NHS
Gloucestershire

Planning for Your Future Care

Advance Care Planning

Preparing for the future

Assisting with practical arrangements

Enabling the right care to be given at the right time

Adapted from the Weston Hospicecare Advance Care Plan and National Preferred Priorities for Care Guidelines

Further Information

Making Decisions – a guide

Information booklets about the Mental Capacity Act (2005)
Tel: 02380 878038 (national rates)
Web: www.dca.gov.uk/legal-policy/mental-capacity/mibooklets/booklet01.pdf

Patient Advice and Liaison Service (PALS)

Tel: 0800 019 3282 (free phone service)
Web: www.palsglos.org.uk

GUiDE Information Services

Tel: 0800 151 548 (free phone service)
Web: www.guide-information.org.uk

To discuss receiving this information in large print or Braille please ring 0845 658 3888

To discuss receiving this information in other formats please contact:

এই তথ্য অন্য ফর্মাটে পেতে আলোচনার জন্য দয়া করে যোগাযোগ করুন

如需以其他格式接收此信息，请联系

V případě, že potřebujete obdržet tuto informaci v jiném formátu, kontaktujte prosím

આ માહીતી બીજા ફોરમેટસમાં મળાવાની ચર્ચા કરવામાટે કૃપાકરી સંપર્ક કરો

Aby uzyskać te informacje w innych formatach, prosimy o kontakt

По вопросам получения информации в других форматах просим обращаться

Ak si želáte získat túto informáciu v inom formáte, kontaktujte prosím

FREEPOST RRYY-KSGT-AGBR,
GUiDE & PALS,
NHS Gloucestershire, Sanger House, 5220 Valiant Court,
Gloucester Business Park, Brockworth, Gloucester GL3 4FE

GUiDE & PALS focuses on improving NHS services to patients and provides Gloucestershire's health, social care and disability information service.

Advance Care Planning – how it can help plan your future care

Please note that this booklet is not designed to be completed all at once. It can be filled in over a period of time, as and when you feel comfortable to do so.

Advance Care Planning (ACP) can help you prepare for the future. It gives you an opportunity to think about, talk about and write down your preferences and priorities for your future care, including how you want to receive your care towards the end of your life. Anything can be included. If it is important to you, record it, no matter how insignificant it may appear.

Advance Care Planning can help you and your carers (family, friends and professionals who are involved in your care) to understand what is important to you. The plan provides an ideal opportunity to discuss and record in writing your views with those who are close to you. It will help you to be clear about the decisions you make and it will allow you to record your wishes in writing so that they can be carried out at the appropriate time.

Remember that your feelings and priorities may change over time. You can change what you have written whenever you wish to, and it would be advisable to review your plan regularly to make sure that it still reflects what you want.

The choice is yours as to whom you share the information with. This booklet has been designed in consultation with patients and carers to assist you with the planning and recording of your preferences and wishes. By recording your preferences in this booklet it will help to ensure that your wishes are taken into account.

Not all of the sections in the booklet need to be completed and you can take your time completeting those that you wish to use but a good place to start the first section "Statement of your wishes and care preferences" on page 4.

There are five parts in total

Statement of your wishes and care preferences	**page 4**
Advance Decision making	**page 8**
Putting your affairs in order	**page 14**
Making a Will	**page 17**
Funeral planning	**page 18**

Statement of your wishes and care preferences
Your preferred priorities for care

In this section you can record your specific wishes and preferences relating to a time when you may be ill and unwell and have need of care or treatment (see page 6). This will give everyone (family, carers and professionals) a clear idea of the things which are important to you if you are unable, for any reason, to make your wishes and preferences known yourself.

This section of the document is **not legally binding** but represents your wishes which must be taken into consideration should you become ill.

Here are some examples of information which could be included as your wishes and preferences on page 6:

- If you become ill, where you might prefer to be treated (at home or in hospital for example).
- What might help you feel relaxed and comfortable should you need to receive care or treatment at home or in hospital.
- Who you would like with you or who you would like to visit you should, you need care or treatment at home or in hospital.
- Who you would like to look after your dependants and pets should you be unable to do so because of illness.
- What would be important religious or cultural concerns for you should you need care or treatment at home or in hospital.
- Who you would like to be informed if you become ill and need care or treatment.
- If your condition worsens how much information you would like to receive about how serious your condition might be.
- What are your wishes and choices regarding possible organ or tissue donation as you may need to make your family aware of your wishes as their consent will be sought.

