

# Advance Care Plan

## Using this booklet

This booklet is about making an Advance Care Plan (ACP). You may be reading it as part of planning for retirement, because you have been diagnosed with a serious condition, or for any other reason that prompts you to think about the possibility of illness or frailty in the future.

### What is an Advance Care Plan (ACP)?

ACP is a process in which you can think, talk and write about what is important to you, and describe the kind of care you would want if you became unable to make decisions for yourself. It broaches the subject of dying, and how you would like to be looked after at that time. It may seem difficult to think ahead in this way, but writing an advance care plan makes a clear record of your wishes so that these can be respected and, where possible, carried out by people caring for you in the future.

### How do I start planning?

Advance Care Planning is entirely flexible. Most people will talk things through with a relative, friend or healthcare professional who knows them well. They may have a series of conversations, which may or may not result in a written plan.

This booklet suggests various ways in which an Advance Care Plan can record your wishes, and you can focus on the areas that seem relevant to you. You might make your ACP all at once or gradually over time. The plan is not set in stone – you are encouraged to update it as your situation and priorities change. The booklet is intended only to guide you – but we hope this booklet will help you:

- think about what's important to you and the ways you can plan ahead
- talk about your plans with the people close to you, and with the health and social care professionals involved in your care
- start writing down your plans so that the people involved in your care know what's important to you
- deal with any worries you may have about planning ahead.

**It is a very good idea to review what is written at least every six months. There is space to write down any changes on page 15**

## Content

### Documents which may be included in your Advance Care Plan

<b>My personal details</b>	<b>4</b>
<b>Advance Statement of my Wishes</b>	<b>5 - 12</b>
1. Important people and conversations	5
2. My care	6 - 7
3. Cardiopulmonary Resuscitation	8
4. Important paperwork	9
5. Making a will	10
6. Organ donation and donating a body or body parts to science	11
7. Funeral planning	12-13
<b>Lasting Power of Attorney</b>	<b>14</b>
<b>Advance Decision to Refuse Treatment</b>	<b>15</b>
<b>Reviews</b>	<b>16-17</b>

## Personal details

### This Advance Care Plan is for:

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

### The following people have copies of this Advance Care Plan:

Consider giving copies of this plan to as many people as possible who may be involved in your care, e.g. family members, GP, nurse, consultant, key worker or carer.

Name:	Relationship to me:
Contact details:	

  

Name:	Relationship to me:
Contact details:	

  

Name:	Relationship to me:
Contact details:	

### This Plan was first written on:

### I reviewed this Plan on the following date(s):

# Advance Statement of My Wishes

In this statement you can record things that would be important to you if you became too unwell to discuss your care or treatment. **This statement is not legally binding.** It is not always possible to do exactly as you have asked, but your wishes must be taken into account by anyone making decisions on your behalf.

To help you start writing, the statement is divided into sections, as below. These are just suggestions – you can write the statement in whatever way suits you best.

## 1. Important people and conversations

Whom do you consider your next of kin?

(This is the relative or friend you would wish to be contacted first in an emergency).

My next of kin is:

Relationship to me:

Contact details:

I would like my care or treatment to be discussed first with:

Name and contact details:

My care or treatment should **not** be discussed with the following people:

I have appointed the following people to Lasting Power of Attorney:

(You do not have to do this. See page 13 for further information.)

### **Lasting Power of Attorney (LPA) for Property and Affairs**

Name and contact details:

### **Lasting Power of Attorney (LPA) for Health and Personal Welfare**

Name and contact details:

## 2. My Care

If I could not care for myself independently, I would most like to be looked after at:

1.

2.

Professionals call this **Preferred Place of care (PPC)**

When I am dying, I would most like to be cared for at:

1.

2

(Professionals call this **Preferred Place of Death (PPD)**)

I would like the following people to visit or support me:

Name(s) and contact details:

My faith, beliefs or important customs (continue on a separate sheet if necessary):

Things that I would or would not want to happen to me (continue on a separate sheet if necessary):

My other wishes and things that are important to me. You could write here about plans for those who depend on you (continue on a separate sheet if necessary).

