ReSPECT Implementation in Shropshire, Telford and Wrekin

FREQUENTLY ASKED QUESTIONS

1. ***Who is the ReSPECT form for?*** – anyone in theory but especially those patients with complex health problems, severe frailty etc and in the last 12 months of life. (Consider using the SPICT guide to identify these patients www.spict.org.uk)

2. ***What is the ReSPECT form?*** – Recommended Summary Plan for Emergency Care and Treatment: a summary of a patient's wishes recorded on a form that includes their personal priorities for care and agreed clinical recommendations about care and treatment that could help achieve the outcome that the patient would want. It may also highlight those interventions that would not help, or that they would not want. The form is to be used in an emergency when a patient is unable to make these decisions.

3. ***Where can I find the form?*** - there will be an initial supply of the forms sent to General Practices, Community Teams and wards and clinics in the hospitals and hospices but they can also be found in EMIS and Vision under CCG documents and on the GP resources section of the hospice website https://www.severnhospice.org.uk/for-healthcare-professionals/gp-info-hub/dnar-forms/

4. ***Who completes it?*** – the form can be completed by any health care professional competent to do so and ideally trained in "important conversations" but needs to be endorsed by the senior responsible clinician.

5. ***Are we going to insist that GPs sign these forms off?*** - This would depend on the seniority of the clinician: ANPs/ACPs/Community matrons should be able to sign without further GP signing but an MDT approach invariably provides best care for these patients

6. ***Where is it kept?*** – the original form must remain with the patient. Copies can be made and ideally the form should be scanned into the patient's GP electronic record to enable access by all clinicians.

7. ***Do I have to code the ReSPECT form?*** **-** Yes: the READ code 8C59 (emergency treatment plan) and if the patient is not for resuscitation (having a ReSPECT from does not automatically mean the patient is not for resuscitation), please also code "not for resuscitation".

8. ***Do I need to flag patients to 111/Shropdoc/ambulance service? –*** Yes; this can be done using the current system – this remains important whilst the county is in transition between using flagging and using the SCRai.

9. ***Why should I consider the SCRai at the same time as ReSPECT?*** Any clinician with an NHS England smartcard can view the SCRai and could therefore view the ReSPECT and DNACPR codes and any associated text in the GP records of patients who's consent for SCRai has been actioned in the GP records

10. ***What happens to current DNACPR forms?*** – current completed forms remain valid but ReSPECT forms should be used instead of red bordered DNACPR forms from the 31st October.
    DNACPR and ReSPECT forms should be reviewed regularly and updated with any changes.

11. ***Will we be saying "remove all blank DNACPR forms from the system" on the 31st*** – Yes, and replace them all with blank ReSPECT forms

12. ***Is there an agreement on review timescales of the ReSPECT form decision? For example a Coventry policy says something similar to 'review in a timely way following change'*** - review should relate to patient change in condition rather than fixed time but if completed well in advance of EOL it could be considered at annual reviews

13. ***Can GPs use the implementation of ReSPECT as an activity for QI EOL this year?*** Yes!

14. ***Is there a Shropshire, Telford and Wrekin over-arching policy for ReSPECT, or will there be one if not? -*** There is no a plan to have an overarching policy. For governance purposes each organisation is required to have their own policy and staff are directed to their own organisation policy and to take any policy queries back to their own employing organisation.

15. ***Are existing organisational policies being updated to include ReSPECT processes rather than DNACPR? -*** Organisations are currently reviewing and updating their own relevant policies.

16. ***How will organisations treating the patient know that there is a ReSPECT form in place?***

    The patient will have a hard copy and should be encouraged to alert clinical contacts to it. A copy should be coded into the GP record using the READ code 8C59 (emergency treatment plan). In the near future a specific ReSPECT Snomed code SNOMED should be available in EMIS

This code should be visible to anyone checking the Summary Care Record additional information.

Different organisations will manage the documentation as follows:

GP practices will upload and code a copy into the EMIS patient record.

SaTH will scan a copy of the form on to their internal patient record system. It will also be added to the GP discharge summary. The patient will take the original home with them.

The Community Trust will leave the patient with the original and scan and email a copy to the patient's GP via the admin email address for upload and coding into EMIS

The patient/family/carer might find it useful to carry a copy of their form or keep a copy on their mobile device. This could be useful if away from home or it could be used to develop the replacement if the original copy is lost

