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From:	pshelenwhately [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D0F92BD025A84F08A4A69D427EF290F7-PSHELENWHAT]
Sent:	07/09/2020 5:40:29 PM
To:	NR [/o=ExchangeLabs/ou=Exchange Administrative Group
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CC:	NR [/o=ExchangeLabs/ou=Exchange Administrative Group
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Subject:	RE: DNACPR- Sub for MSC
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H NR	
HI NR	

Thank you for this information. To further add to the commission for the sub below- to provide different options for assessing the scale of inappropriately applied DNACPRs (data on the scale of the problem and what we are doing to monitor whether this is still happening), please see the readout below from the Quad Meeting today:

DNACPRs

- SofS raised the issue of blanket DNRs. Simon Stevens asked for details on specific cases as this should not be happening.
- Chris Wormald noted that we need to be able to say publicly and in Parliament that this is not happening. SS noted that it is appropriate to say this should not be happening, and if anyone has evidence of it happening then it should be escalated immediately.

Many thanks NR NR Assistant Private Secretary to Helen Whately, Minister of State for Care Department of Health & Department of Health and Social Care, 39 Victoria Street, SW1H 0EU Social Care @dhsc.gov.uk T: NR From: @dhsc.gov.uk> NR **Sent:** 04 September 2020 13:28 To: pshelenwhately <pshelenwhately@dhsc.gov.uk>; Nuttall, David <david.nuttall@dhsc.gov.uk> වුdhsc.gov.uk>; pdhsc.gov.uk>; Pappa, Marina <Marina.Pappa@dhsc.gov.uk>;

Thanks NR There is quite a lot of interest/activity in this area at the moment so we will need to coordinate over a few different policy areas. For info & so MSC is aware

PQs

Subject: RE: DNACPR- Sub for MSC

Dave Davies has tabled 4 PQs asking for numbers and assessment of inappropriate DNACPR decisions in care homes and generally. Our response is: The Department of Health and Social Care does not hold data on the numbers or assessment of Do Not Attempt Cardiopulmonary Resuscitation Decisions (DNACPR).

(DHSC and NHS England and NHS Improvement don't hold data on the scale of the problem, and have not received any fresh evidence of inappropriate applications of DNACPR at scale since explicit communications were sent to the system in April that this is unacceptable. The CQC has also been urgently contacting providers where inappropriate practice has been brought to their attention.)

OPQ

Baroness Browning to ask Her Majesty's Government what assessment they have made of the use of Do Not Resuscitate notices in hospitals and nursing homes since March. (1st October)

I haven't started the drafting on this yet but NHSE/I advise it's not possible to look a sample of patient records so assessment would not be practical, as NHS E/I can't access individual patient records. There would need to be a clinical assessment of the individual patient's situation to assess whether a DNACPR was inappropriate for the medical circumstances, the nature of the discussion, who was involved, how a decision was arrived at and communicated, etc.

My feeling is that this question is really about teasing out whether inappropriate blanket DNACPRs have been applied to vulnerable groups

ASC Winter Plan

NR has been coordinating responses to this & responding to MSC's points

Patient facing guidance

NR You will know that we have been chasing this from NHSE over the summer. Latest is it is now with NHSE Clinical Directors for clearance & will then be sent to Ministers

Quad Meeting 7th September

DNACPRs has been included as an item for Mondays Quad meeting between SoS and Simon Stevens – we have asked SofS to raise if there is any way to assess the scale of the alleged problem & how it can be monitored, so this could be key for MSC

Hope helpful

NR



Health Ethics
Population Health
Global and Public Health
Department of Health and Social Care
Quarry House LS2 7UE

E: NR @dhsc.gov.uk T: Follow us on Twitter @DHSCgovuk



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As discussed with Dave, MSC has pleased requested that we have a method of assessing the scale of inappropriately applied DNACPRs. This is to include any data on the scale of the problem and what we are doing to monitor whether this is still happening.

Could MSC please receive a submission providing different options for doing this, to be received in 2-3 weeks. We will touch base on this during the LDA team meeting with MSC on 16^{th} to update on what is in train. MSC has added that she expects the work in the winter plan on NHS behaviours to pick up how we will prevent it happening again in winter / a second surge.

NR would be grateful for the health ethics team to please input.

Many thanks,

NR



NR

 $\label{eq:assistant-Private-Secretary} Assistant \ Private \ Secretary \ to \ \textbf{Helen Whately}, \ Minister \ of \ State \ for \ Care$

Department of Health and Social Care, 39 Victoria Street, SW1H 0EU

E: NR @dhsc.gov.uk T: I&S

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