WELCOME

Deciding Right

An integrated approach to making care decisions in advance with children, young people and adults

3 hour Workshop

Aim

To equip all participants with an ability to **implement** Deciding Right and the different outcomes related to the regional initiative into practice.

Learning Outcomes

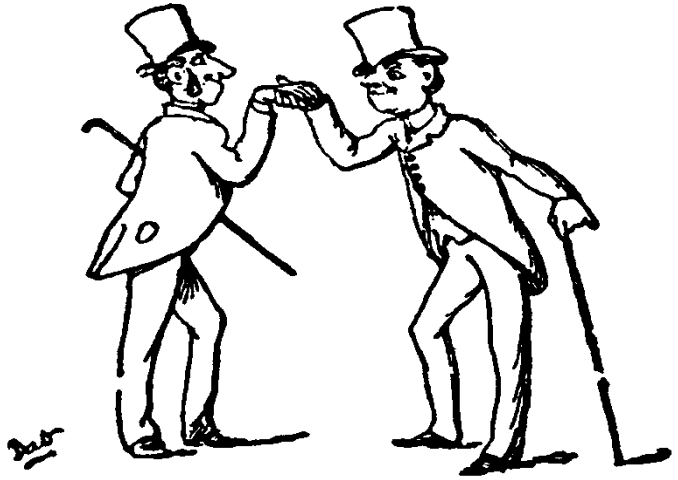
By the end of the session participants will be able to:

- Progress from their baseline level of understanding of Deciding Right
- To be able to identify the different Deciding Right outcomes
- To be able to complete appropriate Deciding Right outcomes from a case study approach

Housekeeping……

- Fire alarms
- Toilets
- Refreshments
- No smoking policy
- Mobile phones
- Ground rules

Introductions



Dying Matters Choices Qs...

1. Have you written a will? **Yes / No**
2. Have you recorded your funeral wishes? **Yes/ No**
3. Do you know what sort of care and support you would like if you were dying? **Yes / No**
4. Have you considered registering as an organ donor? **Yes / No**
5. Have you discussed your wishes with your loved ones to put them in the picture? **Yes/ No**

What we Know……

- **Where would most people want to be when they are dying?**
- **Where do most deaths occur?**

Public Health England

What We Know Now 2014

- Home continues to be the preferred place of death for people in England
- Followed by hospices and care homes.
- The proportion of people dying at home or in care homes has increased
  - in 2004 - 35% (166,749)
  - in 2013 - 44% (207,764)
- The number of people dying in hospitals has dropped by 50,000 since 2004.
- In 2013 it was less than half of all deaths (227,748).

What We Know Now 2014: a compilation of new data and intelligence produced by NEoLCIN, together with research published over 2014 from a wide range of academic, clinical and charitable organisations, universities and charities. It supports the National End of Life Care Strategy.

Dying Matters Survey 2014

The proportion of GPs reporting they had never initiated a conversation with a patient about their end of life wishes fell from (35%) in 2012 to (25%) in 2014, showing improvement.

ComRes: NCPC Dying Matters Survey May 2014

/www.comres.co.uk/polls/ncpc-dying-matters-survey

I didn’t want that…

Advance Care Planning (ACP)

www.endoflifecare.nhs.uk

ACP is a ***process*** of discussion between an individual and their care providers irrespective of discipline. If the individual wishes, their families and friends may be included. With the individuals agreement, this discussion should be documented, regularly reviewed, and communicated to key persons involved in their care.

