

## Health Overview & Scrutiny Committee End of Life care Review (Use & Effectiveness of DNACPR<sup>1</sup> Forms)

### Responses to questions asked

1. Is your organisation using this form? If not, why not? Are all the relevant members of staff aware of its existence?

Organisation	Response
Yorkshire Ambulance Service (YAS)	<p>Yes</p> <p>YAS is a sitting member of the DNACPR Strategic Working Group and has worked closely with all 12 PCTs across the Yorkshire &amp; Humber Strategic Health Authority (SHA) region since the inception of the project.</p> <p>All operational staff are aware of the existence of the new form and associated processes, although it needs to be noted that not all staff in the North Yorkshire area of YAS are yet formally trained (please see YAS answer to question 3)</p>
Leeds & York Partnership Foundation Trust	<p>Yes, the form is included in the Trust's <i>Do not attempt cardiopulmonary resuscitation (CPR) policy</i></p> <p>All staff were briefed on the updated policy and it is available to access from the NHS North Yorkshire &amp; York intranet</p>
NHS North Yorkshire & York (NHSNYY)	<p>NHSNYY does not use the form but does require the use of the form in secondary care provision and</p>

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<sup>1</sup> Do Not Attempt Cardio Pulmonary Resuscitation

Organisation	Response
	promotes the use of this form by all care providers
York Teaching Hospital NHS Foundation Trust (YTHFT)	Yes Everyone in the organisation is using Version 12 of the Strategic Health Authority (SHA) form. This has been rigorously implemented across Acute and Community Hospitals, along with the roll out of the new DNACPR policy from December 2011. Discussions are underway with GPs about encouraging the use of the forms and also with Nursing Home Forum in Selby and York locality to encourage the use of the forms.
CYC – Adults Children’s Education (ACE) Directorate – Assessment & Safeguarding	This form requires clinical medical completion. Our social work/care managers are aware of its existence. The staff in CYC residential homes work with their GPs to ensure this form is completed when appropriate.
Independent Care Group <sup>2</sup> – Home 1	Yes, we are all using the form
Independent Care Group – Home 2	Yes all trained staff are aware of the form
Independent Care Group – Home 3	Yes, we are using the form
Independent Care Group – Home 4	Yes
Independent Care Group – Home 5	Yes, our organisation is using the DNACPR form, senior staff do know of their existence, however most of our new clients have had the form completed before admission, which makes the

<sup>2</sup> The Independent Care Group received responses from several residential homes and nursing homes across the city – each response has been included in this document individually

Organisation	Response
	process easier for us
Independent Care Group – Home 6	Yes
Independent Care Group – Home 7	Yes
Independent Care Group – Home 8	Yes, we are using the form and all the RNs are aware of it
St Leonard's Hospice	Yes, we are utilising the DNACPR form
Macmillan Cancer Support (MCS)	<p>MCS does not employ the Macmillan professionals directly however we do advocate the use of the DNACPR form and are aware that palliative care teams are actively working together on the development and utilisation of the form. The aim being to improve quality of care, informing patients and families and involving timely, active discussions with patients/carers and the wider health care teams about proactive plans and advocating patient choice about treatment plans for End of Life Care.</p> <p>The DNACPR form is part of the discussions about patient choice, active involvement in discussions about preferred place of care and what support practically, emotionally, socially and psychologically is required by the patient and family. The essential component within this is not only the discussions taking place but more importantly that the specialist and wider generalist teams have the skills, competence and confidence to discuss end of life care issues in a timely and supportive way.</p>

**2. Can you give the Committee some positive examples of the way your organisation has used the DNACPR form?**

<b>Organisation</b>	<b>Response</b>
Yorkshire Ambulance Service (YAS)	<p>The pre-dominant object of the regional DNACPR process is to offer a robust method of communicating the resuscitation status of a patient in cardiac arrest to all health professionals who may come into contact with the patient along their care pathway. Ultimately this objective is to support a dignified death and to negate inappropriate and futile resuscitation efforts that would be contradictory to the views of the medical team of the patient.</p> <p>Across YAS and certainly one example within the North Yorkshire area, trained crews have been presented with a valid regional DNACPR form on arrival at the scene of a patient in cardiac arrest. This then has rightly led to no further clinical intervention but equally importantly the instigation of an element of pastoral care for the relatives who were present at the time of death.</p>
Leeds & York Partnership Foundation Trust	<p>The Older People's service ensures that discharged patients to nursing homes have their form retained in the records that are kept by the nursing home. This prevents nursing homes from raising the issue again with patients and/or their families</p>
NHS North Yorkshire & York (NHSNYY)	NHSNYY has an identified project lead who is a