Further Information

www.endoflifecareforadults.nhs.uk

www.goldstandardsframework.gov.uk

Age UK

Tel: 0800 00 99 66 (free call)
Web: www.ageconcern.org.uk

Statement of your wishes and care preferences

Your preferred priorities for care

(A non-legally binding document to represent your future hopes and wishes)

Ideally keep this document to hand, share it with anyone involved in your care, including your GP (they may wish to keep a copy for their own records) and let them know when it is changed

Your Name ....

Address ....

.... Postcode ....

Do you have a Legal Advance Decision (Living Will)? Yes ☐ No ☐
(see page 8 for further information)

If yes, where do you keep it and who has a copy? ....

....

Proxy / Next of Kin

Who else would you like to be involved if it ever becomes difficult to make decisions?

Contact 1 ....

Relationship to you ....

Telephone ....

Address ....

Do they have Lasting Power of Attorney? Yes ☐ No ☐
(If yes please state which type - see page 16 for further information)

Type ....

Contact 2 ....

Relationship to you ....

Telephone ....

Address ....

Do they have Lasting Power of Attorney? Yes ☐ No ☐
(If yes please state which type - see page 16 for further information)

Type ....

Statement of your wishes and care preferences

Your preferred priorities for care

Do you have any special requests or preferences regarding your future care?

If your condition deteriorates where would you most like to be cared for?

Is there anything you would ideally like to avoid happening to you?

Do you have any comments or wishes that you would like to share with others?

Statement of your wishes and care preferences
Your preferred priorities for care

Your Name ....

Date DD / MM / YY

Next of Kin/Carer Signature (if present) ....

Date DD / MM / YY

Health/Social Care Professional ....

Date DD / MM / YY

Details of any other family members involved in Advance Care Planning discussions

Details of healthcare professionals involved in Advance Care Planning discussions

Are you happy for the information in this document to be shared with relevant healthcare professionals? Yes ☐ No ☐

Reviews:

Signed .... Date DD / MM / YY

Signed .... Date DD / MM / YY

Signed .... Date DD / MM / YY

Signed .... Date DD / MM / YY

Remember to regularly review (e.g. every 3-6 months) to ensure that this document still represents your wishes. Sign and date any changes you make.

Advance Decision Making

An **Advance Decision** (Living Will) is different from preferred priorities for care as it is a formal, legally binding document which allows an individual to **refuse certain treatments.**

It does not allow, for a request to have life ended and cannot be used to request medical treatments.

An Advance Decision (AD) is **very specific** and is used in situations when particular treatments would not be acceptable to someone. An example would be if a person had a severe stroke which resulted in swallowing problems. If the thought of being fed by alternative methods was not tolerable then this could be documented formally as an Advance Decision.

In order to make an Advance Decision advice should be sought from someone who understands the complexity of the process such as a health care professional team e.g. your GP/Doctor, or a solicitor.

It can be written or verbal, but if it includes the refusal for life sustaining treatment, it must be in writing, signed and witnessed and include the statement 'even if life is at risk'.

An Advance Decision will only be used if, at sometime in the future, you lose the ability to make your own decisions about your medical treatment. To be valid, an Advance Decision must be made before you lose your ability to make such decisions. You can change your mind about your Advance Decision, or amend it at anytime, provided you still have the capacity to do so.

Further Information

www.direct.gov.uk

www.endoflifecareforadults.nhs.uk

www.opsi.giv.uk/acts/acts2005/en/ukpgaen_20050009_en_l.htm

For further advice and information relating to Advance Decisions please refer to Gloucestershire's Multi Agency Policy and Procedure for the Mental Capacity Act, Appendix MCA 5 'Advanced Decisions Guidance' and Appendix MCA 6 'Advanced Decisions Checklist'.

Advance Decision Document (part 1 of 5)

Your Name:
Date of Birth:

You will need 4 copies of this completed form

- One for you to keep
- One for your GP to keep with your records
- One to be kept with someone who you wish to be consulted about your treatment should this ever be necessary. (eg next of kin, solicitor)
- One to be kept with Palliative Care Team, Community Palliative Care Nurse/ Hospice Team/District Nurse/Mental Health Team and Care Home as appropriate

Please also ask the healthcare team to send a copy to:

Paramedic Clinical Lead
Great Western Ambulance Service, Jenner House, Langsley Business Park, Chippenham, SN15 1GG

Or if urgent fax to **08451 20 4340**

All forms should be signed by at least one person who is not a close relative or expecting to benefit from your will (e.g. health care professional).

You might also wish to consult with a solicitor.

Remember to review this document at regular intervals to ensure it still represents your wishes. Signing and dating at the bottom when you do this will indicate how recently you have thought about it. If you change your mind about anything you have written, tell your GP, hospice nurse, next of kin or appointed representative and amend the document accordingly.

