Scenario 6

Person with dementia and co-morbidities (COPD), living in a care home, is aspirating and having recurrent chest infections. The isn't an LPA in place and the person doesn't have the capacity to make decisions. The family are asking when is the time to start thinking about not giving antibiotics.

WHAT HAPPENS NOW?

Three scenarios were played out based on what happens now;

1. Nothing – and it is likely that the person would be admitted to hospital
2. A best interests decision would be taken by physician in charge of care
3. Best interests discussions would take place with other professionals involved in the care of the patient and the family

It would be questioned whether an Advanced Care Plan was in place and whether the person had expressed any wishes. However the ACPs in place vary in quality and not everyone in care homes will have one.

A number of issues and learning points were raised for each scenario.

1. Admitted to hospital

In this scenario, which was thought to happen most frequently, the following process was identified;

- Patient would always get antibiotics in A&E
- Patient would then be admitted to G41
- Patient would have a SaLT assessment

Issues identified were;

- The out of hours handover form is not available / shared in care homes
- Patient likely to become a frequent attender
- Gold Standards Framework being rolled out in the Trust but not yet embedded in practice

2. Best interests decision made by physician

There are good examples in care homes where the GP or community geriatricians are making best interests decisions. This is however dependent upon the physician.

3. Best interests discussion

The physician in charge of the persons care would consult with family and other professionals involved in their care to make a decision. This is a relatively short process. The decisions are documented and implemented although it was raised that not all decisions are shared with everyone who needs to know in a timely way.

There were examples shared where decisions have been made and families have not adhered to them, e.g. food. This then becomes a safeguarding issue.

Referral to vanguard team is only available for vanguard homes – disparity.

Best interest meetings

There was a lot of discussion around Best Interest Meetings (as opposed to discussions) and there were comments like;

- The meetings can take a long time to pull together
- Now everyone will agree
- There may need to be more than one meeting and different people can attend the various meetings delaying the decision making

However as the workshop progressed the process became clearer which led to the conclusion that not everyone understands the process.

Decisions

It was also highlighted that where best interest decisions are made these aren't always communicated to the right people in a timely way.

WHAT SHOULD HAPPEN

1. **Proactive Advanced Care Planning**

ACP needs to be carried out whilst people have the capacity to make decisions. This could be carried out iteratively by a number of professionals; GPs, community nurses, consultants, in hospital if people are admitted.

*It was recognised that an ACP may not include cover for all scenarios that could arise. Therefore ongoing discussions about care need to be carried out with assessments carried out as required, i.e. quality of life assessment, swallow review.

2. Lasting Power of Attorney

Encourage those with dementia to set up LPA's whilst they still have capacity, particularly for health and social care needs.

It was recognised that cost can be a barrier to this and also the reluctance of families / individuals in having difficult conversations and setting these up. It was noted that the Alzheimer's Society have volunteers to help support people in setting these up.

3. Best Interests Discussions

It was recognised that the ACP may not cover every eventuality and therefore these discussions may need to continue. The physician in charge of care would liaise with all those involved in care including families to have open and honest discussions to make decisions about care.

4. **Best Interest Decision**

In this scenario it would not be unreasonable for a GP to make the best interest decision to treat the person in this instance and to start having the best interest discussion about future care.

DECISIONS

All decisions need to be documented and shared with all those involved in the persons care in a timely way.

The care homes may need support to implement the decision.

BEST INTEREST PROCESS

The best interest process, as clarified in the workshop, is;

- Best interest discussions would take place
- The physician in charge to the persons care would make the decision and document it
- The decision is communicated and implemented

In the event of a dispute over the decision made this could trigger a Best Interests Meeting. This is a formal meeting where an independent chair is appointed. All parties involved in the persons care are required to submit a written report prior to the meeting. The independent chair will consider all views and make the decision. It was noted that these were rare.

Deputyship & Guardianship

Where family members don't agree or where there is professional conflict anyone can apply to the Office of Public Guardian to be awarded either;

- Deputyship; or,
- Guardianship

It was noted that these are rare.