Organisation	Response
	<p>member of the Regional DNACPR Project Board and Strategic Working Group. The project lead has been involved in the roll out and implementation of the form across North Yorkshire</p> <p>Information on the project has been cascaded to providers and NHSNYY has a web page on their intranet</p> <p>The Out of Hours handover forms from GPs to Out of Hours (OOH) doctors has been re-designed to include information on DNACPR status, ensuring good sharing of information</p>
York Teaching Hospital NHS Foundation Trust (YTHFT)	<p>Julie Dale (Specialist Palliative Care Nurse, YTHFT), is able to present an example of a gentleman from Ward 32 who went home for end of life care. It was clear to all involved - ward staff, ambulance crew, community district nursing, hospice, at home and out of hours GP that the patient had a DNACPR order and had expressed a wish for a natural peaceful death that was achieved.</p> <p>Out of Hours handover forms from GPs to OOH doctors have been re-designed to include information on DNACPR status, ensuring good sharing of information.</p>
CYC – Adults Children’s Education (ACE) Directorate – Assessment & Safeguarding	N/A as we do not lead in using the form
Independent Care Group – Home 1	It prevents admission into hospital when not

Organisation	Response
	appropriate
Independent Care Group – Home 2	We are speaking to all our residents/or their families to ensure they understand why we want these forms in place and it is part of the discussions we have about end of life care so we understand our residents/families wishes
Independent Care Group – Home 3	No
Independent Care Group – Home 4	When the service user moves to Hospital or Nursing home, clear information for staff
Independent Care Group – Home 5	We always send our completed DNACPR form with our resident if admitted to hospital, none have been put into action yet
Independent Care Group – Home 6	All new admissions are assessed and the family are involved with this process and it is care planned if DNACPR is in place. The family sign to say they are agreeing to the plan, also a red sticker is on the resident's file to say DNACPR
Independent Care Group – Home 7	If we know the person does not want to be resuscitated we have managed to talk to them and their family. Sometimes doctor slow in signing the form
Independent Care Group – Home 8	Our GPs are using the forms and are happy to complete them. Our Company (Mimosa Healthcare) like the forms as they are in line with the MCA
St Leonard's Hospice	We ensure that patients are discharged from the Hospice with either a DNACPR, if appropriate, or a

<b>Organisation</b>	<b>Response</b>
	documented conversation that it had been discussed.
Macmillan Cancer Support (MCS)	As per question 1 – there is discussion with the teams about the use of DNACPR forms and the part that this has in quality of care and management of patients. No operational examples available at this time, however MCS is aware of the core part that this form has in active patient management and involving patients and families in choices related to actively taking part in decision making.

3. What training has your organisation provided in relation to completing and using the form? What percentage of staff has your organisation trained? When will the remainder be trained? Can you evidence how staff are trained? In addition to this do you offer refresher training and routinely offer training to all new members of staff on how to use the form?

Organisation	Response
Yorkshire Ambulance Service (YAS)	<p>All existing staff receive a module session on DNACPR which is incorporated with their mandatory Resuscitation Guidance Update training programmes – as at 13<sup>th</sup> February North Yorkshire A/E staff training compliance is 82.37% (327). It may be noted that the reason for DNACPR training to be added to other mandatory training is that there is no specific funding available to support DNACPR education to any area of the health economy within the Yorkshire &amp; the Humber region. It naturally applies therefore that this lack of financial support slows the process of training and education to all professionals.</p> <p>It can be further confirmed that all new staff are provided with DNACPR training within their formal education programme and refresher training is also accounted for within the future mandatory Resuscitation Guidance updates.</p> <p>Seventy A/E frontline staff are yet to receive formal DNACPR training and based on the on-month training progression it would not be unrealistic to</p>



Organisation	Response
	suggest that completion of this programme in North Yorkshire may be completed by around May/June of this year.
Leeds & York Partnership Foundation Trust	<p>The use and rationale of the form is covered in the Basic Life Support (BLS) presentation. The Intermediate Life Support (ILS) Training is being modified to cover the use of the form</p> <p>29% of staff have received BLS training for the first 7 months of this financial year</p> <p>95% of staff identified as requiring ILS training have been trained in the same timeframe</p> <p>Additional training is in place to the end of this financial year</p>
NHS North Yorkshire & York (NHSNYY)	Staff do not require formal training but there is information regarding the form and training materials on the intranet if required. The project lead is also available to provide training/briefings in-house
York Teaching Hospital NHS Foundation Trust (YTHFT)	<p>Basic Life Support training is delivered annually to all staff who have patient contact and this training includes information about DNACPR and the form.</p> <p>1,789 acute and community staff have had this annual mandatory basic life support training. This training from 2011 has included information about the DNACPR form, and an awareness about its use. This will be repeated annually for all staff who are in</p>

