



## ReSPECT Barnsley FAQ (Clinicians/staff)

### Overview

#### What is the ReSPECT?

ReSPECT is a process that creates personalised recommendations for a person's clinical care and treatment in emergency situations when they are not able to decide or communicate what is important to them.

#### What does ReSPECT stand for?

ReSPECT is an acronym and stands for:

Recommended  
Summary  
Plan for  
Emergency  
Care and  
Treatment

#### Who is it for?

A ReSPECT plan is for anyone; however, it will have increasing relevance for those people who have particular needs, those who are likely to be nearing the end of their lives or who want to record their care and treatment preferences for any other reason and express what is important to them. The ReSPECT process can be used in neonates, paediatrics, with young people and adults.

#### How does it work?

The ReSPECT plan is created through a conversation(s) between a person and one or more of the health professionals who are involved with their care and treatment. The plan should stay with the person and be available immediately to health and care professionals faced with making decisions in an emergency in which the person themselves has lost capacity to participate in making those decisions.

ReSPECT may be used across a range of health and care settings, including the person's own home, an ambulance, a care home, a hospice or a hospital. Professionals such as ambulance crews, out-of-hours doctors, care home staff and hospital staff will be better able to make immediate decisions about a person's emergency care and treatment if they have prompt access to agreed clinical recommendations on a ReSPECT plan.

#### What is a ReSPECT conversation?

ReSPECT conversations follow the ReSPECT process by:

1. Discussing and reaching a shared understanding of the person's current clinical conditions and how they may change in the foreseeable future.
2. Identifying what is important to the person in relation to goals of care and treatment in the event of a future emergency.
3. Recording an agreed focus of care and treatment (either more towards life-sustaining treatment that should/shouldn't be given, and explaining sensitively recommendations about treatments that would clearly not work in their situation). This should make clear if comfort should be prioritised and the reason for this, or what balance there should be.



4. Making and recording a shared recommendation about whether or not CPR is recommended.

### **Why is the ReSPECT process coming to Barnsley?**

The ReSPECT process has been widely adopted within health and care communities around the UK since 2017. Many places in Yorkshire including Leeds, Hull, Doncaster and Bradford are already using this process. Sheffield Children's Hospital has also begun introducing this with children and young people.

The ReSPECT process will (in time) replace the use of the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in Barnsley which currently only record a recommendation about whether CPR should be given if a person goes into cardiac arrest.

The ReSPECT plan will record this information but it will be integrated more widely as part of the overall goals of care and treatment. This will include agreed focus of care and treatment the person would or would not want in an emergency situation that is appropriate.

The ReSPECT process aims to increase communication between clinicians and people by encouraging conversations about a person's priorities for care alongside agreed clinical recommendations.

The introduction of this process will empower people to communicate what they would like to happen in an urgent or emergency situation and will help better ensure that what is important to the person is recorded.

### **When is ReSPECT coming to Barnsley?**

We will be rolling this process out in Barnsley in a phased approach. We are working to support our different health and care providers across the borough. This involves a great deal of planning as well ensuring we have educational resources available to support staff in having these important ReSPECT conversations.

The process will be first launched from 15th March 2023 by staff working at Barnsley Hospital.

We will be sharing learning from those using the process at Barnsley Hospital to further support how we can best roll this out more widely across different organisations working across the borough.

You therefore may come into contact with a person with a ReSPECT plan in place.

If a person has a ReSPECT plan in place and their personal circumstances change, their clinical condition changes or they are unhappy with the content of the information recorded on the plan another ReSPECT conversation should take place and the plan should be amended.

If you have any concerns or need extra support in updating a person's ReSPECT plan please refer to the 'filling in the plan' FAQ section of this document or contact Barnsley Hospitals Quality Improvement team who can seek further advice from the Resuscitation Council UK on your behalf by emailing [barnsley.patientsafety@nhs.net](mailto:barnsley.patientsafety@nhs.net).

This is a voluntary process and a person can decline to have a conversation and plan.



This document will be updated with further timescales on the rollout of the ReSPECT process across different organisations when this information is available. We hope for all organisations in Barnsley to be using the ReSPECT process by the end of 2023.

**How will the plan be accessed?**

A printed physical copy of the ReSPECT plan will be given to the person. This will be the most up to date version of the plan. A ReSPECT plan belongs to the person.

**When should the ReSPECT conversation take place?**

Ideally a conversation should take place when a person is relatively well and able to participate fully in the process. This should happen before an emergency occurs.

