



# The Planning for Your Future Care Booklet

## Advance Care Planning

Preparing for the future

Assisting with practical arrangements

Enabling the right care to be given at the right time

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

## **Further Information**

### **Patient Advice and Liaison Service (PALS) for NHS Devon, Plymouth and Torbay**

Tel: 0300 123 1672 or 01392 267665, calls to 0300 numbers cost the same as calls to national landlines and are included in mobile call bundles  
Web: [www.devonpct.nhs.uk/PACT/PACT.aspx](http://www.devonpct.nhs.uk/PACT/PACT.aspx)  
Email: [pals.devon@nhs.net](mailto:pals.devon@nhs.net)

### **Contact PALS for Torbay and Southern Devon Health and Care NHS Trust**

Tel: 0800 032 7657 (freephone) or 01803 219700  
Web: [www.torbaycaretrust@nhs.uk](http://www.torbaycaretrust@nhs.uk)  
Email: [palsandcomplaints.tct@nhs.net](mailto:palsandcomplaints.tct@nhs.net)

### **Contact PALS for Torbay Hospital**

Tel: 0800 028 2037 (freephone) or 01803 65 47 42  
Web: [www.sdhct@nhs.net](http://www.sdhct@nhs.net)  
Email: [pals.sdhc@nhs.net](mailto:pals.sdhc@nhs.net)

### **Contact PALS for North Devon**

Tel: 01271 314 090  
Web: [www.northdevonhealth@nhs.uk](http://www.northdevonhealth@nhs.uk)  
Email: [pals@ndevon.swest.nhs.uk](mailto:pals@ndevon.swest.nhs.uk)

Or write to: Information Centre, Level 2, North Devon District Hospital  
Raleigh Park, Barnstaple EX31 4JB

**To discuss receiving this information  
in large print, Braille or other languages  
please ring 0300 123 1672**

# Advance Care Planning – how it can help plan your future care

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

Advance Care Planning (ACP) 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 your future care, including how you want to receive your care towards the end of your life. Anything can be included. If it is important to you, record it, no matter how insignificant it may appear.

You may find it helpful to talk about your future care with your family and friends. Sometimes this can be difficult because it might be emotional or people might not agree. Often having this discussion can be very helpful, just to get these issues out in the open. 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. People like (your doctor, nurse or care professional) can help and support your family with this.

Advance Care Planning can help you and your carers (family, friends and professionals who are involved in your care) to understand what is important to you. The plan provides an ideal opportunity to discuss and record in writing your views with those who are close to you. It will help you to be clear about the decisions you make and it will allow you to record your wishes in writing so that they can be carried out at the appropriate time. The choice is yours as to whom you share the information with. Recording your preferences for care in this booklet helps to ensure that your wishes are taken into account.

Remember that your feelings and priorities 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.

Not all of the sections in the booklet need to be completed and you can take your time completing those that you wish to use but a good place to start is the first section “Statement of your wishes and care preferences” on page 4.

There are five parts in total:	
Statement of your wishes and care preferences	page 4
Advance Decision making	page 8
Putting your affairs in order	page 14
Making a Will	page 17
Funeral planning	page 18

## Statement of your wishes and care preferences

### Your preferred priorities for care

In this section you can record your specific wishes and preferences relating to a time when you may be ill and unwell and have need of care or treatment (see page 6). This will give everyone (family, carers and professionals) a clear idea of the things which are important to you if you are unable, for any reason, to make your wishes and preferences known yourself.

This section of the document is **not legally binding** but represents your wishes which must be taken into consideration should you become ill.

Here are some examples of information which could be included as your wishes and preferences on page 6:

- If you become ill, where you might prefer to be treated (at home or in hospital).
- What might help you feel relaxed and comfortable should 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 should you need care or treatment at home or in hospital.
- Who you would like to look after your dependants and pets should you be unable to do so because of illness.
- What would be important religious 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 possible organ or tissue donation as you may need to make your family aware of your wishes as their consent will be sought.

Please ensure that your GP and any professionals involved in your care have a copy of this document.

