Improving health and social care outcomes through Anticipatory Care Planning

Edinburgh **Health and Social Care** Partnership

Who we are

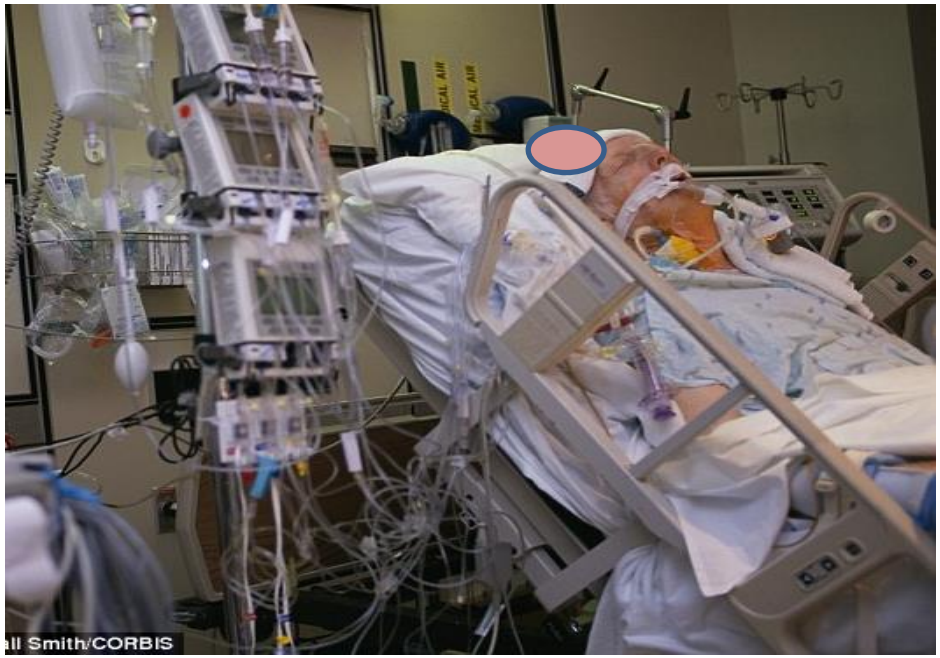
- Edinburgh Health and Social care Partnership's Long Term Conditions Programme
- We work with others to spread Anticipatory Care Planning (ACP)

The Challenge

- People may not be able to explain what matters to them.
- Rushed decisions made in a panic.
- Decisions may be based more on a relatives wishes.

Problem

- People have treatments they would not want.
- Some people in care situations are not getting treatment they would want.



The answer is ACP

What is ACP?

Anticipatory Care Planning (ACP) means:

1. Having a shared understanding, and then...
2. Thinking and planning ahead, and then…
3. Documenting and sharing these plans

Why ACP is important?

- Captures a person's wishes.
- Person centred care.
- Helps people get the right treatment.

Who benefits from an ACP?

- Anyone with significant health issues.
- Anyone who may not be able to articulate their wishes.
- Anyone for whom aggressive hospital interventions may not be of benefit.
- Anyone who wants the team looking after them to understand what is important to them.

Everyone in a care home and the majority of those cared for at home.

Older people speak to care staff

"I never want to go to hospital again"

"I know my body is crumbling but I'm not ready to give up just yet."

"She always said she would rather die than lose her marbles completely."

"I don't ever want to leave here."

"He got so distressed in hospital last time. It was horrible."

"I really want to see my grand-daughter get married"

