



Helping vulnerable people to make decisions
about their Health

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Helping vulnerable people to make decisions about their Health

- Partnership with The Disabilities Trust
 - Consent to Care and Treatment
 - Why Consent to Care and Treatment is needed
 - The Consent to Treatment Discussion Tool-Kit
 - How to access the Best Interest Decision Making Tool-Kit
 - Question and Answers
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- 



Partnership working

The Disabilities Trust is a leading national charity offering specialist community-based and residential support for adults with acquired brain injury, complex physical or learning disabilities and for people with autism, including those in education.



Consent to care and treatment

Decision-making for treatment should be a shared process between the Healthcare Professional and the Patient.

When supporting adults with Autism and or Learning Disabilities, these are often areas within their life where they lack capacity to Consent to Care and Treatment.

This can present a problem when requiring treatment from specialists such as Dentist, Doctors or hospital admissions.



Why is consent needed?

The **Consent to Treatment for Best Interest Decision Making Toolkit**, can be used to record and evidence how a healthcare professional has worked in the best interest of their Patient.

It is there to support the best outcome for the Patient, whilst protecting against potential future issues.



Roger's case

Roger (aged 30) is needle phobic and unable to give consent to any treatment. His consultant agreed through **Best Interest** to use a mask and not a needle for a medical procedure. Roger was given a mask to take home, so he could get used to the smell and having it on his face.

Roger arrived at the hospital on the day of his procedure to find there had been a change and the plan was now to use a needle. He was also told '*we may have to hold you down to administer the injection*'. This option was refused, and Roger left without having the procedure. A few weeks later the medical procedure was completed using the mask.

Obviously, wasn't good for Roger and was an increased cost to the NHS.

A few months later Roger's GP recommended he needed medication to help reduce his symptoms. The GP telephoned Roger's parents who would not give consent to the prescribing of medication. Roger's condition deteriorated over the next 18 months.

A new GP has since used our **Best Interest** process and successfully prescribed the medication which has since stabilised Roger's condition.



Developing the tool kit

We researched to explore if this was a wider issue.

We found other care providers experiencing the same problems.

We investigated if there were any tools already developed to support best interest decisions when an individual lacks capacity.

After extensive research, we found there was no tool available for this purpose.



Easy read capacity assessment

My Communication



Problem (Irritated Bowel, Weight Loss, Pain)

How can my doctor help me?



Medication (what, when)



Surgery (what, how)



Possible use of needles and understanding fear of needles

Health care professional document

Legal representative of decision maker

- Person Healthcare Professional
 Support Worker Parent

Does anyone have...

- Deputyship? Health Appointeeship?
 Other? (state)
-

As the patient (state name) is an adult who does not have capacity to make this decision and no health Appointeeship has been obtained the overall decision for this medical procedure/intervention/medication change will be the responsibility of Dr Who is responsible for the patients care.

Does the patient have capacity to consent?

- Yes No
 If no, follow Best Interest Procedure

Best Interest Decision Making Tool

What is required?

- Surgical procedure Sedation
 Other (state)
-

Proposed Treatment Options?

- Medication Surgery
 Sedation Other (state)
-

Benefits to treatment

.....

Risks of side-effects

Treatment

.....

Medication

.....

Who is the central decision maker?

..... (state name)
 Why?

Support required

.....

Best Interest Decision

Who is attending and role?

How the decision was made?

Who is in agreement?

“I am delighted that the Consent to Treatment for Best Interest Decision Making Toolkit has been developed by The Disabilities Trust and Healthwatch West Sussex. It will make a real difference to the lives of many vulnerable people. Supporting those who lack mental capacity to make specific health and care decisions will remove or reduce risks and improve patient care.”

Irene Sobowale, CEO, The Disabilities Trust.

Free tool kit use for everyone

The Toolkit is available free of charge to all:

<https://www.healthwatchwestsussex.co.uk/news/2019-05-08/launch-consent-treatment-best-interest-decision-making-toolkit>

We would welcome you sharing this with your Health and Social Care contacts.



Next Steps for Local Healthwatch Network

Please do **share** examples of where the tool kit has been used.

Partnership and collaboration for the future
- where else are there needs/gaps?

Collectively our Network can make more difference.



Any Questions



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For more information about our work and how this makes a difference visit our website or follow us on social media

www.healthwatchwestsussex.co.uk



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Publication links

- Mental Capacity Act 2005 - www.scie.org.uk/mca
 - Mental Capacity Act 2005 at a glance - www.scie.org.uk/publications/ataglance/ataglance05.pdf
 - Mental Capacity Code of Practice 2016 - www.assets.publishingservice.gov.uk
 - The Consent to Treatment Discussion Toolkit
<https://www.healthwatchwestsussex.co.uk/news/2019-05-08/launch-consent-treatment-best-interest-decision-making-toolkit>
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