Advance Care Planning

One Gloucestershire
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Advance Care Planning

Planning for Your Future Care

Information to help in preparing for the future and assisting with practical arrangements

Please note that completing the sections in this booklet is optional and you may choose not to complete all of it. It is not designed to be completed all at once and can be filled in over a period of time, as and when you feel comfortable to do so.

Adapted from the Weston Hospice care Advance Care Plan and National Preferred Priorities for Care Guidelines

Advance Care Planning

how it can help plan your future care

Advance Care Planning (ACP) is an umbrella term covering personal, legal, clinical, and financial planning. It helps you think about and plan for your future and let you decide what matters to you and make choices based on your wishes, feelings, and values.

Planning for the future is important because no one expects to get sick or disabled. Yet, planning for the future can make all the difference in an emergency and at the end-of-life. Having your important documents in one place can make it easier for your loved ones and ensure your wishes are respected.

ACP is an on-going process of conversations between you, your loved ones, and those providing care. It is important at any stage of life. ACP is voluntary and can give you peace of mind, knowing your desires are documented and can be considered in an emergency.

This booklet has been designed, in consultation with patients and carers, to help you plan and record your preferences. Doing this now can help ensure your health and social care wishes are respected in the future. You can include anything that matters to you in ACP documents. If it is important to you, record it, no matter how insignificant it may appear. Your feelings and priorities may change over time, so you can update what is written in your plan whenever you wish to and it is advisable to review your plan regularly to make sure that it still reflects what you want. You also decide who to share your ACP documents with.

It's important to keep ACP documents in a safe location and inform trusted family members or friends about where they are stored, ensuring your wishes are easily accessible when needed. You may have been given a “What matters to Me” orange folder by your health or care professional and you may choose to keep all your documents in one place in this folder.

Contents

ReSPECT Plan

ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a personalised recommendation for your clinical care in emergency situations where you are not able to make decisions or express your wishes.

The ReSPECT plan is a nationally recognised and agreed plan that is used in Gloucestershire to record ‘what matters’ to individuals, their values, and fears to enable healthcare professionals to indicate what clinical treatment that person may want in an emergency situation or approaching the end of their life. A ReSPECT plan is not legally binding.

The ReSPECT plan also records a person’s resuscitation wishes and whether an attempt at cardiopulmonary resuscitation (CPR) is recommended if the person’s heart and breathing stop. A ReSPECT conversation is much more than a CPR discussion.

Who is ReSPECT for?

A ReSPECT plan is a document containing information and medical details about you that has to be discussed with and signed by a health care professional (usually your GP). The original plan is kept by you and a copy can be held by your GP. This plan can be for anyone but will have an increasing relevance for people who have complex health needs, people living with frailty, dementia or a learning disability, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest.

The ReSPECT process is different from, but complementary to, the process for an advance statement of wishes (see later) which you can write yourself. Both a ReSPECT plan and an Advance Statement form part of 'Advance Care Planning' and many people will wish to have both completed. A ReSPECT plan can be used alongside other ACP documents, for example lasting power of attorney.

Advance statement of your wishes and preferences

An advance statement is a general preference about your treatment and care. It is not legally binding, but medical professionals should still make a practical effort to follow your wishes if you are unable to express them at the time.

The Mental Capacity Act states that decisions about your care and treatment should be made in your ‘best interests’ if you lack capacity. Your advance statement can reflect your views, beliefs, and values. This information will be useful when people make decisions that affect you. An advance statement is also known as a ‘statement of wishes.’

Lasting Power of Attorney (LPA)

We are unable to foresee whether we will lose capacity to make our own decisions in the future.
This can happen gradually for example in dementia; or it can happen suddenly because of a stroke or head injury; sometimes we retain capacity right up to our death. Because we cannot predict if this will happen or not, it is a good idea to plan for it beforehand, by appointing a specific person/people to undertake the responsibility for making certain decisions, if we are unable to do it ourselves. That person/those people are given Lasting Power of Attorney (LPA).
A lasting power of attorney (LPA) is a legal document that lets you (the 'donor') appoint one or more people (known as 'attorneys') to help you make decisions or to make decisions on your behalf. The person chosen can be a friend, relative or a professional. More than one person can act as attorney on your behalf. This gives you more control over what happens to you if you have an accident or an illness and cannot make your own decisions (you 'lack mental capacity').

There are two types of Lasting Power of Attorney:

Property and Financial Affairs LPA

If someone has capacity, they can choose to allow the person named as attorney in their LPA for property and financial affairs to make financial decisions for them, e.g. managing bank accounts or selling their house. This becomes valid as soon as the LPA is registered with the Office of the Public Guardian unless the LPA states that this can only happen after you lose the capacity to manage your own financial affairs.