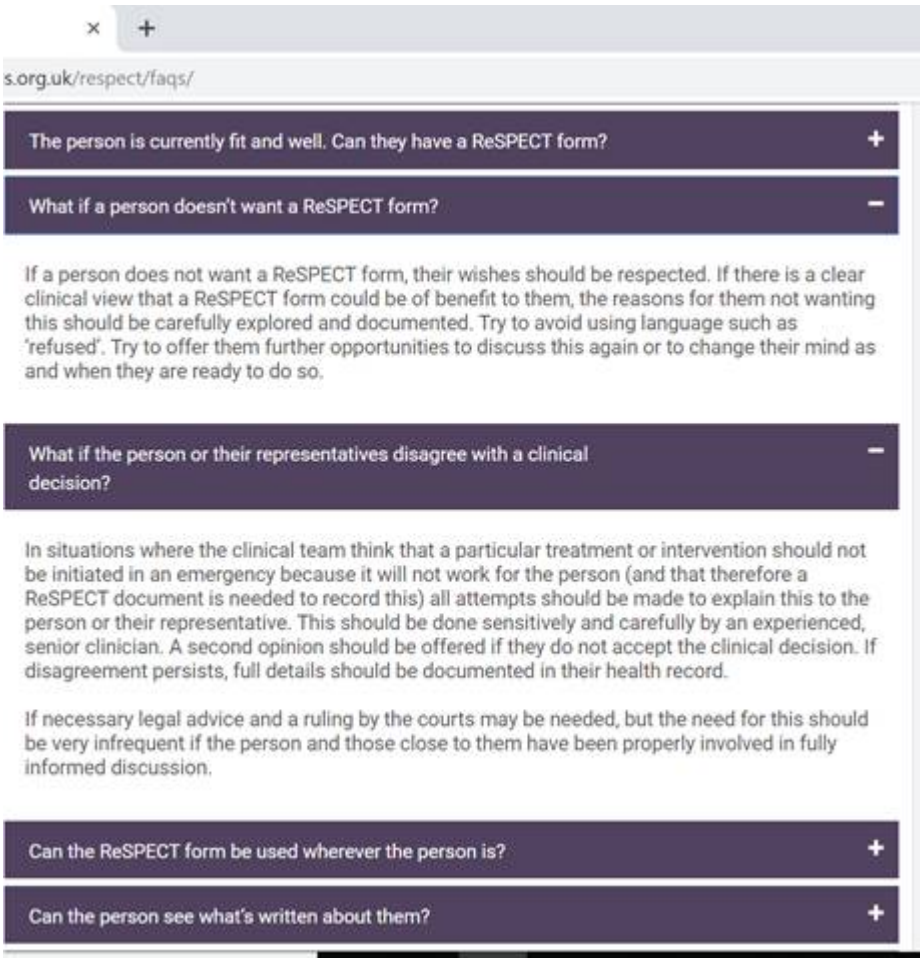
17. ***Are black and white forms ReSPECT acceptable? -*** the Purple form is preferable particularly as it is instantly recognisable in an emergency, but it has been agreed locally that this is not essential, as long as it is the original form with the original signature it can be in black and white

18. ***Will it be acceptable for GPs to refer patients to the community nurse service to complete a ReSPECT from which the GP will then sign off?*** In the future it is expected that the form will be completed well in advance of community teams being involved in EOL care but for those in the last 12 months of life then ideally yes the community teams would be appropriate. Capacity in all services and who is best placed with that patient to consider the form should be considered: if the patient has other needs or already seeing the community teams then it may be acceptable: if the practice has seen the patient extensively then it is likely to be more appropriate time and care management for the practice to complete with the patient. Note the block payment which provides community services is based on caring for housebound patients. However, if consideration of the ReSPECT process highlights EOL being in weeks rather than months then the community team should be made aware in any case. Other providers including the acute trust and especially oncologists for example should have opportunity to consider the ReSPECT process at some stage in their management as it would facilitate consideration of treatment preference.

19. ***Is it essential to put a X on the sliding scale in section 3 of the form?*** - it is not essential to mark with a X. Following discussion it may be apparent where the scale should be marked but the box can be completed with words instead

21. ***Can the ReSPECT form be used just for recording a DNACPR decision -*** the full ReSPECT form should be discussed and completed in a planned way, however it has been agreed locally that in exceptional rare circumstances the DNACPR section of the form could be completed. Be aware that whilst DNACPR is a clinical decision the Tracey ruling (available here https://www.resus.org.uk/media/statements/tracey-v-cuh-and-secretary-of-state-for-health/)

    makes it very clear that this cannot be done in isolation from the patient or the patients family. Guidance is also available here from the Resuscitation Council https://www.resus.org.uk/respect/faqs/ and this provides information about how to record when a person does not want to discuss the form or its contents.



This is a useful article from the BMJ with an example relating to an unconscious patient
BMJ article https://www.bmj.com/bmj/section-pdf/900007?path=/bmj/350/8014/Analysis.full.pdf

22. ***Where can I find more information*** **-** there are many information resources for professionals and patients including PILs (patient information leaflets) on the Resuscitation council website: https://www.resus.org.uk/respect/

ADDITIONAL RESOURCES

Websites:

National Resuscitation Council website – includes online training on ReSPECT www.resus.org.uk/respect;

Worcester Hospital website – very useful short training videos https://www.hacw.nhs.uk/respect/

Top tips for DNACPR https://www.macmillan.org.uk/_images/ten-tips-dnacpr_tcm9-300186.pdf

Top tips for advanced care planning https://www.macmillan.org.uk/_images/ten-tips-advance-care-planning_tcm9-300169.pdf

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/treatment-and-care-towards-the-end-of-life

www.compassionindying.org.uk

www.dyingmatters.org

See GP information hub for a range of useful resources - www.severnhospice.org.uk

www.rcgp.org.uk/daffodilstandards

www.goldstandardsframework.org.uk

Books

Kathryn Mannix – “With the End in Mind”

Atul Gawande – “Being Mortal”