

London GP MCA quality improvement project

MCA template guidance

Version 0.5

1. Purpose

The purpose of this document is to provide guidance for users of the MCA template in EMIS.

2. Audience

The audience for this document is London GPs using EMIS.

3. Background

The London GP MCA quality improvement project was launched to support London GPs to apply the MCA using existing GP systems to prompt and record the assessment and best interests decision processes.

The project delivered a best practice, agreed and tested MCA template with reporting for all London CCGs that use EMIS. The template has been developed by Camden CCG GPIT and is available on the Camden GP website:

<https://gps.camdenccg.nhs.uk/gp-it-it-systems/overview-of-it-tools>

4. Overview

The guidance below shows how the template should be used, once it is imported to EMIS. READ codes, which can be used for quality reporting, will be generated when the template is saved. Please email Ruth.Davey1@nhs.net for further information or to provide feedback on the template.

5. Template structure

Accessing the template

For patients who are on the dementia register or learning disabilities register an alert will be triggered along with the option to go to the MCA template. Alerts act as a reminder to consider the MCA in these instances but capacity must be functional rather than status-based. The template can also be accessed directly.



Page 1. Capacity assessment

The capacity assessment can be used each time the patient is required to make a decision about treatment or care. The template asks treating clinicians to consider both the diagnostic and functional elements of the capacity test together with the causal nexus. For each answer there is space to provide evidence to support the assessment.



Page 2. Recorded wishes and authorisations

This page will be populated automatically with any READ codes already in the system and contains relevant information that legally requires compliance or consideration. If the treating clinician concludes that the patient lacks capacity to make a decision following assessment, they can review the recorded wishes and authorisations made by the patient. The information can be added to at any time, including when new patients are registered.



Page 3. Best interests decision

The best interests decision page records the decision-making process when a patient is found to lack capacity. The process reminds treating clinicians to consider an Independent Mental Capacity Advocate (IMCA) referral where necessary and includes space to record discussions with relevant parties, such as family or friends.



Page 4. Resources

The resources page contains links to relevant MCA documentation and guidance to support completion of the template.

6. Template guide

Page 1. Capacity Assessment

MCA Template - Template Runner

MOUSE, Mickey (Mr) Born 21-Dec-2015 (2y 0m) Gender Male
EMIS No. 10

Template Runner

Pages

- Capacity assessment
- Rec wishes & authorisations
- Best interests decision
- Resources

***Response below is mandatory if you start MCA assessment**

Assess of mental capacity in accord Mental Capacity Act 2005 Text [] No previous entry

Assessment

Capacity is decision specific.

What is the decision to be made at this time? []

Assessment:

If you do not suspect an impairment or disturbance in the functioning of the mind or brain, you must assume capacity.

Do you suspect an impairment or disturbance in the functioning of the mind or brain (either temporary or permanent?) Please give details. []

Text []

- If the answer to the above is YES, continue below- 1 to 4.
- If the answer is NO, consult the patient and do not continue with assessment.

A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. (Section 2 (1) MCA 2005)

- 1) Can the patient understand the information relevant to the decision? Please give details. []
Text []
- 2) Can the patient retain the information relevant to the decision? Please give details. []
Text []
- 3) Can the patient use or weigh up the information to make a decision? Please give details. []
Text []
- 4) Can the patient communicate their decision by any means possible? Please give details. []
Text []

- If the answer to at least one of the above is NO, continue below.
- If the answer to all of the above is Yes, consult the patient and do not continue with assessment.

Is the patient's inability to make the decision at this time because of a suspected impairment or disturbance in the functioning of the mind or brain? Please give details. []

Text []

- If the answer to the above is YES, continue below.
- If the answer is NO, consult the patient.

Outcome where patient lacks capacity

***Response below if this client lacks capacity.**

Lack mental capacity make decision Mental Capacity Act 2005 Text [] 07-Nov-2017

If the patient lacks capacity, can the decision be made at a different time when the patient may have re-gained capacity? []

Text []

- If the answer to the above is Yes, the decision can wait.
- If the answer is No, consider the process for a Best Interests Decision (Next page)

For the patient to lack capacity both the diagnostic and functional parts of the test must be satisfied, as well as the causal nexus below.

In order to lack capacity the patient must be unable to make a decision as a result of the impairment or disturbance to satisfy the causal nexus.

The patient may have capacity to make the decision later. This emphasises the decision-specific element of the assessment and puts the patient at the centre of the process.