Since 1 October 2007, the Enduring Power of Attorney (EPA) has been replaced by the property and financial affairs LPA. However, valid EPA's that were already arranged before 1 October 2007 will still stand.

Health and welfare LPA

This LPA allows your attorney to make decisions regarding your health and personal welfare e.g. where you should live, day to day care or around your medical treatment. It is only valid once it has been registered with the Office of the Public Guardian and would only come into force if/when you lose the ability to make these decisions for yourself. Your personal welfare LPA is expected to act on your behalf to accept or decline interventions offered as if they were 'you,' i.e. they are not stating what they would want/not want for themselves but what they think you would want/not want.

You have to pay to register an LPA.
LPAs can be completed and registered without the input of a solicitor, but this can be a complex procedure without guidance. If legal help is sought, then there may be additional cost attached.

More information can be found on page 7.

Advance Decision to Refuse Treatment (ADRT)

An advance decision to refuse treatment (ADRT) gives you **the legal right** to refuse specific medical treatment in future. This is for when you may not have the mental capacity to make the decision for yourself. You must be 18 or older and have mental capacity to make an ADRT.

Some people may have drawn up a Living Will but since legislation this must now be checked to ensure it is valid and applicable for the individual's situation.

An ADRT is different from an advance statement as it is a formal, **legally binding** document which allows an individual to refuse certain treatments. Legally binding means, it is against the law if health professionals do not follow it. An ADRT can only be used to refuse treatment; any requests for treatments are called Advance Statements and are not legally binding.

An ADRT is **very specific** and is used in situations when particular treatments would not be acceptable to someone. You can change your mind about your ADRT, or amend it at any time, provided you still have the capacity to do so.

You can make the ADRT if you have the mental capacity to make such decisions.

You may wish to make an ADRT with the support of a clinician.

If you decide to refuse life-sustaining treatment in the future, your decision needs to be:

- Written down
- Signed by you
- Signed by a witness

If you wish to refuse life-sustaining treatment in circumstances where you might die as a result, you need to state this clearly in your ADRT. Life-sustaining treatment is sometimes called "lifesaving" treatment.

You may find it helpful to talk to a doctor or nurse about the kinds of treatments you might be offered in the future, and what it might mean if you choose not to have them.

Health professionals do not legally have to follow an ADRT if you are in hospital under the Mental Health Act.

An ADRT cannot be used for anything else. For example, if it has information about what treatment you want, health professionals do not have to follow it. This information will be treated the same as an advance statement. Your decision must be clear to be legally binding.

Further information and links to templates can be found on page 7.

Making a Will

Making a will allows you to decide what happens to your money, property, and possessions after you die. You can also use a will to decide who should look after any children under 18.

Many problems occur when a person dies without making a will as there are clear laws which dictate how your possessions would be allocated.

If there is no will the time taken to sort things out can be lengthy and expensive and will cause added stress to your family/next of kin. In addition, the outcome from this process may not be as you would wish, so it is advisable to make a will to ensure that your belongings are left to the people you want to inherit them.

You can make a will without a solicitor and forms can be purchased from stationers or via the internet. This is only advisable if the will is straightforward; the Law Society advises that specialist advice is sought from a solicitor.

Think about the following aspects prior to visiting a solicitor as this will save you time and money.

- A list of beneficiaries (people who you would like to benefit from your will) – and what you would like them to receive.
- A list of your possessions – savings, pensions, insurance policies, property, etc.
- Any arrangements you want for your dependents or pets.
- Decide who will be your executor (s) – the person/s who is legally responsible for carrying out the instructions in your will. You may have up to four, but it is a good idea to have at least two in case one dies before you do. They can also be beneficiaries and care should be taken when choosing executors to ensure that they are suitable and willing.

Funeral Planning

You may want to make decisions about what happens after you die, including planning your own funeral but not everyone wants to do this.

Having conversations and planning ahead can help people close to you celebrate your life in a meaningful way. The checklist in appendix 4 covers things to consider when planning, including paying for the funeral, and who to tell about your wishes.

Useful Resources and Templates for ACP

- **My Wishes** – a free to use online platform for advance care planning. Once completed, documents can be downloaded, printed, emailed, and shared with loved ones, healthcare professionals
  www.mywishes.co.uk

- **NHS Gloucestershire webpages**
  www.nhsglos.nhs.uk/your-health-services/community-and-hospital-care/palliative-and-end-of-life-care/planning-ahead/

ReSPECT Plan

- **Resuscitation Council – information for patients and carers**
  www.resus.org.uk/respect/respect-patients-and-carers

- **Information video – Joe's ReSPECT journey**
  www.youtube.com/watch?v=SdkncGjihG0

Advance Statement

- A template you may wish to use can be found in appendix 1 of this booklet

- **Compassion in Dying** advance statement information and template
  www.compassionindying.org.uk/how-we-can-help/advance-statement/

