

### **BSA 2022 Emergency Care and Treatment Plan module**

*Please note these questions will form part of a larger survey and will be delivered either online or by a telephone interviewer depending on the participant's preference. Therefore, the formatting and presentation will be different in practice. And not all participants will be asked all questions. This represents the content of the questions.*

#### **Text with explanation of Emergency Care Treatment Plans**

The next few questions are about health care and treatment in emergency situations.

Remember, you do not have to answer any of the questions if you do not wish to.

Sometimes when people have an emergency or are very ill, they are so unwell that they can't tell doctors and nurses what care and treatment they want.

An 'Emergency Care and Treatment plan' can be made for anyone, as part of NHS care.

It is a form that is filled out by a doctor or nurse with you, before an emergency happens or you become too unwell. It can be updated as needed.

The form is kept with you and records:

- Your current health.
- What you value most from your treatment and care, such as living as long as possible, keeping your independence, being free from pain.
- What treatments would be recommended for you to have, or to avoid, should you become seriously unwell.

These plans are recommendations and not legally binding.

Q1. Are you in favour or against anyone being able to have an Emergency Care and Treatment Plan if they wish?

1. Strongly in favour
2. Somewhat in favour
3. Neither in favour nor against
4. Somewhat against
5. Strongly against

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to answer)

Q2. Do you currently have an Emergency Care and Treatment Plan in place for **yourself** (that was completed by a doctor or a nurse)?

1. Yes
2. No

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to answer)

**If answer is yes then go to Q3; If answer is no then go to Q5**

Q3. Who made your Emergency Care and Treatment Plan with you?

1. My GP
2. Another doctor who knows me and my health well
3. A nurse in my GP's surgery
4. Another nurse who knows me and my health well
5. A doctor or nurse who does not know me but is trained in making an Emergency Care and Treatment plan
6. Other – please specify

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to answer)

Q4. "When did you have your Emergency Care and Treatment Plan completed?"

1. When I reached a certain age (please specify)
2. After I got diagnosed with a life-threatening condition
3. After I was told I had a chronic long-term condition
4. After I became severely disabled
5. Other, please specify

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to answer)

Q5. Would you or would you not like to have an Emergency Care and Treatment Plan for **yourself** at present?

1. Definitely would
2. Probably would
3. Probably would **not**
4. Definitely would **not**

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to answer)

Q6. If you were to have an Emergency Care and Treatment Plan completed tomorrow, who would you prefer to discuss it with?

1. My GP
2. A nurse in my GP surgery
3. Another doctor who knows me and my health well
4. Another nurse who knows me and my health well
5. A doctor or nurse who does not know me but is trained in making an Emergency Care and Treatment plan
6. Other – please specify

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to answer)

Q7. When, if ever, do you think you would like to have an Emergency Care and Treatment Plan in place for **yourself**?

1. Now
2. Never
3. When I am older
4. If I get diagnosed with a life-threatening condition
5. If I had a chronic long-term condition
6. If I were to become severely disabled
7. Other, please specify

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to answer)

**IF answer to Q7 is 3 ask the following question**

Q7. "You said you would like to have an Emergency Care and Treatment when you are older. At what age?"

1. 18-30 years old
2. 31-40 years old
3. 41-50 years old
4. 51-60 years old
5. 61-70 years old
6. 71-80 years old
7. 81-90 years old
8. Over 90 years old

SPONTANEOUS (Don't know)

ReSPECT in Primary Care 13-13-16 Supplementary material 6 survey questions public and GP surveys

SPONTANEOUS (Prefer not to answer)

Q8. How comfortable or uncomfortable If Q1 = 1 (Yes)“did you” if Q1=2 (No) “would you”} feel about making an Emergency Care and Treatment Plan **yourself** with a doctor or nurse?

1. Very comfortable
2. Fairly comfortable
3. Neither comfortable nor uncomfortable
4. Fairly uncomfortable
5. Very uncomfortable

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to answer)

Q9. Please say how much you **agree** or **disagree** with the following statements about **having an Emergency Care and Treatment Plan**:

\_TEL: “INTERVIEWER: READ OUT EACH STATEMENT AND THE ANSWER CODES. REPEAT ANSWER CODES AS REQUIRED.”

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I might not get the treatment that could save my life					
Having a plan can avoid my family having to make difficult decisions for me					
There is a serious risk that the plan could be out of date and not reflect my current views or my current health condition					
Having a plan ensures that doctors and nurses know my wishes					

Q10. Have you had an experience where, looking back, you wish there had been an Emergency Care and Treatment Plan in place for a close family member?

1. Yes
2. No

Q11. Would you or would you not like to be involved in having an Emergency Care and Treatment Plan completed for a **close family member**, if they were not able to do so themselves?

1. Definitely would
2. Probably would
3. Probably would **<b>not</b>**
4. Definitely would **<b>not</b>**

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to say)

Q12. Do you have any physical or mental conditions or illnesses lasting or expected to last 12 months or more?

1. Yes
2. No

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to answer)

**If answered 1 (yes) to Q12 then ask Q13**

Q13. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

1. Yes, a lot
2. Yes, a little
3. Not at all

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to answer)

Q14. Is there anyone who you look after or give special help to, for example, someone who is sick, has a long-term physical or mental disability or is elderly? This may be a spouse, partner, other relative or friend and may be someone living with you or someone who lives elsewhere?