Organisation	Response
	<p>patient contact.</p> <p>Training DVD and information also given to GP &amp; dental practices who access our training (recently Copmanthorpe, South Milford, dentist at Orthokind, York, Pickering, Sherburn)</p> <p>DVD on form completion &amp; difficult conversations shown to new doctors on Induction Programme in PGME (Post Graduate Medical Education) (first week in February &amp; August)</p> <p>DVD &amp; Question &amp; Answer sessions with Band 6 and higher nurses and therapists facilitated by Resuscitation Officers. Planned to repeat for Community staff new to the Trust across Scarborough, Whitby and Ryedale.</p> <p>Additional Training by Hempsons, solicitors for medical staff and senior nurses in January 2012 on form completion and difficult scenarios.</p> <p>(this information supplied by Resuscitation Officer and Corporate Learning &amp; Development Team)</p>
CYC – Adults Children’s Education (ACE) Directorate – Assessment & Safeguarding	No specific training to care management staff

<b>Organisation</b>	<b>Response</b>
Independent Care Group – Home 1	Only nurses complete the form, would only train everyone else if this is a requirement
Independent Care Group – Home 2	We are a small Nursing Home so at present it has been the manager or her deputy who have dealt with the forms
Independent Care Group – Home 3	The form is of constant discussion at our nurses meetings for the difficulty in getting GPs to sign the form and the families and resident not wanting to enter into conversation about it. All the nurses have been trained on them. Staff were trained by the General Manager who attended a meeting with a representative from the PCT who came along and explained the need and how to use the form effectively. The form is constantly on care file audits we complete as General Managers. New staff are shown the form as part of their documentation training on induction.
Independent Care Group – Home 4	None, the organisation speaks to the GP in relation to completing and using the form and at the moment the GP does all the form filling We are residential care
Independent Care Group – Home 5	We have attended meetings about the form but no official training has been given yet
Independent Care Group – Home 6	I have been advised that all staff are aware in the use of the DNACPR paperwork
Independent Care Group – Home 7	All our trained staff have been trained to use the

Organisation	Response
	form. We have included the topic in staff meetings. If the form changes in any way staff are updated
Independent Care Group – Home 8	Staff have not been trained on the form itself
St Leonard’s Hospice	The training has been informal and via a cascade approach in team meetings. I have not been able to gain evidence of who has been trained at this point.
Macmillan Cancer Support (MCS)	MCS provides education and learning grants for Macmillan professionals which they can access on an individual basis or as part of the team. The grants could potentially be used in this area for improving the knowledge, competence and skills of teams if this was requested.

**4. How has the use of the form been integrated into your own policies? Is it written into your own policies?**

<b>Organisation</b>	<b>Response</b>
Yorkshire Ambulance Service (YAS)	<p>Yes.</p> <p>YAS not only has integrated the DNACPR regional form and processes into its Resuscitation Policy but also now has a specific Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) Policy and Procedure that outlines the processes for both the A/E and PTS elements of the trust when treating and/or transporting patients with a DNACPR decision in place.</p> <p>This policy at the time of writing was circulated to all PCTs via the DNACPR Strategic Working Group to inform and assist with the newly adopted processes within both the community and acute setting to ensure alignment of services.</p>
Leeds & York Partnership Foundation Trust	Yes, the form is included in the Trust's <i>Do not attempt cardiopulmonary resuscitation (CPR) policy</i>
NHS North Yorkshire & York (NHSNYY)	The form has been fully integrated into our policy
York Teaching Hospital NHS Foundation Trust (YTHFT)	<p>Yes. It is integral to our DNACPR policy and has been rolled out across the organisation and is available for all staff on the Intranet.</p> <p>It has been the focus of much work post CQC inspection and is high profile within the organisation.</p>
CYC – Adults Children's Education (ACE)	N/A

Organisation	Response
Directorate – Assessment & Safeguarding	
Independent Care Group – Home 1	Yes, and now kept in residents' files
Independent Care Group – Home 2	We are trying to ensure that we ask all our residents their wishes but find we have to pick the appropriate moment. We are currently deciding what our time scale for doing this will be and then we will include it in our policies
Independent Care Group – Home 3	The form has not been written into our policies being a national company all PCT areas are not working with these
Independent Care Group – Home 4	Work in progress
Independent Care Group – Home 5	No, this has not been incorporate into our policies and procedures
Independent Care Group – Home 6	No comment provided
Independent Care Group – Home 7	We already had end of life wishes integrated into our documentation/policies
Independent Care Group – Home 8	The forms are used in conjunction with the end of life section of our care plans and policy
St Leonard's Hospice	It is not integral to any of our policy currently but we have our end of life pathway review ongoing
Macmillan Cancer Support (MCS)	The education and learning grants offer opportunities for the Macmillan teams to identify education and learning needs and devise their own bespoke education programme, which the grant could support. MCS also has 'Learn Zone' which is a resource available to anyone whether they are a Macmillan

