



## ReSPECT in Primary Care Study

Wednesday, 29<sup>th</sup> March 2023

### Programme for Stakeholder Meeting

9.30-10.00	<b>Arrival, coffee, and registration</b>
10.00-10.10	<b>Introduction</b> Introduction to the day and explanation of the purpose and process of the meeting
10.10-10.50	<b>Opening plenary</b> <ul style="list-style-type: none"><li>• Implementation of ReSPECT: GP perspective</li><li>• Implementation of ReSPECT: Care home perspective</li><li>• Form completion and examples of ReSPECT recommendations</li><li>• Implementation of ReSPECT: patient and family perspective</li></ul>
10.50-12.00	<b>First round of small group discussion</b> Small group discussions with focussed questions arising from the key themes from the presentations.
12.00-12.20	<b>Coffee</b> Key messages from group discussion transferred to flip charts.
12.20-13.00	<b>Second plenary</b> <ul style="list-style-type: none"><li>• Wider public perspective (findings from focus groups and survey of members of the public)</li><li>• Ethical issues identified.</li><li>• Learning disability co-production experience</li></ul>
13.00-14.00	<b>Lunch</b>
14.00-14.20	<b>RCUK perspective on national ReSPECT implementation</b> Speaker: Catherine Baldock Clinical Lead RCUK
14.20-15.30	<b>Second round of small group discussion</b> Reflecting on morning key messages and later presentations are there any new or changed key messages. What are the key recommendations (practice; policy; training)?
15.30-15.50	<b>Tea</b> Opportunity to view key messages on flip charts.
15.50-16.20	<b>Presentation of key messages from group facilitators</b>
16.20-17.00	<b>Final plenary discussion</b>
17.00	<b>Close</b>

## ReSPECT stakeholder meeting, questions for small group discussion

The following questions were identified by the research team during our data analysis. We will ask you to consider some of these in the small group discussions. We welcome you raising further questions during the discussions today.

1. Whose interests are being cared for when a ReSPECT form is completed (patient/ family/GP/other HCPs/care home staff/the NHS system/other)?
2. How do we address the difficulty of deciding when to initiate the ReSPECT ?
3. Who controls the ReSPECT form and its contents, and how is this control operationalised?
4. What should recommendations look like, so the form fulfils its purpose?
5. How should recommendations be used when a patient is acutely unwell?
6. What reasonable adjustments would you make when completing the ReSPECT process with a person with a learning disability and/or their parent / carers?
7. What training is needed in relation to ReSPECT? for health care professionals? for care home staff?