chair's discretion to the membership. He suggested to consider a representative from first responders. Brian Power suggested the addition of a patient representative as the decisions made by the Committee ultimately affect patients. Implications for GDPR was discussed with regard to a patient representative not associated with the pre-hospital emergency care environment. Brian Power advised that all members sign a confidentiality clause. Frequency of meetings was discussed. The terms of reference state that the Committee shall hold at least three meetings in every year and the consensus was that 75% attendance was a little high. It was agreed to amend this to 50%.

Brian Power will make amendments to the terms of reference as agreed.

- 3. Remove the word "time" to read "Provide advice to Council on response KPIs". The rationale for this is that time is included in all response KPIs.
- 5. Additions to Membership:

  5.12 Up to three nominees at Chair of Priority Dispatch Committee's discretion.

  5.13 One patient representative.
- Frequency of meetings: change acceptable attendance of 75% to 50%.

It was agreed to recommend the revised terms of reference to Council for approval at the next Council meeting.

Resolution: That the Priority Dispatch Committee recommend TOR013 Priority Dispatch Committee Terms of Reference to Council for approval with agreed amendments.

Proposed: Martin O'Reilly **Seconded: Anne McCabe**
Carried without dissent

4. Priority Dispatch

4.1 Ambulance Response Programme

Brian Power and John Moody recently visited the Scotland Ambulance Service on behalf of the Priority Dispatch Committee to see their clinical response model in operation. It was noted that although Sean Brady from NAS was also requested to be part of the visiting team he was not released by NAS Director to

travel. Brian Power presented their findings to the members and a discussion followed. Brian noted that the visit was very worthwhile and informative, and that consideration should be given to adopting a similar clinical response model for Ireland. John Moody endorsed Brian's sentiments.

The Chair thanked Brian on his excellent presentation. He suggested that Brian carry out a scoping exercise on clinical response model and submit a report to the Committee.

The Committee agree the value of continuing engagement with the Scotland Ambulance Service and the value of a scoping exercise on a clinical response model. It was suggested to invite the Scotland Ambulance Service to present to Council. It was agreed that Brian Power will give a presentation to Council and seek a mandate from Council for further engagement with Scotland Ambulance Service to progress this proposal.

Resolution: That the Priority Dispatch Committee seek Council approval for further engagement with Scotland Ambulance Service with a view to explore the introduction of a clinical response model for Ireland.

Proposed: John Moody **Seconded: Martin O'Reilly**
Carried without dissent

4.2 DCR table update

At the January Committee meeting, on the request of John Moody, Brian Power circulated a tabled document of new codes from version 13.1 to be added to the DCR table. Martin O'Reilly requested that a heading for additional high-risk pregnancy be added to the DCR table. A revised document identifying codes that have been changed and new codes, including high risk pregnancy, Fentanyl and Carfentanil overdose/poisoning, was included in the meeting papers for consideration. Brian Power proposed that the new codes be added to the DCR table. Martin O'Reilly noted that FGM is not included in the DCR table, and the members agreed that this will be discussed at the next Committee meeting.

The members agreed that Brian Power will incorporate the new codes into the DCR table, which will become version 9, for recommendation to Council for approval. Revised DCR table version 9 will be circulated following Council approval. John Moody will send the document to Brian.

Resolution: That the new codes as set out in the document presented be added to the DCR table and amended DCR table version 9 be recommended to Council for approval.

Proposed: Martin O'Reilly **Seconded: John Moody**
Carried without dissent

5. Protocol updates

5.1 New protocols

Brian Power informed the members that there is no further update on new proposed protocols 45, 46 and 47.

6. Call taker and dispatcher training/certification

Brian Power provided an overview. At the January Committee meeting certification for all call takers and dispatchers, while working in an EMS call centre, was agreed in principle by the Committee and recommended to Council. Brian stated that a lot of effort has been put into developing call taker and dispatcher training, but no decision has been made regarding certification. He proposed recommending to Council that call takers and dispatchers be certified by PHECC when operating within an ambulance control centre. Martin O'Reilly noted that there is a move away from ambulance control centres towards call centres where call takers are not certified and have no proper training. A discussion ensued on when pre-hospital emergency care actually begins. The consensus was that that pre-hospital emergency care begins when the call is received by the control centre and the person taking the call is doing so in a competent and responsible way.

The Director sought clarification on the training process, course duration and content, and supervision of call takers and dispatchers, which was provided by John Moody and Brian Power. It was noted that the process for NAS is different to DFB, as NAS courses for call takers and dispatchers are separate courses while DFB train call takers and dispatchers together as one. The Chair advised that to ensure competency of call takers and dispatchers PHECC need to deliver training to a particular standard and certify. The Director noted that with a qualification there may be a fear of walking into any call centre which may cause staff retention issues. The Chair advised that it is a major mistake downgrading ambulance control centres to call centres. John Moody noted that DFB refer to a communications centre and not a control centre, and all staff must be trained to do the job they are there to do as there are multiple streams of communication coming in and going out. Brian Power advised that in order to work in a control/communications centre staff should be certified to operate to the PHECC standard.

Brian Power informed the members that the Medical Advisory Committee are looking at definitions of pre-hospital emergency care and no decision has been reached yet. Brian will update the Committee at the next meeting. The Chair noted that there is a body of work involved in setting out a rationale for why certification is important, and this will be discussed further at the next Committee meeting.

7. Hear and treat standard

7.1 Care Quality Commission (UK) survey on hear and treat

A report from Care Quality Commission (UK) "National findings from the 2013/2014 Ambulance survey of 'Hear and Treat' callers" was included in the meeting papers. At the January Committee meeting John Moody stated that the NAS clinical hub is only in operation for eight hours per day and he noted that it would be beneficial to see what standard and data are being used and the outcomes. It was suggested requesting this information from NAS. Brian Power advised that no response has been received from NAS regarding this request for data.

Martin O'Reilly noted that the current pathways being offered are for patients to make their own way to hospital or go to their GP, and the purpose of hear and treat is to avoid hospital attendance and to avoid sending out an ambulance. Brian Power asked whether there should there be a second parallel number other than 999 for people looking for advice i.e. 113 as this may reduce 112/999 call volume. John Moody suggested a clinical desk as opposed to a LoCall. Brian Power advised that NAS are operating a clinical hub

with software (LoCall) that the software company mandates is staffed by an emergency nurse. It was agreed that taking emergency nurses out of the Emergency Departments to man a clinical hub when there is a shortage of ED nurses is not a good idea.

Ann McCabe noted that the current standard is very loose and suggested benchmarking against international standards. Brian Power stated that the hear and treat process is a sound concept and reduces the requirement to send an ambulance to low acuity calls. He suggested a comparison with the Manchester triage system be made which does not have specific ED nurse restrictions. It was agreed that Brian Power will conduct further research for discussion at the next Committee meeting.

8. AOB

There being no other business the Chair thanked everyone and the meeting concluded at 14:30 approximately.

The next meeting of the Priority Dispatch Committee will be held on Tuesday 8th October 2019 at 10:00am in the PHECC office.

Signed: Stef Brady **Date:** 11/11/2019

Chair