CLEAR FORM

PRINT FORM

Record of agreed Best-Interests Decisions (RBID) Future Care Plan

RBID FCP

Name:	NHS no:
Address:	Date of birth:
Postcode:	Hospital no:
GP and practice:	

*** This document is a record of discussions to aid future care planning. It records decisions made in the best interests of a person who does not have mental capacity in the context of the Mental Capacity Act 2005. The decisions recorded here are not legally binding, but should inform any clinical decisions made on behalf of the person. It should not supersede clinical judgement in an emergency.**

Date:

The process followed should be consistent with making best interests decisions as per the Mental Capacity Act and the all-Wales approach to Future Care Planning www.wales.nhs.uk/AFCP

MEDICAL BACKGROUND

Medical condition(s) relevant to this Record of agreed Best Interests Decisions Future Care Plan:

PATIENT'S EXPRESSED WISHES / ADRT

Please document any evidence of wishes or values (previous or current) and any refusals expressed by the person (verbal or written), which should be taken into consideration:

If the person has a valid ADRT (Advance Decision to Refuse Treatment), then the decisions recorded on this document **must** be consistent with said ADRT, and a copy of the ADRT should be appended to this document.

Does the person have a valid Advance Decision to Refuse Treatment? **(select)**

FORMAL ADVOCATES

Does the person have a Lasting Power of Attorney for Health & Welfare? **(select)**

Does the person have a Court Appointed Deputy for Health & Welfare? **(select)**

If there is a Lasting Power of Attorney or Court Appointed Deputy for health & welfare with appropriate authority, then they will be the primary decision-maker. See also last page of this form.

If there is no-one appropriate to consult, an Independent Mental Capacity Advocate (IMCA) should be involved.

Does the person have an Independent Mental Capacity Advocate (IMCA)? **(select)**

If Yes to any of the above, please record details on page 5 of this form.

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BEST INTERESTS DECISION-MAKING

The following must all be confirmed with a tick

- ☐ An assessment has confirmed that the person currently lacks mental capacity to make any of the decisions about medical treatments detailed in this document (consistent with the Mental Capacity Act 2005)
- ☐ There is no realistic prospect that their mental capacity will improve
- ☐ All reasonable steps have been taken to permit and encourage their participation in these decisions

MENTAL CAPACITY ASSESSMENT

Please document where the completed written mental capacity assessment (with regard to the specific decisions regarding medical treatments) is held. If you do not provide evidence, then this RBID form cannot be accepted. Consider appending a copy of the assessment to this form. Give details below (e.g "Healthboard MCA assessment was done on [enter date& time] and assessed patient capacity with regard to ability to participate in discussions about treatment escalation decisions [enter any other decisions assessed]. Assessment can be found on Welsh Clinical Portal and in patient record."):

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*** Mental Capacity must be reassessed before applying this information to any decisions ***

MEDICAL CARE DECISIONS

Please include, where appropriate, evidence to support the decision(s) made.

The following are examples of commonly expressed decisions.
EXAMPLE TEXT ONLY: 'The above-named person's quality of life is such that the following medical interventions to attempt to prolong life would not be in their best interests : '
- *Example: 'They should not be given CPR (cardio-pulmonary resuscitation) in case of a cardio-respiratory arrest. (Has a DNACPR form been completed?)'*
- *Example: 'They should not be intubated or given artificial ventilation in case of respiratory failure'*
- *Example: 'Intravenous, or other artificial forms of hydration should not be administered unless necessary to preserve dignity and/or comfort.'*
- *Example: Treatments such as [intravenous|oral] antibiotics should not be administered unless necessary to preserve dignity and/or comfort.'*
- *Example: 'Transfer of care to hospital [ITU|CCU] should be avoided unless necessary to preserve dignity and/or comfort.*
- *Example: 'Priority should be given to controlling distressing symptoms, over and above life-prolonging interventions.'*
- *Example 'Other (please specify e.g. dialysis, parenteral feeding, haemorrhage)': ..... '*

EXAMPLE TEXT ENDS.
Please add medical care decisions text below as necessary, including, if appropriate, using examples above in red, to tailor this plan to the individual:

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PERSONAL & SPIRITUAL CARE

Please record any other information about personal or spiritual care that the person would consider important for their end-of-life care

ALL of the following must be complied with:

- ☐ All relevant people (those with a valid interest in the person's wellbeing) have been identified, and been involved in the consultation – as per Mental Capacity Act 2005, and the All-Wales Future Care Planning approach (www.wales.nhs.uk/AFCP)
- ☐ All of those consulted have had an opportunity to discuss recommendations recorded in this document.
- ☐ None of those consulted are aware that the person has previously expressed wishes about their healthcare which are inconsistent with the recommendations recorded in this document.
- ☐ All of those consulted agree that it is in the person's best interests to share this information with other healthcare providers, including electronic healthcare records
- ☐ All of those consulted understand that the recommendations in this document may form the basis of important decisions made in future, unless or until such time that the document is revoked, and that they agree to inform the person's healthcare professional if they have reason to believe these recommendations should change.

