

NOTES from NASMeD zoom Covid-19

Thursday 23rd April 1630

Participants

Julian Mark, Cathryn James, NR Brendan Lloyd, Simon Brown, Andy Smith, Tom Davis, John Wray, David Macklin, Michael Norton, Philip Cowburn, Nigel Ruddell, Jim Ward, Jonathan Whelan, Fiona Moore, John Black, Leon Roberts, Eddie Tunn, Charles Deakin.

Partial: Fenella Wrigley, Jenny Winslade.

1. Standing item: Card 36 escalation decisions

JM asked if any members had any request to raise or lower the escalation level.

JWr said that he still thought the level should be lowered to 0. He understood that this was not possible at present, but thought that it should be considered if Trusts were operating at good performance levels.

Dave Macklin explained that lowering the level to 0 would mean the removal of the COVID-19 questions in NHS pathways. However, this was technically possible if NASMeD recommended this course of action to NHSE.

FW joined the call

As the UK continues to have sustained community transmission, it needed to operate a pandemic tool that allows effective identification of COVID-19.

All members apart from JWr agreed to remain on escalation level 1.

The group discussed de-escalation further. JWr explained that while he accepted the decision of the group, his concerns resulted from problems he had seen while using protocol 36 where he believes errors were being made. He asserted that Trusts had been assessing patients for COVID-19 before the use of level 1, but DM clarified that this had not happened; a COVID-19 suffix had just been added.

JWi joined the call

EMAS, LAS and YAS all reported a better patient experience with protocol 36. Chest pain could be separated from COVID-19, and card 36 was much better than card 26 at identifying COVID-19, as some questions were asked under card 36 that weren't asked under any other protocols.

Several Trusts reported increases of patients found deceased when crews arrived, more serious illnesses in patients, patients waiting longer before calling 999, and that patients were reluctant to go to hospital, and needed to be convinced sometimes that the diagnosis related to other conditions and not COVID-19. NWAS would like to understand how long we might need to stay on card 36.

Action: DM to work with JWr and the Academy after the meeting to review cases and check that NWAS was using the right version of Protocol 36, and there weren't any technical problems.