



To:

Rt Hon Jeremy Hunt MP, Chair, Health and Social Care Committee
Rt Hon Greg Clark MP, Chair, Science and Technology Committee

18 December 2020

Dear Chairs,

Coronavirus: lessons learnt inquiry – the impact of the pandemic on BAME communities

Thank you for the opportunity of speaking to the Committees in your “Lessons learnt” session on 1 December.

You asked me for details on actions taken by the NHS on its national policy that there is never a blanket application of do not attempt cardiopulmonary resuscitation orders (DNACPRs or DNRs). You also asked me to share any available research on the impact of the pandemic on people with hearing problems and our long-term plans to support them.

DNACPRs and people with a learning disability

It is worth noting that in July, NHS England and NHS Improvement (NHSE/I) also provided evidence on the DNRs matter to the Women’s and Equalities Committee for their sub-inquiry on the Unequal Impact of Coronavirus, disability and access to services. Following this evidence session, on 27 August 2020 our Medical Director for Clinical Effectiveness, Celia Ingham Clark, [wrote to the committee](#) setting out the action taken to address DNACPRs/ DNRs.

Throughout the pandemic, there has been clear guidance to ensure that clinicians are using DNACPR recommendations appropriately. This has included the following actions:

- On 3 April 2020 senior leaders from NHSE/I, wrote to clinicians to provide clarity on the use of DNACPR where people have a learning disability or are autistic emphasising that “The terms “learning disability” and “Down’s syndrome” should never be a reason for issuing a DNACPR order or be used to describe the underlying, or only, cause of death. Learning disabilities are not fatal conditions”. [Letter clarifying use of DNACPR for people with a learning disability and/or autistic people](#).
- On 7 April, a [joint letter](#) from Professor Stephen Powis and Ruth May, NHSE/I’s Chief Nursing Officer made clear that blanket application of DNACPRs to groups of people is inappropriate ‘[...] each person is an individual whose needs and preferences must be taken account of individually. By contrast blanket policies are inappropriate whether due to medical condition, disability, or age. This is particularly important in regard to ‘do not attempt cardiopulmonary resuscitation’ (DNACPR) orders, which should only ever be made on an individual basis and in consultation with the individual or their family.’
- On 20th May 2020, NHSE/I issued a [joint statement](#) with Baroness Jane Campbell which stated that the blanket application of these orders is “totally unacceptable”. It is of course appropriate for clinicians, in consultation with their patient and - where it’s right to do so – their families, to ensure that more frail or elderly patients have a care plan in place.

- In October 2020 document published on 'Cardiopulmonary Resuscitation (CPR) and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)' on NHSE/I's website by the Palliative and End of Life Care Team providing information on CPR and DNACPR whilst under the care of healthcare professionals and what to do if the individual or those important to them have concerns. [A guide for people with a learning disability and families and carers about understanding their rights and challenging decisions.](#)

NHSE/I's [Action from Learning report](#) on the impact of Covid-19 on people with a learning disability published 12 November 2020 includes the following further actions:

- GP practices have been asked via the Quality and Outcomes Framework to review any DNACPRs for people with a learning disability registered with their practice and confirm that they were determined appropriately and continue to be clinically appropriate. This is included in the primary care/ GP contract for 2020-21. Supporting guidance can be found in the [quality and outcomes framework](#) published in September 2020.
- The Oliver McGowan training coordinated by Health Education England and Skills for Care will ensure staff working in health and social care receive learning disability and autism training at the right level for their role. This means that staff will have a better understanding of people's needs, resulting in better services and improved health and wellbeing outcomes.
- The learning disability and autism programme has met with the National Medical Examiner to inform the work of medical examiners in relation to the deaths of people with a learning disability. Medical examiners will, where necessary, support bereaved families and will work with all doctors who write death certificates to use the correct terminology in all parts of the MCCD.

People with hearing impairments

Research/evidence available on the impact of the pandemic on deaf communities accessing services

In terms of research, NHS England has commissioned a rapid review looking at access to British Sign Language interpretation in NHS services. The rapid review will identify how NHS providers are and can best meet their obligations to provide access to BSL interpretation. This will consider issues relating to commissioning arrangements and develop, appraise and recommend options that will improve provision of BSL interpretation in the future. This rapid review will inform next steps and long-term planning.

In terms of evidence, we are regularly considering insight and research from a wide range of sources during the pandemic. This includes regular meetings with Health Watch, members of the Health and Wellbeing Alliance and wider voluntary, community and social enterprise sector, as well as involving people and communities in decision-making.

It may be helpful for the Committee to be aware of existing action pre-pandemic and what actions have been taken during the pandemic to support access by deaf people to NHS services.

NHSE/I have funded a service provided by Interpreter Now to support the NHS 111 service since 2014. The service commenced in 2014 under a contract with Vodafone, the subcontractor is InterpreterNow.

Since March 2020, we extended the hours of operation for our BSL video relay servicing making to 24/7 and quadrupled the interpreting resource on NHS111. We also stood up separate provision for the Coronavirus Response Service.

To mitigate operational changes as a result of the pandemic, notably the shift to digital consultations, NHSE/I have agreed grant funding for BSL Health Access, the independent service established by the charity SignHealth until the end of March 2021. This is in addition to the service provided as part of NHS111.

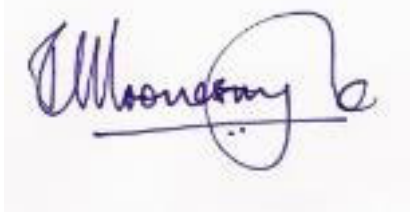
Improving access for deaf communities in terms of accessing services

As part of a wider patient engagement exercise to inform our future Integrated Urgent Care strategy, we ran an event entitled Improving NHS111 for Deaf and Hard of Hearing People. The event was very well attended with representatives from charities, patients and key suppliers. It identified a number of areas where improvements could be made, and I am outlining two examples below.

1. Whilst NHS111 provides both BSL and text relay services, downstream services might have varied level of cover. We are working with those downstream services to ensure that appropriate adjustments are in place at the point of need and exploring how we can ensure that patients' needs are flagged in our referral.
2. In addition to the text relay service patients would like to communicate via SMS directly with NHS111 agents. A pilot is being established to explore whether such a communication channel would offer a safe and effective assessment, and in particular whether the SMS should be direct to the agent or via a relay assistant.

Your sincerely,

Professor Ramani Moonesinghe,

A handwritten signature in blue ink, appearing to read 'R Moonesinghe', with a horizontal line underneath.

National Clinical Director for Critical and
Perioperative Care
NHS England and NHS Improvement