



ADVANCE CARE PLANNING

PLANNING FOR YOUR FUTURE CARE

Preparing for the future



Helping with practical arrangements



Allowing the right care to be given at the right time

“No decision about me, without me”
Department of Health, 2010



In this booklet we have used the term 'advance' to mean the things that we hope you would consider when planning your future care.

HELPFUL CONTACTS

Patient Advice and Liaison Service (PALs)

Northamptonshire Healthcare NHS Foundation Trust	0800 917 8504 (free from a UK landline)
Kettering General Hospital	01536 493305
Northampton General Hospital	01604 545784

If you require this leaflet in other formats or languages please contact PALS: 0800 917 8504

এই পিফ্লেটটি যদি আপনার অন্য কোনো ফরম্যাটে বা ভাষায় প্রয়োজন হয়, তবে অনুগ্রহ করে 0800 917 8504 নম্বরে পালস এর সাথে যোগাযোগ করুন

Jej šią skrajutę norite gauti kitu formatu ar kalba, kreipkitės į PALS: 0800 917 8504

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub języku, prosimy o kontakt z PALS pod numerem telefonu 0800 917 8504.

Dacă aveți nevoie de acest prospect în alte formate sau limbi, vă rugăm să contactați PALS: 0800 917 8504

Если Вы хотели бы получить данную брошюру на другом языке или в другом формате, просим обращаться в PALS (Информационная служба для пациентов) по 0800 917 8504.

Compassion in Dying

Phone: **0800 999 2434**

Website: **www.compassionindying.org.uk**

For further copies

If you would like more copies of this booklet, phone or email the PALs team.

Phone: 0800 917 8504

Email: acp@nhft.nhs.uk

You do not have to fill in all of this booklet. You can fill in the parts you want to, when you feel ready to do so.

Planning for your future care (advance care planning) gives you the opportunity to think about, talk about and write down your wishes, preferences and priorities for your care, including how you would like to be cared for towards the end of your life. You can include anything that is important to you, no matter how insignificant it may appear.

You may find it helpful to talk to your family and friends about your future care. This may be difficult because it might be emotional or people might disagree. However, talking about these things openly can often be very helpful. It may be useful to talk about any particular needs your family or friends may have if they are going to be involved in caring for you. Your professional carers (like your doctor, nurse or social worker) can help you and your family with this.

Advance care planning can help you and your carers (family, friends and professionals who are involved in your care) understand what is important to you. The plan helps you to discuss your views with those who are close to you. It will help you to be clear about the decisions you make and keep a written record of your wishes so that they can be carried out at the appropriate time. An advance care plan will only be followed if you become unable to make or communicate a decision for yourself (that is, you 'lack capacity'). Recording your wishes and preferences for care in this booklet helps to make sure that your wishes and preferences are taken into account. You can choose who you share this information with.

Remember that your wishes and preferences may change over time. You can change what you have written whenever you want to, and we recommend that you review your plan regularly to make sure that it still reflects what you want.

You do not need to fill in all of the sections in this booklet, and you can take your time filling in the sections you want to use. A good place to start is the 'Advance statement of your wishes and care preferences' on the next page.

There are six parts in total

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ADVANCE STATEMENT OF YOUR WISHES AND CARE PREFERENCES

Your preferred priorities for care

In this section you can record your specific wishes and preferences for when you may become very unwell and need care or treatment (see page 5). This will give everyone (family, carers and professionals) a clear idea of the things that are important to you if you cannot express your wishes and preferences yourself.

This section of the booklet **is not legally binding**. However, it represents your wishes and preferences, which must be taken into account if you become unable to express your wishes at some point in the future. The wishes and preferences you record in this section of the booklet should not be confused with a formal advance decision to refuse treatment which is legally binding. Formal advance decisions to refuse treatment are explained in more detail on page 8.

Here are some examples of information which you could include in your wishes and preferences.

- Where you would prefer to be treated (for example, at home or in hospital).
- What might help you feel relaxed and comfortable if you need to receive care or treatment at home or in hospital.
- Who you would like with you, or who you would like to visit you, if you need care or treatment at home or in hospital.
- Who you would like to look after your pets if you are too ill to look after them yourself.
- What religious or cultural concerns would be important to you if you need care or treatment at home or in hospital.
- Who you would like to be told if you become ill and need care or treatment.
- If your condition worsens, how much information you would like to receive about how serious your condition might be.
- Your wishes and choices about organ or tissue donation. (You need to make your family aware of your wishes as they will need to give their permission.)