SHARING INFORMATION

Please record who receives copies of this information -

- ☐ Electronic Patient Record/FCP Flag
- ☐ GP
- ☐ Specialist Palliative Care Team
- ☐ Others (incl GP out of hours):
- ☐ Care.Home
- ☐ Hospital medical records - Name of hospital(s):

Where will this document be kept?

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SENIOR HEALTHCARE PROFESSIONAL

Senior health care professional responsible for completing this form

Designation (grade/specialty)	Name	GMC/NMC No.	Signature	Date

Contact tel no: _____

DOCTOR

Senior medical professional (if not as above)

Designation (grade/specialty)	Name	GMC No.	Hospital / GP Surgery

Contact tel no: _____

FORMAL ADVOCATE(S)

Lasting Powers of Attorney Health&Welfare, Court Appointed Deputy, or Independent Mental Capacity Advocate(IMCA)

Role or Relationship	Name	Telephone	Other details

OTHER HEALTHCARE PROFESSIONALS

Other Healthcare professionals involved in the preparation of this care plan

Designation (grade/specialty)	Name	Telephone	Other details

FAMILY / CARERS / NOMINATED NEXT-OF-KIN

Chosen family, nominated next-of-kin, and carers involved in the preparation of this care plan

Relationship	Name	Telephone	Other details

Guidance to Authors

- If there is a Lasting Power of Attorney for Health & Welfare with appropriate authority[1] or Court Appointed Deputy, or Independent Mental Capacity Advocate they must be consulted.
- If there is a *valid and applicable* Advance Decision to Refuse Treatment, this must be followed and an RBID should align with the treatment refusals of the ADRT.
- Otherwise, the widest level of consultation that is feasible should be undertaken when completing an RBID:
  - The views of ALL close chosen family members, nominated next-of-kin, and significant carers should be considered when discussing an RBID future care plan
  - In particular, where there are a number of siblings or children, efforts should be made to seek the views of all of them.
  - It is not always practical for all to be present or to contribute directly. Conflicting views should be proactively sought by asking if any of those involved know of anyone who may disagree with the decisions under consideration.
  - If there are no family members, close friends or significant carers, an IMCA must be involved.
  - If a medical doctor is not leading the process, then a doctor must be one of those consulted. This will usually be a GP or consultant, but may be a non-consultant with suitable experience e.g. a specialty or specialist doctor, or senior resident doctor, for instance in care of the elderly or palliative care.
  - If an "urgent" future care plan is required (e.g. anticipating deterioration over the next hours or days), and this wide consultation is not possible, then the RBID form should **not** be used and alternative methods of communicating short term plans should be used. A treatment escalation plan (TEP) should be considered and discussed.
- A mental capacity assessment of the person with regard to their understanding of the specific medical issues being addressed should be made and recorded. All practical steps must be made to support the patient to demonstrate their capacity.
- It is not appropriate to complete an RBID future care plan if there is a reasonable possibility that mental capacity could improve. If improvement of mental capacity is considered to be a realistic possibility (e.g. soon after a stroke), then alternative methods of communicating short term plans should be used.
- When developing an RBID, this should take into consideration any previously expressed verbal or written wishes (including Advance/Future Care Plans) the person may have made.
  - Efforts should be made to enquire specifically if any of those involved in the process are aware of wishes previously expressed by the person
  - An RBID should normally be consistent with previously expressed wishes of the person; if not, the variation and reason should be clearly documented on the form.
- Agreement should be obtained from all those involved in the process that it is in the person's best interests for the document stating the agreed decisions to be shared with healthcare professionals (including on electronic patient records, like Welsh Clinical Portal, Emis etc), and understanding that it may form the basis of important decisions made in the future, unless or until such time that the document is rescinded.
- The FCP-RBID should be signed and dated by a senior clinician, together with their GMC/NMC number.

If the overseeing clinician is not familiar with the process, they may wish to consult a suitably experienced clinician for support or guidance.

Guidance to Readers/Users

The **reader** or **user** is a healthcare professional who attends a person with an RBID document.
If a person requires a clinical management decision to be made on their behalf because the person does not have mental capacity:

- An RBID document is only **one** source of information which should be taken into account, when making a best interests decision on behalf of the person.
- The presence of an RBID should not stop the usual principles of MCA best interests decision-making at the time:
  - If it is practical/feasible, a family member, nominated next-of-kin, and/or carer should be consulted.
  - Check the person's mental capacity to make decisions for themselves.
  - Encourage the person to take part in any discussion about the decision being made, even when they may be deemed to lack mental capacity.
  - If there is a Lasting Power of Attorney or Court Appointed Deputy, they must be consulted if practical/feasible.
  - In the absence of any other available sources of information about what the person's wishes may have been, an RBID document may provide the main source of information to guide making a best interests decision. An RBID document which has been made following the All-Wales policy may be used when necessary as the sole basis of a clinical decision.

[1] There are 2 types of LPA, one for Health and Welfare, and the other for Property and Financial affairs. Only an appointed LPA for Health and Welfare has the authority to act on a patient's behalf, when it is clear that the patient lacks capacity to make the decision(s) themselves. Note that Court Appointed Deputies do **not** have the power to refuse life sustaining treatments on behalf of an individual.
If the decisions being discussed relate to the giving or refusal of life sustaining treatment, then Section 5 of the LPA form must have been signed.