<b>Organisation</b>	<b>Response</b>
	<p>professional, health or social care professional or member of the public. This is free and only requires registration. There are already many resources available including specific resources e.g. Out of Hours toolkit, palliative care education modules which are highly relevant to the delivery of specialist and generalist palliative care and have been devised with the involvement of MacMillan GPs and Macmillan Clinical Nurse Specialists.</p> <p><a href="http://www.macmillan.org.uk/learnzone">www.macmillan.org.uk/learnzone</a></p>

## 5. Do you audit the use of the form? If so, how?

Organisation	Response
Yorkshire Ambulance Service (YAS)	At this juncture there is no formal audit in place for DNACPR within the trust annual audit cycle. However within the YAS Patient Report Form (PRF) all DNACPR patients are recorded irrespective of clinical intervention or otherwise as it needs to be remembered that YAS may attend DNACPR patients with an acute episode of illness or injury. This facility will therefore allow for future planning to include any audit relating to the new process.
Leeds & York Partnership Foundation Trust	Yes, after completion of a DNACPR form, staff must complete and submit a DNACPR completion form to the Governance Manager
NHS North Yorkshire & York (NHSNYY)	Audits have been completed as part of the Regional Project. The audit has focussed on questions relating to the implementation of the form, training received and quality checks on completeness of forms
York Teaching Hospital NHS Foundation Trust (YTHFT)	Yes. The Trust's Compliance Unit regularly audit the completion of DNR/CPR forms and feeding this back to Ward Sisters, Consultants and the Corporate Directors. Any errors identified are addressed. (Information supplied by Compliance Unit)
CYC – Adults Children's Education (ACE) Directorate – Assessment & Safeguarding	N/A



## Annex D

Organisation	Response
Independent Care Group – Home 1	No
Independent Care Group – Home 2	Not yet
Independent Care Group – Home 3	The form is audited in the care file audit process in the home
Independent Care Group – Home 4	Work in progress- we have just started to look at the audit
Independent Care Group – Home 5	We include the form in discussion with the family and GP when need arises i.e. review or change in a persons health needs
Independent Care Group – Home 6	It is audited when the care file is audited which is done in a planned way
Independent Care Group – Home 7	No we haven't up to now
Independent Care Group – Home 8	No
St Leonard's Hospice	There is currently no audit, but our audit process is currently under review
Macmillan Cancer Support (MCS)	Macmillan services undergo service reviews which involve the Macmillan Development Manager, the Macmillan team and their managers. The review will include looking at the evidence which demonstrates quality issues around impact and added value which the specialist teams provide. Involvement with DNACPR forms will be an operational issue which may be discussed at the review together with appropriate tools e.g. Gold Standards Framework, Liverpool Care Pathway. The service review provides opportunity to acknowledge best practice

<b>Organisation</b>	<b>Response</b>
	and to share good practice from other areas as appropriate.

**6. In relation to the DNACPR form - have you received any complaints from families after a relative has passed away? If so, what lessons have you learned from this?**

<b>Organisation</b>	<b>Response</b>
Yorkshire Ambulance Service (YAS)	YAS is aware of two examples of inappropriate resuscitation each of which appears to have involved crews who were not trained on the new DNACPR process.
Leeds & York Partnership Foundation Trust	There have been no complaints
NHS North Yorkshire & York (NHSNYY)	No complaints from families/carers
York Teaching Hospital NHS Foundation Trust (YTHFT)	In the last year there have been 2 or 3 complaints. These have focussed on the issue of communication with family members. In light of these complaints the policy has been reviewed regarding communication and a training programme put in place for all medical staff and appropriate senior nursing staff. See other comments from YTHFT (Information supplied by Complaints team)
CYC – Adults Children’s Education (ACE) Directorate – Assessment & Safeguarding	No
Independent Care Group – Home 1	No complaints received
Independent Care Group – Home 2	No
Independent Care Group – Home 3	No complaints
Independent Care Group – Home 4	No
Independent Care Group – Home 5	We have not used one yet
Independent Care Group – Home 6	No
Independent Care Group – Home 7	We have not received any complaints

<b>Organisation</b>	<b>Response</b>
Independent Care Group – Home 8	No complaints about the form, but have brought up the subject at the recent relatives meeting so all are aware of it
St Leonard's Hospice	<p>We have had feedback from a family who had a relative at home that had a DNACPR form and was at the end of life. At the point where the patient stopped breathing the family called 999 and an ambulance crew attended the house and attempted to resuscitate the patient despite being aware of a DNACPR.</p> <p>The issues for us were relating to our communication to families on what to do and who to call when a patient dies to prevent 999 calls in the future.</p> <p>This information was fed back to YAS at the time by the previous Director of Clinical Services for the Hospice</p>
Macmillan Cancer Support (MCS)	I have no information related to this area. If MCS receives a complaint about patient care or experience we have a complaints procedure to follow and would discuss with the appropriate employer/organisation.

