

## **PRESS RELEASE**

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### **Improved oversight and reform needed as pressures of pandemic shine light on inconsistent and concerning approaches to DNACPR decisions**

A new report from the Care Quality Commission (CQC) has found worrying variation in people's experiences of do not attempt cardiopulmonary resuscitation (DNACPR) decisions during the pandemic. While there were some examples of good practice, CQC also heard from people who were not properly involved in decisions, or were unaware that such an important decision about their care had been made.

Among its recommendations *Protect, respect, connect – decisions about living and dying well during COVID-19* calls for the establishing of a Ministerial Oversight Group – working with partners in health and social care, local government and the voluntary sector – to take responsibility for delivering improvements in this vital and sensitive area.

The Department of Health and Social Care asked CQC to conduct a rapid review of how DNACPR decisions were used during the coronavirus pandemic, building on concerns that they were being inappropriately applied to groups of people without their knowledge. It is unacceptable for any DNACPR decisions to be made without proper conversations with the individual, or an appropriate representative, taking into account their wishes and needs.

An interim report published in December 2020 found that a combination of unprecedented pressure on care providers and rapidly developing guidance may have led to decisions concerning DNACPR being incorrectly conflated with other clinical assessments around critical care. This latest report also drew on fieldwork in seven Clinical Commissioning Groups (CCGs), responses to a national information request to providers of adult social care, a national public survey and ongoing engagement with voluntary sector organisations working in the area.

While most providers of adult social care, primary care and secondary care that we spoke to reported they were not aware of inappropriate DNACPR decisions, or DNACPR decisions being applied to groups of people, CQC received feedback from stakeholders, people who use services and their families and carers, that 'blanket' DNACPR decisions had been proposed at a local level. The regulator also heard examples of these being quickly challenged and retracted.

Across the review process, whilst inspectors did find some examples of good practice, they also found a worrying picture of poor involvement of people using services, poor record keeping, and a lack of oversight and scrutiny of the decisions being made. In its interim report, CQC made it clear that all care providers must assure themselves that any DNACPR decisions have been made appropriately, in discussion with the person and in line with legal requirements and best practice. These shortfalls in governance must be addressed if providers are to assure themselves that decisions were, and are, being made on an individual basis, and in line with the person's wishes and human rights.

The pressure of responding to COVID-19 was found to have had an impact, including on the time that staff had to hold meaningful conversations. A lack of training and a large amount of rapidly changing guidance about all aspects of providing care during the pandemic also presented significant barriers.

However, the issues raised in this report – including limited understanding of the importance of good conversations around what should happen if someone was to become very ill, and the need for proper and consistent processes around this – pre-date the pandemic.

**Rosie Benneyworth, Chief Inspector of Primary Medical Services and Integrated Care at the Care Quality Commission said:** “Personalised and compassionate advance care planning, including DNACPR decisions, is a vital part of good quality care. Done properly, it can offer reassurance and comfort for people and their loved ones – before and during difficult times.

“It is vital we get this right and ensure better end of life care as a whole health and social care system, with health and social care providers, local government and the voluntary sector working together.

“COVID-19 has brought this to the fore but these are not new issues. While this rapid review was not asked to make judgments on how decisions might have impacted individual cases, we have to take this opportunity to address these problems. We need to make sure that people have the opportunity to discuss their wishes about care and treatment in a compassionate and person-centred way.”

**Ends**

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**Notes to editors:**

- Everyone should think and talk about how they would want to be supported and what matters most to them, if they became seriously ill or approached the end of their life. We're using #TalkEndOfLifeCare across social media, alongside Compassion in Dying who have launched their report '*Better understanding, better outcomes: what we've learned about DNACPR decisions before and during the Coronavirus pandemic*'. Use this # and join the voice of providers, families and partners keeping this topic in the spotlight.
- Person-centred advance care planning, which may include the use of DNACPR decisions, is an important tool to help people have important conversations and record what matters most to them about the care they receive.
- In October 2020, The Department of Health and Social Care asked CQC to review how Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were used during the coronavirus pandemic, building on concerns that CQC reported earlier in the year. In December 2020 we [published an interim report](#) based on intelligence received from people sharing their experiences, information from stakeholder groups, and a review of the existing guidance.
- To look at a range of ways of working and experiences, evidence was collected from a national information request to providers of adult social care, a national public survey, ongoing engagement with voluntary sector organisations working in the area and, seven areas were also selected for fieldwork to inform the final report:
  - NHS Birmingham and Solihull CCG
  - NHS Bristol, North Somerset and South Gloucestershire CCG
  - NHS Cambridgeshire and Peterborough CCG
  - NHS Morecambe Bay CCG
  - NHS Sheffield CCG
  - NHS South East London CCG with a focus on Greenwich
  - NHS Surrey Heartlands CCG with a focus on East Surrey

As well as taking into account the information shared with us, these CCGs have been selected to cover a cross-section of areas and a mix of demographics so that the lessons we learn will be of value to people in health and social care across the country, wherever they are working.

- CQC's State of Care 2020 report found that COVID-19 has magnified and highlighted issues in health and social care, bringing inequalities and flaws in how care is provided to the fore.

### **About the Care Quality Commission**

The Care Quality Commission (CQC) is the independent regulator of health and social care in England.

We make sure health and social care services provide people with safe, effective, caring, well-led and responsive care, and we encourage care services to improve.

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find to help people choose care.