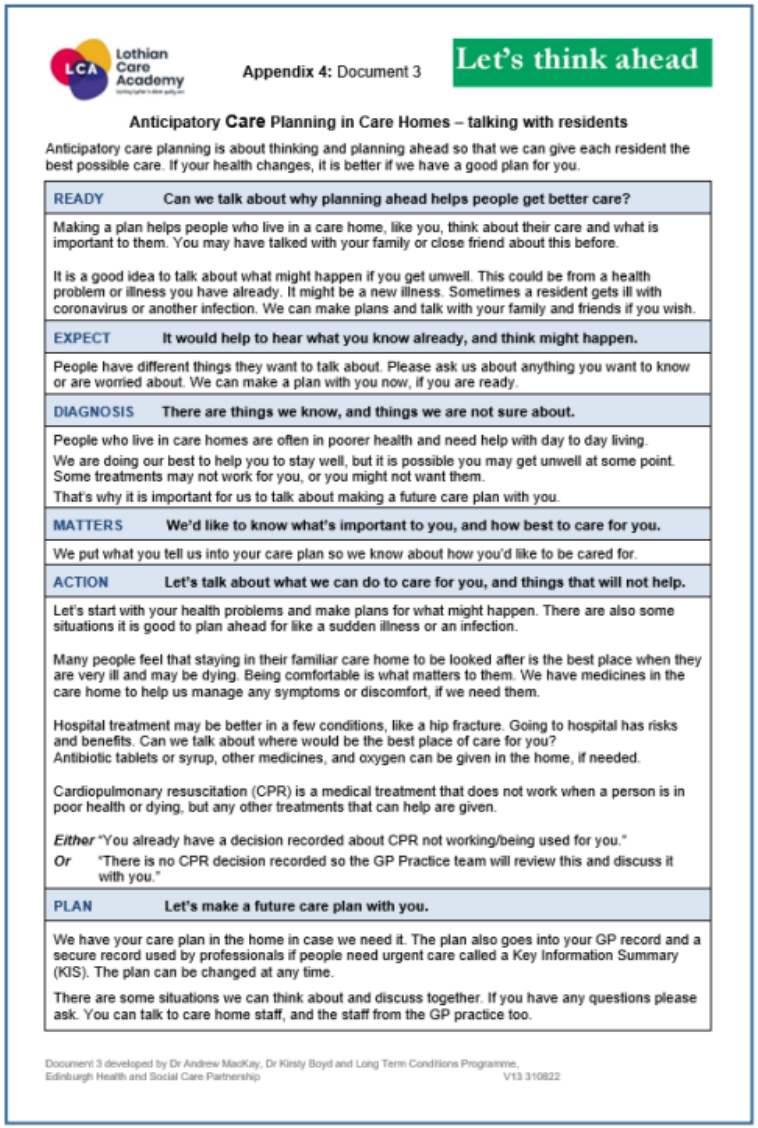
"..and before we knew it he had all these tubes in him, and he wasn't our Dad anymore"

7 Steps to ACP in Care Homes

The process for creating and maintaining a high quality ACP/KIS in a care home.

Good Conversations

Conversation Guide:



Lothian Care Academy

Appendix 4: Document 3

Let's think ahead

Anticipatory Care Planning in Care Homes – talking with residents

Anticipatory care planning is about thinking and planning ahead so that we can give each resident the best possible care. If your health changes, it is better if we have a good plan for you.

READY	**Can we talk about why planning ahead helps people get better care?**

Making a plan helps people who live in a care home, like you, think about their care and what is important to them. You may have talked with your family or close friend about this before.

It is a good idea to talk about what might happen if you get unwell. This could be from a health problem or illness you have already. It might be a new illness. Sometimes a resident gets ill with coronavirus or another infection. We can make plans and talk with your family and friends if you wish.

EXPECT	**It would help to hear what you know already, and think might happen.**

People have different things they want to talk about. Please ask us about anything you want to know or are worried about. We can make a plan with you now, if you are ready.

DIAGNOSIS	**There are things we know, and things we are not sure about.**

People who live in care homes are often in poorer health and need help with day to day living.

We are doing our best to help you to stay well, but it is possible you may get unwell at some point. Some treatments may not work for you, or you might not want them.

That's why it is important for us to talk about making a future care plan with you.

MATTERS	**We'd like to know what's important to you, and how best to care for you.**

We put what you tell us into your care plan so we know about how you'd like to be cared for.

ACTION	**Let's talk about what we can do to care for you, and things that will not help.**

Let's start with your health problems and make plans for what might happen. There are also some situations it is good to plan ahead for like a sudden illness or an infection.

Many people feel that staying in their familiar care home to be looked after is the best place when they are very ill and may be dying. Being comfortable is what matters to them. We have medicines in the care home to help us manage any symptoms or discomfort, if we need them.

Hospital treatment may be better in a few conditions, like a hip fracture. Going to hospital has risks and benefits. Can we talk about where would be the best place of care for you?
Antibiotic tablets or syrup, other medicines, and oxygen can be given in the home, if needed.

Cardiopulmonary resuscitation (CPR) is a medical treatment that does not work when a person is in poor health or dying, but any other treatments that can help are given.

Either "You already have a decision recorded about CPR not working/being used for you."

Or "There is no CPR decision recorded so the GP Practice team will review this and discuss it with you."