**7. Are there any barriers to your organisation using the form? If so, what are these and what action have you taken to try and resolve this?**

<b>Organisation</b>	<b>Response</b>
Yorkshire Ambulance Service (YAS)	There does not appear to be any specific barriers other than the educational issues as described in our answer to question 6
Leeds & York Partnership Foundation Trust	We have found no barriers in using the form
NHS North Yorkshire & York (NHSNYY)	No
York Teaching Hospital NHS Foundation Trust (YTHFT)	All staff to be using the most current version of the form and to be aware of its use and developing the skills in having difficult conversations around end of life care. Feedback regarding the form itself has been given to the SHA project group to say that the design of the form and the flow of information within the form is not intuitive and the information could flow better DNACPR task group started at end of 2011 to prioritise issue, new policy, training and education.
CYC – Adults Children’s Education (ACE) Directorate – Assessment & Safeguarding	N/A
Independent Care Group – Home 1	No
Independent Care Group – Home 2	Not really – some GPs are sometimes reluctant to have them in place unless the resident is terminally ill
Independent Care Group – Home 3	No
Independent Care Group – Home 4	Too early to say

<b>Organisation</b>	<b>Response</b>
Independent Care Group – Home 5	We do feel that these could be used inappropriately if everyone was not in agreement as to the person's capacity and general health status
Independent Care Group – Home 6	No barriers
Independent Care Group – Home 7	No, not once all were on board
Independent Care Group – Home 8	Only that most staff leave this subject to deal with at a later date and then forget about it
St Leonard's Hospice	No barriers to using the form, our difficulty is around the timing of the conversations with patients and their expectation when they are admitted. The area has often not been discussed prior to a patient coming into the Hospice
Macmillan Cancer Support (MCS)	MCS has a role in negotiating with teams, their managers and employers and using opportunities to influence from a local, regional or national level. MCS advocates working to develop and improve DNACPR and End of Life Care.

**8. Has your organisation had any experience of the form not working? If so what were these experiences and what course of action was taken to try and resolve the problem?**

<b>Organisation</b>	<b>Response</b>
Yorkshire Ambulance Service (YAS)	<p>A number of issues have been raised via the DNACPR Lead for the PCT to YAS all of which in the main have related to three specific areas of concern:</p> <ol style="list-style-type: none"> <li data-bbox="1227 544 2042 1054">1. YAS crews not accepting a document which does not have a red border. This remains very much an educational issue within YAS and relates to the agreement by the DNACPR Strategic Working Group that a document can either have a red or black border as long as it is the original document. It may be noted that this decision was agreed to accommodate the desires of GP practices across all PCT areas who argued that they did not have colour printers in their surgeries not the budget to replace or upgrade. YAS is continuing to work hard both inside the trust and with colleagues from the PCTs to address this issue</li> <li data-bbox="1227 1190 2042 1356">2. YAS crews not accepting forms as they were concerned that the form was not an original as agreed within the original process. At the most recent meeting of the Strategic</li> </ol>

Organisation	Response
	<p>Working Group - is now agreed that crews no longer are required to obtain assurance that the document is the original but may act upon the document provided and as long as they are satisfied that the DNACPR decision relates to the patient in their care and that it is both in date and fully signed by an appropriate clinician.</p> <p>3. YAS crews not accepting the form as they are under the belief that the review date of the form has expired.</p> <p>This appears to be a further educational issue probably based on staff's previous understanding of the time limitations of the old DNAR style forms</p> <p>Once again YAS is working hard to ensure that staff are fully aware that the form is valid if the review date is in date (and this period can be anything up to six months) or alternatively if there is no review date included (but is signed) that the form can be deemed as valid for an indefinite period.</p>
Leeds & York Partnership Foundation Trust	We have had no experience of the form not working
NHS North Yorkshire & York (NHSNYY)	<ul style="list-style-type: none"> <li>• Yes:</li> <li>• Ambulance Crew call to transport patient from home to hospice. Crew stated DNACPR</li> </ul>



Organisation	Response
	<p>form was out of date and refused to transfer the patient with the DNACPR form at the house. The crew wanted the form updating and also the section regarding ambulance crew guidance completed.</p> <ul style="list-style-type: none"> <li>• GP was contacted to complete another DNACPR form.</li> <li>• Ambulance crews have stated it was not a valid document because: <ul style="list-style-type: none"> <li>• The form should have red borders</li> <li>• The form is a copy</li> <li>• The crew felt the form needed reviewing as the form was several months old (i.e. more than 3 but less than 6 months)</li> </ul> </li> <li>• There are no instructions for ambulance crews</li> <li>• Not always resolved at the time but reported to Yorkshire Ambulance Service (YAS) as the forms were valid at the time of the incident</li> </ul>
York Teaching Hospital NHS Foundation Trust (YTHFT)	The form itself works well. See other answers for issues that are raised
CYC – Adults Children’s Education (ACE) Directorate – Assessment & Safeguarding	No
Independent Care Group – Home 1	No
Independent Care Group – Home 2	No
Independent Care Group – Home 3	Where residents and relatives have agreed their decisions then the GP has refused to sign them, the