If you want to make a statement of your wishes and care preferences, fill in form A on page 5.

FORM A - ADVANCE STATEMENT OF MY WISHES AND PREFERENCES

Part 1 - My details and wishes

Name:	Date of birth:
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Address and postcode:

My priorities, special requests or preferences about future care (including details of my wishes, feelings, faith, beliefs and values):

Where I want to be cared for if my condition deteriorates:

The things I would prefer not to happen to me:

Part 2 - Health and social care professionals

Are you happy for the information in this booklet to be shared with relevant health and social care professionals?

Yes No

GP's details

Name:

Address and postcode:

Phone:

Part 3 - My signature

Signature:

Date:

We strongly recommend that your GP and key worker (the health or social care professional who you feel knows you best) know about this statement.

You should keep this booklet with you and share it with the people involved in your care. Please make sure your GP and key worker are told about any changes you make to this statement of wishes and preferences. You can record any changes in part 4.

Part 4 - Changes to your wishes

You should regularly review this statement to make sure it still represents your wishes and preferences. In the box below you should make a note of any change you want to make. For each change you must give your signature and the date. Remember, you must make sure your GP, key worker, and any other relevant people (for example, your family, friends and any health and social care professionals) are told about any changes.

Change:	
Signature:	Date:

Change:	
Signature:	Date:

Change:	
Signature:	Date:

Change:	
Signature:	Date:

ADVANCE DECISION TO REFUSE TREATMENT

An advance decision to refuse treatment is different from a statement of wishes and preferences as it is a formal, **legally binding document** which allows you to refuse certain treatments. Any health or social care professional treating you must keep to your advance decision to refuse treatment if they are satisfied that the advance decision is valid and you are not capable of making a decision about your treatment at the time.

It does not allow you to ask to have your life ended and cannot be used to ask for particular medical treatments.

An advance decision to refuse treatment is very specific and is used when a person would not find particular treatments acceptable in the future but may not be able to express their views on those treatments at the time. An example would be if a person had a severe stroke which resulted in problems swallowing. If the thought of being fed by alternative methods, such as by tube, was not tolerable, this could be formally specified in an advance decision to refuse treatment.

Before you make an advance decision to refuse treatment you should get advice from someone who understands the process, such as a health or social care professional (for example your GP).

An advance decision to refuse treatment will only be used if, at some time in the future, you become unable to make your own decisions about your medical treatment. To be valid, an advance decision to refuse treatment must be made when you are 18 or older and before you become unable to make such decisions. You can change your advance decision at any time, as long as you are still mentally capable of doing so.

If your decision to refuse treatment includes refusing treatment that could potentially save your life (for example, ventilation), you must be 18 or older and the decision must be in writing, signed and witnessed. Your written decision must include the statement 'My directions are to apply even if my life is at risk as a result'.

Your advance decision to refuse treatment should be witnessed by at least one person. A witness can be anyone, but it is best if it is not a close relative or someone who will benefit from your death.

If you want to make an advance decision to refuse treatment, fill in form B on page 9.

Further information

www.adrt.nhs.uk

www.gov.uk/government/collections/mental-capcity-act-making-decisions

FORM B - ADVANCE DECISION TO REFUSE TREATMENT

Important note for health and social care professionals

Any health or social care professional reading this decision to refuse treatment must check that it is valid and applies in the circumstances at the time.

This decision to refuse treatment becomes legally binding and must be followed if professionals are satisfied that it is valid and applies in the circumstances at the time. However, you should not immediately assume that the patient cannot make their own decisions. They might just need help and time to communicate.

You should share this information with everyone who is involved in the patient’s treatment and care.

This decision to refuse treatment does not prevent health or social care professionals offering or providing basic care, support and comfort.

Part 1 - My details and my decisions

We strongly recommend that you discuss your instructions with at least one of the following professionals.

- Your GP
- A nurse
- Your consultant
- Your key worker

Who have you talked to about your decision to refuse treatment?
(Please tick all appropriate boxes.)

