



Llywodraeth Cymru  
Welsh Government

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**Chief Medical Officer**

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**To:** Health Board Chief Executives  
Medical Directors  
Directors of Nursing  
Directors of Therapies & Healthcare Scientists

17 April 2020

Dear Colleagues,

On 12 April, the Chief Medical Officer and Chief Nursing Officer issued a joint letter informing you of the publication of a new framework of values and principles for healthcare delivery in Wales to provide guidance for healthcare services when making decisions during the coronavirus outbreak. You were also asked to disseminate the framework widely and ensure it is adopted by those providing support and treatment within the NHS. For ease of reference links to the Framework and Ministerial written statement are attached:

<https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework-0>

<https://gov.wales/written-statement-statement-work-covid19-moral-and-ethical-guidance-wales-cmeag-wales-advisory>

Recently, we have been made aware of concerns from the groups advocating for disabled and learning disability communities in Wales about how the Clinical Frailty Scale (CFS) could be used inappropriately in making decisions on escalation of care and “do not attempt cardiopulmonary resuscitation” (DNACPR) for individuals being treated for Covid 19.

On 13 April 2020, the Wales Disability Reference Group issued a statement regarding the rights of disabled people in Wales during the current Covid 19 outbreak. The statement requests a set of principles to be followed in the treatment of individuals with a disability and it has received over 1100 signatories. The law and principles outlined in the statement are reflected in our Framework of Values and Principles. The Statement can be accessed at <https://www.ldw.org.uk/coronavirus-covid-19-and-the-rights-of-disabled-people-in-wales/>



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There have also been concerns raised by the Older People's Commissioner (OPC) about the care and treatment options that will be available to older and vulnerable people, some of who have felt pressurised into signing DNACPR forms. These concerns were set out in a statement issued by the OPC on 6 April 2020: [https://www.olderpeoplewales.com/en/news/news/20-04-06/Treatment\\_decisions\\_and\\_Do\\_Not\\_Attempt\\_CPR\\_Protecting\\_people\\_s\\_rights.aspx](https://www.olderpeoplewales.com/en/news/news/20-04-06/Treatment_decisions_and_Do_Not_Attempt_CPR_Protecting_people_s_rights.aspx)

We are not aware that DNACPR decisions are being made purely on the basis of an individual's age, having a disability, learning disability, autism, mental illness or other condition. Nonetheless, we felt it important in such difficult and anxious times to provide some measure of reassurance to those individuals living with these conditions and their loved ones.

This letter seeks to ensure there is clarity around ethical decision making for people with any protected characteristic under the Equality Act 2010, including age, vulnerability, physical or learning disability, autism, other life-long illnesses or conditions such as cerebral palsy, enduring mental health conditions or substance misuse problem.

***Age, disability or long term condition alone should never be a sole reason for issuing a DNACPR order against an individual's wishes.***

**It remains essential that decisions are made on an individual and consultative basis with people. It is unacceptable for advance care plans, with or without DNACPR form completion to be applied to groups of people of any description. These decisions must continue to be made on an individual basis according to need and individual wishes.**

NICE issued COVID-19 rapid guideline: critical care in adults - NICE guideline [NG159] on 20 March 2020 and updated 09 April 2020. The guideline specifically advises that the Rockwood Clinical Frailty Scale (CFS) is not validated in, and should not be used in younger people, people with stable long-term disabilities (for example, cerebral palsy), learning disabilities or autism. An individualised assessment is recommended in all cases to consider comorbidities and underlying health conditions.