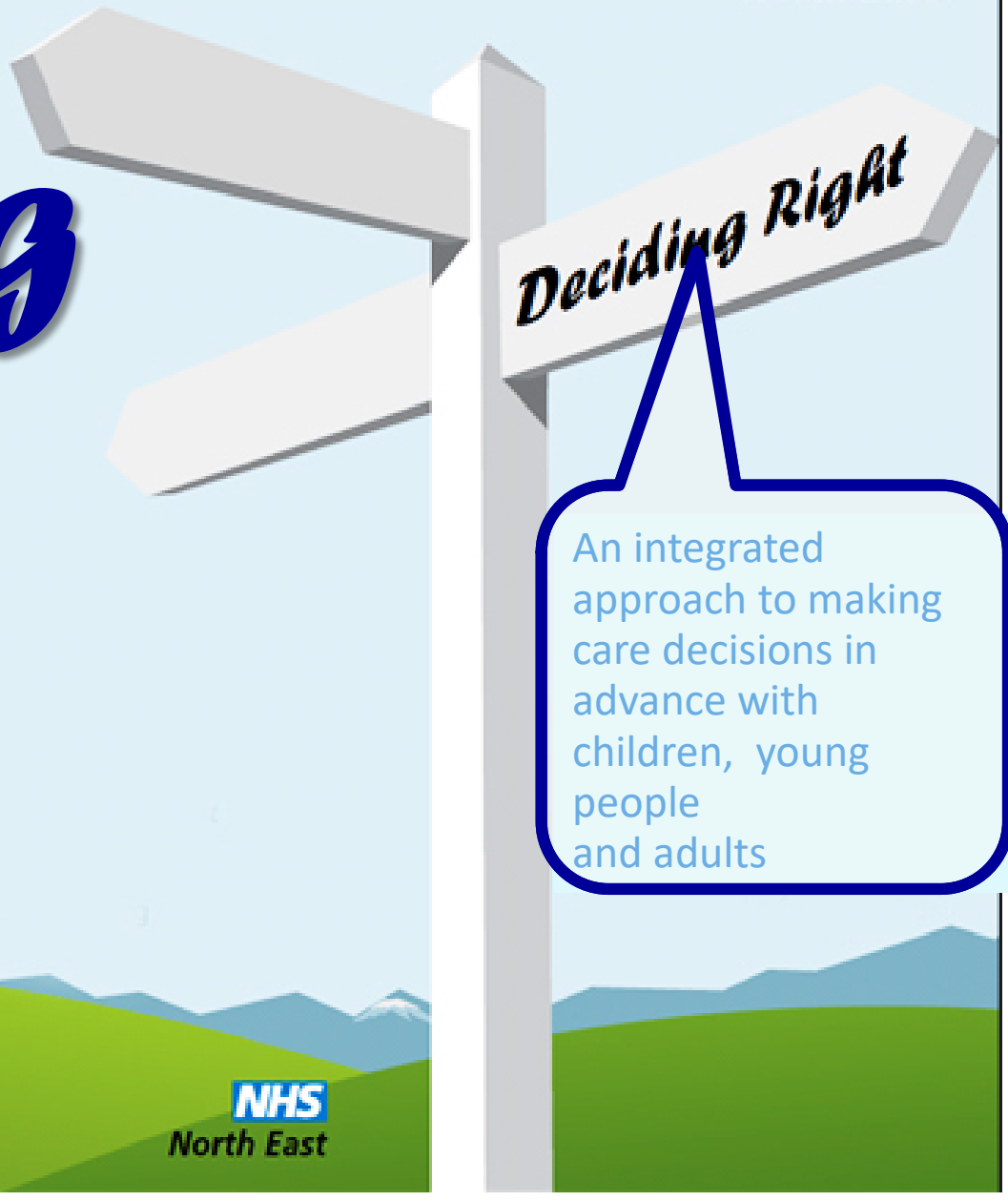
http://www.northerncanceralliance.nhs.uk/deciding-right/

NHS North East

Deciding right

Deciding Right

Your Life
Your Choice



An integrated approach to making care decisions in advance with children, young people and adults

NHS North East

Deciding Right

A North East initiative for making care decisions in advance

Deciding Right……..

- Applies to all ages, care situations and settings
- Emphasises the partnership between the individual, carer or parent and the clinician
- Places the Mental Capacity Act (MCA) at the centre of shared decision-making
- Enables professionals and organisations to comply with the MCA by filling the gap in practice, not just the knowledge gap
- Recognises the individual with capacity as key to making care decisions in advance

Deciding Right….

