

Update on ReSPECT – the local and national perspective

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Outline

- Progress in Coventry and Warwickshire
- Current issues
- Implementation sites
- Sites not adopting ReSPECT
- National developments
- Digitisation
- Summary

Progress in Coventry and Warwickshire

- Launched in Dec 2016
- Using ReSPECT for 16 months
- Audited 6 and 14 months
- Majority of patients “Not for CPR” 98%
- Predominantly patients lacking capacity (68%)
- Increased compliance with all documentation
- Increased compliance with mental capacity assessments



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Progress in Coventry and Warwickshire

- Increased compliance - discussions with patients with capacity
- 40% compliance with completing priorities of care
- 45% compliance with priority scale
- Patients did not want to choose priority
- Confusion with mental capacity section
- Decrease in complaints
- Inappropriate terminology



Progress in Coventry and Warwickshire

- 14 months - more patients with capacity 65%
- More forms indicating patient is “For CPR” – 12%
- Improved conversations
- 100% compliance when patients have capacity
- Increased compliance with documentation
- 60% reduction in complaints



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Current issues

- Issues with subsequent review when patient admitted via ED and lacks capacity
- Patients do not always want to record their preferences
- Poor compliance with mental capacity assessments
- Modified CPR
- Form completion when patients lack capacity
- Continues to be a risk – Corporate Risk Register



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Implementation sites

- Coventry and Warwickshire Dec 2016
- Heart of England Jan 2017
- Manchester Central May 2017
- North & Mid Hampshire Sept 2017
- Forth Valley (pilot) May 2017
- Hull and East Yorkshire April 2018
- Derbyshire April 2018
- Royal Surrey Hospital April 2018
- Another 10 sites going live this year



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Working towards implementing ReSPECT

- Leicestershire
- Manchester CCG's
- Nottinghamshire
- Oxfordshire
- Cumbria
- North Middlesex
- Bristol CCG
- Great Ormond Street
- Bath and East Somerset
- Berkshire
- Surrey Heartlands



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Not implementing ReSPECT

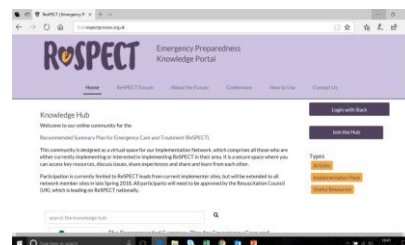
- London
- Portsmouth
- Southampton
- South central community
- Hillingdon
- Colchester
- West Hertfordshire
- Frimley Park



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National developments

- Liaising with over 80 sites
- Hub is live
- ReSPECT conference 1 May
- Early adopter meetings
- Links with NIHR



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National developments

- Listening to feedback
- ReSPECT form V2
- Patient information leaflet v2
- Easy read version – MENCAP
- Integration into national policy

6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that (select A, B or C, OR complete section D below):

A This person has the mental capacity to participate in making these recommendations. They have been fully involved in making this plan.

B This person does not have the mental capacity to participate in making these recommendations. This plan has been made in accordance with capacity law, including, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.

C This person is less than 18 (UK except Scotland) / 16 (Scotland) years old and (please select 1 or 2, and also 3 as applicable or explain in section D below):

1 They have sufficient maturity and understanding to participate in making this plan

2 They do not have sufficient maturity and understanding to participate in this plan. Their views, when known, have been taken into account.

3 Those holding parental responsibility have been fully involved in discussing and making this plan.

D If no other option has been selected, valid reasons must be stated here. Document full explanation in the clinical record.

Record date, names and roles of those involved in decision making, and where records of discussions can be found:

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National developments

- Educational app - certification to be incorporated
- Requests for CPD points to be accredited
- Integration into organisations IT systems
- Defined ReSPECT Audit criteria – secondary care
- Collation of data from early adopters
- NIHR funded evaluation



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Digitisation

- Writeable pdf version of the form now available
- Archetype developed for digitised form
- Will enable integration into any electronic records system
- Full portability between different systems – primary, secondary care etc.
- Supported by PRSB (Professional Record Standards Body)

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Summary

- ReSPECT is being more widely adopted
- Number of national developments
- Continues to be an iterative process
- It is for the benefit of patients



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