Lasting Power of Attorney (LPA)

- **Office of the Public Guardian**
  www.gov.uk/government/organisations/office-of-the-public-guardian

- **UK Government website**
  www.gov.uk/power-of-attorney

- **Age UK**
  www.ageuk.org.uk/information-advice/money-legal/legal-issues/power-of-attorney/

Advance Decision to refuse Treatment (ADRT)

- **NHS website information**
  www.nhs.uk/tests-and-treatments/end-of-life-care/planning-ahead/advance-decision-to-refuse-treatment/

- **Alzheimer's Society Information and template**
  www.alzheimers.org.uk/get-support/legal-financial/download-free-template-advance-decision-form

- **Compassion in Dying** information and template
  compassionindying.org.uk/how-we-can-help/living-will-advance-decision/

- **Macmillan** information and template
  www.macmillan.org.uk/cancer-information-and-support/treatment/if-you-have-an-advanced-cancer/advance-care-planning/advance-decision-to-refuse-treatment

Making a Will

- **UK Government website**
  www.gov.uk/make-will

- **Age UK**
  www.ageuk.org.uk/information-advice/money-legal/legal-issues/making-a-will/

- **Marie Curie** – making a will
  www.mariecurie.org.uk/information/planning-ahead/making-a-will

- **Solicitors Regulation Authority (SRA)**
  www.sra.org.uk

Funeral Planning

- **Marie Curie** – planning your own funeral
  www.mariecurie.org.uk/information/planning-ahead/planning-own-funeral

- **Hospice UK**
  www.hospiceuk.org/information-and-support/your-guide-hospice-and-end-life-care/planning-ahead/how-plan-your-own-funeral

Additional Resources

- **Gloucestershire Hospitals Patient Advice & Liaison Service (PALS)**
  Tel: 0800 019 3282
  www.gloshospitals.nhs.uk/contact-us/patient-advice-and-support/

- **Gloucestershire Integrated Care Board Patient Advice and Liaison Service (PALS)**
  Tel: 0800 0151 548 or 01452 566698
  Email: glicb.pals@nhs.net

- **Gloucestershire Health and Care NHS Foundation Trust Patient Advice and Liaison Service (PALS)**
  Tel: 0300 421 8313
  Email: experience@ghc.nhs.uk

- **Organ Donation**
  www.organdonation.nhs.uk

- **Citizens Advice**
  www.citizensadvice.org.uk

- **Healthwatch Gloucestershire**
  www.healthwatchgloucestershire.co.uk
  Tel: 0800 652 5193 (M-F 9-5pm)
  Email: info@healthwatchgloucestershire.co.uk

- **Age UK Gloucestershire**
  www.ageuk.org.uk/gloucestershire/
  Tel: 01452 422660

- **Digital Legacy Association**
  digitallegacyassociation.org

Appendix 1

Advance Statement Template

Things to consider

This section is for you to record any wishes or preferences that would be important to you should you ever become unwell or have difficulty in making decision for yourself. This will give everyone (family, carers, and professionals) a clear idea of knowing what is important to you when deciding what needs to happen. Your wishes and preferences must be considered at these times though **they are not legally binding.**

Your wishes and preferences can be recorded on the following pages. Some examples of things you may want to consider include:

- If you become ill, where you might prefer to be treated (for example, at home or in hospital).
- What might help you feel relaxed and comfortable should you receive care or treatment at home or in hospital.
- Who you would like with you or who you would like to visit you should you need care at home or in hospital.
- Who you would like to look after your dependents and pets should you be unable to do so because of illness.
- What would be important regarding religious, spiritual, or cultural concerns for you should you need care or treatment at home or in hospital.
- Who you would like to be informed 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.
- What are your wishes and choices regarding organ or tissue donation as you may need to make your family aware of your wishes as their consent will be sought.

Advance statement of your wishes and care preferences

Your preferred priorities for care (A non-legally binding document to represent your future hopes and wishes).

This is an example of a template you may wish to use. Alternatively, you may want to use the one on the 'My Wishes' website referred to earlier.

Ideally keep this document to hand, share it with anyone involved in your care, including your GP (they may wish to keep a copy for their own records) and let them know when it is changed.

Your Name .....

Date of birth .....

Address .....

..... Postcode .....

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

Contact 1 .....

Relationship to you .....

Telephone .....

Address .....

Contact 2 .....

Relationship to you .....

Telephone .....

Address .....

Do you have a Legal Advance Decision to Refuse Treatment? YES ❑ NO ❑

If yes, where do you keep it and who has a copy? .....

Do you have a Lasting Power of Attorney YES ❑ NO ❑

Type.....	Type.....
Name.....	Name.....
Telephone.....	Telephone.....
Address.....	Address.....
.....	.....