**Where should the ReSPECT conversation take place?**

Anywhere – for example in a person’s home, at a GP surgery, a hospital clinic, a pre-operative clinic or at a hospice.

**Who should initiate the ReSPECT process?**

This could be the person themselves, a GP, community nurse, a hospital doctor or nurse. Clinicians engaging in this process should have access to educational materials to support them to have a ReSPECT conversation. Where the plan and form are completed by a non-medic this will be a clinician who has accessed appropriate training and this has been agreed as part of their job role and within their scope of practice.

**Where is the ReSPECT plan kept?**

With the person – they should keep it somewhere safe at home, and let others know where it is e.g. relatives, carers. If they are an in-patient, this should be kept at the front of the paper notes and returned to the person on discharge. A copy or details of the contents should be with the GP or hospital/care home records. Please ensure all these are updated with any changes.

**What training will I/my colleagues need?**

Your organisation will provide you with educational materials to support you to have a ReSPECT conversation. This will include guidance on how to complete the plan. Depending where you work specific training might be mandatory. Further information will be provided as this is introduced across organisations in Barnsley.

**What if the patient lacks capacity to make decisions?**

A ReSPECT conversation must take place with a healthcare professional and a Lasting Power of Attorney for Health and Welfare and/or family members/those close to them. A ReSPECT plan will be created in the person’s best interests (for overall benefit). If the person regains capacity, the conversation and ReSPECT plan should be revisited as soon as possible.

**What if the person speaks/reads a language other than English?**

A professional interpreter (not a relative) should be used if the patient does not speak English. The plan is written in English, as all healthcare professionals need to be able to read and understand the clinical recommendations that are recorded. There are some information leaflets, currently available in 5 other languages that can be given to a person. These are: Urdu, Slovakian, Polish, Russian and Punjabi. We also have it in easy-read versions.

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## Filling in the plan

The Resuscitation Council have developed 'A guide for Clinicians Completing the plan' which can be accessed here: [ReSPECT Guide for Clinicians FINAL.pdf \(resus.org.uk\)](https://resus.org.uk). Please refer to this document when filling in the plan.

### Does this need to be printed in colour/ be purple?

The original paper copy is purple. You may print this in black & white. It does not matter what colour the plan is, both purple and black and white are acceptable.

### How often does it need to be updated?

The ReSPECT plan should be reviewed as and when needed, eg. when a person requests, is admitted to hospital, is discharged, where their condition is changing, has a routine/follow up GP appointment, or at an annual care review.

### Who can have a ReSPECT conversation?

The plan is created through conversations between a person and one or more healthcare professionals who are involved in their care and treatment. The ReSPECT plan provides a summary of these conversations. If any other professionals have contributed to the conversations, they can also sign the plan. Ideally, it should be a professional(s) who knows the person's history best.

### What if the ReSPECT plan needs reviewing?

Speak to the person and go through the ReSPECT plan and see if anything needs changing/updating. If there are small changes/additions, then edit/add these to the plan with your signature/initials at the side.

If there are many changes/additions, then complete a new ReSPECT plan. Only complete a new plan if you feel confident in having a ReSPECT conversation. If you need extra support please reach out to your team. Ensure that any old ReSPECT plans are crossed out with a double line and have 'cancelled' written on them and complete the review box with your name, signature etc.

### Who makes the recommendation about CPR being recommended/not recommended?

If you have previously had conversations leading to a DNACPR recommendation, then you should be able to have a ReSPECT conversation. Please check with your organisation and their policies if you are unsure whether you are able to have these conversations or make CPR recommendations.

### Does every part need to be completed?

Yes. We ask you complete it thoroughly to ensure that conversations and recommendations are recorded accurately and reflect the conversation with the person. We recognise that completing the plan in one go may not be possible and several conversations may need to take place over a period of time before the process is completed and the plan is finalised.

### Do patients/family members have to sign the plan?

No, this is optional. This section has been introduced in response to feedback from professionals and patients, but we appreciate that not all people/legal proxy or family members will want to sign it.

We encourage you to offer patients/family members this option, but without pressurising them to do so. The option for patient/legal proxy or family member to sign the document if they wish, allows all those involved to demonstrate that the patient/family members have



been actively involved in the discussion and recommendations about the person's care and treatment.

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## **DNACPR**

### **Is it replacing DNACPR in Barnsley?**

Yes, the ReSPECT process will replace DNACPR in Barnsley over time. This is about ensuring that recommendations about CPR are included as part of a broader conversation about emergency care and treatment. This will be done in a phased approach. We hope all health and care providers in Barnsley will have introduced the ReSPECT process by the end of 2023.

