



NORTH LINCOLNSHIRE LOCALITY

My **FUTURE CARE PLAN**

Making plans for my care



Name:

DOB:

1

INTRODUCTION

There may be times in your life when you think about the consequences of becoming seriously ill or disabled. This may be at a time of ill health or as a result of a life changing event. It may simply be because you are the sort of person who likes to plan ahead.

You may want to take the opportunity to think about what living with a serious or life limiting illness might mean to you, your partner or your relatives, particularly if you become unable to make decisions for yourself.

You may wish to record what your preferences and wishes for future care and treatment might be or you may simply choose to do nothing at all.

One way of making people aware of your wishes is by a process that is called future care planning. This booklet is designed to help you write your own future care-plan if that is what you wish to do – we hope that you find it helpful. You may want family or those caring for you to help record your preferences, however you should decide what is recorded.

This document is not legally binding. It provides you with the opportunity to document your preferences, so that those caring for you can take these into account.

You do not have to sign the document, or have it witnessed, however your signature on the document helps make it clear whose views have been recorded.

You can share this document with whom-ever you wish.

Remember this is your future care plan – you may not wish to answer all of the following questions – you only have to complete the parts that are important to you

There are a range of words used to describe care planning and decisions and this section provides some useful definitions.

Care Plan

A general care plan that details the current and continuing health and social care needs, achievable goals and actions required. A care plan is generally written by health or social care staff, with input from the individual. Not legally binding.

Future care plan/advance care plan

This can cover any aspect of future health and social care. It is written by the individual, with support from others if needed. It covers the person's preferences, wishes, beliefs and values about future care. It guides future decisions about best interests of the individual, if they lose the capacity to make decisions. Not legally binding, but must be taken into account when others are acting in the best interests of the person.

Advance decision to refuse treatment

This can only cover refusal of a specific treatment. It is made by the person, who must have the capacity to make the decision, but may be made with support from a clinician. It only covers refusal of future specific treatment, in the event that the person loses the capacity to make these decisions. This is legally binding if the decision is assessed as complying with the Mental Capacity Act and provides legal and clinical instruction to the multidisciplinary team.

For refusal of life sustaining treatment, it must be written, signed and witnessed, and contain a statement that it applies even if the person's life is at risk.

Do not attempt cardiopulmonary resuscitation (DNACPR/DNAR)

This only covers decisions about withholding CPR. The form is completed by a clinician responsible for the patient. It can be completed for a person who does not have capacity if it is in their best interests. The form is legally binding if it is part of an Advance Decision to refuse treatment. Otherwise, it is advisory only and clinical judgement takes precedence. This form does not need to be witnessed, but is usually signed by the clinician. The decision can be reviewed and removed.

What is a future care plan?

Future care planning is about having conversations with your close family, friends and care provider(s) so that they know your personal and health care treatment wishes if you become incapable of expressing your own decisions.

Writing down your beliefs, values and wishes for your future care is a future care plan.

Developing your future care plan

Beliefs, Values and Wishes

Future care planning begins by thinking about your beliefs, values and wishes regarding your health care and personal wishes, and talking about them with family or friends, and your care provider(s).

When the people you trust know what is important to you with regard to future health care and personal wishes, it is easier for them to make decisions on your behalf.

The following questions may help you think about what is important to you.

What are the things that make my life meaningful?

What is important to me?

Where would I like to be cared for in the last days of my life?

Who would I like to make decisions on my behalf if I am no longer able to do so?

Have I put my affairs in order e.g. written a will?

What would I prefer not to happen?

An example of how Future Care Planning may help

Harry, 74, lives with his wife Beryl and she has recently been diagnosed with dementia. Harry's health has been poor for seven years. He has kidney disease, diabetes and high blood pressure. He needs kidney dialysis three times a week, and has congestive heart failure that worsens every few months. He and Beryl live near their oldest son, Paul, who helps with his care and goes to Harry's doctor's appointments with him. Harry has three other children who live nearby, and has a good relationship with all of them.

As Harry's health is clearly declining, his doctor suggested he consider writing a future care plan so that his wishes are known and it is clear who will make decisions for Harry if he becomes incapable of deciding for himself.

Harry talked with his wife and children, and identified that he would prefer to stay at home to the end of his life, rather than in hospital or a residential care facility. He has taken great pride in tending his garden for the last 40 years and would like to be able to look out on it in the last days of his life. He would like his wife and children to be with him when he dies. He worries about being in pain, and would not want to be hooked to machines to prolong his life.

Despite his health concerns, he would also like to be an organ donor if possible.

He decides that he would like Paul to make decisions for him if he becomes incapable of doing so. He has named Paul as the executor of his will.

Putting your affairs in order

Future care planning is a good time to put all of your personal planning papers together where they can be easily found.

