

# Planning for My Future Care

## Preparing for the future, my way

This booklet is a patient held document for you to outline your wishes and preferences for your future care





## Hoping for the best, but being prepared for the worst

### *Planning your future care:*

There may be times in your life when you think about how you would cope if you had an illness causing either a physical disability or mental frailty. This may be at a time of ill health, as a result of a life changing incident, or it may be simply because you are the sort of person who plans ahead.

Advance Care Planning (ACP) can help you prepare for the future. It gives you an opportunity to think about and talk or write down your preferences and priorities for your future care.

Your statement of wishes and preferences is **not legally binding** but represents your wishes; these should be taken into consideration if you become too ill to make the decision yourself.

You can choose who to share this information with but it is helpful if your GP and other health/social care practitioners are made aware of your wishes and preferences.

It is recommended that you keep a copy of this document and that your GP and family also have a copy. If you go to hospital it is recommended that you take a copy with you so that the hospital team are aware of your wishes and preferences

### *Advance Care Planning can:*

- Help you and your carers (family, friends and professionals) understand what is important to you
- Provide an opportunity for you to discuss and record your views in writing
- Enable your views and wishes to continue to be a part of the decision making process in the event that you cannot make decisions. However if you are happy for professionals to make decisions on your behalf with the support of people who know you that is your choice
- Ensure that your priorities will be considered and respected as a guiding principle
- Help everyone, irrespective of age or state of health to begin to think about their future

Your feelings and priorities may change over time and you can change what you have written whenever you wish. It is advisable to review your plan regularly to ensure it reflects your wishes.

**This booklet does not need 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. However, it is a good idea to complete it when you are well and strong enough to deal with difficult problems.**

This booklet is intended for use with adults. A *Child and Young Person's Advance Care Plan* booklet is available for under 18 year olds &/or those with parental responsibility for them and can be accessed at:

[http://www.southampton.ac.uk/healthsciences/business\\_partnership/services/eolc.page](http://www.southampton.ac.uk/healthsciences/business_partnership/services/eolc.page)

### **Examples of wishes and care preferences:**

- If you become physically or mentally frail and unable to make your own decisions, have you a preference about where you might like to be cared for (for example at home, in hospital or in a care home)?
- What might help you feel relaxed and comfortable should you need to receive care or treatment at home, in hospital or in a care home?
- Who would you want informed if you became ill and needed treatment, also who you would not want informed?
- Who you would like with you, or to visit you, should you need care or treatment, also who do you not want involved?
- Who you would like involved in your care or treatment if you become ill, also who would you not want involved?
- Who you would like to look after your dependents and pets should you be unable to do so because of illness, also who you would not want to have that responsibility?
- If you need care or treatment it is important that others are aware of any religious or cultural practices that need to be observed.
- If your condition worsens how much information you would like to receive about how serious your condition might be
- Your wishes and choices regarding possible organ or tissue donation; you may need to make your family aware of your wishes as their consent will be sought

This document covers your wishes and preferences in relation to your future care. Other outcomes of Advance Care Planning may include; Advanced Decision to Refuse Treatment, Lasting Power of Attorney and / or Do not Attempt Cardio- Pulmonary Resuscitation. More information is available at:

- **Age UK** [www.ageconcern.org.uk](http://www.ageconcern.org.uk) Telephone: 0800 00 99 66 (free call)
- **Alzheimer's Society**, London, E1W 1LB / Telephone: 020 7423 3500 / E-mail: [info@alzheimers.org.uk](mailto:info@alzheimers.org.uk) / Web-site: [alzheimers.org.uk](http://alzheimers.org.uk)
- **Office of the Public Guardian (OPG)**, PO Box 15118, Birmingham B16 6GX / Telephone: 0300 456 0300 (customer services, 9.00am-5.00pm weekdays) / E-mail: [customerservices@publicguardian.gsi.gov.uk](mailto:customerservices@publicguardian.gsi.gov.uk) / Web-site: [www.direct.gov.uk/mentalcapacity](http://www.direct.gov.uk/mentalcapacity)
- **Organ/tissue donation information:**  
Telephone: 0300 123 23 23 Web-site: [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk)  
**Donations to Medical Science** Web-site: [www.hta.gov.uk](http://www.hta.gov.uk)
- **NHS information** - [www.nhs.uk/long-term-conditions.aspx](http://www.nhs.uk/long-term-conditions.aspx)

## Statement of my wishes and preferences for my future care

Name ..... Date of Birth ..... Tel:.....

