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To:

Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services

7 April 2020

Dear colleague

We all know that COVID-19 is a major challenge for the NHS and for our colleagues in social care too. This isn't easy – and no doubt it will get harder. We would like to thank everyone involved in the delivery of health and care services for their remarkable efforts and commitment at this difficult time.

There has been a major effort to increase available intensive care capacity across hospitals throughout the country. We are also adding extra bed capacity in the Nightingale hospitals in London, Manchester, Birmingham, Bristol and Harrogate and have taken steps to accelerate the discharge of patients from the acute sector including significant additional funding for social care. And we are putting in place measures to allow the return of thousands of clinical colleagues to the front line.

The NHS Constitution is clear that we should deliver care and support in a way that achieves dignity and compassion for each and every person we serve. We should be cognisant of the principle of equity of access for those who could benefit from treatment escalation, and the principle of support for autonomy for those who want to be involved in decisions. Even under pressure we strive for the delivery of personalised care and high standards of patient experience.

In regard to those patients who are the most vulnerable, we should encourage them to discuss their individual wishes and concerns regarding their treatment preferences should they develop COVID-19 symptoms and record those preferences in an advance care plan.

The British Medical Association, Care Provider Alliance, Care Quality Commission, and the Royal College of General Practice have recently [issued a statement](#) on the role of general practitioners in this regard which provides an excellent basis for the approach required, not just in general practice but throughout the health and care system.

The key principle is that 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.

NHS England and NHS Improvement



We have written separately to primary care, acute and community trust CEOs regarding the appropriate use of the clinical frailty scale and the use of DNACPR which should be read in conjunction with this letter.

We know that the founding principles and values of the NHS give those of us working in the service focus to deliver our best for the people who rely on us each and every day. They also command the widespread support we have seen from the public.

Yours sincerely

A handwritten signature in black ink that reads "Ruth May". The signature is written in a cursive style with a large initial 'R'.

Ruth May

Chief Nursing Officer, England

NHS England and NHS Improvement

A handwritten signature in black ink that reads "Stephen Powis". The signature is written in a cursive style with a large initial 'S'.

Professor Stephen Powis

National Medical Director

NHS England and NHS Improvement