

SPPG Guidance: Best interests decisions support document

Vaccinating care home residents is an important part of protecting them against serious illness. This document supports the process for obtaining consent or best interest decisions for the regional vaccination programmes.

1. Consent and best interest decisions

The registered health professional [HP] overseeing out the vaccination is ultimately responsible for ensuring that the patient is genuinely consenting to what is being done, or to make a best interest's decision if the patient cannot give or withhold consent.

Seeking consent is part of a respectful relationship. When the HP is seeking a person's consent to treatment or care, the HP should make sure that they have the time and support they need to make their decision. Legally, it makes no difference if people give their consent verbally or non-verbally as long as the patient understands the treatment about to take place (for example by holding out an arm for blood pressure to be taken) or signing a consent form.

Even where information is presented as simply and clearly as possible, some people will not be capable of taking some decisions. If a person is not capable of giving or refusing consent, it is still possible for the HP lawfully to provide treatment and care, unless such care has been validly refused in advance. However, this treatment or care must be in the person's "best interests". No one (not even a spouse or others close to the person) can give consent on behalf of adults who are not capable of giving consent for themselves.

The courts have made clear that a person's "best interests" are not limited to what would benefit them medically. Other factors, such as the views and beliefs that they held before they lost capacity, their general well-being, their relationships with those close to them, and their spiritual and religious welfare, should all be taken into account. Moreover, people who lack capacity to consent or refuse a particular option may still express willingness or unwillingness to co-operate with what is being offered. Such preferences should always be taken into account when deciding whether the proposed care or treatment is genuinely in the person's best interests.

Department of Health has published advice for Health Care Professionals, Social care staff, patients and carers. NICE guidance is available at [Quality statement 4: Best interests decision making | Decision making and mental capacity | Quality standards | NICE](#), see also [Green Book Chapter 2](#)

2. Existing information to help a pharmacist to make a best interest decision in a care home environment

Vaccination teams from community pharmacies will need supporting information from care home staff and only where relevant from GPs, to help them make best interests decisions for those patients who do not have capacity to consent to vaccination. The clinical lead will be informed by any previous best interest decision and other supporting documentation in the care home.

Care homes will often hold relevant information, from their own knowledge of the patient, details of engagement with their families and information obtained from the GP. Pharmacists should use this existing information as well as their own interaction with the patient and if necessary from their nominated carer as agreed with the care home, to make a current best interest decision, relevant to the date of administration of the vaccination. The best interest decision will be made for those residents who do not have capacity, and cannot give informed consent, by the pharmacist clinical lead; prior to any vaccination proceeding in a care home and this will be recorded.

A proforma for use in the vaccination programme by a community pharmacy will be provided which should be initially completed by the care home manager/lead prior to the vaccination clinic, giving relevant details of the residents to be vaccinated and whether consent has been made or best interest decisions are required to be made. The pharmacy will review the VMS records and other available records prior to any decision to vaccinate.

3. Information from GPs for new residents or other situations

If a patient is newly resident in the care home, the GP should be asked to provide any information they hold on allergies and other information such as previous refusal of vaccinations. The allergy information is important for patients with or without capacity to consent. Occasionally GPs may be asked to provide updated information, for example if the patient previously had capacity but will now need a best interest decision, or where previous best interest information cannot be located. A template is available to request information from GPs (see CPVS information on [BSO](#) or [PCI](#)).

4. Role of the care home manager

Care home managers must ensure new residents or those with a recent loss of capacity to consent from the last vaccination are referred to their GP for information to support a best interest decision by a pharmacist.

Prior to the agreed date of vaccination clinics, care home managers must communicate with relatives to advise that the Community Pharmacist will be administering the Flu and COVID-19 vaccines in the care home.

Care home manager should advise relatives of the planned vaccinations for their family member and discuss any concerns expressed by the resident's relative/nominated carer. This information should be brought to the attention of the vaccinating pharmacist.

For residents that will not receive the vaccine this should also be discussed with family e.g. current clinical status (See [Green Book chapters 11 and 14a](#)).

The community pharmacist will forward a proforma to care home managers in advance of the planned vaccination date. This must be completed by the care home detailing the persons who can give consent and listing those from whom a best interest decision is required to be made by the pharmacist lead. This proforma should be completed and returned to community pharmacists in good time (at least 72 hours) prior to the date of clinics.

Should the care home manager become aware of any changes of circumstances in residents which may influence the decision to administer vaccines, it is important that this is shared with the community pharmacist at earliest convenience.