### **What was wrong with DNACPR?**

There are several limitations to using DNACPR recommendations including:

- Too many inappropriate CPR attempts
- Healthcare staff and patients disliked discussing DNACPR and when it was, it was poorly discussed and not individualised
- DNACPR was misunderstood as people thought all other care and attention was going to be withheld too - which wasn't true. This led to differences in care from some healthcare professionals
- CQC highlighted some issues with DNACPR including a blanket roll out in some areas during COVID-19
- Many different form designs nationwide as there is no standardised way that DNACPR is recorded.

The ReSPECT process has been designed to change and improve this by being a more comprehensive and individualised plan rather than recording just one recommendation.

### **A patient already has a DNACPR form, does it need to change to the ReSPECT process?**

No, but if a ReSPECT conversation or a review occurs, this should be recorded on a ReSPECT summary plan which would replace the DNACPR form.

### **What is the difference between DNACPR and ReSPECT?**

A DNACPR recommendation only focuses on CPR. ReSPECT is a process based on one or more conversations where healthcare staff and the person work together to create a plan. This does include a CPR recommendation however there may be a recommendation that the person is for active resuscitation. Any recommendation about CPR is recorded on the ReSPECT plan and also includes a summary of emergency care and treatment.

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## **Other current plans/documents/processes**

### **How does ReSPECT work with advance care planning?**

ReSPECT is an Emergency Care and Treatment document and is not an End Of Life Advance Care Plan. It is for use in an emergency situation, when a patient may not be able to communicate what is important to them. An Advance Care Plan offers a person the opportunity to plan their future care and support, including medical treatment, while they have the capacity to do so.

### **How does ReSPECT work with other care plans and documents?**

ReSPECT plans provide a summary that applies only in an emergency or when the person has lost capacity to make informed decisions but is not legally binding. It can work well



alongside other, broader or more detailed care plans. These could be a legally binding Advanced Decision to Refuse Treatment (ADRT) or an Advance Directive.

### **What about other current plans/documents in use such as Advanced Care Plans?**

These can still be used. Part of section 2 of the ReSPECT allows you to record if the person has these other plans/documents.

### **What is the difference between ReSPECT and an Advance Decision to Refuse Treatment (ADRT)?**

An ADRT is a legal document that people in England & Wales can complete to refuse treatment that they don't want to receive. If it is completed according to the Mental Capacity Act 2005 it is legally binding.

A ReSPECT plan can be used to draw attention to the presence of an ADRT and should contain relevant aspects within the summary recommendations for treatment and care. If you would like to find out more about ADRTs, or make one for free, you can do so at [www.mydecisions.org.uk](http://www.mydecisions.org.uk).

### **How does ReSPECT work with an Advance/Anticipatory Care Plan (ACP) or EOL plan?**

The ReSPECT plan can be used alongside Advance/Anticipatory Care Plan (ACP) or End of Life plan. It does not replace it and can complement the conversation and planning that staff have with people and carers.

### **Who can I contact if I want to have a ReSPECT conversation and create a plan?**

Resources and support will be made available at a local level. Please contact the ReSPECT lead in your area to find out what arrangements have been put in place. If you are unsure who your lead is please contact [barnsley.patientsafety@nhs.net](mailto:barnsley.patientsafety@nhs.net) who will be able to help.

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## **Special circumstances**

### **What if LPA (Lasting Power of Attorney for Health and Welfare) disagrees with recent the ReSPECT recommendations?**

The ReSPECT plan is not a legal document. The recommendations were made at the time the plan was created – check this date and who it was discussed with. Use the plan and have a conversation with the person or any LPAs to come to an agreement about a plan of care and treatment including a recommendation about CPR.

Recommendations around appropriate interventions such as, CPR, are medical recommendations and a person cannot demand CPR if it is unlikely to work and be in the person's best interest.

A person/LPAs may decline these if they wish, but they cannot demand treatments that are not clinically appropriate or will not work.

\*NOTE\* Ensure that the LPA is for health and welfare, not finance and property.

### **What if the ReSPECT plan I encounter is poorly written?**

This may include poorly legible writing on the paper copy, or use of unclear jargon e.g. 'Level 1 care'. Follow the process in your organisation to raise an issue/complaint. This may involve the ReSPECT plan being reviewed by the person and another ReSPECT conversation taking place.