

An introduction to **ReSPECT**

**Recommended
Summary
Plan for
Emergency
Care and
Treatment**

Background

DNACPR decisions and discussions have led to:

- negative patient/public perceptions
- negative clinicians' perceptions
- complaints
- litigation
- negative media reports

Background


Common themes

- Poor or absent communication
- Bad decision-making
- Poor or absent documentation

Background

Court of Appeal 2014

DNACPR decisions



Neutral Citation Number: [2014] EWCA Civ 822

Case No: C1/2013/0645

IN THE COURT OF APPEAL (CIVIL DIVISION)
ON APPEAL FROM THE HIGH COURT OF JUSTICE, QUEEN'S BENCH DIVISION
ADMINISTRATIVE COURT
MRS JUSTICE NICOLA DAVIES DBE
[2012] EWHC 3861 (Admin)

Royal Courts of Justice
Strand, London, WC2A 2LL

Date: 17/06/2014

Before:

MASTER OF THE ROLLS
LORD JUSTICE LONGMORE
and
LORD JUSTICE RYDER

Between:

THE QUEEN ON THE APPLICATION OF DAVID TRACEY (PERSONALLY AND ON BEHALF OF THE ESTATE OF JANET TRACEY (DECEASED))	<i>Appellant</i>
- and -	
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	<i>1st Respondent</i>
- and -	
SECRETARY OF STATE FOR HEALTH	<i>2nd Respondent</i>
- and -	
EQUALITY AND HUMAN RIGHTS COMMISSION	<i>1st Intervener</i>
- and -	
RESUSCITATION COUNCIL (UK)	<i>2nd Intervener</i>

.....

“... presumption in favour of patient involvement...”

Background



Decisions relating to cardiopulmonary resuscitation

Guidance from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing
(previously known as the Joint Statement)

Updated (1st revision) 2015



National guidance on CPR decisions

“...there are clear benefits in having (CPR) decisions recorded on standard forms that are...recognised across geographical and organisational boundaries within the UK.”

Background

but actually...

The collage features several key documents:

- Top Left:** NHS form titled "DO NOT ATTEMPT Treatment Decision Plan (TEP) and Resuscitation Decision Record". It includes sections for "Do not attempt resuscitation" and "Do attempt resuscitation".
- Top Middle:** NHS form titled "DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION". It includes a section for "DO NOT ATTEMPT CPR".
- Top Right:** NHS form titled "UNIVERSAL FORM OF TREATMENT OPTIONS". It includes a section for "DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION".
- Bottom Left:** NHS form titled "DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION". It includes a section for "DO NOT ATTEMPT CPR".
- Bottom Middle:** NHS form titled "DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION". It includes a section for "DO NOT ATTEMPT CPR".
- Bottom Right:** NHS form titled "DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION". It includes a section for "DO NOT ATTEMPT CPR".

Key text elements from the forms include:

- "DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION"
- "DO NOT ATTEMPT CPR"
- "Attempt CPR and refer to DCC if patient deteriorates"
- "Universal Form of Treatment Options"
- "DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION"

What is ReSPECT?

- **ReSPECT** – an alternative process for discussing, making and recording recommendations about future emergency care and treatment, including CPR
- **ReSPECT** – developed by many stakeholders, including patients, doctors, nurses and ambulance clinicians, to try to achieve a process that will be adopted nationally
- **ReSPECT** focuses on treatments to be considered as well as those that are not wanted or would not work
- **ReSPECT** encourages people to plan ahead for their care and treatment in a future emergency in which they are unable to make decisions

How to initiate ReSPECT

ReSPECT Recommended Summary Plan for Emergency Care and Treatment for: Preferred name

1. Personal details

Full name	Date of birth	Date completed
NHS/CHI/Health and care number	Address	

2. Summary of relevant information for this plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort.	Prioritise comfort, even at the expense of sustaining life.
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Considering the above priorities, what is most important to you is (optional):

4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below clinician signature	Focus on symptom control as per guidance below clinician signature
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Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:

