

Supporting patients to make decisions about their care

Patient notes

- Tracey Searle is 49 years old. She lives in supported accommodation, diagnosis of Downs Syndrome, received a letter inviting her to attend cervical screening
- Has booked into see Mary (practice nurse), and attends with Sam (male support worker).
- At the appointment Tracey doesn't seem to understand why the appointment has been made. Sam is eager to finish the appointment, as he has tasks to do at the care home.
- Mary has concerns Tracey may not have the capacity to consent to the procedure and asks Dr Khan to review.

Dr Khan speaks to Tracey alone to see what she understands about the appointment.

It becomes clear no one has discussed the purpose of the appointment.

Dr Khan suggests it may be useful if someone made time to discuss cervical screening with her.

Tracey informs the doctor she would like a female member of care home staff to be with her.

Dr Khan asks Tracey if he can discuss this with Sam and the manager of the care home, and she agrees.



Dr Khan presumes Tracey has capacity.



He recognises Tracey has not been given appropriate information and develops an individualised information giving plan informed by Tracey.



Dr Khan calls Sam and the manager to inform them of the plan, and requests they send a female support worker to the next appointment.

Dr Khan arranges for the specialist learning disability nurse, Anna, to visit Tracey to discuss cervical screening.

Anna visits Tracey and she uses a video to help explain cervical screening to her. She also takes some easy read information leaflets which she leaves with Tracey.



Dr Khan liaises with other professionals.

Information is given in a way that is meaningful to Tracey.

Tracey sees Dr Khan a week later with a female care worker, June.

Dr Khan has allocated a longer appointment for Tracey.

After discussion Dr Khan is satisfied that Tracey understands how a smear test is done, the rationale and the risks/benefits associated.

Dr Khan documents the discussion and record she thinks Tracey has the capacity to consent to the procedure.



Reasonable adjustments have been made.



By making the information plan patient specific and making some changes, Dr Khan has maximised Tracey's ability to make decisions.

Tracey has the smear test the following week, and is accompanied by June. It is clear to Mary that she understands why she is attending.

Dr Khan arranges to see Tracey two weeks later to ensure the results are explained properly.

What does GMC guidance say?

The key points from *Treatment and care towards the end of life: good practice in decision making* (2010) are:

- Start with the presumption that a patient has mental capacity (paragraph 11).
- Support your patient to understand their options and make a decision (paragraph 12).
- Make use of carers and loved ones who know your patient well (paragraphs 17-21 and 22).
- Don't allow assumptions about a patient's learning disability to affect the treatment you offer (paragraphs 44-46).