

Future care planning in out-patient clinics

Some people attending out-patient clinics will have significant chronic conditions that are likely to deteriorate in the future. They may be at risk of severe flares for which hospital admission may be considered. Some people may have clear ideas about what is important to them, and which interventions are right for them. Capturing these views and discussions the options for future care can help give some guidance on TRAK for the admitting team, and to the primary care team looking after them at home, via your clinic letter.

Which patient would benefit from these conversations?

It is not practical or appropriate to have future care planning conversations with all patients at every visit. So, who should be targeted?

- Those with repeated significant relapses of their condition +/hospital admissions
- Those who are moderately or severely frail (Clinical Frailty Scale CFS6 or more)
- Those with palliative care needs
- Those who have expressed strong views about the management of their condition
- Those who start the conversation with you

Having a good conversation about future care planning

The link below is to a conversation guide with useful phrases that can be used at different stages of a person's health journey. Following this structure makes a good outcome to the conversation far more likely.

https://www.spict.org.uk/wp-content/uploads/2025/05/Future-care-planning-conversations-REDMAP-2025.pdf

Version 1. Created: 01 July 2025 Last updated: 01 July 2025







Sharing that information

It is vital that all care plans should be coordinated. The KIS is the one universally available system so the result of all good conversations on future care planning should be shared in your clinic letter under the heading 'Information to be added to KIS'. This makes it easier for the clinical administration team reading the letter to identify that this section requires action.

Reviewing the future care plan

People's illnesses change over time and people's views change over time. It is therefore important to revisit the previous discussion from time to time, to see if anything needs updating.

Produced by Dr Andrew Mackay Future care planning GP Advisor (Long Term Conditions Programme) & GP at St Triduana's Medical Practice, in collaboration with Dr Deepa Rangar, Consultant Geriatrician and QI Lead MOE/Stroke, Royal Infirmary Edinburgh & Clinical Lead for Deteriorating Patients NHS Lothian





