



“How to Guide” to adopting the ReSPECT process

1.0 Introduction

This document is a useful resource for organisations who are working towards adopting the ReSPECT process. It outlines a step-by-step guide to adopting ReSPECT and includes relevant milestones that should be achieved throughout the adoption journey.

The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to express what is important to them.

These recommendations are developed through conversations between a person, those people close to them, and their health and care professionals, to establish and agree what matters to them and what is realistic for their future care and treatment.

A summary of this conversation is recorded on a ReSPECT plan. This crosses all geographical boundaries and is recognised in all care settings. The plan is a clinical document intended to help clinicians to make good clinical decisions quickly at the time of an emergency. The ReSPECT plan and its content belong to the person and should be readily available in an emergency.

ReSPECT is:

- a process which creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make decisions or communicate for themselves. It centres around having conversations between a person, their family/those close to them, and one or more clinicians.
- a process that includes recording a summary of the conversation(s) on a plan.
- a process in which the plan belongs to the patient.
- a clinical document.

ReSPECT is NOT:

- just a form. The ReSPECT plan cannot, and must not, be filled in without a conversation between the person and their clinician(s) to develop the recommendations recorded. If the person lacks capacity to contribute to the ReSPECT process, this must take place with their legal proxy if they have one, or otherwise with a family member/person close to them.
- part of a blanket approach to resuscitation and emergency care decision making. All conversations and recommendations must be individual to the person involved.
- legally binding.
- a "Do Not Attempt Cardiopulmonary Resuscitation" (DNACPR) form.

2.0 Adoption

The ReSPECT process was introduced to create a change in culture in the approach to advance recommendations relating to CPR. Discussions about CPR and the resulting recommendations should occur in the context of the person's broader overall goals of care and treatment.

ReSPECT, when done well, leads to improved experiences and outcomes for patients, for those close to them and for health and social care professionals. It enables care and treatment to be planned and delivered constructively and sensitively.

The ReSPECT process should normalise conversations about planning emergency care and treatments, which are in line with desired patient outcomes and clinical recommendations, including about CPR. It is a voluntary process and should never be forced on a person who does not want to engage in it.

3.0 Aims of the ReSPECT Project

- ✓ Appropriate conversations take place with all people that have an underlying health condition(s) and who are willing to engage with ReSPECT.
- ✓ ReSPECT conversations take place when a person is well and able to communicate what is important to them and be supported (if wanted) by relevant family members/people close to them.
- ✓ Where a person lacks capacity to be able to participate in a conversation, a best-interest conversation takes place with their legal representative and/or family member/person close to them.
- ✓ A concise summary of the conversation is recorded correctly on the ReSPECT plan, including the care and treatment that is recommended as well as that which is not, and the rationale for this.
- ✓ All sections of the ReSPECT plan are completed, including emergency contacts and those people involved in the conversation.
- ✓ Supporting documents (patient information leaflets) are always offered to the person (or to their legal representative/family member/person close to them when the person lacks capacity). This is to supplement and reinforce verbal explanation of what the ReSPECT process is, how to have repeat conversations, how to have the plan updated.
- ✓ The presence of a ReSPECT plan is communicated to all relevant health and care providers.
- ✓ Repeat ReSPECT conversations take place when a person's health condition changes or if the person feels their plan needs amending or updating.
- ✓ Creates a culture of positive user experience, with ongoing feedback and learning within the organisation.

4.0 Aims of the ReSPECT Project

Below is a guide to the steps to take during the adoption process.

4.1 Register your interest in adoption of the ReSPECT process with RCUK; receive an adoption pack and complete the “Responsibilities” document

Contact RCUK (info@respectprocess.org.uk) to express an interest in adoption of the ReSPECT process and to receive a link to the adoption pack. The ReSPECT adoption pack contains information including a roadmap to adoption, educational resources, posters, PowerPoint presentation and patient/public resources. It signposts the steps to take to achieve effective adoption of the process. It also includes a “Responsibilities” document

that should be completed and returned to RCUK before starting the project. This can be found here: <https://www.resus.org.uk/respect/respect-resources>

4.2 Join the ReSPECT adopter network

With permission, contact details for your lead clinician will be added to the RCUK ReSPECT Leads network and may be shared with other ReSPECT Leads. Involvement in the ReSPECT Leads network will ensure any national updates, bulletins or additional resources are shared with you. ReSPECT Leads teleconference calls are held three times a year and led by the Clinical Lead for ReSPECT at RCUK. These provide a platform for sharing updates, resources, experiences, issues, and developments.

