Summary of discussions from the meeting held on 21st December 2011

1. The present version of the form is Version 12; this currently meets the needs of all the health providers across the Yorkshire and Humber region [including Yorkshire Ambulance Service (YAS) and has been approved for use. It is hoped that all health providers, in all locations across Yorkshire and Humber will have adopted the form by the end of 2012. The form is already live across York and North Yorkshire. Members commended NHS North Yorkshire and York for getting agreement for the use of the form from all parties.

2. In York the hospital started using the form in June 2011 and other health commissioners in the city throughout 2011.

3. YAS had, sometime ago, reported to NHS North Yorkshire and York that the form had not been working as well as it could have done within the organisation, this was due to several reasons, one of which was having to implement a huge staff training programme based around the use of the form. Also with the introduction of Version 12 the form had been standardised (with clinical input) and made transferable across health organisations and sites which had made it much more practical for YAS to use.

4. In the first instance it is usually the lead clinician and/or the patient that broaches the subject of DNACPR. The involvement of family is dependent on the patient's wishes (where the patient has the capacity to make their own decision). Sometimes the patient asks that the matter is not discussed with the family. It was noted that conversations around this subject matter were of a very sensitive nature but despite this, they still needed to happen.

5. The public were becoming more aware of the existence of the form. This was a positive note as it meant that patients could, if they wished to, start conversations with their GPs about their 'End of Life Care' wishes.

6. NHS North Yorkshire and York have given a copy of the form to all health providers across the region along with a best practice guide. However, this is only a guide and each individual organisation has its own policy on resuscitation which is where things can become complicated.

7. The representative of NHS North Yorkshire and York had anecdotal evidence that DNACPR forms had not been accompanying patients and were being cancelled on discharge from hospital. Good practice says that the form should travel with the patient but be reviewed on a regular basis. It was noted at this point that it was hard to act upon anecdotal evidence.

8. It was noted that there was still work to be done to improve the use of the form and to encourage all organisations to use the form in a consistent way.

9. There was a training issue within certain organisations around the use and completion of the form. Some organisations provided better training than others. Some organisations provided regular resuscitation training but there was a lot to cover within these sessions and they were not solely dedicated to the use, completion and validity of the DNACPR form.

10. Anecdotal comments highlighted that there may be potential problems with the GP Out of Hours Service (OOH). For instance, where a nursing home contacted the OOH, usually for clinical support (such as pain control/breathing changes) towards the end of a patient's life there had been times when an ambulance had been called and the patient taken to hospital unnecessarily.