

What constitutes a high quality ACP?

What should be included in an ACP for a 19 yo schizophrenic is very different from that for an 85 yo with dementia. Not all the criteria below will be relevant but are worth considering.

1. What matters to the person

This helps determine what the goal of treatment should be. It could be living as long as possible, it could be maintaining their independence, or it could be having contact with family.

2. Current baseline status, both in terms of medical conditions and functionally

What this includes will depend on the conditions. Examples would be baseline O2 sats for those with COPD, mobility, falls risk and cognition for those who are frail, normal level of psychotic symptoms and ability to self care for those with Schizophrenia.

While PMH is included in the KIS it may be worth elaborating about important diagnoses. It can also be important to share a person's understanding of their diagnoses.

3. People involved in their lives

This should include formal and informal carers with contact details for both, as well as key professionals involved such as CRT, CPN etc.

4. Next of kin or Power of Attorney details

With contact details.

5. Contingency plans if the main carer falls sick

6. Clinical management plan in the event of a deterioration and preferred place of care

Be as specific as you are able to be. Phrases such as 'manage at home if possible' do not significantly influence outcomes. 'They do not wish to be admitted to hospital for 999 inappropriate in this circumstance.' is far more powerful.

7. Other patient specific information

This could include cultural or religious needs, key safe number and location or how their cat could be looked after if they were admitted.

8. Resuscitation status

9. Whether an advanced directive is in place

This resource was produced by Dr Andrew Mackay, GP Advisor on ACP, on behalf of the Long Term Conditions Programme, Edinburgh Health and Social Care Partnership.

For more information and advice

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