

Planning for Your Future – Advance Care Planning

Name:

Date of discussion:

We would like to invite you to a discussion about your future care. Advance care planning is an opportunity for you to talk about and record what is important to you, who is important to you and what kind of care you might like (or not like) in the future. If there comes a time when you are not able to directly express your wishes, people looking after you will take the views expressed here as a guide to the care you would like.

Patients and carers who have used care plans have found them very helpful. Some of their comments are printed below: ...

‘It can help prompt discussions with family’.

‘It can make things easier for family - they know exactly what you would want’.

‘We were prepared for the situation’.

Once you have spoken about this, you can put it away and focus on enjoying things’.

There are several aspects of your care that can be recorded. These include: **Lasting Power of Attorney, Advance Decisions to Refuse Treatment and Advance statements / plans.** Details of the first two are on the last page of this booklet.

In an **advance statement or plan**, you can record your wishes and preferences for your care in a way that is clear to your loved ones and to healthcare professionals should you lose the ability to tell them. While these are not legally binding, professionals will take into account your wishes wherever possible. This document is designed to enable you to record **advanced statements**. Making a plan is voluntary and it can be changed by you at any point. If you make changes, remember to inform those who you have given a copy of the plan to – your family, friends, GP and your healthcare team.

Practical and legal matters:

My name:

Address and contact details:

Date of birth:

NHS number:

GP name and address:

Who I live with:

I am responsible for (family, friends, pets)

If I am not able to care for them, please contact:.

Key holders:

Who is involved in supporting me (family and friends):

If you have already appointed someone as an attorney (LPA) to make decisions on your behalf, please record their name and contact here:

Name

Contact details

Have you registered a power of attorney with the Office of the Public Guardian?

For personal welfare? YES/NO for property and affairs? YES/NO

Original LPA documents and copies are held by:

Have you made an advance decision to refuse treatment? YES/NO

Where it is located:

My life:

Who am I? What would I like people to know about me?

My birthplace, schooling, my family, my work, important things that happened to me?

What is important in my life?

Faith, beliefs, strongly held views, cultural practices, diet, relationships, appearance, tastes and interests? Strong likes and dislikes?

The future:

How would I like things to be for me in the future? If I were not able to care for myself, where would I like to live? Who could speak up for my wishes? What are my greatest worries about the future? Are there medical treatments I would want to avoid? What are the things I would want to enjoy?

Note: If you are considering refusal of treatment such as admission to hospital, resuscitation, tube feeding, medical interventions and investigations, please ask about an advance decision to refuse treatment.

At the end of my life:

Where would I like to be at the end of my life?

Who would I like to be with?

What would I be most worried about? What would I want to avoid happening?

Would I consider organ donation or donating my body to research? What kind of funeral would I prefer?

My funeral plan is with:

Signature Date

Name and signature of healthcare professional involved in the advance care planning discussion:

Copy shared with GP:

Added to electronic record:

Permission to share with other health services as necessary:

Copy shared with family /friend (+ their name):

Would you like more information?

Speak to your healthcare team:

Tower Hamlets Robinson Centre: 020 8121 5650 / Alzheimer's Society Tower Hamlets: 020 8121 5626 **Email:** towerhamlets@alzheimers.org.uk

Newham First Avenue Resource Centre: 020 8821 0900 / Alzheimer's Society Newham: 0208 472 0658 **Email:** newham@alzheimers.org.uk

City and Hackney Felstead Street : 020 3222 8500 / Alzheimer's Society City and Hackney: 0208 533 0091 **Email:** hackney@alzheimers.org.uk

Acknowledgements:

We would like to acknowledge the generosity of Camden and Islington NHS Foundation Trust in sharing their practice on advance care planning for this document.

Other forms of care planning:

Lasting Power of Attorney

This allows you to register one or more people with the Office of the Public Guardian to make decisions about health, welfare and / or finances should you lose the ability to make decisions for yourself. Please talk to our advisors if you wish to consider this option or learn more.

For Lasting Power of Attorney talk to our advisors or go to:
<http://www.alzheimers.org.uk> or Office of the Public Guardian at
www.justice.gov.uk/about/opg

Advance Decision to Refuse Treatment

Advance Decisions to Refuse Treatment allow you to make it known if there are treatments you would not wish to receive in the future including admission to hospital. Please talk to our advisors if you wish to consider this option. Advance decisions are legally binding provided you adhere to certain requirements.

For advance decisions talk to our advisors or go to:
[alzheimers.org.uk/advanceddecisionform](http://www.alzheimers.org.uk/advanceddecisionform) or to **www.adrt.nhs.uk**

For more information and support about care at the end of life:

<http://www.nhs.uk/conditions/dementia-guide> and

www.ageuk.org.uk/home-and-care/home-safety-and-security/lifebook

Compassion in Dying Info Line: 0800 999 2434 **www.compassionindying.org.uk**

Dying Matters produces materials to support conversations about end of life:
www.dyingmatters.org/overview/resources

Chair: Marie Gabriel

Chief Executive: Dr Robert Dolan