

# ReSPECT (Recommended Summary Plan for Emergency Care and Treatment); Progress and recommendations for UK-wide implementation

ReSPECT helps people, those close to them, and healthcare professionals have person-centred conversations about future emergency care. It supports discussing what matters most to the person, their goals of care, and what treatments or interventions, including cardiopulmonary resuscitation (CPR), would be recommended if they could not make or express choices in an emergency. The agreed outcomes of conversations are recorded on a ReSPECT plan, which is held by the person and can be used to guide the decision-making of healthcare teams if an emergency arises.

The ReSPECT process is unique in being the only emergency care and treatment plan (ECTP) developed for use with all patients, across all care settings and regions of the United Kingdom. It has already been widely adopted by a large number of health and social care communities across England and Scotland, and will soon also be adopted across all of Northern Ireland. Resuscitation Council UK continues to advocate for ReSPECT to become a nationwide standard, promoting consistency and parity in emergency care and treatment planning across the four nations.

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## Background – Why is ReSPECT important?

The ReSPECT process was developed in response to longstanding evidence showing that standalone do not attempt cardiopulmonary resuscitation (DNACPR) recommendations were often inconsistently applied, poorly discussed, and frequently misunderstood. Research evaluating alternative approaches, demonstrated that placing CPR decisions within the wider context of a person's overall goals of care reduced misunderstandings, improved communication, and decreased preventable harms. Building on this evidence, ReSPECT was created through a process involving clinicians, patients, and stakeholders, resulting in a person-centred emergency care and treatment plan designed for use across all care settings of the UK.

## Celebrating success

Since its launch in 2016, the ReSPECT process has been adopted as the primary emergency care and treatment planning approach across much of England and Scotland, and will soon be launched for use in Northern Ireland as part of a nationwide approach to advance and emergency care planning.

RCUK welcomes this widespread adoption as recognition of ReSPECT's role in supporting good practice in emergency care and treatment planning. RCUK continues to provide support to organisations in the process of adopting ReSPECT and to those already using it.

In recent years, ReSPECT's contribution to good practice has been highlighted in reports by the [Care Quality Commission \(CQC\)](#)<sup>1</sup> and the [Parliamentary and Health Service Ombudsman \(PHSO\)](#)<sup>2</sup>. Insights from these reports, along with other published research, have helped ReSPECT to continue to evolve and support best practice in emergency care and treatment planning for individuals and the clinicians who care for them.

Further information and resources about the ReSPECT process, including details of where it has been adopted and the research that informed its development and evaluates its ongoing use, can be found at [www.resus.org.uk/respect](http://www.resus.org.uk/respect).

## ReSPECT adoption across the UK

### —✓ England

The ReSPECT process has been adopted as the primary emergency care and treatment planning process across the majority of healthcare providers in England. Given its widespread use and acknowledgement as a means of supporting good practice in emergency care and treatment planning, RCUK recommends that the ReSPECT process becomes the single emergency care and treatment plan (ECTP) for all ages in England.

Since its launch, RCUK has worked with adopters using digital healthcare records to ensure ReSPECT is an example of how digitised, standardised care planning can support patient-centred decision-making during emergencies.

However, the fragmented nature of digital care-record systems in England means that digital access to ReSPECT plans remains inconsistent for healthcare professionals and for patients. RCUK therefore recommends that the NHS in England incorporates ReSPECT into a nationally standardised, patient-accessible digital care plan, ensuring that ReSPECT plans are readily available to individuals and the teams who care for them.

### —✓ Scotland

The ReSPECT process is embedded in 8 of the 14 Health Boards in Scotland as the emergency care and treatment plan for NHS Scotland, helping to promote person-centred conversations about future care and treatment planning.

ReSPECT was the first clinical process to be realised on The National Digital Platform (NDP) in Scotland, allowing completed ReSPECT plans to be readily accessible by healthcare providers and individuals alike.

RCUK recommends that ReSPECT is now adopted across all health boards as part of the future care planning initiative, which

would allow the whole nation to benefit from the existing digital infrastructure and good practice ReSPECT already supports for many in the nation.

### —✓ Northern Ireland

RCUK welcomes the recent decision from Health and Social Care (HSC) Northern Ireland for the ReSPECT process to be adopted across all of Northern Ireland and looks forward to supporting the national implementation of the process in 2026.

### —✓ Wales

Wales does not currently use ReSPECT. An “All Wales” DNACPR policy for adults has been in place since 2015 and is revised every two years. There is a national oversight group with patient representation, Welsh ambulance representatives, and Health Inspectorate Wales members, who ensure that policy content is adhered to by health boards.

In light of [recent reports](#)<sup>1,2</sup> highlighting the challenges associated with DNACPR processes, RCUK welcomes the opportunity to engage in discussions with NHS Wales to explore how insight from the ReSPECT process and the evidence which underpins its development could contribute to a revised national approach to emergency care and treatment planning in Wales.

<sup>1</sup> Care Quality Commission – Review of Do Not Attempt Cardiopulmonary Resuscitation decisions during the coronavirus (COVID-19) pandemic: interim report. 2020

<sup>2</sup> Parliamentary and Health Service Ombudsman (PHSO) – End-of-life care: Improving DNACPR conversations for everyone. 2024.