

Advance Care Plan



*Working in partnership to
deliver excellent health care*

This document is a partnership between:
NHS North East Hampshire and Farnham Clinical Commissioning Group,
NHS Surrey Heath Clinical Commissioning Group, and
Frimley Health NHS Foundation Trust

In collaboration with: Phyllis Tuckwell Hospice,
Southern Health NHS Foundation Trust, and The Beacon Service

Advance Care Plan

A non-legally binding document to record your preferences and wishes for the future.

Advance Care Planning is a way to record your preferences and priorities for your care in the future. This booklet is to be held by you and is to be given to health care professionals when you become ill and have need of care and treatment. A copy of this booklet should also be kept in your health care records.

Looking after this record

This booklet should be kept in a prominent place in your home.

Completing this document

If there is not enough space please use an additional sheet of paper to record extra information.

Making changes

If you decide to change anything on this record you should sign and date the alterations and inform the health care professionals you see about the changes.

Please take this booklet with you to all your health care appointments.

Please inform them if you have made any changes to the plan.

Your details

Name:

Address:

.....

.....

.....

.....

Contact telephone number:

Question

- 5) Who else would you like to be involved if it ever becomes difficult to make decisions?

Please give details below

Proxy/Next of Kin Name:

.....

Relationship to you:

.....

Tel No:

.....

Address:

.....

.....

.....

.....

- 6) Do they have Lasting Power of Attorney?

This only applies if you lose the ability to make these decisions for yourself and is only valid once it is registered with the Office of the Public Guardian.

Yes

No

If yes – Is this a Personal Welfare Lasting Power of Attorney who can make decisions regarding your health and personal welfare?

Yes

No

- 7) Have you made an Advance Decision to Refuse Treatment?

This is a formal, legally binding document which allows a person to refuse certain treatments. To be valid an Advance Decision must be made before you lose the ability to make such decisions.

Yes

No

If yes – Please give a copy to your Doctor/health care professionals.

Statement of your wishes and care preferences

Please confirm this is a true record of your wishes at this time:

Your name:

Signature: Date:

Details of any family members or carers involved in Advance Care Planning discussions:

Name: Relationship:

Name: Relationship:

Details of health care professionals involved in Advance Care Planning discussions:

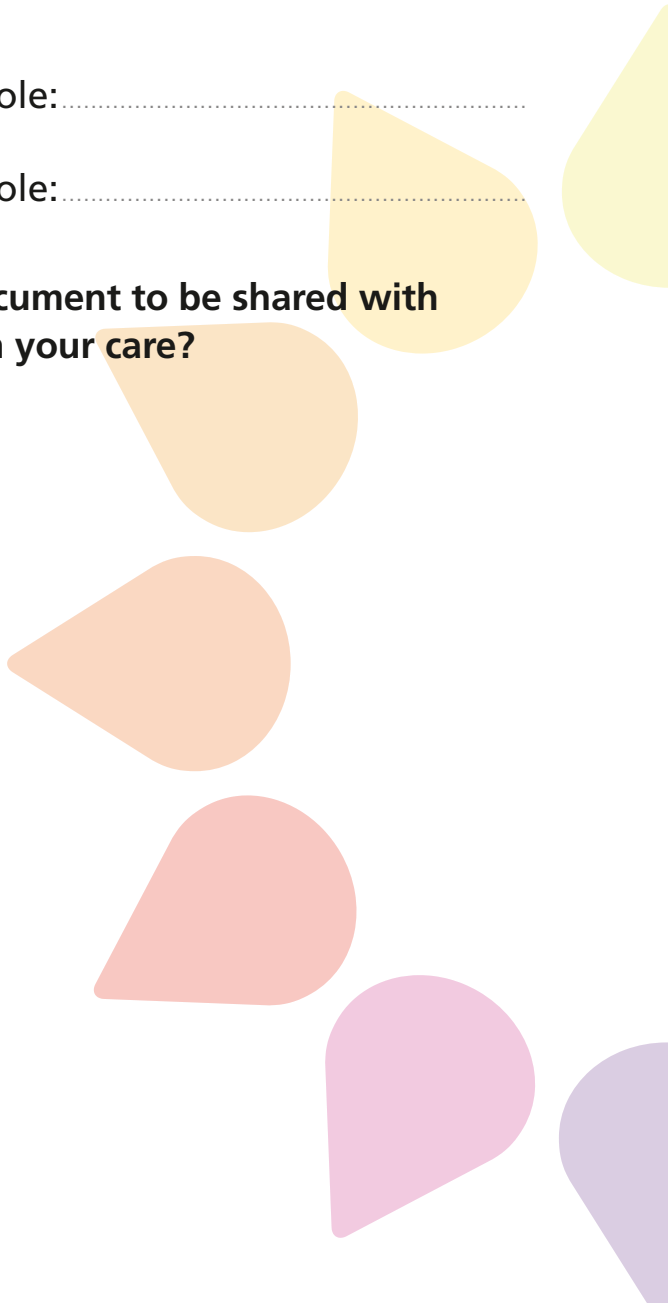
Name: Role:

Name: Role:

Are you happy for the information in this document to be shared with relevant health care professionals involved in your care?

Yes

No



Advance Care Plan Review

It will be important to regularly review this document to ensure it still represents your wishes.

Date	Changes or additions	Signature
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Some terms explained

● **Lasting Power of Attorney (LPA) Personal Welfare**

This allows you (if you are over 18) to choose someone to make decisions about your health care and welfare. This includes decisions to refuse or consent to treatment on your behalf. These decisions can only be taken on your behalf when you lack capacity to make the decisions yourself.

All LPA's must be registered with the Office of Public Guardian to be valid.

● **Advance Decision to Refuse Treatment**

An Advance Decision to Refuse Treatment (previously known as a living will or advance directive) is a decision you can make to refuse a specific type of treatment at some time in the future.

Sometimes you may want to refuse a treatment in some circumstances but not others. If so, you must specify all the circumstances in which you want to refuse this particular treatment.

There are rules if you wish to refuse treatment that is potentially life sustaining, for example, ventilation. An advance decision to refuse this type of treatment must be put in writing, signed and witnessed.

An advance decision will only be used if at some time in the future you lose the ability to make your own decisions about your treatment.

● **Cardiopulmonary Resuscitation (CPR)**

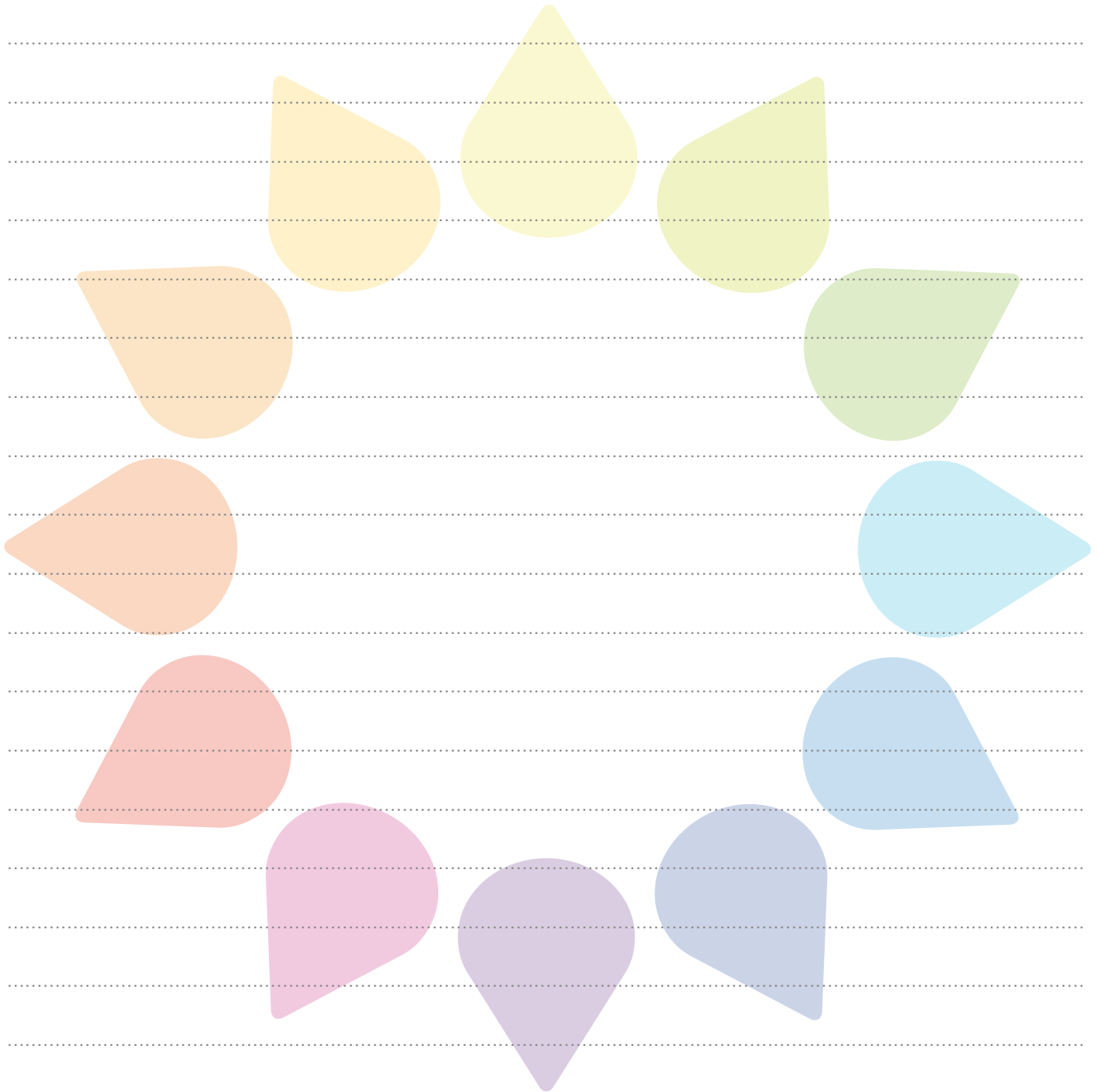
CPR is an emergency treatment which tries to restart a person's heart or breathing when these have stopped suddenly.

