

The logo for Greenwich & Bexley Community Hospice. It features the text "Greenwich & Bexley" in a light blue, sans-serif font, with a small, stylized bird icon above the ampersand. Below this, the words "Community Hospice" are written in a bold, dark blue, sans-serif font.

Greenwich & Bexley  
**Community Hospice**

## Advance Care Plan

This booklet is a patient-held record and should be returned to the person named on page 3

# What matters - the process of thinking ahead

Serious illness and ageing bring challenges that many of us prefer to avoid thinking about. At the same time many of us fear loss of control about decisions relating to our care.

Thinking ahead and writing down what matters to you can be a daunting process. You may feel that you do not know enough about your health, about what is available to you, and what choices you have about your care.

You may find it difficult to talk to your family about your future wishes and they may not agree with you. Having discussions with family, friends and care providers enables you to have control over decisions that may need to be taken on your behalf in the future.

This booklet is designed to help you start making informed choices about your future care. It will direct you towards people who may be able to help you. It belongs to you; it is for you and about you. To ensure your wishes are known it is advisable that you show this booklet to the people who are involved in your care.

People can and do change their minds, you can add to or change your decisions at any time. Consider reviewing your plan at least every six months to ensure it still reflects what is important to you. If you do make changes please let those involved in your care know.

Writing in this booklet creates an 'advance statement' (see glossary of terms page 14), it is not a legal document. It is intended to help you think about your future ahead of time and influence a thorough and individualised approach to your care. It could also be used as guidance about your wishes and decisions should you ever lack the capacity to voice them yourself.

This booklet is not meant for the purpose of refusing treatments. An Advance Decisions To Refuse Treatment (see glossary of terms page 14) is legally binding providing it follows the strict guidance and criteria set down.

To find out more please speak to a healthcare professional who is aware of your situation and can guide you in your decision.

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

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

\_\_\_\_\_

Postcode: \_\_\_\_\_

NHS Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

\_\_\_\_\_

Postcode: \_\_\_\_\_

**You may have formally appointed someone to make decisions on your behalf using a Lasting Power of Attorney (see glossary of terms on page 15). If so, please provide their contact details below.**

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

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

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Is this the Lasting Power of Attorney for:  Property and Affairs  Personal Welfare  Or both

If you have not registered a Lasting Power of Attorney, is there someone who knows you well and understands what is important to you? This person could 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: \_\_\_\_\_

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

\_\_\_\_\_

Postcode: \_\_\_\_\_

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

This page has some questions as a guide for you to complete your Advance Care Plan. On the next page there is space for you to write about things that are more personal to you and how you would like to be cared for in the future.

**What concerns do you have about your health, now and in the future?**

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**Would you like someone to help you discuss your future with your family and friends? Yes/No** (please circle)

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**Who or what supports you when things get difficult?**

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**Do you have a particular faith or belief system that is important to you? Yes/No** (please circle)

Please give details.

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**Would you like to talk to anyone about your faith or beliefs? Yes/No** (please circle)

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**Where would you like to be cared for if you were no longer able to care for yourself?**

**1st preference:** \_\_\_\_\_

**2nd preference:** \_\_\_\_\_

**If your circumstances change, where would you prefer to be cared for when you are dying? At home, care home, hospital or hospice?**

**1st preference:** \_\_\_\_\_

**2nd preference:** \_\_\_\_\_

**Have you made a Will? Yes/No** (please circle)

**If yes, where is the Will held?** \_\_\_\_\_

**Have you made funeral arrangements? Yes/No** (please circle)

**Do you want to be buried or cremated?** (please circle as appropriate)

**You may wish to have a further discussion with your healthcare professional about issues such as:**

- Emergency admissions to hospital
- Use of life sustaining treatments eg artificial feeding, hydration, antibiotics and blood transfusions
- Attempts at cardio-pulmonary resuscitation (CPR) - see glossary of terms on page 14
- Organ donation - see glossary of terms on page 15

If there are any treatments you wish to refuse these can be documented in Advance Decision To Refuse Treatment (see *glossary of terms on page 14*).