CPR attempts recommended Adult or child clinician signature	For modified CPR Child only, as detailed above clinician signature	CPR attempts NOT recommended Adult or child clinician signature
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- The **ReSPECT** form can be used to support discussions with patients (and/or those close to patients)
- Work through and complete each section in sequence

How to initiate ReSPECT

Use the first (lilac) section to:

- record the person's details and the date
- explore and enhance their understanding of their condition and summarise relevant detail
- record details of other planning documents
- help them to identify priorities for their care
- help them to identify what is important to them (if they want to)



ReSPECT Recommended Summary Plan for Emergency Care and Treatment for:		Preferred name	
1. Personal details		Date of birth	Date completed
Full name	NHS/CHI/Health and care number	Address	
2. Summary of relevant information for this plan (see also section 6)			
Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.			
Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.			
3. Personal preferences to guide this plan (when the person has capacity)			
How would you balance the priorities for your care (you may mark along the scale, if you wish):			
Prioritise sustaining life, even at the expense of some comfort		Prioritise comfort, even at the expense of sustaining life	
Considering the above priorities, what is most important to you is (optional):			

How to initiate ReSPECT

Use section 4 (purple) to record the following recommendations (agreed whenever possible):

- the main focus of treatment
- specific types of care and treatment
 - that the person would or would not want
 - that would not work in their situation
- whether or not attempted CPR is recommended



4. Clinical recommendations for emergency care and treatment		
Focus on life-sustaining treatment as per guidance below clinician signature	Focus on symptom control as per guidance below clinician signature	
Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:		
CPR attempts recommended Adult or child clinician signature	For modified CPR Child only, as detailed above clinician signature	CPR attempts NOT recommended Adult or child clinician signature

Remember - these recommendations will guide clinicians having to make immediate decisions in a crisis, so clarity and adequate detail are crucial

How to initiate ReSPECT

5. Capacity and representation at time of completion

Does the person have sufficient capacity to participate in making the recommendations on this plan? **Yes / No**

Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations? **Yes / No / Unknown**
If so, document details in emergency contact section below.

6. Involvement in making this plan

The clinician(s) signing this plan state confirming that these recommendations have (circle at least one):

A been recorded after discussion involving this person, who has sufficient mental capacity to participate in making relevant decisions

B where appropriate, been discussed with a person holding parental responsibility

C in the case of a person who does not have sufficient mental capacity to participate in relevant decision-making, been made in accordance with capacity law

D been made without involving the patient (or best interests/overall benefit meeting if the patient lacks capacity)

If D has been circled, state valid reasons here. Document full explanation in the clinical record.

base, names and roles of those involved in discussion, and where records of discussions can be found:

7. Clinicians' signatures

Designation (grade/speciality)	Clinician name	GMC/NMC/HCPC Number	Signature	Date & time
Senior responsible clinician				

8. Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent			
Family/friend			
GP			
Lead Consultant			
Other			

9. Confirmation of validity (e.g. for change of condition)

Review date	Designation (grade/speciality)	Clinician name	GMC/NMC/HCPC number	Signature

- Be sure to complete sections 5-8 fully
- You must sign section 7 to confirm that all statements and recommendations are valid
- If you are not the senior responsible clinician make sure that they are aware and in agreement with this plan and its content - ensure that they sign to endorse it as soon as is practicable
- Leave section 9 blank for use by a clinician reviewing this **ReSPECT** at a future time

