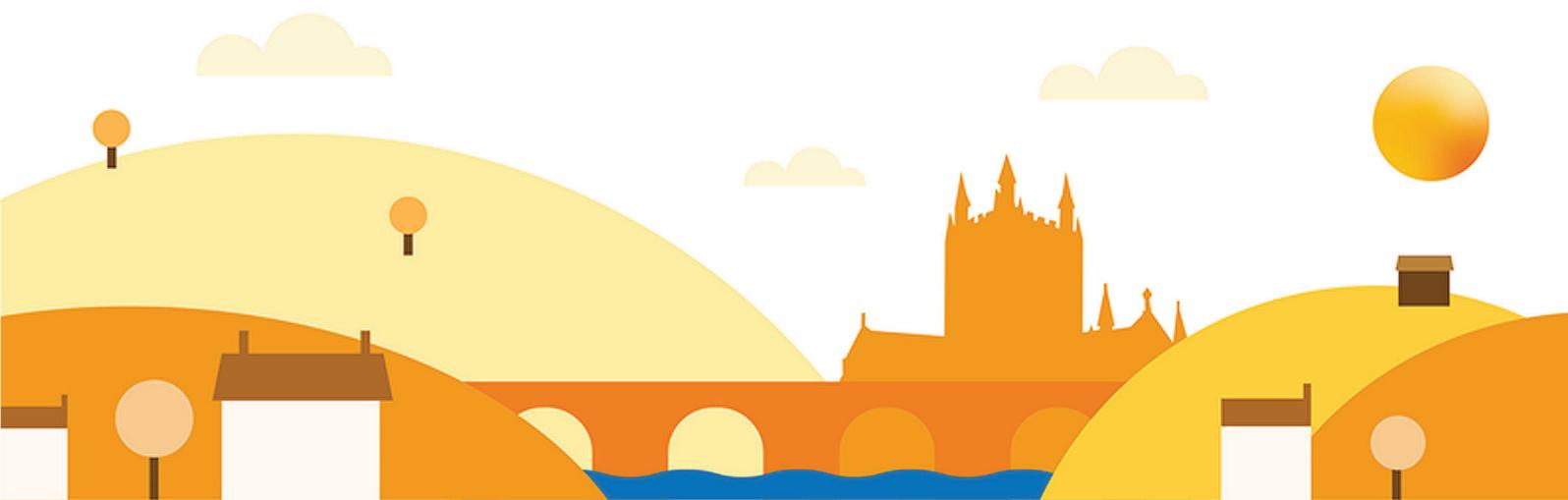


# Planning for Your Future Care

## Advance Care Planning

Preparing for the future  
Assisting with practical arrangements  
Enabling the right care to be given at the right time



Name: ..... DoB: ..... NHS No.: .....

## Sources of Further Information

### Further Information

[www.youtube.com/watch?v=i2k6U6inljQ](http://www.youtube.com/watch?v=i2k6U6inljQ)

A video to help ensure people receive the care they want when they need it

[www.goldstandardsframework.org.uk](http://www.goldstandardsframework.org.uk)

[www.ageuk.org.uk](http://www.ageuk.org.uk)

[www.nhs.uk/Planners/end-of-life-care/Pages/planning-ahead.aspx](http://www.nhs.uk/Planners/end-of-life-care/Pages/planning-ahead.aspx)

[www.gov.uk/government/organisations/office-of-the-public-guardian](http://www.gov.uk/government/organisations/office-of-the-public-guardian)

[www.gov.uk/government/collections/mental-capacity-act-making-decisions](http://www.gov.uk/government/collections/mental-capacity-act-making-decisions)

For further advice and information relating to Advance Decisions to Refuse Treatment:

[www.nhs.uk/Planners/end-of-life-care/Pages/advance-decision-to-refuse-treatment.aspx](http://www.nhs.uk/Planners/end-of-life-care/Pages/advance-decision-to-refuse-treatment.aspx)

For further advice and information relating to Lasting Powers of Attorney refer to Gov.uk:

[www.gov.uk/power-of-attorney](http://www.gov.uk/power-of-attorney)

For further information about wellbeing information and advice in Herefordshire:

[www.wisherefordshire.org](http://www.wisherefordshire.org)

Further information about Will Planning is available from Solicitors Regulation Authority (SRA)

Tel: 0870 606 2555 (national call rate), [www.sra.org.uk](http://www.sra.org.uk) or [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

**It is usually helpful to discuss the content of this document with somebody you trust.**

Name: ..... DoB: ..... NHS No.: .....

