

**Department of health
Advanced Care Planning**

acpconsultation@health-ni.gov.uk

11 February 2022

Advanced Care Planning

Dear Sir/Madam

BMA NI welcomes the opportunity to provide comments on the draft of advanced care planning document. We are strongly supportive of advance care planning and enabling discussions between health professionals, patients and, where appropriate, their families in key decisions about their future care and treatment.

Thank you for involving BMA NI in the early stages of the development of this policy and for enabling us to present our views on the on the ReSPECT process and its usage in Northern Ireland. The principles and values as outlined in the document are welcome, but what is missing is a sense of what the infrastructure and process surrounding this policy will look like – who will individuals have the conversations with and does this need to be registered health professionals; how will these be recorded; how often are they to be updated; how will doctors and other health professionals know that they exist and how valid are they. BMA NI believes that this needs to be clear if this policy direction is to succeed.

Public campaign

As outlined in the document the key to the success of people taking up and talking about their wishes will be dependent on their knowledge of this and reducing the uncomfortableness of speaking about this subject. This will need to be backed by a significant publicity campaign across Northern Ireland.

Training

The introduction of Advanced Care Planning must also be accompanied by training for health professionals in both primary and secondary care who will be interacting with this process. Training that is compliant with the requirements of their regulators and for doctors this is the

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GMCs *Good Medical Practice*. There are also a number of other guides available, for example, the General Medical Council's, '*Treatment and care towards the end of life: good practice in decision making*, and '*Decision making and consent*.'

Conversations on ACP

Those who have been diagnosed with certain life limiting conditions will likely have access to specialist teams to discuss their options moving forwards. However, for those who simply want to look at their options for the future, it is not clear who they will have these conversations with and to what extent. In our earlier discussions we indicated that there may be an expectation that these discussions will fall to GPs. As you are aware this could be problematic in terms of workload and, realistically, these conversations will take time and may often take multiple conversations. Some thought therefore needs to be given to who individuals will have these conversations with, the framework for these discussions and what additional resources may be required.

In addition, these conversations are likely to be somewhat abstract for patients as making decisions when fit and well, will be very different to making decisions when for example a sudden unexpected cardiac arrest happens.

Record of the ACP

In terms of a record of the conversation, some may wish to use the legal avenues open to them and record these through an Enduring Power of Attorney (EPA) or have made an Advance Decision to Refuse Treatment (ADRT). These options have a cost associated with them and this may limit their use to only those who can afford this avenue.

Under principles of practice of the document it refers to the record of advanced care planning discussions and that these need to be accessible across all settings. In our earlier discussions on this we recommended that these discussions need to be located on patient's electronic care records. Unfortunately, the document does not refer to where these records will be placed. For example, will the ambulance service, or the emergency department have access to a patient's ACP or their ADRT. In addition, how will clinical staff know if an ADRT is legal or not, at what stage was it drawn up, when was it reviewed and if the patient has changed their mind. In addition will these documents be available to those outside the HSC IT systems such as nursing homes?

In addition, we note that the DNACPR forms are to be no longer used. It is important that this is communicated across the system and to patients.

Making clinical decisions

The document also refers to '*the clinician who is treating will make a best interests' decision*.' It is unlikely that a sole clinician will make a decision without the involvement of family and other members of the clinical team treating the patient. It is important that patients and families are aware of this and the document needs to reflect this. This is particularly pertinent if an additional statutory individual duty or candour with criminal sanctions is to be introduced.

In our earlier discussions on ReSPECT we recommended that the document should be signed by the patient as decisions about CPR are about the patient and their wishes. Therefore, it would

be appropriate and important for patients to sign the form rather than any clinician. If a patient lacks capacity, then it would be appropriate for a senior clinician to sign it alongside a patient's relative, acting in the best interests of the patient, where known. We are therefore disappointed that this has been ignored. We also recommended that the ReSPECT form is incorporated into the electronic record of the patient as expecting the patient to have this to hand in an emergency is not appropriate and will limit the use of this process. The document does not detail how and where this form will be placed to enable access in an emergency.

It is also essential that any new strategy is adequately funded to meet the actions contained within it. We would hope to see details on funding and timelines for actions/implementation included in the drafts that are circulated for public consultation later in this process.

Once again, we would like to thank you for the opportunity to respond to this consultation. Should you have any further queries in relation to our consultation response please contact Jenna Maghie, senior policy executive, in the first instance via jmaghie@bma.org.uk

Yours sincerely



Dr Tom Black
Chair
BMA NI Council