CPR only works in certain situations. People who were previously well and who have specific types of cardiac arrest are much more likely to respond. In people with very serious, advanced illnesses only about one person in a hundred who receives CPR will recover enough to leave hospital.

The ultimate responsibility for the decision usually rests with the consultant (in hospital) or your GP (at home or care home) although you, your family and/or healthcare proxy may be consulted as appropriate.

If CPR is not appropriate this will not prevent you from receiving other treatments for your comfort and dignity. These will still be offered to you as appropriate.

Notes



For further information

Information on Advance Care Planning is available in a booklet called **'Planning For Your Future Care'** produced by the Department of Health and the National Council for Palliative Care. You may be given a copy of the booklet by one of your health care professionals, or you can download a copy from the national council for palliative care website:

 www.ncpc.org.uk/publication/planning-your-future-care

and discuss the contents with your health care team before completing this form.

- **Advance Care Planning**
www.nhs.uk/planners/end-of-life-care/documents/planning-for-your-future-care.pdf
- **Advance Decisions to Refuse Treatment**
www.adrtnhs.co.uk
- **Lasting Powers of Attorney**
www.publicguardian.gov.uk
- **NHS Organ Donor Line**
www.organdonation.nhs.uk/how_to_become_a_donor/index.asp
Tel: **0300 123 23 23**

Useful contacts

Name	Number
	
	
	
	
	
	



This document is available in Braille, large print, other languages or audio format on request. To request an alternative format, email **NEHFCCG.public@nhs.net**, call **01252 335154** or write to:

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