Address .....

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I have:	Yes	No	I keep them at	Copies are held by:
Another document outlining my preferences (e.g. Living Will)				
Advance Decision to Refuse Treatment (ADRT)				
Do not attempt cardio-pulmonary resuscitation order (DNACPR)				

**Please attach a copy of your Living Will, ADRT, and other relevant documents to this form**

**Details of people who could be important in decision making or will be affected if I am too unwell to make decisions**

Name	Relationship to me	Address	Contact Number
I have a Lasting Power of Attorney for Health & Welfare and/ or finances			
My Next of Kin			
Other person I would like to be involved			
Other person I would like to be involved			
I prefer <b>not to involve/give info to</b> this person		N/A	
I prefer <b>not to involve/give info to</b> this person		N/A	
I have a dependent family member or friend		Other responsible adult to be contacted: (name/tel no)	

**Date completed** \_\_\_\_\_

Name .....

If my condition deteriorates I would prefer to be cared for in the following places:

1<sup>st</sup> Preference .....

2<sup>nd</sup> Preference.....

If I need to change my place of care the following issues are important to me:

If possible I would like to avoid the following:

Concerning my religious / spiritual wishes, it is important to me that:

Concerning my dependent relative/friend the following is important to me:

(Attach any appropriate documents or further information )

My other wishes and comments are:

My wishes regarding Organ / Tissue Donation

I hold an Organ Donation Card  Yes  No

My wishes for Cardio-pulmonary resuscitation are:

**By signing this document I confirm that the above are my wishes and preferences**

**If I review my preferences the details are given in the dated sheets attached**

Name .....

Signature ..... Date .....

My wishes were reviewed & changed on the following date(s)	Signature

Name .....

**Optional Information if you wish to share with others**

<b>Other family members involved in the discussions overleaf</b>	<b>Contact Telephone Number</b>

<b>Other professionals involved in the discussions overleaf</b>	<b>Position &amp; Telephone Number</b>

<b>Professional action following review of wishes and preferences</b> <i>I am aware of the changes and will make colleagues involved in your care aware</i>			
<b>Name (please print)</b>	<b>Position (please print)</b>	<b>Signature</b>	<b>Date</b>

**I give my consent for professionals to share this information with other Health, Social Care and Agencies who are involved in my care**

**Signed \_\_\_\_\_ date \_\_\_\_\_**

Name .....

### “Putting your Affairs in Order” – Checklist

Ensuring that your paperwork and documents are up-to-date and easy 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 die.

#### 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 these details if the need arises?

- Arrangements/documents relating to dependent children/adults
- Bank Name/Account Details (including .... credit card)
- Insurance Policies
- Name & details of any health insurance
- Pension Details
- Passport
- Documents relating to naturalisation or asylum status
- Birth/Marriage Certificate
- Mortgage or landlord details
- Deeds of property
- Hire Purchase Agreements or information relating to other debts
- Will
- Other Important Documents/Contacts e.g. Solicitor
- Details of any Funeral Arrangements or Preferences
- Addresses and Contact Number of Family, Friends and Colleagues
- Tax Office Address and Contact Details
- Pets
- If access to computer required ability to access system
- Other Important information

I nominate ..... (relative/friend)

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

Signed ..... (Self) Date .....

Signed ..... (Nominee) Date .....



Name .....

**Update / Review - My preferences and priorities**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Name .....

**Update / Review - My preferences and priorities**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** .....

**Update / Review - My preferences and priorities**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Name** .....

**Update / Review - My preferences and priorities**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## FURTHER INFORMATION

### Telephone numbers and local contact details

#### Personalised information:

GP contact telephone number .....

Out of Hours telephone number .....

District Nurses contact number .....

Specialist Nurses Contact number .....

#### Other Useful Numbers:

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With thanks to Sheila Holmes and all the East Berkshire working group who developed this document

