FAQs clinicians

General

What is ReSPECT?

ReSPECT is a process where a patient and healthcare team talk together and work out a personalised plan for potential future emergency treatment - to ensure that the patient receives the best possible treatment for their individual situation.

What does ReSPECT stand for?

ReSPECT is an acronym. This stands for:

Recommended
Summary
Plan for
Emergency
Care and
Treatment

What is the ReSPECT conversation?

ReSPECT conversations follow the ReSPECT process by:

- Discussing and reaching a shared understanding of the persons' current state of health and how it may change in the foreseeable future.
- Identifying the persons' preferences for goals of care in the event of a future emergency.
- Using that to record an agreed focus of care (either life-sustaining treatments or more towards prioritising comfort over sustaining life).
- Making and recording shared decisions about specific types of care and realistic treatment that they would want considered, or that they would not want, and explaining sensitively advance decisions about treatments that clearly would not work in their situation.
- Making and recording a shared decision about whether or not CPR is recommended.

Why do we need it?

See answer below for 'What was wrong with DNACPR?'

Who is it for?

Everyone. It does have increasing relevance for those people with particular healthcare needs. This can be those who are at risk of cardiac arrest, nearing the end of their life or simply for those who want to record their own preferences. ReSPECT is suitable for both adults and children of all ages.

How is the plan accessed?

This will be different, depending on where you work. In Primary Care, we are using a digital version of the plan which is available on SystmOne and EMIS. In Secondary Care, we will be using paper plans until a digital format is available.

When should the ReSPECT conversation take place?

Ideally when a person is relatively well and able to participate fully in the process. This should be before an emergency happens as this reduces their ability to make decisions.

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 start the ReSPECT process?

This could be the person themselves, a GP or community nurse or Hospital doctor or nurse. Clinicians engaging in this process should have had training in its use.

Where is the ReSPECT plan kept?

With the patient – 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, it is kept at the front of the paper notes and returned to the patient 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.

Is there an electronic version?

Yes. Primary Care will complete an electronic version and print a copy for the patient, in the same way they currently do for DNACPR forms. Other organisations have paper versions. In the future STH will also be using electronic plans.

Do other areas in the UK use ReSPECT?

Yes including Derbyshire, Leeds and Doncaster

What are the differences between version 2 and version 3 of the plan?

Sheffield will be rolling out with version 3. Compared to version 2, there are minor variations to the appearance of some of the boxes, and wording of some of the headings. Both versions are valid. There may be updated versions in the future.

What training will I/my colleagues need?

One off initial online training. Your organisation will decide if/when refreshers are needed. You can choose to repeat it if you would like a refresher, especially if you do not often use/see the plan.

What if the patient 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 it. There are some supporting leaflets, currently in 5 other languages that can be given to patients. These are: Urdu, Slovakian, Polish, Russian and Punjabi. We also have it in easy-read versions.

Filling in plan

How long does it take to fill in?

A ReSPECT conversation should take a similar amount of time as the conversation leading up to a DNACPR decision, completing the summary plan may take place at the same time as the conversation or shortly afterwards.

Does it need to be purple?

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

What if the patient lacks capacity to make decisions?

A ReSPECT conversation can be had with carers, family members and other professionals if the patient lacks capacity (lacks the ability to understand information and use it to make informed choices). In this situation a ReSPECT plan can be made which is agreed to be in their best interests (for overall benefit). If the patient regains capacity, the conversation and summary plan should be revisited as soon as possible.

What happens if the patient's address changes?

The ReSPECT plan remains valid as the patient remains the same. For example, if the person is away from home on holiday. However, a permanent address change needs to be updated as soon as possible on all copies.

How often does it need to be updated?

The ReSPECT summary plan should be reviewed as and when needed, eg when a patient enters hospital, is discharged or has a routine/follow up GP appointment.

What if the ReSPECT plan needs reviewing?

Go through the ReSPECT process and see if anything needs changing on the plan. 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 plan. Ensure that any old forms are crossed out with a double line and have 'cancelled' written on them.

Who can fill it in? Who should fill it in (ideally)?

The plan is created through conversations between a person and one or more healthcare professionals who are involved in their care. The ReSPECT summary plan should be completed to summarise these conversations by an appropriate clinician who will sign the plan. If any other professionals have contributed to the conversations, then they can also sign the plan. Ideally, it should be a professional(s) who know the patient's history best.

Who makes the decision about CPR recommended/not recommended?

If you have previously had conversations leading to a DNACPR decision, then you will be able to have ReSPECT conversations, leading to making decisions and fill in the summary plan. Please check with your organisation and their policies if you are unsure whether you are able to have these conversations or make CPR decisions.

Does every part need to be filled in?

Yes. When the ReSPECT process is used and the plan is completed, it's important for professionals and patients to remember that this plan will be used in an emergency by other healthcare professionals, such as ambulance crews, care home staff and out-of-hours doctors. So, we ask that you complete it thoroughly to ensure that conversations and recommendations are recorded accurately and clearly before it placed in use. 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 it is placed in use.

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 patients/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 / other have been actively involved in the discussion and recommendations about the person's care and treatment.

DNACPR

Is it replacing DNACPR?

Yes, Sheffield have made a decision that city-wide, ReSPECT is replacing DNACPR.

What was wrong with DNACPR?

There are several limitations to using a DNACPR form 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.

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

A patient already has a DNACPR form, does it need to change to ReSPECT?

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's only focus is on a decision NOT to perform CPR on someone. 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 decision however the person may include the decision for active resuscitation. The ReSPECT plan is the documented evidence of this and also has a summary for use in an emergency.

Other current plans/documents/processes

How does ReSPECT work with advance care planning?

Advance care planning is a voluntary process of person-centred discussion between an individual and their care providers about their preferences and priorities for their future care, while they have the mental capacity for meaningful conversation about these. ReSPECT forms part of the advance care planning process, focusing on emergency situations and CPR decisions.

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 Sheffield such as Okay to Stay and RESTORE2?

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

Special circumstances

What if LPA (lasting power of attorney) disagrees with recent ReSPECT recommendations?

The ReSPECT plan is not a legal document. The recommendations on there 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 patient or any LPAs to help you come to a decision regarding medical choices including CPR. Decisions around appropriate treatment options to offer, including CPR, are medical decisions. Patients/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 who wrote it.