## Advance Care Planning (ACP) 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.

ACP 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. You can record this within an Advance Statement. This is discussed in more detail at Page 4.

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 completing those that you wish to use but a good place to start is 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	5
Advance Decision making	11
Putting your affairs in order	15
Making a Will	17
Funeral planning	18

## Advance statement of your wishes and care preferences. Your preferred priorities for care

This section is for you to record any wishes or preferences that would be important to you should you ever become unwell, or have difficulty in making decisions for yourself. This will give everyone (family, carers and professionals) a clear idea of knowing what is important to you when deciding what needs to happen. Your wishes and preferences must be considered at these times though they are not legally binding.

If you want to refuse a specific treatment then the section in this booklet about 'Advance Decisions' is available which is a legal way to refuse treatments that may be offered to you in the future.

Your wishes and preferences can be recorded on page 8, here are some examples you may want to consider:

- If you become ill, where you might prefer to be treated (at home or in hospital for example).
- Are there particular/preferred medications or treatments that you would like the team to consider? Are you allergic to any medication? [whilst the clinical care team may not subsequently follow this, this is a helpful guide to indicate preferred treatment options for them to consider]
- 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 dependents and pets should you be unable to do so because of illness.
- What would be important regarding religious, spiritual 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 or need care or treatment.
- If your condition worsens how much information would you like to receive about how serious your condition might be.
- Do you want to express your views about Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)?
- What are your wishes and choices regarding possible organ or tissue donation? You can consent to donating some or all of your organs and/or tissue by signing up to the NHS Organ Donor Register or by telling your family and friends. If you want to do this, you should make sure your family is aware of your wishes. Any donation will be discussed with the family if they object, but if you have made your decision clear before you die, they do not have the legal right to override your decision.

### An example about exploring options

*Mrs Smith lives with her daughter, son-in-law and two young grandchildren. She knows she is approaching the end of her life and would like to remain in her home. Mrs Smith feels that she really must go into a nursing home to save her family any extra work or upset. The idea is causing her a great deal of worry.*

Name: ..... DoB: ..... NHS No.: .....

Mrs Smith has not told her family her wishes so she does not know how they feel about the possibility of looking after her. She has not asked her doctor what support is locally available to help her stay in her own home or if there are any alternatives available to her other than a nursing home.

Discussing and finding out all of the options available may help Mrs Smith make her plans and put her mind at rest. Local support and advice can be accessed through the Wellbeing Information and Signposting for **Herefordshire website: [www.herefordshire.gov.uk/info/200207/family\\_support/771/wish/1](http://www.herefordshire.gov.uk/info/200207/family_support/771/wish/1)** or by telephoning Herefordshire Council's Adult Social Care Advice and Referral team on **01432 260101**.

## Advance 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: .....

Date of Birth: .....

NHS No.: (if known) .....

Address: .....  
.....  
..... Postcode: .....

**Do you have a Legal Advance Decision?**  
(see page 11 for further information)

Yes

No

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

Name: ..... DoB: ..... NHS No.: .....

## Advance statement of your wishes and care preferences. Your preferred priorities for care (Cont.)

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

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

**Contact 1:** Name: .....

Relationship to you: .....

Address: .....

..... Telephone: .....

Does the person have an Enduring or Lasting Power of Attorney for you?

Yes

No

If yes please state which type  
(see page 19 for further information)

Health & Welfare

Property & Affairs

**Contact 2:** Name: .....

Relationship to you: .....

Address: .....

..... Telephone: .....

Does the person have an Enduring or Lasting Power of Attorney for you?

