Adapted from 7 steps to ACP: Document 3

Future Care Planning: information for people who are severely frail

What is Future Care Planning?

Thinking ahead and making a plan helps people who are frail, like you, make choices about their care. We call this Future Care Planning. It is important for us to talk with you, your family or a close friend about what might happen if you are unwell. If you have chosen someone to have Power of Attorney we will involve them too.

No one knows when a person's health may change so it is better to have a plan in place. Then everyone will know what things are important to you and what you would like to happen. You might have talked with your family or a close friend about this before. Some people may already have a Future Care Plan in place.

If you are not able to talk about future care planning, we ask those who know you well to tell us about what would matter to you and what you might choose.

It is good to talk about what you know about your health problems? Have you thought about what might happen if you get less well or need more help in the future?

Your nurse or doctor may be able to share what they understand about your medical conditions as well. They may talk about what might possibly happen next with your health conditions.

Please tell us about what is important to you and your family? Do you have any ideas about what you would hope to happen in the future? Are there any particular things you are concerned about? Are there things that you can do now that you are keen to keep doing, or things you would like help to be able to do?

Not all treatments are right for everyone. Some people are too frail to benefit from certain treatments. Some people may prefer to stay in their home environment if they become very ill, and get looked after there, even if that means they don't have access to some treatments. Others are keen to get every treatment possible to help them to live longer. In a moment we will go through a few questions to help understand what is right for you.

Cardiopulmonary resuscitation (CPR) is a medical treatment to help restart the heart once it has stopped. It does not work if someone is in poor health or dying but other treatments that can help are given.

Either "You already have a decision recorded about CPR not working or not being used for you." *Or* "There is no CPR decision recorded so that needs to be reviewed and discussed with you."

What happens next?

- A summary of our conversation is shared with the GP and used to create a Future Care Plan.
- A copy of the Future Care Plan is usually kept with your other District Nurse records in your home.
- If you agree, the Plan is also added to a secure electronic record (called a Key Information Summary) used by the GPs on duty for evenings and weekends (NHS24), local hospitals and ambulance staff.
- Your Plan is looked at by District Nurses, GPs, Practice Nurses, and other health and social care professionals involved in your care. You plan is updated if your health or wishes change. These plans are not legally binding, and you can change your mind at any point.

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Future care planning questions for people who are frail

Please tell us what matters most to you about your health. Is there anything important for us to know about your health and care, and how you would like to be cared for in the future.

We don't know exactly what will happen in the future, but which option is closest to how you think you would like to be cared for? We use this information to help create a care plan.

1. If you had a sudden collapse (such as from a stroke or a heart condition), how do you think you would like to be cared for?

a)	Keep me comfortable, clinically assess you, treat any pain or other symptoms, and care for me	
	at home.	
b)	Contact a family member/close friend, if possible, to help you choose the most appropriate	
	place of care	
C)	Send me to hospital for tests and other treatments, if this is going to be of benefit to me	

2. If you had a serious infection, that was not improving with treatment, how do you think you would like to be cared for?

a)	Keep me comfortable, clinically assess you, treat any pain or other symptoms, and care for you in your home.	
b)	Contact a family member/close friend, if possible, to help you choose the most appropriate place of care	
C)	Send me to hospital for tests and other treatments, if this is going to be of benefit to me	

3. If you were not eating or drinking because you were now very unwell, what do you think you would like to happen?

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If you have chosen option (b) to the questions above, who would you like us to contact?

Name:

Contact telephone number:

If we think you have a serious fracture we would usually send you to hospital for treatment as that is the best way to care for you. Are there any specific illness or treatments that need a plan such as epilepsy, diabetes or tube feeding?

If you DO NOT want this information shared with the emergencies service	es, tick here
Patient's name	CHI number
Practitioner's name	Date completed