

	1 —	Item No 135/17
Name of meeting	Trust Board	
Date	29.11.2017	
Name of paper	JRCALC 2017 Supplement	
	the Integrated Clinical Prac	tice Guidelines
	Application	
Executive sponsor	Dr Fionna Moore, Executive Me	dical Director
Author name and role	Andy Collen, Consultant Param	edic
Synopsis (up to 120 words)	The JRCALC clinical practice go three years on average. This ye	ear, ahead of the next major
	revision later in 2018, a supplement updating a range of key clinical. The launch of the supplement he Trust's implementation of the "id of the JRCALC guidelines) which SECAmb, moving us away from of JRCALC and providing this in and staffs' own smart devices. The Trust will formally adopt the and this paper provides an updath this aligns with the roll out of iCl supporting iCPG prevents the number that the supplement and provides the contained in the pocket book in	areas (i.e. falls, sepsis). cappens to coincides with the CPG app" (electronic version of has been procured by a issuing paper-based copies astead on the Trust iPads 2017 JRCALC supplement, ate on the adoption and how PG. The business case eed to buy paper copies of e information currently
Recommendations, decisions or actions sought	To be aware of and endorse the decision to adopt the 2017 JRCALC supplement in full, with no local restrictions at this stage, and in line with other UK ambulance trusts, and; For the adoption of the 2017 JRCALC supplement to have a start date aligned to the availability of the guidelines in the form of an electronic application "smart device/iPad app", thus avoiding the need to issue paper-based copies of the supplement.	
	To approve the Equality Assess	sment.
equality analysis ('EA')?	subject of this paper, require an (EAs are required for all cedures, guidelines, plans and	Yes / No If yes and approval or ratification is required, a completed EA Record must be attached.

South East Coast Ambulance Service NHS Foundation Trust

Trust Board

JRCALC 2017 Supplement Adoption and Launch of the Integrated Clinical Practice Guidelines Application

1. Introduction

- 1.1. This report is being provided to give an update on the position regarding the recently published Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines 2017 supplement, and its adoption in the Trust.
- 1.2. This paper also provides an update on the recently agreed procurement and deployment of the "iCPG" (integrated clinical practice guidelines) application, which provides the JRCALC guidelines and locally produce clinical guidelines to be accessed on Trust iPads and staff-owned smart-devices.
- 1.3. The Trust Board are asked to receive this paper as awareness for the alignment of the 2017 JRCALC supplement with the projected go live date of the iCPG application.

2. JRCALC Guidelines

- 2.1. The JRCALC guidelines were originally produced in a ring bound file, and were revised on a rolling basis approximately every three years. Recent editions (2013 and 2016) have been "perfect bound" A4 books, produced with accompanying pocket guides.
- 2.2. The 2016 guidelines were not due for republication until at least 2018, but the pace of changes in practice led to a need to create a supplement which was published in October 2017. The supplement covers topics such as falls, sepsis, and maternity care.
- 2.3. In parallel with the development of the guideline review, and the realisation that a more dynamic method of updating guidance was needed, an "app" (software application) has been produced by Class Publishing on behalf of the Association of Ambulance Chief Executives which makes the full guidance available for viewing on iPads and other "smart devices" such as mobile phones.
- 2.4. SECAmb has not formally adopted the 2017 supplement yet as this would require a significant procurement of paper copies, and is therefore working only to the main 2016 edition, which is still current for the conditions listed within it. This is due to the imminent implementation of the Integrated Clinical Practice Guidelines Application into the Trust. The roll out of the iCPG would also see the provision of the 2017 supplement in electronic format.

3. Integrated Clinical Practice Application

3.1. The iCPG app' provides up to date JRCALC guidelines to its users, and SECAmb has recently procured a corporate version of this and is issuing user accounts to all its operational staff.

- 3.2. The app also has the functionality to host locally derived clinical guidance in a seamless style, alongside the main JRCALC guidance. It also includes a function for sending clinical bulletins to staff for the most urgent clinical information affecting patients (for example, medicines alerts).
- 3.3. The JRCALC guidance is always up to date, and already includes the full 2017 supplement guidance. The introduction of iCPG provides an ideal point at which we as a Trust formally adopt the latest version of the national guidelines.
- 3.4. In future, the publication of new editions of the full JRCALC guidance will not require any purchase of A4 books or pocket guides, and all the information will be pushed out automatically to users' devices.
- 3.5. SECAmb, as a corporate account holder, can review all updates and choose to allow this to be presented to our staff as users, or we can hide any elements of the JRCALC guidance not relevant to us (for examples, medicines that are not in our local formulary).
- 3.6. SECAmb staff will be invited to download the SECAmb edition of the app during the week commencing 20th November. The app is currently being reviewed for inclusion on the iTunes store, as is common with all new applications be made available. Staff can install the app on up to 5 devices as part of their user licence.

4. Summary

4.1. JRCALC have recent published a 2017 supplement to their main 2016 edition of the practice guidance, and SECAmb have purchased the iCPG (JRCALC app). While there has been a small delay between the supplement being published and iCPG going live, the avoidance of the purchase of the 2017 books has saved the Trust from making a significant purchase which would quickly become outdated.

5. Recommendation

- 5.1. The Board is asked to note this report, and the following decisions;
 - 5.1.1. SECAmb has formally adopted the 2017 JRCALC supplement in full, with no local restrictions at this stage, and in line with other UK ambulance trusts, and;
 - 5.1.2. For the adoption of the 2017 JRCALC supplement to have a start date aligned to the availability of the guidelines in the form of an electronic application "smart device/iPad app", thus avoiding the need to issue paper-based copies of the supplement.