Organisation	Response
	resident was then part of an unexpected death procedure in the home and the resident had been dead a matter of minutes before they were found. The ambulance came blue light after being told it is not an emergency as the person was dead (confirmed by a registered nurse) and they carried out CPR
Independent Care Group – Home 4	Received forms from York Hospital not filled in correctly – family not signing the form and do not know anything about it
Independent Care Group – Home 5	No
Independent Care Group – Home 6	No
Independent Care Group – Home 7	No
Independent Care Group – Home 8	No, I think it is a good form and has saved us having to create another 'best interest' decision form of our own
St Leonard's Hospice	See Hospice response to question 6
Macmillan Cancer Support (MCS)	I have no specific information or examples of this, although there have been general discussions related to the management of patient care when a patient's condition has deteriorated and yet the family have relayed that the patient did not wish to be resuscitated and admitted, but procedure/policy led to this happening.

**9. Has your organisation had any experience of patients being given CPR even though there has been a DNACPR form in place? What were the circumstances which overruled the DNACPR decision?**

<b>Organisation</b>	<b>Response</b>
Yorkshire Ambulance Service (YAS)	Please see YAS's response to question 6
Leeds & York Partnership Foundation Trust	This has not occurred
NHS North Yorkshire & York (NHSNYY)	<p>Yes</p> <p>Rapidly deteriorating patient discharged, to fulfil his wish to go home to die</p> <p>DNACPR in place and discussed with patient, the family, the ambulance crew taking him home and the hospice team –agreed what to do if he died during the journey home</p> <p>The GP OOH's Palliative Care Handover Form was completed and faxed</p> <p>When he died his carer rang 999 and a crew was dispatched who went on to attempt CPR</p> <p>This was unsuccessful and the police and the coroner were then involved</p> <p>The ambulance crew had not received their training and therefore wouldn't accept the form</p>
York Teaching Hospital NHS Foundation Trust (YTHFT)	<p>On occasion an out of hours phone call made by family to alert OOH to an unexpected death have resulted in the despatch of paramedic responders and police and telephone advice about starting resuscitation. This is not about compliance with</p>

Organisation	Response
	<p data-bbox="1176 240 2011 320">DNACPR form but the appropriate triaging of such phone calls.</p> <p data-bbox="1176 368 2042 536">Across the SHA commissioners are doing a piece of work with YAS about this and are collating information. The feedback from commissioning is as follows:</p> <p data-bbox="1176 544 1995 663">There have been very few problems in the City of York area that have been brought to the commissioners' attention:</p> <ul data-bbox="1205 671 2033 1142" style="list-style-type: none"><li data-bbox="1205 671 2033 887">• June 2011 – Ambulance crew stated DNACPR form was out of date and refused to transfer the patient with the DNACPR form at the house. They wanted it update and also the section regarding ambulance crew guidance completed</li><li data-bbox="1205 895 2033 1142">• November 2011 – the Director of Clinical Services, St Leonard's Hospice informed the project lead of an incident in November 2011. The patient was also known to the Specialist Palliative Care Team who also raised this as a concern.</li></ul> <p data-bbox="1240 1150 2033 1361">Rapidly deteriorating patient discharged, to fulfil his wish to go home to die. DNACPR in place and discussed with patient, the family, the ambulance crew taking him home and the hospice team – agreed what to do if he died</p>

Organisation	Response
	<p>during the journey home.  The GP Out of Hour's Palliative Care Handover Form was completed and faxed  When he died his wife, as family members do, rang 999 and a crew was dispatched who went on to attempt CPR.  This was unsuccessful and the police and coroner were then involved.  The ambulance crew had not received their training and therefore won't accept the form</p> <p>Across North Yorkshire the main problems have been related to ambulance crews stating the DNACPR form was not a valid document because:</p> <ol style="list-style-type: none"> <li>1. The form should have red borders – this is an issue for GPs and nursing homes if they download forms rather than using pre-printed forms, as few offices have colour printers.  Discussions underway about GPs using/accessing the printed forms</li> <li>2. The form is a copy</li> <li>3. The crew felt the form needed reviewing as the form was several months old (i.e. more than 3 but less than 6 months)</li> </ol>
CYC – Adults Children's Education (ACE) Directorate – Assessment & Safeguarding	No

**Annex D**

<b>Organisation</b>	<b>Response</b>
Independent Care Group – Home 1	A photocopy of the form was given to ambulance men, but they wouldn't accept it so we spoke to our GP
Independent Care Group – Home 2	No
Independent Care Group – Home 3	See answer given to question 8 And GP refusal to sign
Independent Care Group – Home 4	No
Independent Care Group – Home 5	CPR has not been attempted on anyone in this care setting
Independent Care Group – Home 6	No
Independent Care Group – Home 7	No
Independent Care Group – Home 8	No
St Leonard's Hospice	See Hospice answer to question 6
Macmillan Cancer Support (MCS)	I have no information related to this