### 3. Cardio Pulmonary Resuscitation (CPR)

CPR is an emergency treatment, which tries to restart a person's heart or breathing when these have stopped suddenly. In people who are generally weak, gradually deteriorating and in whom there are a number of medical problems, the chance of resuscitation being successful is extremely low. In fact it is less than 1 in 100 or 1%.

Doctors will sometimes decide that attempting resuscitation would be of no benefit as it would be extremely unlikely to be successful. This will not prevent you from receiving other treatments for your comfort and dignity.

Would you like to talk to someone about CPR at this current time? Yes  No

**It is important to remember that this is not a legally binding document and you and can change your mind.**

Note here any thoughts you may have about CPR:



## 4. Important paperwork

You may wish to put some of the following documents in a safe place. If you want to, you can nominate someone you trust to help with your paperwork in the future if needed. Make sure they know where your documents are and record their contact details below.

- Bank account and credit card details
- Birth certificate Insurance policies
- Contact details for family, friends and colleagues
- Funeral plan
- Hire-purchase agreements
- Important contact details (e.g. executor, solicitor, GP)
- National Insurance Number
- Marriage or civil partnership certificate
- Mortgage details
- Passport
- Pension documents
- Tax office address
- Will

## Person nominated to deal with paperwork

Name:	Relationship to me:
Address and phone:	

## 5. Making a Will

Your will is a document stating what you want to happen to your money and property after your death. It can include arrangements for dependents or pets. Any adult can write a will at any age. It is a good idea to do this because if a person dies without a will, the law decides what happens to their property. This can take a long time and be distressing and expensive for the surviving family.

You can write your will yourself, but you should get legal advice, for example from a solicitor or Citizens Advice (see below). Before you do this, decide what you would like to include in your will and whom you would like to appoint as executor (to deal with distributing your property after you die). You need to get your will formally witnessed and signed to make it legally valid.

If you want to update your will, you need to make an official alteration (called a codicil) or make a new will.

Further information:

Advice on making a will:

<https://www.gov.uk/make-will/overview>

Citizens Advice:

[http://www.adviceguide.org.uk/england/relationships\\_e/relationships\\_death\\_and\\_wills\\_e/wills.htm](http://www.adviceguide.org.uk/england/relationships_e/relationships_death_and_wills_e/wills.htm)

I have/have not made a will.

A copy of my will is held at:

## 6. Organ or tissue donation

Depending on your medical history, it may be possible to donate your organs and/or tissue for transplantation after death. You can find out more about this at <https://www.organdonation.nhs.uk> or by ringing 0800 432 0559.

If you decide to join the organ donor register, tell your family, as they will be asked to give their consent at the time of donation.

**I have registered for organ and/or tissue donation**      Yes       No

I want to donate the following for transplantation after my death:

Any of my organs or tissues     

**Or**

Skin            Liver            Heart            Small bowel            Kidneys     

Eyes            Lungs            Pancreas            Heart valves            Bone/cartilage     

## Donating my body to medical science *or* Donating my brain and spinal cord for research

These are separate procedures for this and forms must be completed before death.

Further information about body donation is available from:

<http://www.hta.gov.uk/bodyorganandtissuedonation/howtodonateyourbody.cfm>

Information about brain and spinal cord donation is available from:

<http://www.hta.gov.uk/bodyorganandtissuedonation/howtodonateyourbody/donatingyourbrain.cfm>

Make sure you keep a copy of the paperwork relating to this. Tell your family and healthcare professionals about your decision and where the paperwork can be found.

