

Personalising your clinical care

West Suffolk NHS Foundation Trust has adopted the ReSPECT process in our health and care community.



The ReSPECT process is about improving care outcomes and patient experience, in line with a person's wishes as far as possible, and helping conversations to take place between patients and clinicians about emergency, urgent and end-of-life care in a variety of care settings.

It is important that all professionals involved in applying the ReSPECT process are committed to involving people fully in realistic and person-centred decisions about their care, in a spirit of shared understanding.

Putting you first

What is ReSPECT?

ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. It is a process and a form.

ReSPECT is about creating personalised recommendations for someone's clinical care in emergency situations where they are not able to make decisions or express their wishes.

How does ReSPECT work?

ReSPECT starts with identifying someone who is suitable for the ReSPECT process.

A two-way discussion then takes place between the person and the healthcare professional to discuss their current and future state of health, and their priorities of care.

The wishes and recommendations are documented on a ReSPECT form by the healthcare professional.

The form is kept by the person and should travel with them.

The plan should be reviewed and can be modified whenever the person's circumstances or condition changes, or if they want to reconsider the recommendations.

ReSPECT is a different kind of emergency planning process because:

- **ReSPECT** is 'proactive' and not 'reactive'.
- **ReSPECT** is personalised.
- **ReSPECT** involves more than just the person.
- **ReSPECT** is about more than just a CPR decision.
- **ReSPECT** applies nationally and in all settings.
- **ReSPECT** has been developed by national experts and members of the public.

What is a ReSPECT conversation?

ReSPECT conversations follow the ReSPECT process by:

- Discussing and reaching a shared understanding of the person's current state of health and how it may change in the foreseeable future.
- Identifying the person's preferences for goals of care in the event of a future emergency.
- Using that to record an agreed focus of care (either more towards life-sustaining treatments or more towards prioritising comfort over efforts to sustain 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 (cardiopulmonary resuscitation) should be commenced.

Who is ReSPECT for?

Anyone can participate in the ReSPECT process and it can be used for all ages. Even if they are currently well, particular consideration should be given to:

- People with a long-term-condition, life limiting condition or disability who may deteriorate suddenly or are at risk of a sudden event.
- People who were otherwise well who have deteriorated suddenly.
- People at foreseeable risk of death or sudden cardiorespiratory arrest.
- People having an intervention, such as major surgery.
- People who are nearing the end of life.

The ReSPECT process is best started and the form completed when the person is relatively well, so that if a crisis occurs, their preferences and agreed clinical recommendations are already known and recorded. However, some people may develop a sudden, severe illness so consideration and discussion for ReSPECT should be done as soon as reasonably possible.

Who can complete ReSPECT?

Any professional involved in a person's care can initiate the ReSPECT process with endorsement from the senior clinician.

Will this replace the DNACPR form?

Yes, it will eventually replace the DNACPR (do not attempt cardiopulmonary resuscitation) form to create a unified, recognised document. However pre-existing DNACPRs will still remain in place and a new ReSPECT form can be completed.

The new ReSPECT form will include recommendations for or not for CPR. Staff should continue to review Treatment Escalation Plans but may start to see an increase in the use of ReSPECT forms.



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