**10. Is there anything further that you think the Committee should be aware of in relation to the use and effectiveness of DNACPR forms (either generally or within your organisation)?**

<b>Organisation</b>	<b>Response</b>
Yorkshire Ambulance Service (YAS)	No
Leeds & York Partnership Foundation Trust	<p>In our experience the main issue for end of life care is not whether resuscitation is provided when someone arrests but whether active treatment e.g. intravenous infusions or admission to a general hospital, should be given when a patient is dying. We believe the emphasis should be on maintaining comfort and dignity for the dying person. This may mean that active treatment is not appropriate. Raising awareness of the use of Advance Directives would assist in this</p>
NHS North Yorkshire & York (NHSNYY)	No
York Teaching Hospital NHS Foundation Trust (YTHFT)	<p>After discussion with social services colleagues and the community matron who works in nursing homes there are several issues regarding embedding the use of the form in a community setting.</p> <p>Nursing homes are trying to use them, (and community matron has taken forms to nursing homes), and get them signed by visiting GPs, however when a patient comes into hospital the form seems to get lost en route/in ED (Emergency Department) and rarely returns to the nursing</p>

Organisation	Response
	<p>homes. This causes them more work as they then have to start again requesting the form to be completed by a non-resident doctor.</p> <p>An awareness raising exercise in the importance of returning the original form after a hospital admission/appointment needs to be ongoing.</p> <p>Social services residential home managers would after discussion only feel comfortable using a DNACPR form completed by a doctor where it can be evidenced that a discussion has taken place with family, carers or a best interest decision is clearly documented.</p> <p>Whilst acknowledging best practice is to have this conversation, there are occasions when they are signed by the doctor without discussion, and there are concerns expressed by social service colleagues about the appropriateness of this. This reflects a lay assumption that family or patient has to consent to the DNACPR being in place. This will need to be followed up with further discussions of all parties.</p> <p>After discussion at dementia workshops etc social services staff have proactively completed DNACPR</p>



Organisation	Response
	forms with all appropriate new residents and are now considering retrospectively doing the same for existing residents. Further joint working on this issue will be very positive
CYC – Adults Children’s Education (ACE) Directorate – Assessment & Safeguarding	We are uncertain how far the requirements of the Mental Capacity Act are embedded in clinical practice to inform judgements around DNACPR
Independent Care Group – Home 1	No
Independent Care Group – Home 2	We had a resident who was discharged from York Hospital who had a form with him on his return to the Nursing Home, however despite the fact that he had capacity it had not been discussed with him or his family
Independent Care Group – Home 3	Provide more publicity to the public. Have discussions with GPs and perhaps have an appeal process to go through when GPs refuse to sign
Independent Care Group – Home 4	When a form comes back with a service user after being in hospital and it is not filled in correctly what to do and how long does it last, the GP thought 6 months then he would need to speak to the service user and family to do another one
Independent Care Group – Home 5	We feel that DNACPR wishes should be made while the person has capacity to make the decision for themselves. We find the forms a little worrying as people’s emotional state changes especially at the loss of a loved one and then start to express feelings

Organisation	Response
	of guilt which can lead to recriminations
Independent Care Group – Home 6	No
Independent Care Group – Home 7	We do need to know when a new version has come out
Independent Care Group – Home 8	No comment provided
St Leonard's Hospice	<p>Our Hospice at Home Team (H &amp; H) have cared for a patient in the community who was at the end of life and died over a night time. The H &amp; H Team were not present at the time of death however the family had been informed to contact the out of hours GP team when the patient died. At the time of death the family called 999 rather than the out of hours team and an ambulance attended. The patient did not have a DNACPR form and the ambulance crew attempted to resuscitate. The family intervened and removed the crew from the house and were obviously distressed by the situation. The ambulance crew contacted the police as they had been removed from the property and the police then attended. The family were traumatised by the situation.</p> <p>The concern is that the H &amp; H Team were called to support the patient at the very end of life and the patient had no other prior contact with the Hospice Team. The DNACPR form had not been completed by health professionals involved with the patient's</p>

<b>Organisation</b>	<b>Response</b>
	care. It is vital that all health professionals are aware of their responsibility to have the difficult conversations with patients and their loved ones in a timely manner to avoid situations such as this one
Macmillan Cancer Support (MCS)	MCS is in agreement that the development and use of DNACPR forms is essential for quality of life and quality of death and should be core in all patient pathways.

