

Creating/updating an ACP in the community

Check¹ to see if the individual has an ACP-KIS, use any information recorded in it to inform your ACP discussion.

Use the ACP information leaflet, and the prompts in the 'ACP-KIS request to GP practices' form, to guide your ACP discussions.

Complete the 'ACP-KIS request to GP practices' form.

In the Special Note Box (section 2), include up to date information about the person that is important for colleagues providing care and treatment to know. Prompts are included in section 2 as a guide - these are broad to cover a range of circumstances. Use the prompts that are relevant to guide your conversation and record key information. See examples on next page.

Send the completed 'ACP-KIS request' form to the Clinical GP Mailbox using the covering email template provided.

Check the ACP-KIS for the updated information. Discuss the content and the benefits of showing their ACP-KIS to professionals providing care when their condition fluctuates or deteriorates. Ask if they would like a copy to keep at home, print a copy for them, and note the person has requested a copy on their case note.

Or, if your team can't access the electronic ACP-KIS, forward a copy of the completed 'ACP-KIS request form' to the ACP team (email below) who can check and let you know when the information has been updated. If the person would like a copy advise they can ask their GP practice to print off for them.

Give the person a KIS magnet to put in an obvious place so professionals providing care know there is an up-to-date ACP-KIS that will help shared decision-making.

ACP discussions are ongoing especially following changes in social care (eg personal care/personal safety/capacity/family and carer information), changes in health or following a hospital admission.

Follow the above process to review and update ACP-KIS.

For any of the resources mentioned above or for help and support please contact
AnticipatoryCarePlanning@nhslothian.scot.nhs.uk

1. ACP-KISs are accessed through TRAK, or the person may have a copy at home. If you, or a member of your MDT, can't access a copy of the ACP-KIS continue with the ACP discussion covering the areas that are relevant to the care and support you provide.

EXAMPLES

Completing the 'ACP-KIS request to GP practices' form

Section 2 has a 1700 character limit. Be specific and succinct to enable quality information to be accessed quickly and easily.

The prompts in section 2 cover a broad range of quality criteria that it can be helpful to share in an ACP-KIS. Depending on the person's circumstances, and the care & support you're providing, you may be able to share information on all or just 1 or 2 of the prompted topics - providing information about any of the prompted topics will be valuable.

Complete the relevant prompts on the form and delete those you don't discuss. Here are two examples:

Example 1

I currently live alone with a 3xdaily POC provided by Call In Home Care (0131 111 1111) and daily visits from my daughter in law, Vicky (07988 111 111). I feel I have a good quality of life and would like to be admitted to hospital in the event of serious illness if there was a reasonable chance of recovery. I am a devout Catholic. If Vicky is unwell my son, Howard would be able to support me (07988 222 222). Howard, is next of kin and POA if I were to lose capacity. I am independently mobile with a Zimmer indoors but use a chair outside. I eat well and enjoy lively conversation. Key safe number 1111. I have a DNACPR. A completed personal plan (home care) is kept in the top drawer of the unit in the hall.

Example 2

I currently live in supported accommodation with 24hr support in place, provided by xxxxx (0131 111 1111). I share this with George McFadden. I will sometimes stay with my father, Phillip Hamilton (07866 111 111), for a weekend. I am able to express my wishes at times but, due to my learning disability, I do not understand more complicated choices. My speech is generally in up to 3 or 4 word sentences and can be hard to understand when I am stressed. I need prompting to eat but can swallow without difficulty. I need assistance with personal hygiene and can become distressed during this. With time and encouragement I take all my medication. I am mobile independently. I have a severe needle phobia and have been very distressed going in an ambulance before, but once in hospital I settle reasonably well.

My father, Philip, is my welfare guardian and next of kin. He is keen to be involved in any decisions about my care, even minor ones. I have an AWI and DNACPR in place. My personal plan (home care) is kept in the top drawer of the unit in the lounge.