If the health professional is unable to answer your questions, s/he will refer you on to a colleague who can.

This document has been completed by:

Your Name: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Healthcare Professional

Name: \_\_\_\_\_ Their Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Suggested review date: \_\_\_\_\_ (no longer than 6 monthly)

Has a Do Not Attempt Resuscitation form been completed: Yes/No (please circle)

Has an Out of Hours Handover form been completed: Yes/No (please circle)











# Contact Information

## NEXT of KIN / PERSON WHO KNOWS ME WELL:

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

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

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

## DISTRICT NURSE:

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

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

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Out of Hours Telephone Number: \_\_\_\_\_

## CARE MANAGER/AGENCY NAME:

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

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

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Out of Hours Telephone Number: \_\_\_\_\_

**OTHERS eg SPECIALIST NURSE, COMMUNITY MATRON:**

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

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

\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Out of Hours Telephone Number: \_\_\_\_\_

**HOSPITAL:**

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

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

\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

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

**OTHER:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**OTHER:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

# Glossary of Terms

## **Advance Statement**

A statement of wishes and preferences that are personal to you and can be about anything to do with your future care. It might include the name of a person / people you want to act on your behalf at a later time. Your thoughts on different treatments, choice about where you might like to be cared for such as home, care home, hospital or hospice. How you like to do things such as taking a bath or shower, sleep with the light on or off. Music and television programmes you like.

An Advance Statement is not legally binding but needs to be taken into account when others are making decisions about your care at a time when you are unable to.

## **Advance Decisions to Refuse Treatment (ADRT)**

Previously known as a Living Will or advance directive, this is a decision you can make to refuse a specific type of treatment at some time in the future. If you want to refuse life sustaining treatment such as artificial ventilation, this needs to be in writing, signed and witnessed.

An Advance Decision To Refuse Treatment is legally binding if valid under the Mental Capacity Act 2005 and will only be used if you lose the ability to make your own decisions in the future.

## **Cardio-Pulmonary Resuscitation (CPR)**

CPR is an emergency treatment which tries to restart a persons heart or breathing when these have stopped suddenly.

Often seen in hospital drama series as being very successful, this is not the reality in life. In fact, when people have very serious illnesses only about 1 in 100 who receive CPR will recover enough to leave hospital. Ultimately it is the responsibility of the Consultant or GP to decide if CPR is an appropriate intervention.

You may wish to talk to someone who could give you more information about CPR. This might be your GP/ Senior or Specialist Nurse or Consultant.

## **Lasting Power of Attorney (LPA)**

A Lasting Power of Attorney enables you to give another person (or several people) the right to make decisions relating to your property and affairs and/or your personal welfare at anytime in the future. Decisions about care and treatment can be covered by a personal welfare LPA.

A Lasting Power of Attorney must be registered with the Office of the Public Guardian otherwise it cannot be used.

Only adults over 18 years with capacity can appoint a LPA.

## **Mental Capacity Act 2005**

This Act states that a person has the mental capacity to make decisions for themselves unless proved otherwise.

## **Organ Donation**

You may already carry a donor card or thought you might not be eligible to donate because of age or ill health. In the case of cornea and some other tissue donation, age does not matter. For other organs, physical condition will be the deciding factor.

If you would like to consider organ donation, you will need to register either via the NHS Organ Donor site [www.uktransplant.org.uk](http://www.uktransplant.org.uk) or call the Organ Donor Register line on 0300 123 23 23.

Further information can be found at [www.endoflifecare.nhs.uk](http://www.endoflifecare.nhs.uk)

  
**Greenwich & Bexley  
Community Hospice**

**I have completed an Advance Care Plan.**

For further information please contact:

**Name:** \_\_\_\_\_

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

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Our thanks are extended to the Palliative Care Modernisation Facilitators, NHS South of Tyne and Wear for their support in the development of this booklet.

This booklet has been developed as a joint initiative between Greenwich & Bexley Community Hospice, South East London Cancer Network and St Christopher's Hospice.