Advance Decision Document (part 2 of 5)

Proxy / Next of Kin

If I become unwell I would like the following contacts to be involved if it ever becomes too difficult for me to make decisions for myself.

Contact 1 ....

Relationship to you ....

Telephone ....

Address ....

Do they have Lasting Power of Attorney? Yes ☐ No ☐
(If yes please state which type - see page 16 for further information)

Contact 2 ....

Relationship to you ....

Telephone ....

Address ....

Do they have Lasting Power of Attorney? Yes ☐ No ☐
(If yes please state which type - see page 16 for further information)

To my family, my doctor and all other persons concerned this Advance Decision is made by me:

Full Name: ....

Of (address): ....

....

I am writing this at a time when I am able to think things through clearly and I have carefully considered my situation. I am aware that I have been diagnosed as suffering from:

....

If you have any mental or physical condition please state below:

....

....

....

Advance Decision Document (part 3 of 5)

I declare that if I become unable to participate effectively in decisions about my medical care, then and in those circumstances, my directions are as follows (only sign the sections you feel are applicable).

1. I am not to be subjected to any medical interventions or treatment aimed at prolonging my life.

Signature ....

2. Any distressing symptoms are to be controlled by **appropriate** pain relief, sedation or other treatment.

Signature ....

3. This advance decision applies to the specific treatments stated below, even if my life is at risk.

Signature ....

(Continue in box below/on a separate sheet if necessary)

Treatment to be refused (eg resuscitation, stoma formation, surgery)	**Details of situations you have anticipated in which the refusal would be valid** (see examples below)

Examples

- If your heart and lungs stopped functioning that you do not wish for them to be restarted (Cardiopulmonary Resuscitation)
- I do not wish to be artificially fed or hydrated.
- I do not wish to receive antibiotics for a particular infection (please state).
- I do not want to receive Electro Convulsive Therapy (ECT) in the event of being depressed.

Advance Decision Document (part 4 of 5)

I consent to anything proposed to be done or omitted in compliance with the directions expressed on page 11 and absolve my medical attendants from any civil liability arising out of such acts or omissions.

I reserve the right to revoke this directive at any time, but unless I do so it should be taken to represent my continuing directions.

My General Practitioner is:

Name of GP: ....

Address: ....

Telephone: ....

Before signing this I have talked it over with my:

- ☐ GP Dr ....
- ☐ Nurse ....
- ☐ Hospice Consultant/Hospital Doctor Dr ....
- ☐ Solicitor ....
- ☐ Family/Carer/Next of Kin ....

It is recommended that you discuss this with at least one of the above professionals. If you are in hospital or hospice then the consultant caring for you should be aware of and clear about the scope of this advance decision.

I have attached a sheet with further wishes about my treatment.

Yes ☐ No ☐

Are you willing for the information in this document to be shared with other relevant healthcare professionals?

Yes ☐ No ☐

Signed .... Date DD / MM / YY

Advance Decision Document (part 5 of 5)

Witnesses: I/We testify that the maker of this Advance Directive signed it in our presence, and made it clear to us that he/she understood what it meant. I/We do not know of any pressure being brought on him/her to make such a Directive and I/we believe it was made by his/her own wish. So far as we are aware we do not stand to gain from his/her death.

Only one witness is legally required.

Witnessed by:

Witness 1 (recommended GP, or Hospice Doctor, Hospital Doctor)

Signature: ....

Date: ....

Name: ....

Address: ....

....

Witness 2 (not close family, or persons expecting to benefit from your will)

Signature: ....

Date: ....

Name: ....

Address: ....

....

Reviews: This directive was reviewed and confirmed by me on:

Signed .... Date DD / MM / YY

Signed .... Date DD / MM / YY

Signed .... Date DD / MM / YY

Signed .... Date DD / MM / YY

advance decision document

putting your affairs in order

Putting Your Affairs in Order Checklist

Ensuring that your paper work and documents are up to date and easier to find will save time and reduce anxiety for your family/next of kin if you become unable to attend to your affairs or if you are taken ill or suddenly died.

Information you may wish to start putting together.

Use the tick box below as a reminder that you have thought about and recorded in a safe place the details listed. Have you nominated someone you can trust who will be able to access those details if the need ever arises?