PLAN	**Let's make a future care plan with you.**

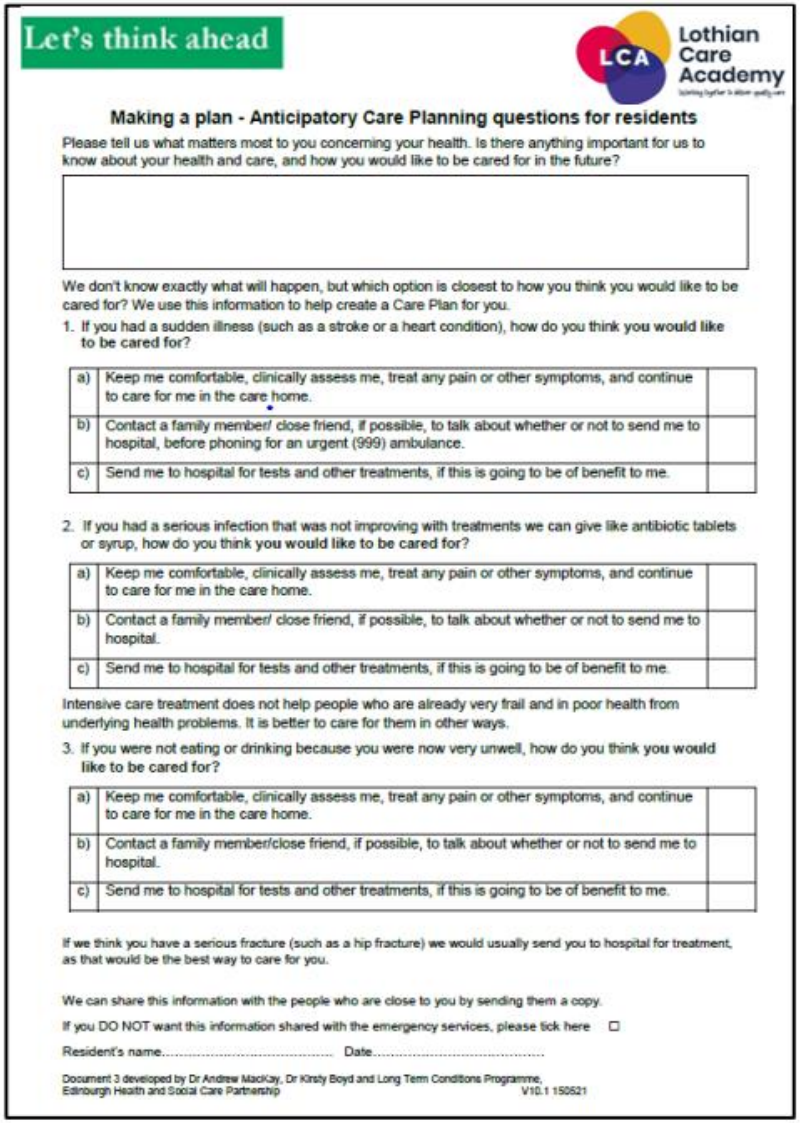
We have your care plan in the home in case we need it. The plan also goes into your GP record and a secure record used by professionals if people need urgent care called a Key Information Summary (KIS). The plan can be changed at any time.

There are some situations we can think about and discuss together. If you have any questions please ask. You can talk to care home staff, and the staff from the GP practice too.

Document 3 developed by Dr Andrew MacKay, Dr Kirsty Boyd and Long Term Conditions Programme, Edinburgh Health and Social Care Partnership V13 310822

Easy recording

Questionnaire:



Let's think ahead

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Making a plan - Anticipatory Care Planning questions for residents

Please tell us what matters most to you concerning 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, 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 for you.

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

a)	Keep me comfortable, clinically assess me, treat any pain or other symptoms, and continue to care for me in the care home.	
b)	Contact a family member/ close friend, if possible, to talk about whether or not to send me to hospital, before phoning for an urgent (999) ambulance.	
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 treatments we can give like antibiotic tablets or syrup, how do you think you would like to be cared for?

a)	Keep me comfortable, clinically assess me, treat any pain or other symptoms, and continue to care for me in the care home.	
b)	Contact a family member/ close friend, if possible, to talk about whether or not to send me to hospital.	
c)	Send me to hospital for tests and other treatments, if this is going to be of benefit to me.	

Intensive care treatment does not help people who are already very frail and in poor health from underlying health problems. It is better to care for them in other ways.