Keep this document with you and share it with anyone involved in your care. Please ensure that if you make any changes to this document that your GP and any professionals involved in your care are made aware of this change to your wishes/preferences. These changes can be recorded on the back page.

## Statement of my wishes and care preferences

### My preferred priorities for care

(A non-legally binding document to represent your future hopes and wishes)  
Keep this document to hand, share it with anyone involved in your care, including your GP. It is your responsibility to ensure that the professionals involved in your care are aware of this written statement.

My Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Do you have an Advance Decision to Refuse Treatment Document?

(see page 8 for further information) Yes ☐ No ☐

If yes: Where do you keep it ? \_\_\_\_\_ Who has a copy? \_\_\_\_\_

### Proxy / Next of Kin

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

Contact 1 \_\_\_\_\_

Relationship to me \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Do they have Lasting Power of Attorney? Yes ☐ No ☐

(If yes please state which type - see page 16 for further information)

Type \_\_\_\_\_

Contact 2 \_\_\_\_\_

Relationship to me \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Do they have Lasting Power of Attorney? Yes ☐ No ☐

(If yes please state which type - see page 16 for further information)

Type \_\_\_\_\_

## Statement of my wishes and care preferences

### My preferred priorities for care

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

**If my condition deteriorates wherever possible, the place I would most  
like to be cared for is..**

**Things I would ideally prefer not to happen to me..**

**My other comments or wishes I would like to share with others are..**

# Statement of my wishes and care preferences

## My preferred priorities for care

My Name \_\_\_\_\_ Date DD / MM / YY

Signature \_\_\_\_\_ Date DD / MM / YY

Next of Kin/Carer Signature (if present) \_\_\_\_\_ Date DD / MM / YY

Health/Social Care Professional \_\_\_\_\_ Date DD / MM / YY

Details of other people I have discussed the contents of this plan with e.g. family member, friend, health and or social care professional.

I am happy for the information in this document to be shared with relevant professionals? Yes ☐ No ☐

*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. Ensure your GP and other relevant professionals are told about the changes*

Review Date	Changes	Signature

## Advance Decision to Refuse Treatment

An **Advance Decision to Refuse Treatment (ADRT)** is different from preferred priorities for care as it is a formal, legally binding document which allows an individual to **refuse certain treatments**.

It does not allow for a request to have life ended and cannot be used to request medical treatments.

An Advance Decision to Refuse Treatment (ADRT) is **very specific** and is used in situations when particular treatments would not be acceptable to someone. An example would be if a person had a severe stroke which resulted in swallowing problems. If the thought of being fed by alternative methods was not tolerable then this could be documented formally as an Advance Decision to Refuse Treatment.

In order to make an ADRT advice should be sought from someone who understands the complexity of the process such as a health care professional team e.g. your GP/Doctor, or a solicitor.

**It can be written or verbal, but if it includes the refusal for life sustaining treatment, it must be in writing, signed and witnessed and include the statement 'even if life is at risk'.**

An ADRT will only be used if, at sometime in the future, you lose the ability to make your own decisions about your medical treatment. To be valid, an Advance Decision to Refuse Treatment must be made before you lose your ability to make such decisions. You can change your mind about your Advance Decision, or amend it at anytime, provided you still have the capacity to do so.

## Further Information

[www.gov.uk](http://www.gov.uk)

[www.opsi.gov.uk/acts/acts2005/en/ukpgaen\\_20050009\\_en\\_l.htm](http://www.opsi.gov.uk/acts/acts2005/en/ukpgaen_20050009_en_l.htm)



## Advance Decision to Refuse Treatment Document (part 1 of 5)

My Name
Date of Birth

### You will need 5 copies of this completed form

- One for you to keep.
- One for your GP to keep with your records.
- One to be kept with someone who you wish to be consulted about your treatment should this ever be necessary (e.g. next of kin, solicitor).
- One to be kept with Palliative Care Team, Community Palliative Care Nurse/ Hospice Team/ District Nurse/ Mental Health Team and Care Home, as appropriate.
- Hospital Consultant.