Your Name:
Date of Birth:
☐ Bank Name/Account Details (including credit card)
☐ Insurance Policies
☐ Pension Details
☐ Passport
☐ Birth/Marriage Certificate
☐ Mortgage Details
☐ Hire Purchase Agreements
☐ Will (see page 17 for further guidance)
☐ Other Important Documents/Contacts e.g. Solicitor
☐ Details of any Funeral Arrangements or Preferences (see page 18)
☐ Addresses and Contact Number of Family, Friends and Colleagues
☐ Tax Office Address and Contact Details

I nominate..(relative/friend)

....contact number, as the person who will access the detailed information if required

Signed .... (self) Date DD / MM / YY

Signed ....(nominee) Date DD / MM / YY

Putting Your Affairs in Order

This section allows an opportunity to consider specific wishes and preferences relating to end of life (as with all sections of this document this is optional and you may choose not to complete it).

How would you like your final days to look and sound?
(e.g. what music/pictures/fragrance would you like around you?)

Who would you like with you at end of life if possible?

Where would you prefer to die if possible (e.g. home, care home, hospital or hospice)?

Five things I would like to do:-

1. ....

2. ....

3. ....

4. ....

5. ....

Appointing Someone to Make Decisions for You

There are some situations when someone is unable to foresee that they will, in the future, deteriorate mentally (e.g. dementia). If this is the case they may well decide to ask a specific person to undertake the responsibility for making decisions for them if and when they are unable to do so themselves. That person is given Lasting Power of Attorney (LPA).

The person chosen can be a friend, relative or a professional. More than one person can act as attorney on your behalf.

Lasting Power of Attorneys are exclusive to you and the amount of power and limits of that power are decided by you.

There are two types of Lasting Power of Attorney:

Property & Affairs Lasting Power of Attorney

This LPA gives another person (your attorney) the power to make financial decisions for you e.g. managing bank accounts or selling your house. Your attorney has the power to take over the management of your financial affairs as soon as the LPA is registered with the Office of the Public Guardian, unless the LPA states that this can only happen after you lose the capacity to manage your own financial affairs.

Since 1 October 2007 the Enduring Power of Attorney (EPA) has been replaced by the Property and Affairs LPA. However, valid EPAs that were already arranged before 1 October 2007 will still stand.

Personal Welfare Lasting Power of Attorney

This LPA allows your attorney to make decisions regarding your health and personal welfare e.g. where you should live, day to day care or around your medical treatment. It only comes into force if/when you lose the ability to make these decisions for yourself and is only valid once it has been registered with the Office of the Public Guardian.

LPAs can be completed and registered without the input of a solicitor, but this can be a complex procedure without guidance. If legal help is sought, then there may a cost attached.

Further Information

www.dca.gov.uk/menincap/legis.htm

Office of the Public Guardian

Tel: 08454 330 2900 (low call rate) Web: www.publicguardian.gov.uk

For further advice and information relating to Lasting Powers of Attorney refer to Gloucestershire's MCA 8 'Lasting Powers of Attorney Checklist' & Appendix MCA 9 'Capacity and Finance'

Making a Will

Many problems occur when a person dies without making a Will as there are clear regulations which dictate how your possessions would be allocated.

If there is no Will the time taken to sort things out can be lengthy and expensive and will cause added stress to your family/next to kin.

In addition, the outcome from this process may not be as you would wish, so it is advisable to make a Will to ensure that your belongings are left to the people you want to inherit them.

You can make a Will without a solicitor, and forms can be purchased from stationers or via the internet. This is only advisable if the Will is straightforward; the Law Society advises that specialist advice is sought from a solicitor.

Think about the following aspects prior to visiting a solicitor as this will save you time and money.

- A list of all **beneficiaries** (people who you would like to benefit from your Will) - and what you would like them to receive
- A list of your **possessions** -savings, pensions, insurance policies, property etc
- Any arrangements you wants for your **dependants** or **pets**
- Decide who will be your **executor(s)** - the person/s who will deal with distributing your money and possessions after your death. You may have up to four, but it is a good idea to have at least two in case one dies before you do. They can also be beneficiaries and care should be taken when choosing executors to ensure that they are suitable and also willing.

Further Information

www.citizensadvice.org.uk

Solicitors Regulation Authority (SRA)

Tel: 0870 606 2555 (national call rate)
Web: www.sra.org.uk

funeral planning

Funeral Planning

Your Name:	
	Details
Person I wish to be responsible for making my funeral arrangements	
My preferred funeral director is	
My pre-paid funeral plan is with	
I wish to be buried/cremated/ other (e.g. donation for medical science - specific documents will need to be signed)	
I wish my funeral service to be in accordance with my faith please state (if any)	
I would like the venue to be	
I would like the following music, hymns or readings included	
I would like the following person(s) to conduct the service if possible	
Other details and information you would like to record e.g. donations to named charity, flowers, people to be informed	

Notes

This booklet was "Highly Commended" by the British Medical Association (BMA) Awards Patient Information category in 2010

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