

Why does the form say RECOMMEND - on DNACPR it is clear. DO NOT	So not recommended means do not do it. It is a national document, and we know it is not as firm as DO NOT, but it really means this is not recommended and we would need to have a good reason why we attempted it when it says not recommended.
You mention there should be a ReSPECT form for anyone deteriorating, however can they not be used even if the person was full active management	We recognise we use it for those who are likely to deteriorate and are deteriorating however in section 4 Escalation to hospital if you wanted all treatments you could put that in this section but it would still need a regular review if the person changed their minds and at every hospital admission and change in health baseline/trajectories.
Should the ReSPECT form be used instead of ACP form if a resident deteriorates?	No, the ReSPECT form works alongside ACP and section 3 is a small version for quick read if a paramedic came. We work with all other documents as well such as ACP, Peace docs and also a personal care and support plans.
Can domiciliary care providers contact the GP on behalf of the client if they say they would like one?	Yes absolutely, particularly as you notice changes in the person and subtle signs that someone else may not be aware of as long as you tell the client you will contact relevant professional to come and have this discussion with them and write one. A District Nurse or Palliative Care Nurse, Macmillan Nurse or Modern Matron or someone that has the extended skills to write the form could also do it as well as a GP.
There have been trainings provided started last year, still now days GPs will sign DNACPR forms rather than ReSPECT forms. Even if admissions coming from hospital, the residents come with DNACPR forms rather than ReSPECT	This may depend on different areas/hospitals and where the patient is coming from. In East and North Herts and now Dacorum we should all be using the ReSPECT form however this will take a while for all to be completed in all settings so we will still see DNACPR forms in some situations. If the form needs reviewing or situation changes a ReSPECT should be filled in.
Are 999 services aware of the ReSPECT form in ReSPECT to DNAR CPR part?	Yes 999 services are aware however it needs to be completed and communicated effectively. If there is any doubt by 999 then this can alter outcomes and different professionals may work differently. However, we should have a good reason to go against the individuals wishes documented and also, we must show 999 services the original copy when they visit.
If a Next of Kin (NOK) has Lasting Power of Attorney (LPA) only for Finances and a resident living with Dementia, then it should not rely on NOKs, but more on GPs. Am I right?	We would always work with the patient and family and act in best interests of the resident/individual. The idea of ReSPECT is to have open compassionate communication with all affected however at the end of the day it is a medical decision to put one in place. If someone has capacity, we work with them if they lose capacity, we work with those who know them best.
Do you need their consent to do a ReSPECT form?	You should be working with the individual and families to have a compassionate discussion and to offer them information to enable them to come to an informed decision however if there is no family and the individual lacks capacity then it is a best interest medical decision. Documentation should be clear on why you have come to this decision.
You mentioned that there should be a ReSPECT form for anyone deteriorating. However, would it be good practice to have a form for everyone, even if to only record that the person is for full active management?	In theory the ReSPECT form is for people who wish to have CPR as well as those who do not wish it and in the interests of end of life may be futile. Anyone can start a ReSPECT form as part of their ACP at any time to support those around them make decisions if the individual/resident or person cannot make a decision regarding treatment/escalation to hospital etc. <i>What matters to you in regard to your health</i> is a good basis to start the conversation?

I am hearing so many good things but in reality, this is NOT happening, can I have your details to work together to be able to support the people	Your local Hospices and HCPA are always there to support you in Education regarding ReSPECT forms and we are happy to listen to queries or things that have gone wrong so we can escalate these further and train those that need to be trained and try to iron out the issues you have.
Does a ReSPECT form not stay on record with GP's and hospitals so it can be seen in an emergency? Particularly with the shared medical records?	The ReSPECT form if the GP completes it is on the system record of that individual. However, we know that sometimes our computer systems do not talk to one another and so cannot be seen. The form does belong to the individual/resident so they should also have a copy. In an emergency situation if it is not readily available, we have to do what the professional feels right at the time as sometimes time is of the essence.
Currently we sometimes have issues with the DNACPR form and paramedics, since our GP prints out an electronic black and white copy not red. Do GP's have this facility to electronically complete the form and print black and white copy and if so, are others aware	Sometimes forms are printed in black and white, and this is ok. But the originals would always be better as they are in colour. EEAS know a photocopy is acceptable, but they do like to see the original as well.
If a ReSPECT form has a different address on it, this should be changed/updated immediately. Is it true? For ex: a patient came from home with ReSPECT form, now living in our care home, shall we change it? or can we just put a sticker with our address on it?	You can change the address on the ReSPECT form to be for the place they are living now. It is fine to do this but should be reviewed by the GP when they are next visiting or within 2 weeks and the GP would then sign the back of the form as they have reviewed this and happy with this.
If someone has a ReSPECT form and it says they don't want to go to hospital, are they able to change their mind?	Yes of course, ReSPECT is a working document and should be reviewed regularly as the resident/individuals change their mind and are able to tell us what they want/ do not want.
Who can change the ReSPECT form? Does it have to be a GP?	The person re writing or adding to the ReSPECT forms can be a GP or a professional that has undergone the competencies to be a responsible clinician for DNACPR discussions. i.e. Care home Clinical Leads/GP/ Community Matrons, Macmillan Nurses/Clinical nurse specialists.
We have been using ReSPECT forms for a while now, we find it incredibly frustrating that we send residents to hospital with the forms and their preferences fully recorded, then they are discharged with a DNACPR, which often states that they have discussed with NOK/LPA, which is not true. Is this being addressed?	We are currently looking at this as part of an audit and empathise how difficult and frustrating this is. All we can do is keep highlighting it and signposting those professionals for training. If you are not happy with the form you receive back, contact your Care home clinical leads, GP, modern matrons to review the forms.
Would the family object to what's on the form when seen if they gave sound mind	We need to work with the families and individual/resident for completing these forms. If the individual/ resident has capacity and does not want their family involved, we need to document this. The form belongs to the resident/individual it is their wishes we are recording. If the person lacks capacity, then best practice is to involve the family however it is a medical decision at the end of the day.
You mentioned that the ReSPECT form be used in the first instance if a resident deteriorates...What about ACP form?	ACP conversations can be started whenever the individual/resident starts it. All the things to think about sit under ACP as this is an umbrella term and this does include ReSPECT. However, if the individual has not done any planning and you see someone deteriorating then please flag this with a professional colleague who can get this form in place asap as we want people to die in their chosen place not in hospital.
If residents have both the ReSPECT form and the DNACPR form, would both those forms have to accompany residents to the hospital?	In theory always good practice but if DNACPR is completed on the ReSPECT form then no, only the ReSPECT. If the ReSPECT form has little info on it, then please send the DNACPR form.