Future Care Planning (RBID)
Record of Agreed Best-Interests Decisions

FCP RBID

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

*** This document is the record of discussions about future care planning 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 your clinical judgement.**

Date:

The process followed should be consistent with making best interests decisions (Mental Capacity Act 2005) and the All-Wales policy for Future Care Planning (www.wales.nhs.uk/AFCP)

MEDICAL BACKGROUND

Medical condition(s) relevant to this Future Care Plan:

PATIENT'S EXPRESSED WISHES / ADRT

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

If the person has an ADRT (Advance Decision to Refuse Treatment), then the decisions recorded on this document **must** be consistent with the 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 healthcare matters)? **(select)**

Does the person have a Court Appointed Deputy? **(select)**

If there is a Lasting Power of Attorney or Court Appointed Deputy with appropriate authority, then they will be the primary decision-maker.

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.

RBID - Record of Agreed Best-Interests Decisions

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

BEST INTERESTS DECISION-MAKING

The following must all be confirmed with a ☒

- ☐ 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 the assessment of Mental Capacity:

STAGE 1: Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? **(select)**

Provide Evidence

STAGE 2:

a) Can the person understand the information relevant to the decision(s)? **(select)**

b) Can the person retain that information long enough to make the decision(s)? **(select)**

c) Can the person weigh up that information as part of the process of makingthe decision(s)? **(select)**

d) Can the person communicate his/her decision(s) by any means available to them? **(select)**

(If the answer to at least one of the above questions is No, the person lacks mental capacity.)

Provide Evidence

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

*** 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. Please amend the text below as necessary to tailor this plan to the individual:

The above named person's quality of life is such that the following medical interventions to prolong life would not be in his/her best interests -

- He/She should not be given CPR (cardio-pulmonary resuscitation) in case of a cardio-respiratory arrest. (Have you completed a DNA-CPR form?)
- He/She should not be intubated or given artificial ventilation in case of respiratory failure
- Intravenous, or other artificial forms of hydration should not be administered unless necessary to preserve dignity or comfort.
- Treatments such as [intravenous|oral] antibiotics should not be administered unless necessary to preserve dignity or comfort.

In addition -
- Transfer of care to hospital [ITU|CCU] should be avoided unless necessary to preserve dignity or comfort.
- Priority should be given to controlling distressing symptoms, over and above life-prolonging treatment.
- Other (please specify e.g. dialysis, parenteral feeding, haemorrhage):

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

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 involved in the consultation – as per the Mental Capacity Act 2005, and the All-Wales policy for Future Care Planning (www.wales.nhs.uk/AFCP).
- ☐ All of those consulted have agreed to the recommendations recorded in this document.
- ☐ None of those consulted are aware that the person has previously expressed wishes about their health-care 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 computerised healthcare records
- ☐ All of those consulted understand that the recommendations in this document may form the basis of important decisions made in the future, unless or until such time that the document is rescinded, 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 -

- ☐ Out-of-Hours primary care service
- ☐ GP
- ☐ Specialist Palliative Care Team
- ☐ Others:
- ☐ WAST (ambulance service)
- ☐ Hospital medical records - Name of hospital(s):

Where will this document be kept?

Name: NHS no:

Address: Date of birth:

Postcode: Hospital no:

GP and practice:

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 (LPA), 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

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 with appropriate authority[1] or Court Appointed Deputy, they must be consulted.
- Otherwise, the widest level of consultation that is feasible should be undertaken when completing an FCP-RBID:
  - The views of ALL close family members, nominated next-of-kin, and significant carers should be considered when discussing a future care plan
  - In particular, where there 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 actively sought by asking if any of those involved knows 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. an SAS doctor or senior trainee 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 FCP-RBID form should **not** be used and alternative methods of communicating short term plans should be used.
- A mental capacity assessment of the person 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 a 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 a future care plan (FCP-RBID), this should take into consideration any previously expressed verbal or written wishes (Advance 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
  - A future care plan (FCP-RBID) should normally be consistent with previously expressed wishes of the person; if not, the variation and reason should be clearly documented in the FCP-RBID.
- 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 through electronic sources), 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 FCP-RBID document.
If a person requires a clinical management decision to be made on their behalf because the person does not have mental capacity:

- A Future Care Plan (FCP-RBID) 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 a FCP-RBID should not stop the usual principles of 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 FCP-RBID document may provide the main source of information to guide making a best interests decision. An FCP-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 the patient's behalf, when it is clear that the patient lacks capacity to make the decision(s) themselves.
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.