**Please also ask the healthcare team to register this document on the Electronic Palliative Care Co-ordination System (This is an electronic communication system held by the GP Out of Hours Service)**

All forms should be signed by at least one person who is not a close relative or expecting to benefit from your will (e.g. health or social care professional).

You might also wish to consult with a solicitor.

Remember to review this document at regular intervals to ensure it still represents your wishes. Signing and dating it at the bottom, when you do this, will indicate how recently you have thought about it. If you change your mind about anything you have written, tell your GP, hospice nurse, next of kin or appointed representative and amend the document accordingly.

## Advance Decision to Refuse Treatment Document (part 2 of 5)

### Advice to the reader

I have written this document to state my Advance Decision to Refuse Treatment.

I would expect any professional reading this document in the event I have lost capacity to check that my Advance Decision to Refuse Treatment is valid and applicable, in the circumstances that exist at the time.

### *Important please read;*

- Please do not assume I have lost capacity before any actions are taken. I might need help and time to communicate.
- If I have lost capacity please check the validity and applicability of this Advance Decision.
- This Advance Decision becomes legally binding and must be followed if professionals are satisfied it is valid and applicable.
- Please help to share this information with people who are involved in my treatment and care and need to know about this.

### **This Advance Decision does not refuse the offer and/or provision of basic care, support and comfort.**

I am writing this document at a time when I have capacity, and am fully aware of the potential consequences of any refusal of treatment, including my life being shortened as a result.

I am able to understand, retain and weigh up all of the information relevant to this Advance Decision to Refuse Treatment and am able to communicate my decision.

## Advance Decision to Refuse Treatment Document (part 3 of 5)

### Proxy / Next of Kin

If I become unwell I would like the following contacts to be involved if it ever becomes too difficult for me to make decisions for myself.

Contact 1 \_\_\_\_\_

Relationship to you \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Do they have Lasting Power of Attorney? Yes ☐ No ☐  
(If yes please state which type - see page 16 for further information)

Type \_\_\_\_\_

Contact 2 \_\_\_\_\_

Relationship to you \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Do they have Lasting Power of Attorney? Yes ☐ No ☐  
(If yes please state which type - see page 16 for further information)

Type \_\_\_\_\_

To my family, my doctor and all other persons concerned this Advance Decision is made by me:

Full Name: \_\_\_\_\_

Of (address): \_\_\_\_\_

I am able to understand, retain and weigh up all of the information relevant to this Advance Decision to Refuse Treatment and am able to communicate my decision

# Advance Decision to Refuse Treatment Document

## (part 4 of 5)

I declare that if I become unable to participate effectively in decisions about my medical care, then and in those circumstances, my directions are as follows (only sign the sections you feel are applicable).

This advance decision applies to the specific treatments stated below, even if my life is at risk.

Signature \_\_\_\_\_

(Continue in box below/on a separate sheet if necessary)

Treatment to be refused (e.g. resuscitation, stoma formation, surgery)	Details of situations you have anticipated in which the refusal would be valid (see examples below)

### Examples

- If your heart and lungs stopped functioning that you do not wish for them to be restarted (Cardiopulmonary Resuscitation).
- I do not wish to be artificially fed or hydrated.
- I do not wish to receive antibiotics for a particular infection (please state).
- I do not want to receive Electro Convulsive Therapy (ECT) in the event of being depressed.

## Advance Decision to Refuse Treatment Document (part 5 of 5)

I consent to anything proposed to be done or omitted in compliance with the directions expressed on page 11 and absolve my medical attendants from any civil liability arising out of such acts or omissions.

I reserve the right to revoke this directive at any time, but unless I do so it should be taken to represent my continuing directions.

My General Practitioner is:

Name of GP: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Before signing this I have talked it over with my:

☐ GP Dr \_\_\_\_\_

☐ Nurse \_\_\_\_\_

☐ Hospice /Hospital Doctor Dr \_\_\_\_\_

☐ Solicitor \_\_\_\_\_

☐ Family/Carer/Next of Kin \_\_\_\_\_

It is recommended that you discuss this with at least one of the above professionals.