Yes

No

If yes please state which type  
(see page 19 for further information)

Health & Welfare

Property & Affairs

Name: ..... DoB: ..... NHS No.: .....

## Advance statement of your wishes and care preferences. Your preferred priorities for care (Cont.)

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

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

**Contact 3:** Name: .....

Relationship to you: .....

Address: .....

..... Telephone: .....

**Does the person have an Enduring or Lasting Power of Attorney for you?**

Yes

No

**If yes please state which type**  
(see page 19 for further information)

Health & Welfare

Property & Affairs

## An example of naming someone to speak for you

*Mrs Jones lives alone and has no living relative. She has always received help and support from her lifelong friend and neighbour Jenny.*

*As Mrs Jones gets older she starts to think about what will happen to her if for any reason her health fails. Mrs Jones knows Jenny so well she decides to ask her to be the person she would like to be consulted and speak on her behalf should the need ever arise.*

*Mrs Jones is happy that her financial affairs continue to be managed by her solicitor just as they always have been.*



Name: ..... DoB: ..... NHS No.: .....

## Advance statement of your wishes and care preferences. Your preferred priorities for care (Cont.)

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

**Do you have any special requests or preferences regarding your future care? for example; if you have a pet, special close friend, like a wash daily**

.....  
.....  
.....

**If your condition deteriorates where would you most like to be cared for?  
If this is not possible where would you next choose?**

.....  
.....  
.....

**Generally is there anything you would ideally like to avoid happening to you? For example;  
don't play pop music**

.....  
.....  
.....

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

.....  
.....  
.....

Name: ..... DoB: ..... NHS No.: .....

## Advance statement of your wishes and care preferences. Your preferred priorities for care (Cont.)

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

### My Family Tree



### People who are important to me



Name: ..... DoB: ..... NHS No.: .....

## Advance statement of your wishes and care preferences Your preferred priorities for care

Details of any other family members you have discussed this with?  
Advance Care Planning discussions

.....  
.....  
.....  
.....

Details of healthcare professionals involved  
in Advance Care Planning discussions

GP

District  
Nurse

Other.....

Consultant

Specialist  
Care Team

Are you happy for the information in  
this document to be shared with these  
healthcare professionals?

Yes

No

The information recorded on this form may also be  
stored electronically, and accessed by those with a  
legitimate need to see information about me

Yes

No

Signed: ..... Date: .....

Please sign here each time you review and update your care plan.

Signed: ..... Date: .....

Signed: ..... Date: .....

Signed: ..... Date: .....

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.

Name: ..... DoB: ..... NHS No.: .....

## Advance Decision Making

An **Advance Decision (AD)** is different from Advance Statement of Wishes and Care Preferences as it is a **formal, legally binding document** which allows an individual to **refuse certain treatments**. A person must be over eighteen to make an Advance Decision and must have mental capacity to do so.

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 formality of the process such as local advice services, a member of your health care professional team e.g. your GP/Doctor, or if your circumstances are particularly complex 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 some time 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 any time, provided you still have the capacity to do so. If you act in a way that is contrary to the Advance Decision before you lose capacity, but have not amended the Advance Decision, the clinical team may well need to hold a meeting as this may be an indicator that in fact you did not want to follow the Advance Decision.

## Advance Decision Document (part 1 of 5)

**It may be helpful to provide copies of this completed form to professionals who are involved in your care.**

- Your GP to keep with your records
- Someone who you wish to be consulted about your treatment should this ever be necessary. (e.g. next of kin, legal power of attorney)
- A member of the Palliative Care Team, Hospital Consultant Team, Community Palliative Care Nurse, Hospice Team, District Nursing Team, Mental Health Team or Care Home as appropriate.

**It is your responsibility to make sure that health care professionals and relevant others are aware that your Advance Decision exists.**

Please discuss with the health professionals to confirm whether a copy needs to go to the ambulance service. All forms should be signed by at least one person who is not a close relative or expecting to benefit from your will. You might also wish to consult with your legal advisor to ensure the validity of the Advance Decision. 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, health care professional, next of kin or appointed representative and amend the document accordingly.

Name: ..... DoB: ..... NHS No.: .....