4.3 Identify/appoint a clinical lead and/or project manager/project management support

Central coordination, monitoring of progress and support with adoption of the ReSPECT process is essential. Appointing a local project manager and/or clinical lead is key in ensuring timelines for the project are monitored, key milestones achieved, actions and outcomes are recorded.

4.4 Set up a ReSPECT stakeholder group

A stakeholder group within the Integrated Care System (ICS) should be established. Representatives from all relevant sectors (primary care, secondary care, community, private providers, out-of-hours, hospices, patients and the public, ambulance service and social care) should be included to ensure there is joined-up collaborative working.

All stakeholder group members should be able to represent their organisations, have devolved responsibility and be able to feed back at each meeting.

The scope of the project should be defined and circulated before the first meeting. A rough timescale with regard to a launch date should be agreed.

It is beneficial to continue to hold ReSPECT stakeholder meetings after launching the ReSPECT process because this ensures there is joined-up, collaborative working, and an opportunity to share best practice as the project continues to move forward.

4.5 Conduct a training needs analysis

Education is key to successful adoption. A training needs analysis should be undertaken to identify all staff who will require education about and training in using the ReSPECT process. Education needs will vary according to individual staff roles.

A training needs analysis can be conducted by using staff groups recorded in the electronic staff record (ESR) already mapped to statutory and/or mandatory training (for example resuscitation or infection control training). Once the analysis has been conducted an education strategy can be developed.

4.5.1 Develop an education strategy

Different levels of training in use of the ReSPECT process can be used. Where clinicians are already experienced in having conversations with patients about what is important to them; prior learning and experience should be recognised, but it should not be assumed that such clinicians do not need some training in the use of the ReSPECT process.

An example of the levels of ReSPECT training is detailed below.

Level 1 – awareness training. This level is appropriate for any member of staff who may come across the ReSPECT process, perhaps in a GP practice, care home, hospital ward or outpatient setting. It aims to ensure that these staff are aware of what the process is and how it is used.

Level 2 – using the information that has been recorded on a ReSPECT plan. This level is appropriate for first responders, or any staff involved in direct clinical care, to ensure that they are familiar with the content of the ReSPECT plan and aware of how they should (and should not) apply it in an emergency.

Level 3 – having a ReSPECT conversation and recording a summary of this on the ReSPECT plan.

This level is appropriate for senior health and care staff who will be having conversations about what the person understands about their current health, what is important to them and what care and treatment they would or would not wish to receive and recording the resulting recommendations on the plan.

4.5.2 Use existing education materials

There are a number of education resources to support the adoption of the ReSPECT process:

- ✓ **PowerPoint presentation and lecture notes** – contains an overview of the purpose of the ReSPECT process, having the conversation(s) and completing the plan.
- ✓ **ReSPECT e-learning material** – includes information about the ReSPECT process, having the conversation(s) and completing the plan. Education is role specific and includes adults and children.
- ✓ **Modules on the e-Learning for Healthcare platform** (Awareness of the ReSPECT process and Authorship of ReSPECT). The Awareness module provides an overview of the ReSPECT process to enable any person that comes into contact with a ReSPECT plan to understand what it is about. The Authorship module focuses on having the conversation and recording a summary of this on the ReSPECT plan and is for healthcare professionals.
- ✓ **Information for staff working in nursing/residential homes.** A succinct list of key information for those staff working in nursing and residential homes created from frequently asked questions.
- ✓ Succinct list of tips for GPs having ReSPECT conversations and completing the plan.
- ✓ **Easy Read guides** for those people with Learning Difficulties which explain the purpose, process and information recorded on a ReSPECT plan.

These resources can be found on Resuscitation Council UK website:

<https://resus.org.uk/respect/respect-resources>

4.6 Develop a communication strategy for local ReSPECT adoption

A communication strategy should be developed to ensure all staff in all health-and-care settings are aware of and understand what the ReSPECT process is, and that it is being adopted locally. Opportunities for providing information and updates such as in newsletters, intranet, bulletins, and public display screens should be utilised.

Some health-and-care communities have included a “count down” to the launch of ReSPECT on their intranet.

It is essential there is clear, consistent messaging about the ReSPECT process and that communications are focused on the primary importance of having a conversation. The correct ReSPECT terminology should be used at all times (e.g. “CPR attempts recommended” or “CPR attempts NOT recommended”). Avoid terms such as “DNACPR” as the ReSPECT process was developed to adopt a different approach to discussions about CPR.

