

- ACP is a voluntary process.
- A summary ACP document is NOT legally binding.
- ACP is about and for an individual with capacity to reflect on their preferences and wishes as they approach death, to help inform what happens to them.
- ACP requires time to prepare; consider providing written information about the process. Where possible provide advance notice.
- ACP might be completed in stages & can be reviewed/changed at any time.
- Those supporting ACP are advised to access education including the resources at the end of this document.

It is **REALLY important** to describe explicitly with the patient (& family) why 'remote' is preferable for all & provide advanced warning & information.

It isn't about less care, but more appropriate care which may be safer than face to face

Advantages of remote ACP

Reduces the opportunity for COVID transmission.

May be an enabler when patients are unable to travel due to frailty, etc.

Provides a means to support patients if the professional is working from home.

Can be a time efficient way to provide patient services, especially if professionals are less available.

Allow timely conversations, particularly when there may be several family members to include & where families live a distance away

For Drs the GMC Good Medical Practice Principles still apply & echoed by the RCN

Obtain adequate consent.

Ensure that the environment for both professional and patient are confidential.

Keep contemporaneous notes.

Make assessment of the patient's symptoms and emotional wellbeing using communication skills.

Pre-existing professional relationship is helpful to support continuity of care.

Check that you have indemnity to cover 'remote' working.

Danger Areas

Anxiety about technology; inform them about what will happen and put them at ease.

Underlying concerns about COVID and the potential restrictions; e.g. who the patient might actually want with them when they are dying may be contrary to guidelines & therefore inhibit them from expressing such a wish

Patient expectation and experience not met in the same way as face to face.

Communication may be difficult more generally.

The patient may have difficulty hearing.

Nonverbal cues might be missed, particularly when using a phone.

There might be misunderstandings, which might not be noticed.

Recording the Consultation

- The patient can record the consultation, including covertly.
- If the professional plans to record they MUST:
 - Ask in advance and obtain consent; consent **must** be recorded;
 - Explain why the recording is being made, how it will be stored & how long for;
 - Recording will form part of the patient's medical record; security arrangements **must** be in place (NHS Digital Codes of Practice for handling information in health & care, Data Protection Law & statements form, the ICO and NHSX for general information on using technology during the pandemic)

Top Tips

Ensure at the outset that the patient/family understand the purpose of the meeting.

Make sure you are the right professional. Does someone else know the patient better?

Ensure both professional and patient have a private space to maintain confidentiality and limit disturbance.

Consider if the patient needs support with the consultation:

- Consider an initial call to book an 'appointment' for a conversation. This allows the person the chance to refuse.
- If they do agree then it allows time to think before being asked to express wishes. Also, the chance talk to relatives and have them present.
- Is a translator required?
- Is there any potential cognitive impairment which requires consideration of support?
- Ensure that the language used in the meeting takes into account the patient's level of education and avoid medical terms and jargon where possible
- Is support from a carer required?
- Before discussion starts check the patient's understanding of the purpose of the meeting.
- Take care to check the patient has capacity.
- Ensure the patient has given verbal consent and understands what is about to take place and that you will be listening and taking notes simultaneously at times.
- Advance Care Planning is voluntary – ensure the patient knows they can 'opt out' at any time

Make sure you are 'ready':

- Have clinical notes to hand and if necessary, read the notes prior to consultation.
- Have a drink to hand.
- Ensure that you won't be disturbed.
- Make sure you have the right patient!
- Provide a chance to ask questions.
- Ensure that all notes are contemporaneous and note that the consultation is taking place during the pandemic to provide context.
- Its fine to pause and return to complete the ACP in follow up consultations.
- Summarise agreed actions
- Gain consent about sharing the information electronically with others who may be involved in their future care
- Ensure any follow up and actions are done promptly, e.g. sharing a copy of the ACP.
- Consider using this opportunity to emphasise and gain consent about sharing the information electronically with others that might be involved in their care in the future e.g. ambulance or OOH.

Ensure that the technology works:

- Think about lighting if video is used.
- Two screens are helpful if video is used to check clinical records at the same time.
- Have a back-up plan if the technology fails.

Resources

betterconversations.org.uk

themdu.com/guidance-and-advice/podcasts-and-videos/practical-advice-on-consulting-with-patients-remotely

bigplife.com/Video-consultations-a-guide-for-practice.pdf

royal-college-of-nursing/documents/publications.pdf

gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations

[End of Life Care Partnership](#)

[Royal College of GPs](#)

[bma-advance-care-plan-patient-information-leaflet-june-2020.pdf](#)

www.gmc-uk.org/making-and-using-visual-and-audio-recordings-of-patients

These guidance notes have been developed by Dr Debbie Harvey, GP Lead for the North West Coast Palliative and End of Life Care Clinical Network and have been reviewed by: Dr Maria Jones, Macmillan GP Clinical Lead for Palliative & EOL care Wirral CCG; Dr Peter Nightingale, Palliative Care Team Morecambe Bay; Annamarie Ratcliffe, Head of Education & Service Development (Macmillan), The End of Life Partnership; Dr Paula Powell, Consultant in Palliative Medicine, Willowbrook Hospice; Dr Cathy Hubbert, Macmillan GP, Liverpool CCG, Jayne Denney, Clinical nursing lead for palliative and EoLC (community), Integrated Community Care Group, Morecambe Bay University Hospital Trust.

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