1. Yes
2. Yes, but only in a professional capacity as part of my job
3. No

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to answer)

Q15. Do you or does someone close to you have a condition or illness that you think is likely to shorten life?

1. Yes
2. No

SPONTANEOUS (Don't know)

SPONTANEOUS (Prefer not to answer)

## Finalised questions for GP Survey – ReSPECT in primary care

Demographic questions that form part of the standard GP Omnibus survey

Q1. Which of the following best describes your role?

- GP Partner / Principal
- Salaried GP
- Locum GP
- GP Registrar
- Secondary Care doctor
- Other

Q2. Where are you currently practicing? *Please note that for England, we are referring to the standard regions rather than the NHS regions:*

*[https://en.wikipedia.org/wiki/Regions\\_of\\_England](https://en.wikipedia.org/wiki/Regions_of_England)*

- London
- South West
- South East
- West Midlands
- East Midlands
- East of England
- Yorkshire and Humber
- North East
- North West

Q3. Are you...

- Male
- Female
- Other
- Prefer not to say

Q4. Are you...

- 35 or under
- 36 to 45
- 46 to 55
- 56 or over

Q5. Which of the following best describes the area where your practice is based? [If Q1=3] *As a GP locum, please think about the practice where you spend the majority of your time*

- Major conurbation (e.g. London,)
- Large town/city (e.g. Nottingham,)
- Medium town/city (e.g. Worcester)
- Small town/city (e.g. Thetford,)
- Village/hamlet
- Other (please specify)

Q6. How many patients do you have on your practice list? [If Q1=3] As a GP locum, please think about the practice where you spend the majority of your time

- Up to 5,000 patients
  - 5,001-7,500 patients
  - 7,501-10,000 patients
  - 10,001-12,500 patients
  - 12,501 patients or more
- 

#### Warwick questions

Q7. When did you complete your GP training?

Please tick one

- 0-5 years ago
- 6-10 years ago
- 11-15 years ago
- 16-20 years ago
- Over 20 years ago

The following questions are about Emergency Care and Treatment Plans.

Emergency care and treatment plans (ECTPs) record a summary of a discussion between a health care professional and a patient, or their family (if the patient lacks capacity) about treatments that may or may not be considered in a future emergency situation.

Q 8. What form of Emergency Care and Treatment plans does your practice use?

Please tick one

- ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)
- DNACPR
- Other: Please specify..... [free text box]

Q9. Who completes Emergency Care and Treatment Plans within your practice?

Tick all that apply

- GP
- GP Trainee
- Practice nurse (employed by practice and undertakes health clinics in the practice)
- Advanced nurse practitioner (employed by practice)
- Specialist nurse practitioner for elderly care (employed by practice or assigned to practice)

Q10. Who do you think should be able to complete Emergency Care Treatment Plans?

a. In a GP practice?

- GP
- GP Trainee
- Practice nurse (employed by practice and undertakes health clinics in the practice)
- Advanced nurse practitioner (employed by practice)
- Specialist nurse practitioner for elderly care (employed by practice or assigned to practice)
- Emergency Care Practitioner (employed by practice or assigned to practice)

b. In the community?

- Specialist nurse practitioner for palliative care
- Other specialist nurse practitioner (eg elderly care, frailty, respiratory, cardiovascular)
- Community matron/senior nurse practitioner for community care
- District nurse
- Senior care home staff (non healthcare)
- Senior nurses in nursing home

Q11. When would you consider completing an Emergency Care and Treatment Plan for a patient?

Tick all that apply

- When a patient reaches a certain age
- When a patient is diagnosed with a life-threatening condition
- When a patient is diagnosed with a chronic long-term condition
- When a patient is severely disabled
- When you think a patient is likely to die within 12 months
- When a patient is admitted to a care home

Q12. When do you review an Emergency Care and Treatment Plan for a patient?

Tick all that apply

- When a patient requests it
- When a patient is discharged from hospital with an ECTP
- Annually
- Six-monthly
- During or following the annual health check for patients aged 75 or over
- When you think the patient's health has changed
- My practice does not have a system for reviewing ECTP forms



Q13. Please say how much you agree or disagree with the following statements about an Emergency Care and Treatment Plan for a patient:

*(strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)*

- Having a plan means that the patient might not get a treatment that could save their life
- Having a plan can avoid the patient's family having to make difficult decisions for them
- There is a serious risk that the plan could be out of date when implemented and not reflect the patient's current views
- The patient's current health condition may not be reflected in the plan when implemented and there is a serious risk it could be out of date
- Having a plan ensures that treating clinicians know the patient's wishes

Q14 – How comfortable or uncomfortable do you feel having conversations about an Emergency Care and Treatment Plan with patients?

Please tick one

- Very comfortable
- Fairly comfortable
- Neither comfortable nor uncomfortable
- Fairly uncomfortable
- Very uncomfortable

Q15 – How comfortable or uncomfortable do you feel having conversations about an Emergency Care and Treatment Plan with the patient's family (or someone important to the patient)?

Please tick one

- Very comfortable
- Fairly comfortable
- Neither comfortable nor uncomfortable
- Fairly uncomfortable
- Very uncomfortable

Q16 When you last completed an Emergency Care and Treatment Plan for a patient did you involve the patient's family or someone important to the patient?

- Yes
- No

Q17 If No, what was the reason? Tick all that apply

- Patient had capacity
- Family were unavailable
- Patient's family declined to be involved in conversation
- Didn't consider it at the time
- Patient didn't want family involved