3. If you were not eating or drinking because you were now very unwell, how do you think you would like to be cared for?

a)	Keep me comfortable, clinically assess me, treat any pain or other symptoms, and continue to care for me in the care home.	
b)	Contact a family member/close friend, if possible, to talk about whether or not to send me to hospital.	
c)	Send me to hospital for tests and other treatments, if this is going to be of benefit to me.	

If we think you have a serious fracture (such as a hip fracture) we would usually send you to hospital for treatment, as that would be the best way to care for you.

We can share this information with the people who are close to you by sending them a copy.

If you DO NOT want this information shared with the emergency services, please tick here ☐

Resident's name..... Date.....

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Working with GP practices

- Share the information
- Practices create a Key Information Summary (KIS)
- The completed plan is shared with the care home

Lothian Care Academy

Aims to:

- Deliver high-quality learning across Health and Social Care
- Attract, develop, and support staff through their care sector roles:

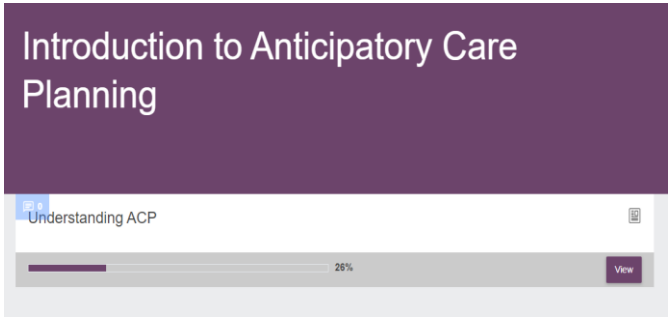
https://weare.nhslothian.scot/carehomes/nhs-teams/lothian-care-academy/

- Test and deliver an ACP training and improvement package for Lothian's home care and care at home sectors

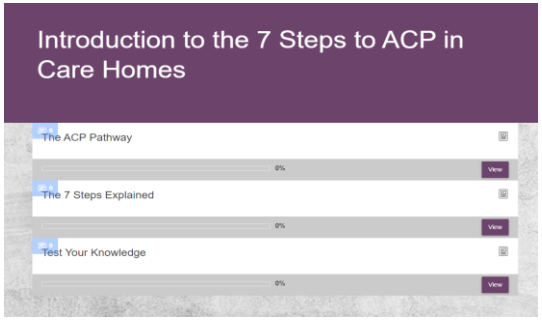
eLearning module

Help us to test the new ACP eLearning modules:

Understanding ACP



Introduction to the 7 Steps to ACP in Care Homes



ACP bundle for social care

ACP Community Bundle for Social Care Teams

DOCUMENTS
1. Social Care - Creating an ACP in the community Final V1.0
3. Anticipatory Care Planning in Community leaflet V5.0
4. Social Care ACP-KIS request to GP practices FINAL V 1.0
5. Social Care Text for emailing GP practice Final V1.0

Several teams have been supported to tailor these bundle to their service. If you would like support to test and implement these two resources please contact:

AnticipatoryCarePlanning@nhslothian.scot.nhs.uk

https://weare.nhslothian.scot/anticipatorycareplanning/community-health-and-social-care/

ACP internet resources

You are in: Home > Introduction to Anticipatory Care Planning

Anticipatory Care Planning

Introduction

Anticipatory care planning (ACP) helps you to make informed choices about how and where you want to be treated and supported in the future.

Health and care practitioners will work with you and those close to you to understand what matters most to you, to ensure the right thing is done at the right time by the right person.

Making plans in advance means there's less to think about if you become unwell. It's never too soon to think about what you'd like to happen if you get ill, or your health condition gets worse.

Why plan ahead?

Thinking ahead and making plans for changes in your health gives you more say over what happens.

WHY PLAN AHEAD

Who can have an ACP?

Anyone of any age can start Anticipatory Care Planning (ACP) and plan ahead.

WHO CAN HAVE AN ACP

How do I start planning?

You can begin planning at any time. People often start to think ahead and talk with friends and family.

HOW DO I START

Plans

How plans are recorded, shared and updated.

PLANS

It is never too soon...

Making plans in advance means there's less to think about if you become unwell. It's never too soon to think about what you'd like to happen if you get ill, or your health condition gets worse.

https://weare.nhslothian.scot/anticipatorycareplanning/

How can we help?

- Those starting out
- Those who want a refresher
- Helping complex problems

Get in touch:
AnticipatoryCarePlanning@nhslothian.scot.nhs.uk