

## **Reviewing the use of do not resuscitate decisions during COVID-19**

### **Why are we doing this review?**

In October, the Department of Health and Social Care (DHSC) [asked us to review how do not resuscitate orders were used during the COVID-19 pandemic](#), building on [concerns that we reported](#) earlier in the year.

Since we received the request, we've been talking to a wide range of people and groups to understand their experiences and concerns.

We recently published a [news story](#) which updated on what the review will look at and how it will be done. The below briefing gives some additional detail.

### **How will the review be carried out?**

We've selected seven local Clinical Commissioning Groups (CCG) where we will be carrying out fieldwork for the review. 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. These are:

- NHS Birmingham and Solihull CCG
- NHS Bristol and North Somerset CCG
- NHS Cambridge and Peterborough CCG
- NHS Morecambe Bay
- NHS Sheffield
- NHS South East London CCG, with a focus on Greenwich
- NHS Surrey Heartlands CCG, with a focus on East Surrey

This work will focus (but not exclusively) on the experience of older people and people with a learning disability or autism.

We will also be sending a voluntary information request to all adult social care providers from week commencing 30 November. This is to help us to understand the scale of inappropriate do not resuscitate orders put in place across the country – what made them inappropriate and whether they remain on people's records or have been removed.

This voluntary information request will be open for a period of 2 weeks and use a simple checkbox form.

Questions are being confirmed but we will share with you when available.

### **What will happen in each CCG area?**

We will carry out this thematic review using CQC's special review powers (under Section 48 of the Health and Social Care Act 2008) which enable CQC to look at issues that are wider in scope than the regulations. Special reviews may look at the overall provision of different kinds of health or adult social care, including the commissioning of that care, how particular functions are carried out or the provision of that care by particular people or bodies.

We will review personalised approaches in the use DNACPRs (to include DNARs (Do Not Attempt Resuscitation) as part of advance care planning during COVID-19.

We will gather the views of people who use services and speak with a range of health and social care providers as part of a random sample within the CCG area.

Most of our activity will all be virtual, comprising interviews and focus groups via Microsoft Teams. We will be carrying out activity from 18th November into mid-December.

This will also include case tracking in order to understand how partners have worked together to ensure personalised DNACPR approaches for people and what impact that has had on people who experience care. These are not inspections and are being undertaken in a proportional way recognising the pressures providers are under.

### **How will a provider know if they are part of the sample and what happens next?**

The provider will receive a phone call from CQC explaining that they have been selected as part of the random sample. The number of providers in the sample will vary in each CCG but approximately ten providers will be contacted in each.

An inspector will visit the service to carry out this work. The inspector will require access to the records of people who had a DNACPR decision made after 17 March 2020. The inspector will not be speaking to service users or members of staff but they may need to speak to a member of staff to support them with the understanding of how the notes are structured and/or if the notes are only available electronically.

CQC will use their powers under the Health and Social Care Act and as such, consent to look at records is not required. The inspectors will only be looking at the parts of the records pertaining to the DNACPR decision. The inspectors will not be taking copies of the records.

This is not an inspection. We will not be publishing a report of our visit to the service. If we do find examples in records which raise concerns about the way DNACPR decisions were made we will feed this back to the provider and to the CCG. We will also provide information to the local CQC inspection team as part of their routine monitoring.

### **What happens after the review?**

Following the review activity each CCG will receive a summary of findings and be asked to provide a response including planned actions. We will publish the individual CCG summaries including responses from the system.

We will not identify individual providers within the national report or local summaries. We may, however, name services where we identify there are examples of practice from which others may wish to learn. We would only do this by exception and with the agreement of that provider.

We will publish a national report early next year setting out all the themes and trends we have found, outlining any known changes to the use of DNACPR in response to the pandemic and describing good practice.