If you are in hospital or hospice then the consultant caring for you should be aware of and clear about the scope of this advance decision.

I have also made a statement of my wishes about my treatment.

Yes ☐ No ☐

**Are you willing for the information in this document to be shared with other relevant professionals?**

Yes ☐ No ☐

## Advance Decision to Refuse Treatment Document (part 6 of 6)

I wish to refuse treatment as below and I understand that my decision could result in the loss of my life and wish this Advance Decision to apply in those circumstances.

<b>My Signature</b>	
<b>I am unable to sign this form myself, my nominated person is:</b>	
Name	Relationship
Address	Telephone Number
Signature	Date

**Witnesses:** I/We testify that the maker of this Advance Directive signed it in our presence, and made it clear to us that he/she understood what it meant. I/We do not know of any pressure being brought on him/her to make such a Directive and I/we believe it was made by his/her own wish. So far as we are aware we do not stand to gain from his/her death

<b>Signed in the presence of:</b>	
Name	Relationship
Address	Telephone Number
Signature	Date

**Reviews:** This directive was reviewed and confirmed by me on:

Signed \_\_\_\_\_ Date DD / MM / YY

Signed \_\_\_\_\_ Date DD / MM / YY

Signed \_\_\_\_\_ Date DD / MM / YY

Signed \_\_\_\_\_ Date DD / MM / YY

## Putting Your Affairs in Order

Ensuring that your paper work 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.

### Information you may wish to start putting together.

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:
Date of Birth:
<ul style="list-style-type: none"><li>• Bank Name/Account Details (including credit card)</li><li>• Insurance Policies</li><li>• Pension Details</li><li>• Passport</li><li>• Birth/Marriage Certificate</li><li>• Mortgage Details</li><li>• Hire Purchase Agreements</li><li>• Will</li><li>• Other Important Documents/Contacts e.g. Solicitor</li><li>• Details of any Funeral Arrangements or Preferences (see page 18)</li><li>• Addresses and Contact Number of Family, Friends and Colleagues</li><li>• Tax Office Address and Contact Details</li><li>• Organ Donation</li></ul>

I nominate \_\_\_\_\_ (relative/friend)

\_\_\_\_\_ contact number,  
as the person who will access the detailed information if required

Signed \_\_\_\_\_ (self) Date DD / MM / YY

## Appointing someone to make decisions for you

There are some situations when someone is unable to foresee that they will, in the future, deteriorate mentally (e.g. dementia). If this is the case they may well decide to ask a specific person to undertake the responsibility for making decisions for them if and when they are unable to do so themselves. That person is given Lasting Power of Attorney (LPA).

The person chosen can be a friend, relative or a professional. More than one person can act as attorney on your behalf.

Lasting Power of Attorneys are exclusive to you and the amount of power and limits of that power are decided by you.

### There are two types of Lasting Power of Attorney: Property & Affairs Lasting Power of Attorney

This LPA gives another person (your attorney) the power to make financial decisions for you e.g. managing bank accounts or selling your house. Your attorney has the power to take over the management of your financial affairs 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 Affairs LPA. However, valid EPAs that were already arranged before 1 October 2007 will still stand.

### Personal Welfare Lasting Power of Attorney

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 only comes into force if/when you lose the ability to make these decisions for yourself and is only valid once it has been registered with the Office of the Public Guardian.

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 a cost attached.

## Further Information

[www.dca.gov.uk/menincap/legis.htm](http://www.dca.gov.uk/menincap/legis.htm)

Office of the Public Guardian

Tel: **08454 330 2900**

Web: [www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)



## Making a Will

Many problems occur when a person dies without making a Will as there are clear regulations 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 all **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 **dependants** or **pets**
- Decide who will be your **executor(s)** - the person/s who will deal with distributing your money and possessions after your death. 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 also willing.

## Further Information

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

Solicitors Regulation Authority (SRA)

Tel: **0870 606 2555**

Web: [www.sra.org.uk](http://www.sra.org.uk)

## Funeral Planning

Your Name:	
	<b>Details</b>
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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

