

New TEP Form (Version 11) – Frequently Asked Questions

What has changed?

The most significant change is the inclusion of the ability for the TEP to be completed by a suitably experienced and competent registered nurse. This does not mean all registered nurses will now complete them, but does allow for specific groups of nurses within the various organisations to do so in line with their local resuscitation policies.

There have also been some minor changes to the structure and wording of the form to make it more user-friendly. These include a larger free text box for documenting the rationale behind any decisions made.

Why has it been changed?

The form has been changed to allow it to be signed by a nurse as well as a doctor in line with the national guidance from the British Medical Association and the Royal College of Nursing to recognise in some instances the nurse involved in the person's care may be best placed to have a conversation with a person regarding their resuscitation status and future care wishes. When the form is completed by a suitably experienced and competent nurse, this should be done in consultation with the person's senior responsible medical clinician. The senior responsible medical clinician will be the person's GP or consultant.

What has happened to the guidance that was on the back of the form?

This will now be provided on a separate sheet, with more information about best interest decisions. This should be kept with the supply of TEP forms so it can be referred to as needed by clinicians.

Do I need to change all my patients over to the new version?

No, previously completed forms are still valid, provided they have been filled in correctly. It is also acceptable to use up any existing supplies of Version 10.

Forms should be reviewed and updated if a patient's condition changes or when they move from one location to another.

Have the key messages about TEP forms changed?

No, the principles remain the same. The key messages have been updated and reflect National Guidance:

1. The Treatment Escalation Plan (TEP) is a form for recording your clinical decision making and discussions around this. It is not a legal document. Common sense and professional judgement should be applied to who should have one and how it is implemented.
2. All forms should be filled out as fully as possible. The information must reflect the individual needs of each patient.
 - Patient demographics, doctor's/nurse's details (including GMC/NMC number) and Mental Capacity status must be recorded.
 - It is not mandatory to complete all of the treatment options section. The amount of information captured on the TEP form should reflect the individual treatment plan for each patient at that particular point in time. Individual situations change and TEP forms should be reviewed and amended to reflect this.

- Please complete the rationale box – detailed and relevant information significantly improves clinical decision making at the time when it is needed.
 - Documentation of the patient and relative discussions will ensure effective communication. This is of particular importance if the patient lacks capacity. For patients lacking capacity, a best-interests decision and the reasoning behind it should always be clearly documented in the clinical notes.
3. You should actively seek to explain decisions around DNA-CPR and treatment escalation with patients and families.
 - However, if you consider that such discussions will cause significant harm to your patient, or it is clearly impossible, you are not obliged to do so.
 - You must clearly document your reasons for not involving patients in discussions about DNA-CPR
 - Clinicians should not feel pressurised to force harmful discussions about DNA-CPR issues onto vulnerable patients.
 4. The Treatment Escalation Plan (TEP) is only effective if everyone knows it exists – please update the Electronic Palliative Care Coordination System (Astra End-of-Life register).
 5. Photocopies of the original form will not be deemed as valid. The completed, most up-to-date TEP form should accompany the patient when moving across different healthcare settings.
 - For patients returning home, consider whether it is appropriate and helpful for a TEP form to accompany them. You must discuss this with the patient and/or their family unless you consider harm will be caused to the patient by doing so and therefore decide a TEP form should not accompany the patient.

Where can I find out more about TEP forms?

Copies of the updated guidance on completing the TEP can be obtained from the contact details below and are also available on the Devon local joint formularies.

If you still have any unanswered questions then please contact your local Macmillan GP Facilitator.

Where do I get more supplies of the form?

Please contact the Community Clinical Admin Team at St Luke's Hospice on 01752 964200; email: tep-sw@nhs.net or community@stlukes-hospice.org.uk.

Only original forms are valid so please do not use photocopies.

Advice for GPs can be obtained from the following Macmillan GP Facilitators.

Dr Susanna Hill	Macmillan GP Facilitator for Northern Locality s.hill4@nhs.net
Dr Prue Mitchell	Macmillan GP Facilitator for Eastern Locality prue.mitchell@nhs.net
Dr Jemma Cooper	Macmillan GP Facilitator for Western Locality jemma.cooper@nhs.net
Dr Mairead McIntyre	Macmillan GP Facilitator for Western Locality mairread.mcintyre@nhs.net
Dr Carlie Karakusevic	Macmillan GP Facilitator for Torbay and South Devon carlie.karakusevic@nhs.net