

ReSPECT FAQs

What is ReSPECT?

A process that creates individualised recommendations for a person's clinical care in **emergency** situations, including cardiorespiratory arrest. The process initiates a conversation that:

- Develops a shared understanding of a person's condition, circumstances and future outlook
- Explores that person's preferences for their care and realistic treatment in the event of a future emergency and goes on to make and record agreed clinical recommendations for their care and treatment in a future emergency in which they cannot make or express decisions at the time.

Why is ReSPECT needed?

Evidence shows that DNACPR decision making is flawed:

- No one likes discussing it
- Not routinely completed
- Misunderstood, often mistakenly thought to equate to end of life care
- Difference in care, appropriate treatments are often withheld
- Variation in approach, differing forms, expiry dates etc

This is potentially an opportunity to have one process for recording CPR decisions across the East Midlands and nationally.

Complaints about DNACPR have fallen significantly in organisations where ReSPECT has been adopted.

Who has developed the ReSPECT process?

ReSPECT has been developed by a national Working Group comprising many professional organisations including RCUK, BMA, RCGP, GMC, CQC, Royal College of Nursing and Association of Ambulance Service Chief Executives. There was the opportunity for feedback during the consultation process, over a 1000 responses were received (greater than 90% positive)

It is intended that the document will be adopted across the UK.

Is it a replacement DNACPR form?

ReSPECT is more than a DNACPR form, also recording patient preferences and ceilings of care for emergency treatment. It is likely most patients will have *the CPR not recommended* box signed but it may be appropriate recommend CPR for some patients.

What's the difference between ReSPECT and Derbyshire Health and Social Care Summary

The Derbyshire Health and Social Care Summary is a more detailed care plan recording the maintenance and anticipatory element of care; it can only be completed by GPs.

The ReSPECT form is patient held and records preferences for their emergency care and realistic treatment only.

It is advisable to indicate that further detail is available on the Derbyshire Health and Social Care Summary and to keep the two documents together with the patient.

Who is ReSPECT for?

Any adult over the age of 18 years, but is especially relevant for people:

- with particular health needs that may involve a sudden deterioration in their health
- with a life limiting condition, such as advanced organ failure, advanced cancer or frailty
- at risk of sudden events, such as epilepsy or diabetic crisis
- at foreseeable risk of death or sudden cardiorespiratory arrest
- who want to complete the ReSPECT process and documentation for other reasons.

Who can complete the ReSPECT form?

Doctors can complete the ReSPECT form. In hospital, forms completed by a junior doctor and ACPs, will be countersigned by a Consultant.

In the Community and DCHS, appropriately trained nurses can complete ReSPECT forms, these **do NOT** need to be countersigned by the GP, this is reflected in the DCHS DNACPR/ReSEPECT policies.

Once a ReSPECT form is completed by a senior clinician (doctor or nurse) it is their responsibility to inform the wider health care team.

'Appropriate training' – minimum is the RCUK ReSPECT app education package and confidence to have ReSPECT conversations. There will be future ReSPECT Communication skills training available.

Does the ReSPECT form need rewriting on discharge from hospital?

No, the patient-held form remains valid across all settings. It is considered good practice to review the form at regular intervals and update the recommendations as the patient wishes or clinical condition change.

When a patient is discharged from hospital with a new or updated ReSPECT form this should be a prompt to review the Derbyshire Health and Social Care Summary to prevent the risk of contradictory care plans.

What if a person doesn't want a ReSPECT form?

If a person does not want a ReSPECT form, their wishes should be respected, it is unlikely they will keep the form with them

Or they disagree with a clinical decision?

Where the clinical team think that a particular treatment or intervention should not be initiated in an emergency, all attempts should be made to explain this to the person or their representative including offering a second opinion. A patient cannot demand a treatment that the clinician believes to be futile and the clinician may choose not to complete a ReSPECT form documenting the reasons in the medical record

How will hospital initiated ReSPECT be communicated to GP?

DTHFT will have a mandatory field in the discharge summary indicating

- This patient does not have a ReSPECT form
- New ReSPECT form completed this admission
- Pre-existing ReSPECT form - updated this admission
- Pre-existing ReSPECT form – no changes made
- CPR recommended or CPR NOT recommended
- Free text box for ceilings of care and patient preferences

At this present time DTHFT are not able to scan and email copies nor do they plan to keep copies, however if they do for audit purposes, the copy will be clearly marked "copy" and retained in the notes.

CRH are not able to create mandatory fields in the discharge summary. There will be strong emphasis in policy and education sessions to include details in the discharge summary with CPR/DNACPR decisions, ceilings of care and patient preferences. CRH will retain a copy, clearly marked "copy", in the medical notes.

How will hospital initiated ReSPECT be communicated to DHU/111?

Presently, DHU are not alerted when patients are discharged from hospital on a week-day evening or at the weekends with a traditional DNACPR form. The implementation of the paper ReSPECT does not alter the status quo.

How will ReSPECT be rolled out?

From 4th June patients leaving Acute or Community Hospitals will have a purple ReSPECT plan if appropriate not a red DNACPR form.

Existing DNACPR forms will continue to be valid and will be recognised by all organisations as before and do not need to be replaced immediately.

There is no intention for a “STOP & GO” implementation of ReSPECT and ReSPECT will be phased in over a period of time.

3 stages of implementation:

1. Introduction of the purple form, this is an important part of the education programme to ensure both health and social care professionals are aware of both the *CPR recommended* and *CPR not recommended* boxes
2. Introduction of an electronic form – it is anticipated the GPs will print these form in black and white, B&W forms will be valid
3. Once there is assurance that ReSPECT has been carefully & successfully phased in across all providers, the old DNACPR forms will no longer be required.

Uptake of ReSPECT across General Practice is voluntary in the first instance.

If the patient has 2 forms which one is valid?

The most recent form, whether DNACPR or ReSPECT will be valid, older forms should be crossed through with UPDATED written on them before filing in patient records.

Will a digitised version of ReSPECT be available?

ReSPECT is a paper patient held record. This is also the case for the existing DNACPR form.

The national ReSPECT Working Group is committed to the development of a digitised version of ReSPECT. It should be noted that no time frame has yet been set for this and therefore areas across the country have not delayed their adoption of ReSPECT on this basis.

What is the impact on General Practice?

There is no requirement for a blanket switch over of existing DNACPR forms to ReSPECT. Simply note when a patient is discharged with ReSPECT and tick the relevant box on the Health & Social Care Summary to reflect this and amend the care plan if appropriate (as with current forms this is business as usual)

Continue to use the Health and Social Care Summary as this allows DHU to have a record of the care plan out of hours (they will not be able to see ReSPECT until it is available electronically)

Engage with flexible training opportunities being offered across the county on the ReSPECT process.

Clinicians in areas that have adopted ReSPECT report liking the process. They are happier discussing a decision about CPR within wider goals of care, focusing on choices of treatments to be given rather than specifically on CPR.

Visit the ReSPECT FAQ sheet at www.respectprocess.org.uk for further information and review the ReSPECT Educational app

Feedback experiences of the ReSPECT process to the ReSPECT Implementation Task & Finish Sub-group.