Advance statement of your wishes and care preferences

Do you have any special requests or preferences regarding your future care?

If your condition deteriorates, where would you most like to be cared for?

Generally, is there anything you would ideally like to avoid happening to you?

Do you have any comments or wishes that you would like to share with others?

Advance statement of your wishes and care preferences

Your preferred priorities for care

Your Name .....

Date DD / MM / YY.....

Details of any other family members involved in Advance Care Planning discussions

Details of healthcare professionals involved in Advance Care Planning discussions

Are you happy for the information in this document to be shared with relevant healthcare professionals?

Yes ❑ No ❑

Please sign here each time you review and update this your care plan.

Signed ..... Date .....

Signed ..... Date .....

Signed ..... Date .....

Signed ..... Date .....

Remember to regularly review (e.g. every 3-6 months) to ensure that this document still represents your wishes. Sign and date any changes you make.

Appendix 1

Appendix 2

Putting Your Affairs in Order Checklist

Ensuring that your paperwork and documents are up to date and easier to find will save time and reduce anxiety for your family/next of kin if you become unable to attend to your affairs or if you are taken ill or suddenly died. The following list details information you may wish to start putting together.

You can use the tick box below as a reminder that you have thought about and recorded in a safe place the details listed. Have you nominated someone you can trust who will be able to access those details if the need ever arises?

Your Name:		NHS Number:	
Date of Birth:		National Insurance number:	
Bank Name/Building Society/Post Office Account details		Hire purchase/Loan agreements	
Assets/Stocks/Shares certificates/ Premium bonds/Savings		Will	
Memberships/Subscriptions/Regular Outgoings		Other important Documents	
Insurance Policies - Life/car/house/ health		Important contacts e.g. Solicitor	
Pension Details – private and state		Details of funeral arrangements/ preferences	
Passport and Number		Addresses and Contact Numbers of Family/Friends	
Driving Licence and Number		Tax Office contact details	
Birth Certificate		Digital Legacy – social media accounts	
Marriage/ Civil Partnership certificates		Mortgage/Landlord/Housing Association Details	

I nominate (relative/friend).....

(contact number) …….....…… as the person who will access the detailed information, if required.

Signed ..... (self) Date …….

Signed .....(nominee) Date …….

Appendix 3

Wishes and preferences related to end of life

This section allows an opportunity to consider specific wishes and preferences relating to end of life (as with all sections of this document this is optional and you may choose not to complete it).

How would you like your final days to look and sound?
(e.g. what music/pictures/fragrance would you like around you?)

Who would you like with you at end of life if possible?

Where would you prefer to die if possible (e.g. home, care home, hospital, or hospice)?

Five things I would like to do before I die	**Five things I would like to be remembered for**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Appendix 4

Funeral Planning

Your Name:	
	Details
Person, I wish to be responsible for making my funeral arrangements	
My preferred funeral director is	
My pre-paid funeral plan is with	
I wish to be buried/cremated/ other (e.g. donation for medical science – specific documents will need to be signed)	
I wish my funeral service to be in accordance with my faith. Please state (if any)	
I would like the venue to be	
I would like the following music, hymns or readings included	
I would like the following person(s) to conduct the service if possible	
Other details and information you would like to record e.g. donations to named charity, flowers, people to be informed	

Notes

Notes

Notes

To discuss receiving this information in other languages, large print or Braille please contact:

Aby omówić możliwość otrzymywania tych informacji w innych językach, w formacie dużą czcionką lub alfabetem Braille'a, prosimy o kontakt:

Pro projednání možnosti obdržení těchto informací v jiných jazycích, velkým písmem nebo v Braillově písmu, prosím kontaktujte

Pentru a discuta despre primirea acestor informații în alte limbi, cu caractere mari sau în alfabet Braille, vă rugăm să contactați:

এই তথ্য অন্য ভাষায়, বড় অক্ষরে বা ব্রেইল লিপিতে পাওয়ার বিষয়ে আলোচনা করতে, দয়া করে যোগাযোগ করুন:

如果您想讨论以其他语言、大字版或盲文获取此信息，请联系：

لمناقشة إمكانية الحصول على هذه المعلومات بلغات أخرى، بخط كبير أو بطريقة برايل، يرجى التواصل مع

برای بحث در مورد دریافت این معلومات به زبان‌های دیگر، با خط بزرگ یا به خط بریل، لطفاً تماس بگیرید:

اس معلومات کو دیگر زبانوں، بڑے حروف یا بریل میں حاصل کرنے پر بات کرنے کے لیے، براہ کرم رابطہ کریں:

Email: glicb.pals@nhs.net / Tel: 0800 015 1548

FREEPOST RRYY-KSGT-AGBR
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