**I wish my body to be donated to medical science:**      Yes       No

**I wish my brain/ spinal cord to be donated for research:**      Yes       No

My copy of the paperwork about this is held at:

## 7. Funeral Planning

I would like this person to be responsible for arranging my funeral:

Name and address:

I would like the following funeral director:

I have a pre-paid funeral plan as detailed below:

I would like to be

Buried  Cremated  Other, as described below

I would like the funeral to be in line with my beliefs as specified below:

I would like the funeral held at:

I would like the following person to conduct the service:

Name:
Contact details:

Music, songs or readings I would like:

--

My other wishes are recorded below (for example, donations to charity, flowers, funeral invitations)

--

## Lasting Power of Attorney (LPA)

LPA is a legal document that lets you appoint a person (known as an 'attorney') to make decisions on your behalf. Your attorney can be a relative, friend or professional (such as a solicitor) and you can appoint more than one. At the time when you make your LPA, you must be 18 or over and have mental capacity – the ability to make your own decisions. It can be beneficial to complete this to make it easier for your wishes to be met in the future. LPA could be used if you lose mental capacity. You can read more about how mental capacity is assessed at [www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act](http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act).

There are now 2 types of lasting power of attorney: health and welfare, and property and financial affairs. You can choose to make one type or both. They are registered separately because they work slightly differently, as described below. (These have replaced an Enduring Power of Attorney, however this would be still valid if made and signed before 1/10/2007).

### 1. Health and welfare lasting power of attorney

This allows you to choose a person or persons to be involved in decisions such as:

- your daily routine (e.g. eating and what to wear)
- medical care
- moving into a care home
- life-sustaining treatment

This type of lasting power of attorney can only be used when healthcare or legal professionals are confident you have become unable to make decisions for yourself.

### 2. Property and financial affairs lasting power of attorney

This lets you choose a person or persons to make decisions about money and property for you, such as:

- paying bills and collecting benefits
- selling your home

If you give your permission, this type of LPA can be used as soon as it is registered. This means your attorney can begin to help you as soon as you wish, and continue to do so if you become unable to make decisions.

### How to make a lasting power of attorney

1. Choose your attorney (you can have more than one).
2. Fill in the forms to appoint them as an attorney (available to download at: [www.gov.uk/power-of-attorney](http://www.gov.uk/power-of-attorney))
3. Register your lasting power of attorney with the Office of the Public Guardian: [www.publicguardian.gov.uk](http://www.publicguardian.gov.uk) (this can take up to 10 weeks).

## Advance Decision to Refuse Treatment (ADRT)

This is a formal, legally binding document (previously known as a Living Will). It allows you to state in advance that you would refuse certain treatments in particular circumstances. Before you make an ADRT you should get advice from someone who understands the process, such as your Consultant, solicitor, GP.

### Key facts about an ADRT:

You must be at least 18 years old and mentally capable of making the decisions involved.

An ADRT must specify both the *treatment* refused and the *circumstances* in which you would refuse it. It is only legally valid if both these conditions apply. For example, you might state “If I have a stroke which results in swallowing problems, I would not wish to be fed artificially by tube or drip”. This refusal would not be legally binding if swallowing problems were due to another cause.

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

If you want to refuse treatment that could potentially save your life (such as artificial breathing on a ventilator) you must state that your wishes apply “even if my life is at risk as a result of my decision”.

If you do not wish to be resuscitated in the event of cardiopulmonary arrest (when the heart and breathing stop), as part of your ADRT then discuss your decision with your doctor, who can complete a form telling healthcare professionals not to attempt resuscitation. (This is known as a DNACPR form).

An ADRT must be in writing, signed and witnessed by someone who is not a close relative and not expecting to benefit from your will.

You can change your mind at a later date, as long as you remain mentally capable to do so. Any changes must also be written, signed and witnessed as above.

You should tell professionals (such as your GP, nurse, hospital or hospice doctor or keyworker) about your ADRT form and consider giving them a copy.

ADRT only applies when a person has lost the ability to make decisions for themselves. This is known as mental capacity. Professionals involved in your care must assume that you have mental capacity until proven otherwise and must give you help and time to communicate. (Mental Capacity Act 2005).

Further information:

ADRT: [www.adrt.nhs.uk](http://www.adrt.nhs.uk)

Mental Capacity Act:

[www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act](http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act)).

## Reviews

Review 1 Date:

Review 2 Date:



Review 3 Date:

Review 4 Date: