

Date:

Date of Birth:

NHS Number:



Planning for your future care



Patient's own property

Hand-held record of preferences for care

For health and social care professionals:

DO NOT FILE

Read and annotate patient's key preferences in your clinical records

DO NOT PHOTOCOPY

If this is a photocopy it may be inaccurate and out of date.

Working in partnership

The Dudley Group NHS Foundation Trust

Dudley Clinical Commissioning Group

The Mary Stevens Hospice

Planning for your Future Care

Your name:

Address:

Postcode:

What is this document for?

This document can help you prepare for the future. It gives you an opportunity to think about, talk about and write down your preferences and priorities for care at the end of your life. You do not need to do this unless you want to.

It can help you and your carers (your family, friends and professionals) to understand what is important to you when planning your care. If a time comes when, for whatever reason, you are unable to make a decision for yourself, anyone who has to make decisions about your care on your behalf will have to take into account anything you have written in your plan.

Sometimes people wish to refuse specific medical treatments in advance. The document is not meant to be used for such legally binding refusals. If you decide that you want to refuse any medical treatments, it would be advisable to discuss this with your doctors.

Remember that your views may change over time. You can change what you have written whenever you wish to, and it would be advisable to review your plan regularly to make sure that it still reflects what you want.

Should I talk to other people about my plan?

You may find it helpful to talk about your future care with your family and friends, although sometimes this can be difficult because it might be emotional or people might not agree. It can also 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 and support you and your family with this.

When you have completed your plan you are encouraged to keep it with you and share it with anyone involved in your care. Unless people know what is important to you, they will not be able to take your wishes into account.

Will my preferences and priorities be met?

What you have written in your plan will always be taken into account when planning your care. However, sometimes things can change unexpectedly (like carers becoming over-tired or ill), or resources may not be available to meet a particular need.

What should I include in my plan?

You should include anything that is important to you or that you are worried about. It is a good idea to think about your beliefs and values, what you would and would not like, and where you would like to be cared for at the end of your life.

People who should be asked about your care if you are not able to make a decision for yourself

You may have formally appointed somebody to make decisions on your behalf, using a Lasting Power of Attorney (LPA), in case you ever become unable to make a decision for yourself. If you have registered a Lasting Power of Attorney please provide their contact details below.

LPA for personal welfare (includes health):

Name:

Address:

Telephone Number:

Relationship to you:

LPA for property and affairs:

Name:

Address:

Telephone Number:

Relationship to you:

Even if you have not registered a Lasting Power of Attorney, is there anybody you would like to be consulted about your care in the event that you are unable to make decisions for yourself? If so, please provide their contact details below.

Name of who to be consulted:

Their address:

Their telephone number:

Their relationship to you:

Thinking Ahead

What elements of care are important to you & what would you NOT want to happen?

If you wish to decline (prefer not to have) specific treatments please ask your community nurse or doctor about also making a formal Advance Decision to Refuse Treatment (ADRT) which is legally binding under specific circumstances.

Is there anything that you worry about or fear happening?

**Please record any changes on a further sheet
(Please sign and date any changes)**

Do you have any special requests, preferences, or other things that you would like us to know about you?

Where would you like to be cared for in the future

It would be helpful if you could list an order of preferences for where you would hope to be cared for (if you become unable to care for yourself):

i.e. My first preference would be...My second preference would be...My third preference would be...etc

You might like to specify where you would ideally like to spend the final days of your life.

Signature:

Date:

Please record any changes on a further sheet (please sign and date any changes)

Health or social care professional with whom I have discussed my preferences

Name	Job Title	Date

People, friends and family with whom I have discussed my preferences

Name	Relationship	Date

The clinical team looking after you believe that you would benefit from a collaborative/shared approach in order to best care for your health and social needs.

Your care is led by your primary care team, supported when necessary by your hospital specialists and the local Specialist Palliative Care Teams, all working together collaboratively in order to care for you as well as possible in a streamlined and coordinated way.

The names and roles of the professionals involved in your care

Primary care team: The first people you call for help if you need medical attention when at home			
Your GP's name is:		Your community practitioner's (district nurse, virtual ward) name is	
Tel. No.		Tel. No.	

Specialists in a particular condition (eg hospital consultants, hospital/community nurse specialists): The people who support your primary care team with your care and who review you as an outpatient (or in some instances at home) or as an Inpatient on the ward if you need medical care in hospital			
Your hospital consultant is:		The clinical nurse specialist who knows you best is:	
Their specialty is:		Title:	
Tel. No.		Tel. No.	

Specialist Palliative Care Team (SPCT): The health professionals who are trained in specialist palliative care and who provide advice and support to the primary care team and hospital specialists regarding palliative and supportive care.		
	Name & Title	Tel. No.
Community SPCT		
Hospice SPCT		
Hospital SPCT		

Not all patients will need input from every member of the team. Some individuals may be well cared for by their Primary Care Team without needing input from the hospital specialists or the Specialist Palliative Care Teams.

Changes to your preferences and priorities (please sign and date any changes)