Advance Care Planning

Palliative Care Team

Information for Patients

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What is Advance Care Planning?

Advance Care Planning involves talking about and writing down the ideas you have for your future care.

You can do this is with the people who are important to you and healthcare professionals. This can be with your GP, care home manager, nurse or social worker.

Advance Care Planning does not have to be a formal process. You can record your wishes in different ways. These include:

- **Advance Statements**
- **Lasting Power of Attorney**
- **Advance decisions to refuse treatment**

Why is it a good idea to write an Advance Care Plan?

There may be a time in your future when you are too unwell to tell people around you how you want to be looked after. This could be because of a sudden health problem such as a stroke or an accident, or something more gradual like dementia.

Advance Care Plans help those close to you, as well as doctors, nurses and others caring for you to understand what you do or do not want to happen. You can tell them what is most important to you.

Having an Advance Care Plan can help to make sure that any decisions made on your behalf are as close as possible to the ones you would make in that situation yourself.

What can be written in an Advance Care Plan?

In an Advance Care Plan you would write the things you want and would not want to happen to you if you became unwell. In an Advance Care Plan you could tell us:

- Where you want to be cared for if you get sick or near the end of your life (at home, care home, hospital, or hospice).
- How you want your beliefs to be respected in your care.
- Your views on types of care and different treatments (like cardiopulmonary resuscitation (CPR) or tube feeding). A link for more information about resuscitation and ReSPECT forms (Recommended Summary Plan for Emergency Care and Treatment) are on page 4.
- Things that might worry you like how your pet will be looked after.
- Who you would want involved in making decisions about your care (friends or relatives).

You do not have to make decisions about all of these things. There might be other important issues that you want to talk about or record as part of an advance care plan.

How is my Advance Care Plan used?

You can tell people what you want or what is important to you and the healthcare team will listen and help to make decisions about your care. This is for when you can tell us your needs.

If you become unwell and cannot say what you want, the team will talk to your family and friends to understand your wishes. They will also check your advance care plan if you have one. This helps the team make decisions that are best for you. This is called a 'Best Interests Decision'.

What is an Advance Statement?

An Advance Statement is a written note that helps professionals understand what you want for your future care.

This can be where or how you wish to be looked after. It can also be a way to identify people you might want the team to talk to when making a Best Interests Decision.

While Advance Statements are not legally binding, professionals will take into account your wishes wherever possible to help make a Best Interests Decision.

What if I want someone to make decisions for me?

Giving another person or people legal authority to make decisions for you is called nominating a Lasting Power of Attorney (LPA).

When you cannot make a decision for yourself due to sickness, this person will have the legal right to make decisions for you. This can be about your personal welfare and or your property and affairs.

Talk to your doctor if this is something you want more information about or see the links on page 4. The decisions that an LPA can make partly depend on how they are set up. It is a good idea to get advice to make sure you and the LPA are clear about what is involved.

What is an Advance Decision to Refuse Treatment?

You may have a view about a treatment which you do not wish to have. You can record this on an Advance Decision to Refuse Treatment (ADRT). An ADRT is a legally binding document. It is important that it is written the right way to make sure medical staff can follow your wishes. If you wish to make an ADRT, we recommend you talk about this with a healthcare professional who is fully aware of your medical history to make sure your wishes are recorded correctly.

Where are Advance Care Plans written and kept?

- Your GP or other healthcare professionals can record your wishes in your healthcare record.
- Hospital doctors and nurses can document this on your hospital record and with your permission, tell your GP.
- You can write your own plan and give this to your healthcare provider or keep it in a safe place. A useful template for you to use can be found at: https://advancecareplanning.org.uk/planning-ahead
- Remember to tell somebody you trust where this document is kept and to talk through what is in the plan with those closest to you.

Can the Advance Care Plan be changed?

Yes. If you change your mind you can review and change your plan at any time. We recommend that your decisions are written down. You should write down when these decisions are changed and why you want to change them so that people know what you think.

Not everybody wants to make an advance care plan. There are many reasons for this. Some people are happy for decisions to be made at the time, or there may be no specific things that you want people to know about how you would like to be looked after. Let people know if this is the case.

Who can I talk to if I want more help?

If you wish to discuss any of the information in this leaflet please talk to a member of the medical team, or Clinical Nurse Specialist. You may prefer to talk to your GP.

Useful contacts and websites

If you do not have access to the internet you may be able to get help to access these through your GP or healthcare worker, your library or at a hospital information centre.

The following websites have useful information:

Hospice UK: Dying matters

www.dyingmatters.org/page/planning-your-future-care

www.advancecareplanning.org.uk/planning-ahead

The gold standard framework

www.goldstandardsframework.org.uk/advance-care-planning

NHS: End of life care

www.nhs.uk/Planners/end-of-life-care/Documents/Planning-for-your-future-care.pdf

Macmillan Cancer support

www.macmillan.org.uk/information-and-support/organising/planning-for-the-future-with-advanced-cancer/advance-care-planning-england-wales/planning-ahead.html

NHS: Advance decision to refuse treatment (living will)

www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment/

GOV.UK

www.publicguardian.gov.uk

Resuscitation Council UK

www.resus.org.uk/respect-resources

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk

Previous reference:

LEICESTER'S RESEARCH

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement