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Completion of the All Wales DNACPR Form by Advanced Paramedic Practitioners working within General Practice



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1 Background

- 1.1 The all Wales Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy for adults (persons aged 18 years and over) has been in use since February 2015.
- 1.2 Up until the November 2020 review of the all Wales DNACPR policy, the Health and Care Professional completing the form was required to have either a Nursing and Midwifery Council (NMC) registration number or a General Medical Council (GMC) registration number (section 5 – Healthcare professional completing form).
- 1.3 The DNACPR form would then need to be countersigned by a ‘Senior Responsible Clinician’ with a GMC registration number (usually GP or Consultant) in section 6.

2 Changes to the DNACPR Form and Policy

- 2.1 With the increasing number of healthcare professionals with a Health and Care Professionals Council (HCPC) registration working within clinical teams, the HCPC registrant may be the appropriate person to facilitate a DNACPR conversation, the revised DNACPR form (due out early 2021) recognises this and now includes HCPC registration number alongside NMC and GMC registration numbers within section 5.
- 2.2 As is the case for NMC and GMC registrants, being registered with the appropriate governing body is not all that is required to facilitate such a sensitive and difficult health care decision. The healthcare professional should be a member of the patient’s clinical team, someone who is up to date with the patient’s current medical details and be someone that the patient and/ or relative(s) feel comfortable discussing DNACPR with.
- 2.3 Only Advanced Paramedic Practitioners (APPs) working within an in hours primary care setting, who have been ‘signed off’ as competent to complete an all Wales DNACPR form by their Regional Clinical Lead may do so (see section 3). Paramedics or APPs that have not been signed off as competent to complete an all Wales DNACPR form are not permitted to do so. (For Regional Clinical Lead guidance on sign off process see appendix 1)
- 2.4 If an APP who is ‘signed off’ as competent to complete a DNACPR form is working on a Rapid Response Vehicle (RRV) or an Emergency Ambulance (EA) and is responding to a 999 call, they must not complete a DNACPR form during that incident.
- 2.5 If during a 999 call the APP considers that it is appropriate to raise the subject of a DNACPR conversation, or if the patient raises it with the APP, then following any initial preliminary conversations, the APP must either, refer the patient to their GP practice to continue DNACPR conversations, or if the patient is registered with the practice that the APP works in, the APP can make an appointment to return when they are working within the primary care setting. The patient/relative(s) must not be in a situation that has required a 999 response at the time of facilitating/undertaking the DNACPR conversation.



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- 2.6 An APP working for the Welsh Ambulance Service NHS Trust (WAST) in a primary care setting that is 'signed off' as competent to complete a DNACPR form must have all DNACPR decisions overseen by a senior responsible clinician.
- 2.7 Section 6 of the revised DNACPR form (senior responsible clinician) now includes NMC registration number in addition to GMC registration number. This is intended to allow the likes of a Consultant Nurse to oversee the DNACPR decision in settings such as a Nurse led Hospice for example. As an APP working in primary care, the decision, and therefore the signatory for section 6, must be overseen by the patient's GP or a senior doctor in the community such as a Palliative Medicine Consultant with the Community Specialist Palliative Care Team
- 2.8 In certain situations it may not be possible for a senior responsible clinician to review and sign section 6 in a timely fashion, an example of this may include a resident of a care home during the COVID-19 pandemic, the resident is in quarantine and maybe deteriorating rapidly. The DNACPR decision can then be communicated by the APP and reviewed remotely by the GP over the telephone or through video call. If the GP is in agreement with the APP with regards the DNACPR decision, this should be noted clearly by annotating within section 6 of the DNACPR form;
- Brief details of the specific circumstances i.e. COVID-19 pandemic/ patient in quarantine
 - The GP's full name and GMC registration number
 - The APP full name and HCPC registration number
- The DNACPR form is then considered valid.

3 What is needed for an APP to be signed off by a Regional Clinical Lead as competent to complete a DNACPR form

- 3.1 Version 4 of the revised DNACPR Policy – Sharing and Involving (Nov 2020) must be read in its entirety and fully understood. This can be accessed via the following link: <http://www.wales.nhs.uk/docopen/362278>
- 3.2 The webpage 'Sharing and Involving - a Clinical Policy for Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) for Adults in Wales' must be read in its entirety and fully understood. This can be accessed via the following link: <http://www.wales.nhs.uk/DNACPR>
- 3.3 It is suggested that the following video of Dr Mark Taubert outlining changes to the revised DNACPR policy be viewed; <https://www.youtube.com/watch?v=UuVcobqR0Lw&feature=youtu.be>
- 3.4 It is suggested that the Talk CPR website is accessed, this encourages conversation about Cardio Pulmonary Resuscitation (CPR) for people affected by life-limiting and palliative illnesses. The website includes several short videos on the importance of facilitating these difficult conversations and tips on how to start these conversations. The website can be accessed via the following link; <http://talkcpr.wales>



