

Nottinghamshire Advance Care Plan

Name

Preferences and choices for end of life care



Advance Care Planning Discussion

Thinking Ahead

Advance Care Planning (ACP) gives you the chance to tell us how you would wish to be cared for *if you became seriously or terminally ill and couldn't tell us*.

The aim is to develop a better understanding and have a record of your priorities, needs and preferences and those of your family/carers.

Recording these decisions help your doctors and nurses to act in accordance with *your* wishes if you weren't able to tell us at the time and assist forward planning for the best possible and joined up care plan personal to you that can be shared with others in your care with your permission.

This Advance Statement is for you to write down what you WISH to happen. This is different from a legally binding refusal of specific treatments, or what you DO NOT wish to happen, which is called an Advance Decision to Refuse Treatment (sometimes previously called a Living Will).

Ideally this Advance Care Plan should be written at the earliest stage of your journey. You may not wish to answer them all, or may quite rightly wish to review and reconsider your decisions later. This is a 'dynamic' planning document to be adapted and reviewed as needed and is in addition to Advanced Directives, Do Not Resuscitate plan, or other legal document.

Patient Name:	Date completed:
Address:	Care Home:
	GP Details
DOB:	Hosp / NHS no:
	Hospital contact:
Family members involved in Advance Care Planning discussions:	
Name: Contact tel:	
Name of healthcare professional involved in Advance Care Planning discussions:	
Role: Contact tel:	

Patient signature	Date
Next of kin / carer signature (if present)	Date
Care home / Healthcare professional signature	Date
Review date:	

Advance Statement Your Personal Preferences and Choices

What concerns you most about your health, both now and for the future?

Who do you consider your next of kin?

Who would you want to make health care decisions for you when you can't make them yourself?

*(Picking the right person is important. Choose someone who knows you very well, cares about you, and who can make difficult decisions. A spouse or family member may not be the best choice because they are too emotionally involved. Sometimes they **are** the best choice. Choose someone who is able to stand up for you so that your wishes are followed. Also choose someone who is likely to be nearby so that they can help when you need them. Whether you choose a spouse, family member or friend, make sure you talk to them about your wishes and be sure that this person agrees to respect and follow your wishes.)*

Have you appointed a Lasting Power of Attorney for your Property and Affairs, Personal Welfare?

(You may need to contact your solicitor or seek advice from the Citizens Advice Bureau to do this)

Who else have you talked to about the future?

Do you need any help from a professional in discussing things with family or friends and discussing your needs and concerns?

Who should NOT be informed of your wishes and decisions recorded in this document?

Advance Statement (continued)

Your Personal Preferences and Choices

At this time in your life what is important for your wellbeing?

(You may want to consider what kind of music, TV etc. you like, or if you prefer peace and quiet; your interests, hobbies, things that bring you pleasure; anything you particularly like/dislike; if you have a particular faith or belief that is important to you)

What are your preferences and priorities for your future care?

(You may want to discuss the basics that will be provided; what pain control you want; what life support treatment – medical devices to help you breathe, food and water through a medical device (tube feeding), Do Not Actively Resuscitate/Allow Natural Death (see separate document)).

What would you NOT want to happen? Is there anything that you worry about or fear happening?

(You may want to write an Advance Decisions to Refuse Treatment (see separate document))

Where would you like to be cared for if you could no longer look after yourself, or if you were dying? *(E.g. Home, Hospice, Care Home, Hospital).*

1st choice

2nd choice

Comments:

Are there any circumstances in which you would prefer not to be admitted to a hospital, if possible?

If you have pets, what would you like to happen to them?

Advance Statement (continued)

Your Personal Preferences and Choices

Have you made a will?

(You may want to contact your solicitor or seek advice from the Citizens Advice Bureau to do this)

Have you considered your funeral arrangements?

Do you wish to donate your organs?

(You may want to talk about your options with your GP or contact <http://organdonation.nhs.uk>)

Contact Information

Your Lasting Power of Attorney (Property and Affairs) commonly known as finance – if you have one

Name

Address

Telephone

Date registered:

Your Lasting Power of Attorney (Personal Welfare) able to make health decisions – if you have one

Name

Address

Telephone

Date registered:

Your District Nurse/Community Matron

Name

Address

Telephone (and out of hours number)

Will anyone keep *copies* of this document? If so, who? (Even though there may be copies, please make sure someone close to you has easy access to this original copy)

GP

☐

District Nurse/Community Matron

☐

Clinical Nurse Specialist

☐

Family members (please name)

☐☐

If you go into hospital show this ACP to the doctor and nurse who admits you so that they know your wishes for your care. ask them to return it to you as it is your plan and should remain with you.

Review

It is important to review everything you have written every few months, and make changes you want to.

You can change anything within this booklet just by adding to it or altering it as you wish. Initial or sign and date alterations. If anyone has a copy, tell them of any changes you have made.

NB: If you have made an Advance Decision to Refuse Treatment (ADRT) and wish to change it, you should *complete a new form* – please ask your doctor or nurse who will help you. This is because it is a legally binding document and needs to be very clear to be valid.

REVIEW 1: This Advance Care Plan was reviewed and confirmed by me

I have/have not made changes to it

Signature..... Date

REVIEW 2: This Advance Care Plan was reviewed and confirmed by me

I have/have not made changes to it

Signature..... Date

REVIEW 3: This Advance Care Plan was reviewed and confirmed by me

I have/have not made changes to it

Signature..... Date

Some Terms Explained

Advance Statement This is a statement of wishes, preferences, values and beliefs. It is useful when taking into account 'best interest' decisions on behalf of someone who lacks capacity, but is not legally binding. This booklet when completed by you acts as an Advance Statement.

Advance Decision to Refuse Treatment (ADRT) This must be in writing, signed and witnessed if it refuses potentially life sustaining treatment, and it must specifically state that the refusal is even if your life is at risk. Effectively it allows you to refuse particular treatments under specific circumstances. It is legally binding if valid under the Mental Capacity Act 2005. This was previously known as a 'living will'. You can discuss making one with your Doctor or Nurse.

Best Interest This is when a decision is made taking into account as many factors as are known. This can include advance statements, opinions and views of family, friends, carers and other professionals who know the person, all of which are considered in the light of the current circumstances to plan care for an individual.

Lasting power of Attorney (LPA) Property and Affairs This allows you (if you are over 18) to choose someone to make decisions about how to spend your money and manage your property and affairs.

Lasting power of Attorney (LPA) Personal Welfare This allows you (if you are over 18) to choose someone to make decisions about your health care and welfare. This includes decisions to refuse or consent to treatment on your behalf. The lasting power of attorney for personal care can also help to decide where you should live. These decisions can only be taken on your behalf when you lack the capacity to make the decisions yourself.

Both types of LPA must be registered with the Office of Public Guardian to be valid. Further information and forms can be found at www.publicguardian.gov.uk

The Mental Capacity Act 2005 (MCA) states that a person has mental capacity to make decisions for themselves unless proved otherwise. Therefore the person should be asked first about their preferences and choices for care. It is important when making advance care plans that a person can demonstrate that they can understand the decisions they are making and that those supporting them to make such decisions are aware of the MCA. Further information can be found at www.justice.gov.uk/guidance/mca-info-leaflet.htm