South East Coast Ambulance Service NHS Foundation Trust Equality Analysis Record

The EA Record below must be completed by the EA Lead, who will be the document owner / author. The EA Record will inform the final decision by the EA checkpoint for approval.

Name of EA Lead and role	Andy Collen, Consultant Paramedic		
Directorate	Medical	Date of analysis:	10/11/2017
What is being analysed?	The introduction of the JRCALC iCPG application and the adoption of the 2017 JRCALC supplementary guidelines.		
Aim(s) of this piece of work	To introduce the electronic version of the JRCALC guidance into practice, and to adopt the latest version/update.		

Summary of the decision:

- Aims and objectives
- Key actions
- Expected outcomes

- Who will be affected and how?
- How many people will be affected?
- The aim of this EA is to support the Board paper to formally adopt the 2017 JRCALC guideline supplement, along with the introduction of the Integrated Clinical Practice Guidelines (iCPG) application, in order to provide clinicians with the most up to date practice guidance in an electronic format.
- The objectives are to ensure that the Board are sighted on the publication of the 2017
 JRCALC supplement; the introduction of the iCPG application, and the alignment of these
 as a single go live date for the guidelines and the application.
- We expect that the iCPG application will be made available to staff towards the end of November, and that the adoption of the guidelines in the iCPG format will happen seamlessly, ahead of a longer term plan to transfer locally derived guidance into the iCPG application.
- All clinical staff who respond to patients will be given access to iCPG, and therefore the 2017 supplementary guidance. This is relevant to about 2250 SECAmb staff in patient facing roles.
- The iCPG will replace the current JRCALC pocket book.

Information and research:

- Outline the information and research that has informed the decision.
- Include sources and key findings.
- Include information on how the decision will affect people with different protected characteristics.
- Information and Research
 - We spoke to other users of the iCPG application, including East of England Ambulance service, who reported their use of the system has been highly successful and no specific issues have been raised from users with protected characteristics
- Impact on Protected Characteristics
 - The JRCALC guidance and iCPG application will have minimal impact on those with protected characteristics. There is a benefit to users with sight problems, as indicated later in this EA.

Consultation and Involvement:

- Has there been specific consultation on this decision?
- What were the results of the consultation?
- Did the consultation analysis reveal any difference in views across the protected characteristics?
- Can any conclusions be drawn from the analysis on how the decision will affect people with different protected characteristics?

Please give a summary below to describe who you consulted and involved in the EA, when and how. Please also list any existing guidance or documentation referred to.

There has been no specific consultation on this decision at this stage.

Is the decision relevant to the aims of the equality duty? Does it:	Yes/No
1. Eliminate discrimination, harassment and victimisation?	Yes
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it?	Yes
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it?	Yes

Assess the relevance of the decision to people with different protected characteristics and assess the impact of the decision on people with different protected characteristics.

When assessing relevance and impact, make it clear who the assessment applies to within the protected characteristic category. For example, a decision may have high relevance for young people but low relevance for older people; it may have a positive impact on women but a neutral impact on men.

Protected characteristic	Relevance to decision	Impact of decision
Protected characteristic	High/Medium/Low/None	Positive/Negative/Neutral
Age	None	Neutral
Disability	Medium	Postive impact. Staff
		withcolour blindness or poor
		eyesight can adjust the app to
		view with different contrast
		and font sizes.
Gender reassignment	None	Neutral
Marriage and civil partnership*	None	Neutral
Pregnancy and maternity*	None	Neutral
Race	None	Neutral
Religion or belief	None	Neutral
Sex	None	Neutral
Sexual orientation	None	Neutral
	Relevance to decision	Impact of decision
Human Rights	High/Medium/Low/None	Positive/Negative/Neutral
	Medium	Positive
* Only applies in terms of internal policies, for staff and HR functions.		

Mitigating negative impact:	Yes/No
Have any negative impacts been identified?	No

If yes, an Equality Analysis Action Plan must be completed and attached to	
the EA Record. A template for the action plan is available in the Equality	
Analysis Guidance on the Trust's website.	

Conclusion:

- Consider how due regard has been given had to the equality duty, from start to finish.
- There should be no unlawful discrimination arising from the decision.
- Advise on the overall equality implications that should be taken into account in the final decision, considering relevance and impact.

The provision of clinical practice guidance is an absolute requirement of ambulance Trusts, as is the imperative to become paper-lite/paper free. These imperatives limit to a great degree the amount of consideration we can influence specific to the JRCALC guidance and iCPG application.

The application does have provision for people with sight problems and allows users to increase font sizes and change the colour/contrast to assist where colour blindness exists. Purchasing a system which has considered and addressed these access issues has provided reassurance to the Trust with regards to impact. Some members of staff who are very familiar with the pocket book as a means of looking up information may take some time to adjust to the App presentation. However, the ability to view the App on different mobile devices, and the capacity to provide regular updates should provide a significant advantage to all staff, which outweighs the concern of those staff less familiar with an online presentation.

Once approved by the EA Checkpoint, this EA Record and, if appropriate, EA Action Plan must be attached to any Board, Committee or Working Group document relating to the decision.

EA Approval	
EA checkpoint	Dr Fionna Moore, Executive Medical Director.
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Outcome / Decision	
Reason for decision	
If approved: I have reviewed this Equality Analysis and to the best of my knowledge it and the	
document it relates to are non-discriminatory and support the aims of the Equality Act 2010.	
Signed:	Date: