



E: john.mitchell4@gov.scot

To: Chief Executives and Medical Directors of Health Boards for distribution to all clinical teams

cc. Mental Welfare Commission Scotland CEO
Chair Royal College of Psychiatrists in Scotland
Chair Royal College of General Practitioners Scotland

5 May 2020

Dear Colleagues

I am writing to ensure clarity in relation to the use of the Clinical Frailty Scale (CFS) and the use of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) with younger patients, those with a stable long term physical need, learning disability or autism. This applies to all clinicians.

The Scottish Government published *Coronavirus COVID-19 Clinical Guidance* on 3 April 2020. The section on admissions to hospital advises that all adults should be assessed for frailty, irrespective of COVID-19 status. The guidance further recommended that the Clinical Frailty Score (CFS) be used as part of a general assessment and that clinicians should have awareness of its limitations particularly in younger patients and those with long-term conditions or disabilities. This guidance has now been reviewed and an updated version, currently subject to an [Equalities-Equality](#) Impact Assessment process will be issued once approved.

On 3rd April 2020, Scottish Government published *COVID-19 Guidance: Ethical Advice and Support Framework* making clear the fundamental principles that all people should be treated with equal concern and respect.

To provide absolute clarity, a stable long-term physical need, learning disabilities or autism should never be a reason for issuing or encouraging the use of a DNACPR order. Social care needs, health conditions or disabilities that are unrelated to a person's chance of benefiting from treatment must not be a part of clinicians' decision making regarding accessing treatment.

Decisions regarding appropriateness of admission to hospital and for assessment and treatment for people with learning disabilities and/or autism must be made on an individual basis and in consultation with their family and/or paid carers. These should take into account the person's usual physical health, the severity of any co-existing conditions and their frailty at the time of examination. Treatment decisions should not be made on the basis of the presence of learning disability and/or autism alone.

Yours sincerely

Dr John Mitchell
Interim Principal Medical officer