## Advance Decision Document (part 2 of 5)

**I would like the contacts identified on page 6 to be consulted if it ever becomes too difficult for me to make decisions for myself.**

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

Your Name: .....

Date of Birth: .....

Of (address): .....

.....

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

.....

.....

I am over eighteen years old and I am writing this of my own free will.

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

**1. I do not want to receive any medical interventions or treatment aimed at prolonging my life, even if my life is at risk.**

Signature: .....

**2. I only wish to receive treatment to keep me comfortable**

Signature: .....

## Advance Decision Document (part 3 of 5)

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

Name: ..... DoB: ..... NHS No.: .....

**Individuals have thought about:**

- If my heart and lungs stop functioning I do not wish for them to be restarted (Cardiopulmonary Resuscitation)
- I do not wish to be artificially fed
- I do not wish to be artificially hydrated.
- I do not wish to receive antibiotics for a particular infection (please state).

**Advance Decision Document (part 4 of 5)**

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

**Before completing and signing this document I have talked it over with my:**

GP - Dr: .....

Surgery: .....

Hospice Consultant/Hospital Doctor - Dr: .....

Family/Carer/Next of Kin – Name : .....

**My General Practitioner is:**

Name of GP: .....

Telephone: .....

Address: .....

**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

**The information in this Advance Decision Document has been shared with your relevant healthcare professionals?**

Yes

No

Signed: ..... Date: .....

Name: ..... DoB: ..... NHS No.: .....

## Advance Decision Document (part 5 of 5)

Your Name: .....

Date of Birth: .....

Date Advance Decision completed: .....

### Witnesses:

I/We testify that the maker of this Advance Decision signed it in my/our presence, and made it clear that he/she understood what it meant. I/We do not know of any pressure being brought on him/her to make such a Decision and I/we believe it was made by his/her own wish. So far as I/we do not stand to gain from his/her death. **Only one witness is legally required.**

**Witness 1** (recommended GP, or Hospice Doctor, Hospital Doctor, Specialist Nurse)

Name: .....

Date: .....

Signature: .....

Address: .....

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

Name: .....

Date: .....

Signature: .....

Address: .....

Name: ..... DoB: ..... NHS No.: .....

**Reviews:**

This Advance Decision Document was reviewed and confirmed by me on:

Signed: .....	Witness: .....	Date: .....
Signed: .....	Witness: .....	Date: .....
Signed: .....	Witness: .....	Date: .....
Signed: .....	Witness: .....	Date: .....

## Some thoughts to help Put Your Affairs in Order

Ensuring that your paper work 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 died suddenly.

**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?

- |  |   |
|--|---|
| <input type="checkbox"/> Bank Name/Account Details (including credit card) | <input type="checkbox"/> Will (see page 19 for further guidance)                        |
| <input type="checkbox"/> Insurance Policies                                | <input type="checkbox"/> Other Important Documents/Contacts e.g. Solicitor              |
| <input type="checkbox"/> Pension Details                                   | <input type="checkbox"/> Details of any Funeral Arrangements or Preferences             |
| <input type="checkbox"/> Passport  | <input type="checkbox"/> Addresses and Contact Number of Family, Friends and Colleagues |
| <input type="checkbox"/> Birth/Marriage Certificate                        | <input type="checkbox"/> Tax Office Address and Contact Details                         |
| <input type="checkbox"/> Mortgage Details                                  |   |
| <input type="checkbox"/> Hire Purchase Agreements                          |   |

Name: ..... DoB: ..... NHS No.: .....

## 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). You could also include these specific wishes and preferences in the Advance Statement.

**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)?**

.....  
.....  
.....

**Things I would like to be remembered for:**

.....  
.....  
.....

Name: ..... DoB: ..... NHS No.: .....

## Appointing Someone to Make Decisions for You:

There are some situations when someone is able 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 be a cost attached.

## Making a Will:

Many problems occur when a person dies without making a Will as there are clear laws 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 want for your **dependents** 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.

Name: ..... DoB: ..... NHS No.: .....

## 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	



Name: ..... DoB: ..... NHS No.: .....

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