These papers may include:

- your will and the name of the executor
- information about your organ donation wishes
- insurance policies and any other financial arrangements you have made.
- other important documents, e.g. birth / marriage certificate(s)
- The details of your funeral arrangements or burial plot if pre planned/paid
- your internet passwords (consider passing these to someone you trust or changing important accounts while you are still able)

It is advisable to record in your future care plan where these papers are kept; this will help those you have put in charge of your affairs to find them if and when needed.

Changing your Future Care Plan

You can change your future care plan at any time – it is a document of **your** wishes, beliefs and values.

As when writing the plan for the first time, it can be very helpful to discuss any changes with the people that you trust; family or friends and/or care providers.

Deciding where you wish to be cared for in the last days of your life

Some people feel sure about where they wish to be cared for in the last days of their life, whilst others find it a very difficult topic to discuss or make an informed decision about. It is also not uncommon for people to change their mind as their illness progresses.

It is important to discuss this choice with your family/carers and the professionals who are caring for you. Many people feel more comfortable to make a preferred choice but to also have a back-up plan to allow for anything unforeseen.

The professionals involved in your care will be able to discuss your options with you and help you make an informed decision.

Planning Your Funeral

Many people now choose to plan their own funeral, often whilst still in full health. The level of planning is entirely up to each person: for some it is sufficient to say whether they wish to be buried or cremated; some people just want to choose their own songs or hymns; others plan every aspect of the service including choosing the celebrant, planning the order of service and deciding on a dress code for everyone who attends.

Recording what kind of funeral you would like can be very helpful to your family and friends. They are able to organise your funeral in the knowledge and comfort that they are following your wishes and that the service, whether very modern, very traditional or anything in between, will reflect all of the things that are uniquely important to you.

Remember this is your future care plan – you may not wish to answer all of the following questions – you only have to complete the parts that are important to you

Things that are important to me/ gives me quality of life

--	--

These religious or spiritual care needs are important to me;

--

I am a registered as an organ donor

Yes No

My wishes (for future care)

--	--

What would you really not want to happen or fear happening?

--

Where I would like to be cared for during my illness

My preferred place

If this is not achievable, I would like...

Name:

DOB:

Where I would like to be cared for in the last days of my life	My preferred place
	If this is not achievable, I would like ...
I would like these family members / friends to be involved in my care if they wish	
These are the things that I would take comfort in (e.g. support for self and family, pets, music, etc.)	
I would like to make an Advanced Decision to refuse treatment? Please discuss this with your health care professional. There is a separate booklet and form to complete to help you identify any treatments you may wish to refuse.	<input type="checkbox"/> Yes No <input type="checkbox"/>
I have written a will My will is kept at ...	<input type="checkbox"/> Yes No <input type="checkbox"/>
Is there any thing else that is important to you?	

Name:

DOB:

Who has been involved in your future care planning?	
Next of Kin Name Contact details: Relationship:	Name Contact details: Relationship:
Name Contact details: Relationship:	Name Contact details: Relationship:
Name Contact details: Relationship:	Name Contact details: Relationship:

Celebrating my life – My Funeral

What type of service would you like?

BURIAL OR CREMATION	
Would you prefer a burial or cremation?	Burial <input type="checkbox"/> Cremation <input type="checkbox"/>
Do you have a pre-paid funeral plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, with which Funeral Director? Policy Number	
If no, which Funeral Director would you like to use?	
Where would you like the service to take place?	
BURIAL	
Do you have a family plot or have you purchased a plot?	<input type="checkbox"/> Family Plot Own plot <input type="checkbox"/>
Where is the plot? (please make sure that your next of kin or executor knows where the paperwork for this is kept)	
If not, where would you like to be buried?	
What style of headstone would you like?	
CREMATION	
Which crematorium would you like this to take place?	
What would like your family to do with your ashes?	

Name:

DOB:

12

THE SERVICE

Do you have any specific instructions about your funeral?
What does this include?

Do you want a religious service?
What religion are you?

Yes No I don't mind

Who would you like to conduct the service?

Who would you like to take part in the service?

What music would you like played?

Do you have anything that you would like read at the service?

Would you like anything included in your coffin? (some things cannot be included if you have chosen to be cremated)

What would you like to be dressed in?

Name:

DOB:

13

Would you like flowers or would you prefer people to make a donation?

- Flowers
- Family Flowers only
- Donations in lieu
- None of the above

If a donation, where would you like the donations to go to?

Please add any other information here.

If you want to let us know how helpful this form is, please tell us here

Name:

DOB:

This document has been developed by patients, carers and staff within North Lincolnshire, based on North East Lincolnshire Advance Care Plan

Name:

DOB:

15