- Empowers the individual who lacks capacity to have decisions made in their best interests
- Enables information to be recognisable in all care settings
- Introduces emergency health care plans as an important adjunct in all settings to tailor care to the individual with complex needs
- Ensures that, wherever possible, documentation and information is suitable for all ages (children, young people and adults)

Refresher activity

Group feedback

Deciding Right Outcomes

- **Advance Statements**
- **Advance Decisions to Refuse Treatment [ADRT]**
- Do Not Attempt Cardio-Pulmonary Resuscitation [DNACPR]
- Emergency Health Care Plans [EHCP]
- Best Interests

- **Advance Statement**
- this can be verbal or written and must be made when the individual has capacity for those care decisions.
- It is a record of an individual's wishes and feelings, beliefs and values. It is not legally binding, but once the individual loses capacity for those care decisions all carers are legally bound to take it into account when making decisions in the patient's best interests.

Advance Decision to Refuse Treatment (ADRT)

- this can be verbal or written, but must be written to refuse life-sustaining treatment. It must be made when the individual has capacity for those care decisions. **It is legally binding** on all carers if it is valid and applicable to the situation

Deciding Right Outcomes

- Advance Statements
- Advance Decisions to Refuse Treatment [ADRT]
- **Do Not Attempt Cardio-Pulmonary Resuscitation [DNACPR]**
- **Emergency Health Care Plans [EHCP]**
- **Best Interests**

- **DNACPR forms are advisory only.** A DNACPR document decision can be overridden if it is clear that an unexpected event could be successfully treated with CPR.
- **Emergency Health Care Plans**

  This is a document that makes communication easier in the event of a healthcare emergency for infants, children, young people and adults (i.e.. any individual) with complex healthcare needs, so that they can have the right treatment, as promptly as possible and with the right experts involved in their care. EHCPs make up for the deficiencies of single-decision DNACPR forms.
- **Best Interest Decision**

  Any act done for, or any decision made on behalf of a person who lacks capacity must be done, or made, in that person's best interests. To do this, it is recommended to use the checklist from Deciding Right.

  The intention is not to decide for the individual, but to estimate what decision they would have made if they still had capacity for this decision.

Outcomes

Only three outcomes are recognised under the Mental Capacity Act **[MCA] 2005**:

- Advance Statements
- Advance decisions to refuse treatment (ADRT)
- Lasting Power of Attorney

N.B. Mental Capacity Act [MCA] 2005 enshrines five key principles in assessing the capacity of an individual

Outcomes of ACP

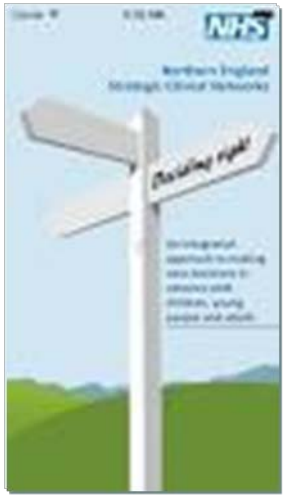
- **Lasting Power of Attorney (LPA)**

  this is a legal authority made by a patient when they have capacity to nominate another person to make decisions on their behalf should the patient lose capacity in the future. A Property and Affairs LPA has no authority to make health care decisions; these can only be made by a personal welfare LPA (also known as a Health & welfare LPA) who must have specific authorisation in the order if the patient wishes them to make life-sustaining decisions.

I Didn’t Want That!

YES / NO Exercise

Coffee and Tea Break


NHS
Deciding right


NHS
England
Deciding right
Your life
Your choice

In small groups complete the exercise…..

Choose from the selection of case scenarios available to the most appropriate case for you

Resources to assist you:

- Deciding Right website
- Deciding Right App
- Example Documents

Complete relevant documentation and utilise the learning resources you have available to use

Suggested on going learning…….

- http://www.northerncanceralliance.nhs.uk/deciding-right/
- CLIP Worksheets
- Writing your own outcomes from *Deciding Right*

Download the App……..

Reflective practice

After 2 months complete a reflective practice form to demonstrate how you have used *Deciding Right* outcomes with patients/ residents in your care.

Think !
Revalidation

Summary

- With better planning and prevention of crisis more patients could be expected to die at home/where they choose
- Focus on community care and reduce inappropriate/ unwanted hospital admissions
- Develop an integrated approach for patients and carers