**11. If a DNACPR form was not accepted by Yorkshire Ambulance Service when transporting a patient, why was it not accepted?**

Organisation	Response
Yorkshire Ambulance Service (YAS)	See YAS's answer to question 8
Leeds & York Partnership Foundation Trust	We have no experience of this
NHS North Yorkshire & York (NHSNYY)	<p>Yes</p> <p>Ambulance crews have stated it was not a valid document because:</p> <ul style="list-style-type: none"> <li>• The form should have red borders</li> <li>• The form is a copy</li> <li>• The crew felt the form needed reviewing as the form was several months old (i.e. more than 3 but less than 6 months)</li> <li>• There are no instructions for ambulance crews</li> </ul>
York Teaching Hospital NHS Foundation Trust (YTHFT)	Anecdotal evidence, although may be able to ascertain more information from commissioners who are doing a piece of work with YAS about this and are collating information. See other comments from YTHFT
CYC – Adults Children's Education (ACE) Directorate – Assessment & Safeguarding	N/A
Independent Care Group – Home 1	Because it was a photocopy, not the original
Independent Care Group – Home 2	No comment provided
Independent Care Group – Home 3	In the early stages the ambulance crew were not aware of them so we did have a couple of instances of CPR given when the person had been dead for

Organisation	Response
	many minutes
Independent Care Group – Home 4	No
Independent Care Group – Home 5	No comment provided
Independent Care Group – Home 6	No comment provided
Independent Care Group – Home 7	Because it was not an up to date version
Independent Care Group – Home 8	Very recently a member of the YAS reluctantly agreed to use it after complaining that it wasn't outlined in red (it was just a black and white version)
St Leonard's Hospice	As per answer 6 from the Hospice, I do not know why it is not accepted. There has been no feedback to me. However, I have only recently come into post at St Leonard's
Macmillan Cancer Support (MCS)	No information related to this operational issue.

## **Other Information/Comments**

Comment from LINKs – The following comment was received as part of e-mail correspondence regarding today's meeting

*'We don't use the form but have received several complaints from relatives of people who had the form but were still actively treated - possibly not CPR but the effect is the same as life is prolonged' (Annie Thompson; Links Partnership Co-ordinator)*

Comment from York Teaching hospital NHS Foundation Trust – The following comment was received as part of e-mail correspondence regarding today's meeting

*'We are pleased to be able to feedback to you about a large amount of work that has been undertaken in the Trust recently with the launch of our new policy and ongoing training for staff. Looking forward there remains a great deal of work to do around this area of end of life care, and one of the issues it would be interesting to explore collaboratively is how to influence the culture of the general population to engage in discussions about their end of life wishes and plans, whilst they are well and able to discuss these things with families and friends. It would be ideal if the general social acceptance of sex education by the general population could be replicated in similar education about death and dying, and this would lead to a very helpful public airing of these issues and help support development of this work.'* (Elizabeth McManus; Chief Nurse)

Information from the Chief Executive of the Independent Care Group

### **York Health Overview & Scrutiny Committee - DNACPR Forms**

*I am very sorry not to be able to attend the meeting. I would like to make one or two points.*

## **Background**

*I think any discussion on CPR should begin by looking at the subject objectively.*

*The General Medical Council says:*

*‘CPR has a reasonable success rate in some circumstances. Generally, however, CPR has a very low success rate and the burdens and risks of CPR include harmful side effects such as rib fracture and damage to internal organs; adverse clinical outcomes such as hypoxic brain damage; and other consequences for the patient such as increased physical disability. If the use of CPR is not successful in restarting the heart or breathing, and in restoring circulation, it may mean that the patient dies in an undignified and traumatic manner.’*

*I think it’s important not to forget this. One of the reasons why we have worked to have a Do Not Resuscitate Form is because the Ambulance Service has been (historically) obliged to perform CPR and this has caused distress to everyone where a client is at the end of their life or is frail and has no wish to be resuscitated.*

*In the past care homes who telephone for advice and support for a client whose condition has worsened have on occasion inadvertently triggered an Ambulance. The person who is at the end of their life and their relatives would not want CPR to be performed but once the ambulance arrived there was no choice.*

*From talking to Independent Care Group members (care homes in York) and from the forms I have received back I think the following points should be addressed.*

## **The Form**

*The DNACPR Form has been designed with a red border. Most care homes do not have a colour printer. We have been told that forms do not have to have a red border but there still seems to be a problem with the Ambulance Service accepting this.*

## **GPs being willing to sign forms on the wishes of the patient**

*Some homes have a very good relationship with the numerous GP practices with whom they work. However, I do still get reports of homes having difficulty engaging GPs in getting the forms signed.*

**The validity of the Form**

*If a patient in hospital has a DNACPR Form put into place there remains confusion over what happens to it when the patient is discharged. We need guidance on this. I have been told that the DNACPR Form is location specific – but is this true. If the form has not been discussed in hospital with the person and their relatives then it needs to be discussed by their GP if they are discharged with a DNACPR Form.*

**People with dementia**

*Homes which look after people with dementia would like more guidance. Often relatives will say that they do not want their loved ones to undergo resuscitation. This places the home in a difficult position as DNACPR would have to be agreed with the person who lacks capacity.*