# Potential frequently asked questions regarding the ReSPECT process

***This looks like a new type of DNA CPR form. Why the change?***

For many years there has been extensive debate over the use of DNA CPR forms, together with a recognition of their limitations. Although it may look like a replacement form, it is in fact a way of recording something that is the whole process of considering what interventions an individual might have preference for should a deterioration in their health happen during their care. This of course will include consideration of CPR, and it allows the individual to opt for resuscitation or not. It goes much further by allowing preferences to be recorded at an early stage to help both clinicians and relatives in making difficult decisions when that individual becomes unwell or deteriorates.

***So what happens to the old DNA CPR forms that are already in existence?***

They will continue to be effective and do not need to be immediately replaced. For a while, both the new and old forms will be in existence but as the old DNA CPR forms come up for renewal then there would be a transition to the new document. There needs to be care taken during the transition, as the old red bordered forms indicated that someone was not for resuscitation, but the new ReSPECT forms with a purple edge do not automatically mean that someone is not for resuscitation, so may need to be checked in an emergency.

***Is it compulsory to use this new ReSPECT form in the community?***

During the transition phase from old to new it is quite probable that some use of the old form may have to be permitted. Ultimately, the intention is to have a single document that is recognised and valid anywhere in the country, by all healthcare organisations, so whilst not compulsory it would be highly desirable.

The implementation of the ReSPECT form and process will probably be initiated by a secondary care provider in the area, but the implementation will have to involve ambulance trusts and the various community providers for it to be successful.

***The form doesn’t have any badges or logos. Why not?***

This is not an accident! The development group gave careful thought to leaving a space for local personalisation, but decided that this would defeat the object of it being nationally recognised form. Therefore one of the terms of use that organisations have to agree, is not to modify alter or otherwise change the form which includes the addition of logos.

***This is version 1, and I don’t like one of the questions so can we change it?***

Actually this is version 39 and every question has been very carefully scrutinised! The initial studies of the use of the ReSPECT form in several different environments has been very positive, but it is inevitable that wider usage will highlight some problems. Arrangements have been made for continued development, and there will be opportunities to feedback via the website.

***Has all of this “been approved” by the BMA and the RCGP?***

Many organisations including the BMA and RCGP have been involved in the development process, but it is not their specific role to approve or disapprove. Both organisations have been very supportive as this clearly has the potential to benefit patients by documenting their preferences before they become unable to communicate in an emergency.

***Who can create one, and who should it be for?***

Anyone involved in the care of the patient, where this seems to be likely to be helpful. It does not have to be the GP, or the hospital Dr, but may be a specialist nurse involved in the patient’s care. Technically this form could be used for any patient at any time, but realistically mostly be used for those whose health might deteriorate acutely. Many will be completed at the time of an acute admission to hospital, though hopefully many outpatient departments will consider them for certain groups of patients.

***So in the community we have a lot of patients in care homes. Will they all need one?***

Care homes should not be ringing up the GP shortly after the ReSPECT form is brought into use in an area and saying that all of their residents need one of these forms straightaway. The CQC will not expect that to happen, though there may need to be an agreed plan for gradual implementation. Existing DNA CPR forms would continue to be valid. Some will be discharged from hospital with the new form already completed, or transferred between institutions with one already in place. Other individuals may have one completed at a time when their care is reviewed, so there will be no expectations of overnight implementation.

***Will I be expected to review the ReSPECT form as soon as a patient is discharged from hospital?***

Usually not. Significant changes in the patient’s condition (for better or worse) should trigger a review of the form contents to ensure that they continue to be relevant, but the process of discharging from hospital to a residential or nursing home should not automatically trigger the need for a review. The review of a form may not require more than a telephone discussion with the care home, but this will require individual consideration of the patient’s situation. Remember that the GP is not the only person who can review a ReSPECT form.

***I heard stories that patients are being sent these forms routinely with all the other preadmission documents, and I’m worried that there will start coming to me in my surgery to go through it all.***

If patients are sent these forms in advance, they will be accompanied by information leaflets explaining most questions in some detail, and directing them to the various information sources that will be available on the ReSPECT website. However, if this does create problems then the local implementation group should find a better solution.