<input type="checkbox"/> GP	Name: <input type="text"/>
<input type="checkbox"/> Nurse	Name: <input type="text"/>
<input type="checkbox"/> Consultant	Name: <input type="text"/>
<input type="checkbox"/> Key worker	Name: <input type="text"/> Position: <input type="text"/>
<input type="checkbox"/> Other	Name: <input type="text"/> Position: <input type="text"/>

My details

Name:	Date of birth:
Address and postcode:	
Phone:	

My decisions

I do not want to receive the specific treatments shown below. **My directions apply even if my life is at risk as a result.**

Specific treatment I want to refuse	Circumstances I want to refuse the treatment in

Part 2 - My declaration and signature

Declaration – to my family, my doctor and everyone else concerned:

I am making this decision to refuse treatment voluntarily and am mentally capable of doing so. I am fully aware of the potential consequences of refusing treatment, even if my life is at risk as a result.

I can understand, weigh up and remember all the information relevant to this decision to refuse treatment and can explain my decision.

If I become unable to make decisions about my medical care, my instructions are as set out in form B (Part 1), unless amended by any change shown in form B (Part 4).

I understand that this decision to refuse treatment does not prevent health or social care professionals offering or providing basic care, support and comfort.

I understand that I can cancel this decision to refuse treatment at any time.

Signature:	Date:
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Part 3 - Witness's declaration and signature

Witness's declaration

The person making this decision to refuse treatment signed it voluntarily and in front of me.

Witness's name:

Witness's signature:	Date:
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Address and postcode:

Phone:

Relationship to the person making the decision:

It may be helpful to give copies of this form to health and social care professionals who are involved in your care.

If you are in hospital or a hospice, you should tell the consultant or most senior doctor caring for you about this decision to refuse treatment.

Part 4 - Changes to your wishes

You should regularly review this decision to refuse treatment to make sure it still represents your wishes. In the following box you should make a note of any change you want to make. Each change must be signed by a witness and you must give your signature and the date. Make sure your GP, key worker, and any other relevant people (for example, your family, friends and any other health and social care professionals) are told about any changes. Also, if you change any of your decisions on your original documents, you must remember to also change any copies that are held elsewhere.

Change:	
Signature:	Date:

Witness's name:

Witness's signature:	Date:
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Address and postcode:

Phone:

Relationship to the person making the decision:

Change:	
Signature:	Date:

Witness's name:

Witness's signature:	Date:
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Address and postcode:

Phone:

Relationship to the person making the decision:

Change:

Signature: Date:

Witness's name:

Witness's signature: Date:

Address and postcode:

Phone:

Relationship to the person making the decision:

APPOINTING SOMEONE TO MAKE DECISIONS FOR YOU

A lasting power of attorney gives someone else the legal power to make decisions for you if you cannot do so yourself. The person you appoint is called your 'attorney'.

You can choose more than one person to act as your attorney. You decide the amount and types of power you give to your attorney. You can record details of your attorneys on the form on the next page.

There are two types of lasting power of attorney (LPA).

Lasting power of attorney for property and financial affairs

This gives another person (your attorney) the power to make financial decisions for you (for example, managing bank accounts or selling your home). Your attorney has the power to take over your financial affairs as soon as the LPA is registered with the Office of the Public Guardian, unless the LPA states that the attorney can only start to make financial decisions for you after you become mentally incapable of managing your own financial affairs.

(The lasting power of attorney for property and affairs was introduced on 1 October 2007 to replace the enduring power of attorney (EPA). However, valid EPAs that were arranged before 1 October 2007 will still apply.)

Lasting power of attorney for health and welfare

This type of LPA allows your attorney to make decisions about your health and personal welfare (for example, agreeing to or refusing medical examinations and treatment, where you should live or be cared for, or day-to-day things like your diet or daily routine). It only comes into force if and when you become unable to make these decisions for yourself. An LPA for health and welfare is only valid once it has been registered with the Office of the Public Guardian. If you appoint someone to have lasting power of attorney for health and welfare after you have made an advance decision to refuse treatment, your advance decision will no longer be valid. Your attorney will make all decisions about treatment on your behalf.

You can register an LPA without using a solicitor, but this can be a complex procedure without guidance. If you do get legal help, you may have to pay for it.

Further information

www.gov.uk/power-of-attorney

Office of the Public Guardian

Phone: 0300 456 0300

Website: www.gov.uk/government/organisations/office-of-the-public-guardian

Nominating someone to speak on your behalf

Even if you have not registered a lasting power of attorney, you can nominate somebody to be consulted about your care if you are unable to make decisions for yourself. Although this person cannot make decisions for you, they can provide information about your wishes and preferences, which will help the health and social care professionals act in your best interests. If you would like to do this, please fill in form C on page 15.