RCUK materials that have already been developed, approved and branded should be used where possible.

A policy for local patient-and-public engagement should be developed and ReSPECT information materials and resources should be readily available to support this. When resources are developed internally and locally, ideally, they should be shared with RCUK before use. Resources may also be available from ReSPECT Leads in other localities.

Positive case studies are a good way to highlight the value and importance of having ReSPECT conversations.

4.7 Develop a ReSPECT policy – regional and/or standard operating procedure (SOP)

A ReSPECT policy should be developed and this should replace previous policy documents which purely address recommendations about CPR.

The purpose of the policy is detailed below.

- ✓ To support the implementation of the ‘Recommended Summary Plan for Emergency Care and Treatment’ (ReSPECT) process across all healthcare settings.
- ✓ To acknowledge that people are central in recommendations about the care and treatment they receive, and to support shared decision making between each person and those providing their treatment and care.
- ✓ To support broader advance care planning (i.e. not only for emergencies) for those who choose to engage with the ReSPECT process, whether or not they have an advanced, progressive illness.
- ✓ To support the right of people over 18 years of age (England and Wales) 16 years old (Scotland) to refuse in advance any treatment, even if that treatment is potentially life-sustaining. This right applies to adults with the mental capacity to refuse treatments in advance, in line with existing legislation.
- ✓ To support the legal requirement to treat those who lack mental capacity in relation to a particular decision, according to their best interests (England and Wales). This extends to making decisions about potentially life-sustaining treatments on behalf of a person, including decisions about CPR.

- ✓ To provide a framework that guides health-and-care professionals and providers, patients, families and carers in making recommendations about potentially life-sustaining treatments, in line with legal and professional requirements.
- ✓ To make clear the legal status of a completed ReSPECT plan.
- ✓ To support the use of and transfer of the ReSPECT plan across all health and care boundaries, and ensure that the plan accompanies the person and is applied in all settings.
- ✓ To support the use of the ReSPECT plan as a summary document, and not a replacement for comprehensive documentation that includes details of discussions that have taken place. Such discussions must still be documented as per professional standards, e.g. GMC “Good medical practice” etc.
- ✓ To support the use of the ReSPECT process in children as well as adults, where relevant raising awareness that it is incorporated into the Children and Young Person Advance Care Plan (CYPACP).
- ✓ To provide a policy that can and should be tailored to local health-and-care governance processes and procedures.
- ✓ To provide a policy that complements, rather than duplicates, existing relevant local health-and-care policies and procedures.

4.8 Consider electronic options for the ReSPECT plan

The ReSPECT plan can be incorporated into electronic systems. A word document of the ReSPECT plan, which can be used as a template and imported into any system is available. Alternatively, the ReSPECT plan can be built into electronic systems; however, this must be done without any alteration or addition to the plan, including without the addition of logos.

It is important RCUK is involved in these developments, and the final build of the ReSPECT plan must be approved by RCUK before it is used.

4.9 Identify the approach to adoption

A joined-up approach to adoption across the whole ICS is essential. The methods used to adopt ReSPECT must be agreed across the different care settings and organisations – e.g. phased introduction or major launch. A start date for use of the process should be identified early during the planning stage.

5.0 Assess how the ReSPECT process is being used

Following introduction of the ReSPECT process, evidence must be gathered to assess how it is working and whether it is improving patient experience and outcomes.

The auditing tool contains types of questions that can be asked to gain feedback from patients and those close to them.

In addition to this, clinical audit (against a set standard) should be used, as well as service evaluation questions, to assess how the ReSPECT process is being used.

This Auditing tool can be accessed on the resources page on RCUK website:
<https://www.resus.org.uk/respect/respect-resources>

6.0 ReSPECT Stakeholder group should continue to meet following ReSPECT Adoption to do the following:

- ✓ To review audit/service evaluation data and develop appropriate action plan.
- ✓ To have an overview of how ReSPECT is working across the ICS.
- ✓ To monitor and review incidence/complaints around ReSPECT.

7.0 Conclusion

The ReSPECT process is unique, and the ReSPECT plan is the only emergency-care-and-treatment planning document that is recognised across the four UK nations for adults and children. It complements the broader process of advance care planning but can also be used as a stand-alone plan.

It helps clinicians to understand quickly in a future emergency what is important to a person in the context of their care and treatment, and what are realistic goals of care.

Thank you!

Feel free to email us at info@respectprocess.org.uk, if you have any questions.

ReSPECT