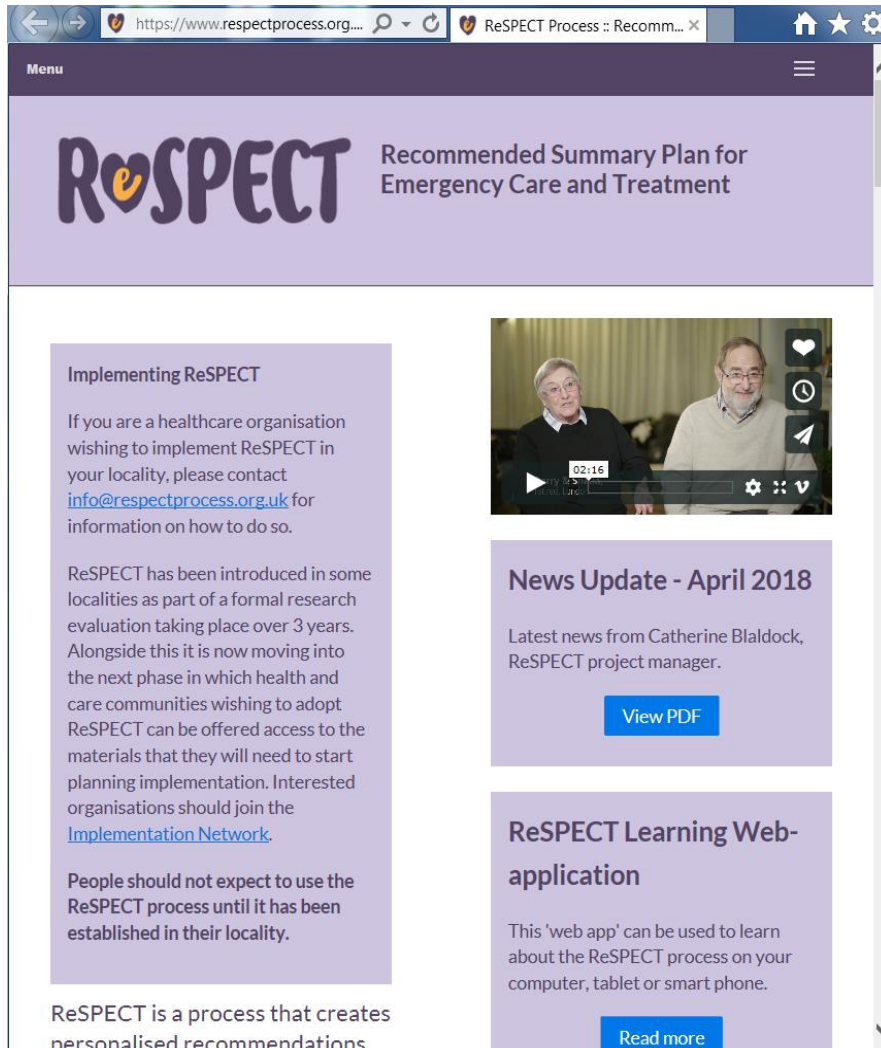
Where are we up to in Lincolnshire?

- **Agreed to roll out ReSPECT across Lincolnshire**
- **Established the ReSPECT Task and Finish Group**
- **Officially registered as an implementer site**
- **Proposed a timetable for implementation**
- **Drafted the countywide ReSPECT policy**
- **Agreed organisations to include ReSPECT within their mandatory training programme**

Where are we up to in Lincolnshire?

- **Developed a Communication and Engagement Plan**
- **Raising awareness of ReSPECT with clinical staff**
- **Plan for public and patient engagement**
- **Agreed to plan a ReSPECT workshop for clinicians in autumn**
- **Considered monitoring and audit post-implementation**

ReSPECT Website



The screenshot shows the ReSPECT website homepage. At the top, there is a navigation bar with the ReSPECT logo and the text "Recommended Summary Plan for Emergency Care and Treatment". Below this, there are three main content areas: "Implementing ReSPECT", "News Update - April 2018", and "ReSPECT Learning Web-application".

Implementing ReSPECT

If you are a healthcare organisation wishing to implement ReSPECT in your locality, please contact info@respectprocess.org.uk for information on how to do so.

ReSPECT has been introduced in some localities as part of a formal research evaluation taking place over 3 years. Alongside this it is now moving into the next phase in which health and care communities wishing to adopt ReSPECT can be offered access to the materials that they will need to start planning implementation. Interested organisations should join the [Implementation Network](#).

People should not expect to use the ReSPECT process until it has been established in their locality.

ReSPECT is a process that creates personalised recommendations

News Update - April 2018

Latest news from Catherine Bladdock, ReSPECT project manager.

[View PDF](#)

ReSPECT Learning Web-application

This 'web app' can be used to learn about the ReSPECT process on your computer, tablet or smart phone.

[Read more](#)

For more information,
FAQs and a
Learning Web-app
visit:

www.respectprocess.org.uk