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From the Chief Medical Officer
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Addresses
For action
Chief Executives, NHS Boards
Resuscitation Leads, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards

For information
Directors of Public Health, NHS Boards
Palliative Care Executive Leads
DNACPR Review Group

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Policy Issues
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Dear Colleague

PUBLICATION OF UPDATED NHSSCOTLAND 'DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION' (DNACPR) POLICY AND RELATED MATERIALS

This letter announces the publication of the updated national DNACPR Adult Policy. The original DNACPR policy was published in 2010. A review of the previous policy, which included extensive engagement with and contributions from key stakeholders, was undertaken during 2015.

This updated policy reflects changes in the national (UK) Good Practice Guidance ("Decisions relating to CPR" revised 3rd edition) that was published in 2016 by the British Medical Association, the Royal College of Nursing and the Resuscitation Council (UK). The review confirms the General Medical Council Guidance, as well as taking account of legal changes resulting from recent case law

The presumption in favour of informing patients

The adult DNACPR policy emphasises that, where CPR will not work, there should be a presumption in favour of informing patients of a DNACPR decision. This information should always be shared sensitively, within the context of exploring goals of care and shared decision-making around realistic emergency treatment options.

The revised policy also confirms the only justifiable reasons for not sharing this information are:

- when the patient lacks capacity to engage (the information must be shared with the welfare attorney/guardian or those close to the patient without delay where this is practicable and appropriate);
- when the patient refuses to engage in anticipatory care conversations;
- or when it is judged that the conversation would cause the patient physical or psychological harm.

Key conversations

The policy identifies the key importance of conversations, conducted within the context of anticipatory planning which is realistic regarding deterioration and which establishes an individual's goals of care. Supporting and enabling staff in all health and social care settings to have the confidence and competence to engage in this sensitive communication with patients and families is of the utmost importance.

Helpful resources for patients, families and staff

It may be helpful to encourage use of the patient information booklet or factsheet to support such conversations with patients and families:
http://www.gov.scot/Publications/2016/08/8711 or
http://www.gov.scot/Publications/2016/08/3508

Stakeholders within NHS Boards and partner organisations should now raise awareness of the policy, and facilitate necessary training, supported by the resources and tools available through the following website link
http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/peolc/DNACPR/Training

Boards should also consider local arrangements to ensure inclusion of this material in both current mandatory CPR training sessions and in new staff induction programmes.

Printing of Forms

Boards are responsible for the printing of the new forms and for ensuring that the transition from the old forms is planned and resourced appropriately in every area. Boards will be aware that the new DNACPR form is not a legal document, and the 2010 form will remain a valid and recognisable way of communicating a DNACPR decision. However the new DNACPR form prompts and supports the changes in good practice and is recommended to be introduced and used as soon as is practicable, to minimise clinical risk and to support clinicians to provide best care for patients and families. The artwork and printing instructions can be accessed here: http://www.healthcareimprovementscotland.org/our_work/person-centred_care/dnacpr/dnacpr_indicator/information_for_dnacpr_leads.aspx

Improving care and measuring impact

Boards are also asked to consider how best to monitor the impact of the DNACPR policy for their patients, using existing governance structures and processes.

The Scottish Patient Safety Programme (SPSP) has a work stream which aims to improve outcomes for people who are deteriorating in acute care. Part of this work is to improve reliability of person centred communication on decisions regarding resuscitation status for people who are at risk of cardiac arrest.

The SPSP has worked with a number of NHS boards to develop and test a measurement framework for DNACPR. The purpose of this framework is to support local improvement by providing guidance for data collection and review at hospital and NHS board level. It will facilitate the delivery and measurement of DNACPR, and this will support person centred care decisions, communication and documentation. The measurement framework can be accessed at http://www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Acute%20Adult%20Care/DNACPR_MeasurementPlan.pdf

Yours sincerely

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