

Monkton Hall
Main Hall
Monkton Lane
Jarrow
NE32 5NN

22nd June 2020

Via Email

Peter Bower
Chair
Healthwatch South Tyneside
Hebburn Central
Glen Street
Hebburn
NE31 1AB

Tel: (0191) 283 1904
E-mail: stynccg.enquiries@nhs.net

Dear Peter

Thank you for your letter dated 6th May 2020, enquiring about the use of Do Not Attempt Cardiopulmonary Resuscitation decisions (“DNACPRs”) locally. In the time since your letter, I understand that you have had a conversation regarding this with the Executive Director of Operations who has confirmed to you that the local NHS has always, and continues to, act in line with the national guidance around DNACPR.

I think it is important to note that there have not been any examples identified in South Tyneside where there were concerns that DNACPR policy was not followed. Therefore, I understand the questions in general, but I would perhaps draw your attention to the useful resource on DNACPRs during Covid-19, produced by Healthwatch nationally:

<https://network.healthwatch.co.uk/network-news/2020-04-09/nhs-policy-use-'do-not-attempt-to-resuscitate-forms'>

Q1: Is your organisation acting in accordance with guidance provided in the letter; especially the paragraph in bold type at the end of page 1.

Yes. The CCG acts (and has acted throughout) in accordance with the letter sent from NHSE on 7th April 2020. There are a number of ways in which information guidance is disseminated to GP surgeries across South Tyneside, such as through the electronic Health Pathways system. During the COVID period a daily briefing has been produced for GP surgeries and partners, summarising the key guidance requiring enactment.

Q2: Does your organisation have a policy and procedure in place for the application of DNACPRs? If they are in the public domain could we be sent a copy and, if not, could the contents be shared with our manager Sheila Scott.

The CCG does not directly employ practitioners who undertake DNACPRs, but recommends that the practitioners within the system follow regional guidance (again published on Health Pathways) via the Deciding Right initiative. South Tyneside is signed up to the Deciding Right initiative for making care decisions in advance. All materials in relation to Deciding Right can be accessed here: <https://www.northerncanceralliance.nhs.uk/deciding-right/>

Q3: Do all the practitioners who could administer a DNACPR receive training in the policy and procedure which apply in your organization?

Although the CCG does not directly employ practitioners who undertake DNACPRs, training for primary care colleagues is undertaken through E-Learning on the Deciding Right webpage. Regular educational sessions are held, such as a specific workshop on Dying Matters that was held in partnership with colleagues at STSFT in November 2019.

Q4: Is there a lead person in your organisation who oversees the governance of DNACPR?

Within the CCG there is not one designated lead for DNACPR, but there are various leads who oversee processes in relation to EoL including:

- Dr Jon Tose – Clinical Director
- Dr Nousha Ali – Clinical Lead End of Life and Palliative Care
- Jeanette Scott - Director of Nursing, Quality and Safety
- Sharon Thompson - Designated Nurse Safeguarding Adults

Q5: In the letter referred to above, there is reference to a statement issued by the British Medical Association, Care Provider Alliance, Care Quality Commission and the Royal College of General Practitioners, on the role of general practitioners in this regard. Are you aware of the statement and that it is thought to provide an excellent basis for the approach required?

Within South Tyneside CCG, we believe that Advance Care Planning is a person-centred process that is carried out with people, rather than for people. It should start as early as possible after a diagnosis of any life-limiting condition, to enable individuals to make informed choices about their future care. This is particularly relevant at time of crisis, such as the Covid-19 pandemic, when individuals may be receiving news of diagnosis which may or may not be life limiting. NICE guidance (2018) is clear that support and advice should be given at the most suitable time, following any diagnosis and then repeatedly throughout the illness, to allow people to think through and address different issues in their own time, to make Advance Care Planning as useful and meaningful for the individual.

Q6: Are DNACPRs able to be transmitted electronically to NEAS paramedics and would they use them to help their decision-making process when they decide which call(s) to prioritise or on arrival at the scene?

During March 2020, the following was agreed with NEAS specifically for the Covid-19 response:

- NEAS will accept Special Patient Notes (SPN) for DNACPRs via email only during the coronavirus outbreak. This will mean no SPN form needs sent. Information in the email should contain the patient's details such as NHS number, DOB, address sent to the normal nhs.net account for this to be actioned.
- NEAS will accept DNACPR forms with an electronic signature. These need to be accompanied with an appropriate GMC number or NMC number for localities that support nurses completing DNACPR forms.
- This applies to all patients, whether they live at home or a care facility to ensure consistency.
- This is only an interim measure during the Covid-19 outbreak and is supported by the North of England Clinical Network.

Q7: Are DNACPRs time limited or reviewed or do they remain in place permanently unless a suitably qualified person decides to remove the DNACPR.

Good practice is to review a DNACPR at regular intervals dependent on the individual's needs, but this should be no more than 12 months.

I hope this helps to answer your questions and I apologise that this response has taken somewhat longer than we would normally expect, but I'm sure you will appreciate the very challenging circumstances that we have been working in during this time.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Neil O'Brien', followed by a horizontal line extending to the right.

Dr Neil O'Brien
Accountable Officer

cc. Matt Brown, Director of Operations, STCCG
Ben Landon, Senior Communications Officer, NECS
Emma Taylor, Senior Communications Officer, NECS
John Dean, Chair – Sunderland Healthwatch
Christopher Cunningham-Shaw, Chair – Durham Healthwatch