Page 2. Recorded wishes and authorisations

MCA Template v1.0 - Template Runner

TEST, Snow White (Miss) Born 01-Jan-1988 (30y) Gender Female
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An advance statement is not legally binding but must be taken into account if the individual has lost capacity.

Has advance statement (Mental Capacity Act 2005) Text No previous entry

The validity of any advance decisions should be verified. An ADRT can only be made by a patient with capacity of 18 years or more. It can be written or verbal, unless it applies to life-sustaining treatment, in which case it must be written.

Has ADRT (advance decision to refuse treatment) (MCA 2005) Text No previous entry

Has advance decision to refuse life sustaining treatment (compliant with Mental Capacity Act 2005) Text No previous entry

Has involve healthcare profess in dicuss about ADRT MCA 2005 Text No previous entry

Has appointed person with personal welfare LPA (MCA 2005) Text No previous entry

Has appointed person with personal welfare lasting power of attorney with authority for life sustaining decisions (compliant with Mental Capacity Act 2005) Text No previous entry

Has appointed person with property and affairs LPA MCA 2005 Text No previous entry

Is there a Court Appointed Deputy?

Standard authorisation deprivation of liberty MCA 2005 given Text No previous entry

A relevant person's representative must be appointed by the supervisory body after a standard authorisation for deprivation of liberty is given.

Has apptd relvnt persns rprsntatv (Mental Capacity Act 2005) Text No previous entry

Coordinate My Care allows health and social care professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them.

Does the patient have a Coordinate My Care record?

Text

Cancel

The validity of any advance decisions should be verified. An ADRT can only be made by a patient with capacity of 18 years or more. It can be written or verbal, unless it applies to life-sustaining treatment in which case it must be written.

The practice will record the type of LPA so that it is clear when each is applicable to a decision.

The practice should scan a copy of any physical documents so that there is a record for audit purposes.

Page 3. Best Interests Decision

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In some cases the decision-maker may not be the person that completed the capacity assessment. Check "Recorded wishes and authorisations" page before proceeding, to inform next steps.

Name of decision maker:

Is an Independent Mental Capacity Advocate (IMCA) referral required?

Independent mental capacity advocate instructed No previous entry

All relevant other parties have been consulted (including, but not limited to, relatives, friends, advocates, attorneys, deputies and other professionals), as evidenced by...

All relevant other parties have been consulted?

Consideration has been given to the patient's best interests, which are not merely based on their age, appearance, condition or behaviour, as evidenced by...

Consideration has been given to the patient's best interests?

All practicable steps have been taken to encourage and enable the patient to take part in making the decision, as evidenced by...

All practicable steps have been taken to encourage and enable the patient to take part in making the decision?

For decisions about life-sustaining treatment, it has been established that no-one is motivated by a desire to bring about the patient's death, as evidenced by...

For decisions about life-sustaining treatment?

The patient's past and present wishes and feelings, beliefs and values, including any advance statements, have been taken into account, as evidenced by...

The patient's past and present wishes and feelings, beliefs and values?

Any other relevant circumstances have been considered, as evidenced by...

Options considered (Please list all)

Option chosen and reason

Option(s) not chosen and reason(s)

Consideration has been given to the least restrictive option

Best interest decision made on behalf of patient (MCA 2005) No previous entry

In some cases, the decision maker may not be the person that completed the capacity assessment and may be an attorney or deputy acting within their powers.

For information about IMCA see Chapter 10 of the MCA Code of Practice.

This template can be completed once the decision maker has consulted the appropriate parties. If there is dissent from the decision maker's choice this should also be included to record the process.

Including multiple options will allow the decision maker to evidence that they have considered alternatives.

Page 4. Resources

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Resources

- [1. Mental Capacity Act 2005 Code of Practice](#)
The Code of Practice provides guidance to anyone who is working with and/ or caring for adults who may lack capacity to make particular decisions.
- [2. Office of the Public Guardian](#)
The Office of the Public Guardian (OPG) protects people in England and Wales who may not have the mental capacity to make certain decisions for themselves.
- [3. How to make a lasting power of attorney](#)
Information about lasting powers of attorney.
- [4. Deputies: make decisions for someone who lacks capacity](#)
Information about court appointed deputies.
- [5. SCIE resources for MCA](#)
Information, guidance, and accredited training for care and health staff to support, protect and empower people who may lack capacity.
- [6. Coordinate My Care](#)
Coordinate My Care allows health and social care professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them.

v1.0 last updated: Jan 2018 Created by: IT & Systems Team, Camden CCG

Cancel

Links to documentation and websites for further information.