FORM C - ATTORNEY(S) OR NOMINATED PEOPLE

I have discussed the contents of this plan with:

Contact 1

Name:

Relationship to me:

Phone:

Address and postcode:

This person has the following responsibilities.

- Lasting power of attorney for property and financial affairs Yes No
- Lasting power of attorney for health and personal welfare Yes No
- Enduring power of attorney (made before October 2007) Yes No
- Nominated person Yes No

Contact 2

Name:

Relationship to me:

Phone:

Address and postcode:

This person has the following responsibilities.

- Lasting power of attorney for property and financial affairs Yes No
- Lasting power of attorney for health and personal welfare Yes No
- Enduring power of attorney (made before October 2007) Yes No
- Nominated person Yes No

PUTTING YOUR AFFAIRS IN ORDER

Making sure that your paperwork and documents are up to date and easy to find will save time and may reduce anxiety for your family if you become unable to manage your own affairs or if you were taken ill or died suddenly.

Information you may want to start putting together

You should make sure that the following documents or details are in a safe place.

- Bank account and credit card details
- Insurance policies
- Pension documents
- Passport
- Birth certificate
- Marriage certificate or civil partnership certificate
- Decree absolute or final order of dissolution of a civil partnership
- Mortgage details
- Hire-purchase agreements
- Will
- Details of important contacts (for example, your solicitor and GP)
- Copies of your advance statement of wishes and preferences (form A),
advance decision to refuse treatment (form B) and planning
your funeral (form D)
- Contact details for family, friends and colleagues
- Tax office address
- National Insurance number

MAKING A WILL

Many problems arise when a person dies without making a will as there are clear rules on how your possessions would be dealt with.

If you do not have a will, sorting out your 'estate' (all the money and property you owned) can take a very long time and be expensive. This could cause added stress to your family or next of kin. Also, the way your estate is divided may not be as you would want. For these reasons it is best to have a will to make sure that your belongings are left to the people you want to inherit them.

You can make a will without a solicitor, and you can get relevant forms from stationery shops and the internet. We would advise making a will without the help of a solicitor only if the will is straightforward. The Law Society recommends that people seek specialist advice from a solicitor.

Do the following before making your will or visiting a solicitor as this will save you time and money.

- Make a list of all beneficiaries (people you would like to benefit from your will) and what you would like them to receive.
- Make a list of your possessions – savings, investments, pensions, insurance policies, property and so on.
- Think about any arrangements you want to make for your dependants or pets.
- Decide who to appoint as executor (a person who will deal with distributing your money and possessions after your death). You can have up to four executors or just one. It is a good idea to have at least two executors in case one dies before you do. The executors can also be beneficiaries. Think carefully when choosing executors to make sure they are suitable and also willing.

Further information

www.nidirect.gov.uk/making-a-will

PLANNING YOUR FUNERAL

You may already have some ideas about the sort of funeral you would like. Recording your wishes for your funeral can help your family and friends to be sure they arrange the funeral you would have wanted.

You can record your wishes for your funeral in form D below.

FORM D - WISHES FOR MY FUNERAL

Part 1 - My details

Name:

Address and postcode:

I would like the following person to be responsible for arranging my funeral.

Name and address:

I would like the following funeral director.

Do you have a pre-paid funeral plan? Yes No

If yes, give the details of the plan below.

Would you like to be:

- buried?
- cremated?
- other (for example, donated to medical science)?

If other, please specify below. (You will need to fill in and sign specific documents.)

Would you like your funeral to be in line with your faith?

Yes No

If yes, which faith?

Where would you like the funeral to be held?

Who would you like to conduct the service?

Name and address:

Below are the details of the music, hymns or readings I would like.

In the box below I have recorded my other wishes (for example, donations to named charity, flowers, people to be told about the funeral and so on).

Northamptonshire Healthcare NHS Foundation Trust would like to thank the following organisations for their support.



Printing supported by Northamptonshire Health Charitable Fund. For more information please contact the charity team on 01604 545091.

For more information on 'Planning for your future care' or a downloadable version visit www.nhft.nhs.uk/acp

If you have a QR reader, scan the below QR code to find our web page.



Information in this booklet was correct at January 2016 .

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