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- 3.5 Once version 4 of the revised DNACPR policy has been both fully read and understood, the APP will need to demonstrate their understanding of it prior to being 'signed off' as competent, this will require them to evidence knowledge on the following;
- 3.5.1 The APP must understand and recognise potential triggers for starting a DNACPR conversation, for instance, recognising when a patient is 'sick enough to die' and the concept of a 'Natural Accepted and Anticipated Death' (NAAD) as a trigger to consider initiating a DNACPR discussion.
- 3.5.2 The APP must understand the policy with regards to DNACPR and mental capacity. A patient with capacity must be involved in their DNACPR decision. A DNACPR form cannot be completed without their knowledge unless it is considered that the patient will suffer serious psychological harm from the conversation. Serious psychological harm should not be confused with distress or upset that may be a natural reaction to such a difficult and sensitive healthcare discussion/decision.
- 3.5.3 The APP must understand that facilitating a DNACPR conversation should be done in an appropriate setting, with the patient given the opportunity to have a relative or friend present if they wish, and that the decision/ form completion may not be made in one sitting. More than one conversation may be required before the decision to complete a DNACPR form is agreed.
- 3.5.4 The APP must understand that a DNACPR conversation should always only be offered and must never be forced. In circumstances where the APP feels it appropriate for a DNACPR to be completed, where the APP knows the patient well and the patient is clearly dying, if having initiated the conversation with the patient they are adamant that they do not want a DNACPR form completed, the APP should not attempt to force the conversation but should seek support from other members of the patient's health care team.
- 3.5.5 The APP must understand that they should not ask the patient to make the decision with regards to CPR, it is the APPs responsibility to facilitate a conversation that informs the patient why CPR would not be appropriate and ensure the patient fully understands the reasons.
- 3.5.6 The APP must ensure that the patient and any relative present fully understand what CPR is, what it entails, its success rates and importantly that they understand that it would not be successful in a 'Natural Accepted and Anticipated Death' (NAAD) situation.
- 3.5.7 The APP must ensure the patient and relatives are given the opportunity to ask questions, the APP must then give open and honest answers recognising the sensitive and difficult time the patient and the relative may be going through. Only once a patient is fully informed should they be asked if they agree to a DNACPR form being completed. If a patient asks for a second opinion, the APP must facilitate this.



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- 3.5.8 The APP must ensure the patient and relative understand that a DNACPR decision relates solely to CPR, and that other forms of appropriate treatment are not affected.
- 3.5.9 The APP must be aware of and understand other documents that may include decisions regarding CPR, such as Advance Care Plans, Treatment Escalation Plans and Advance Decision to Refuse Treatment. The APP should clarify if any of these documents have already be completed. Suggested websites include;
<http://advancecareplan.org.uk> and
<http://www.wales.nhs.uk/researchandresources/publications/nhswalesadvancefuturecareplans>
- 3.5.10 The APP must be aware that once a DNACPR form has been completed and overseen by a senior responsible clinician, there is a need to then communicate this decision with other health care professionals involved in the patients care. A copy of the DNACPR must also be offered to the patient or the relative involved in the process.
- 3.5.11 The APP must be aware that if a patient has requested a Welsh Language copy of the form, an English copy must also be provided to ensure any non-Welsh Speaking clinicians involved in the patients future care are able to read the form in an emergency situation.
- 3.5.12 The APP must have agreement from their clinical supervisor within primary care to undertake DNACPR conversations and decisions.

Following discussion, the APP has demonstrated their understanding of these guidelines and of the process set out in the all Wales DNACPR policy.

Role	Print Name	Signature	Date
Clinical Lead, Primary Care			
Advanced Paramedic Practitioner			
Regional Clinical Lead, WAST			

All three parties must print, sign and date above prior to the APP undertaking DNACPR conversations and decisions.

The process of the APP demonstrating their competence in undertaking DNACPR conversations and decisions must be reviewed 3 years from the date of sign of above.

Review date _____



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Appendix 1

Regional Clinical Lead guidance for sign off process

The Regional Clinical Lead (RCL) will have undertaken training with a Consultant in Palliative Medicine specific to DNACPR conversations and the completion of an all Wales DNACPR form. The RCL is then able to sign off an Advanced Paramedic Practitioner (APP) as competent to complete an all Wales DNACPR form.

The APP must be able to evidence to the RCL through discussion;

- That they have a good working knowledge of Version 4 (and any future updates) of the revised DNACPR Policy – Sharing and Involving (Nov 2020). This can be accessed via the following link: <http://www.wales.nhs.uk/docopen/362278> (3.3 of guidance document)
- The APP must evidence their understanding of who DNACPR discussions are appropriate for and how these discussions should be facilitated. The APP should have watched the training videos available at <http://talkcpr.wales> to increase their knowledge on facilitating these difficult conversations and tips on how to start these conversations. (3.4 of guidance document)

The APP must evidence/ confirm their understanding to the RCL of the following competencies from within the guidance document;

- 3.5.1 Potential triggers for starting a DNACPR conversation
- 3.5.2 DNACPR and mental capacity
- 3.5.3 Appropriate setting
- 3.5.4 Offering but not forcing a DNACPR conversation
- 3.5.5 Informing the patient what CPR is
- 3.5.6 Informing a patient why CPR would not be appropriate
- 3.5.7 Checking if the patient has questions
- 3.5.8 Clarifying that a DNACPR relates only to CPR
- 3.5.9 Additional documents
- 3.5.10 Sharing a completed DNACPR
- 3.5.11 Welsh language DNACPR
- 3.5.12 Agreement from APP clinical supervisor within primary care

Please ask the APP to complete a short online feedback form every time they attempt a DNACPR conversation with a patient.

<https://forms.office.com/Pages/ResponsePage.aspx?id=uChWuyjjgkCoVkM8ntyPrrynEbWiyetCvUTLuuIUrl1UQIRCUUdXSVRETVFZUIo4NFBGVUw1VEQxOC4u>

Feedback should be captured even if the conversation does not lead to a DNACPR form being filled in, this allows WAST to evidence that APPs are completing forms appropriately and in line with all Wales guidance.