Oxford Radcliffe Hospitals NHS
NHS Trust

Lily

Newcastle University

Planning future care

Dr Victoria Nesbitt
Consultant Paediatrician
Mitochondrial Disease Service, Oxford

Why Plan Ahead?

- Record your views
- Preferences for future care
- Priorities for the future
- Guides healthcare staff
- Easier for the family?

Advance Care Planning

Things to consider

- What do you want to happen?
- Let those around you know your wishes (advance statement)
- Are there any treatments or care you don't want to have? (advance decision to refuse treatment / living will)
- Should someone else make decisions on your behalf if you can't? (lasting power of attorney)
- Make a will

Key points about advance care planning

- No one is obliged to carry out advance care planning
- Discuss your wishes with those close to you, eg spouse, partner, relatives or carers.
- You can include anything that is important to you no matter how trivial it may seem to others
- If you wish to refuse a specific treatment, consider making an advance decision to refuse treatment
- It is recommended that anything you have written down should be signed and dated
- It is recommended you seek the advice of an experienced healthcare professional if making an advance decision to refuse treatment
- If you make an advance decision that refuses treatment that is life sustaining it must be in writing, signed, dated and witnessed and use a specific form of words
- If you have named someone to speak for you or have a Lasting Power of Attorney, remember to write down their name in your advance care planning documents
- If your wishes are in writing or if you have a Lasting Power of Attorney, keep a copy of the documentation safe and provide copies to those who need to know your wishes e.g. nurse, doctor, carer or family member.

ACP – children & young adults

- A framework for discussing and documenting the agreed wishes of a child / young person and their parents
- Covers slow deterioration and sudden emergencies
- Shared with all professionals involved in the CYP care
- Can be used as a resuscitation plan / end of life care plan*

RESPECT

Name:	
DOB:	
NHS/CHI/Health & Care No.	

Recommended Summary Plan for Emergency Care & Treatment

1	Preferred Name:		Date completed:	

2 Summary of relevant information for this plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

3 Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort — **Prioritise comfort, even at the expense of sustaining life**

Considering the above priorities, what is most important to you is (optional):

4 Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below (Clinician signature) — **Focus on symptom control as per guidance below** (Clinician signature)

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:

☐	☐	☐
CPR attempts recommended	For modified CPR (as detailed above)	CPR attempts NOT recommended
(Clinician signature)	(Clinician signature)	(Clinician signature)

RESPECT

Name:	
DOB:	
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5 Capacity and representation at time of completion

	Yes	No	Unknown
Does the person have sufficient capacity to participate in making the recommendations on this plan?	☐	☐	
Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations? If so, document details in emergency contact section below.	☐	☐	☐

6 Involvement in making this plan

The clinician(s) signing this plan is/are confirming that these recommendations have: (select at least one)

A	☐	been recorded after discussion involving this person, who has sufficient mental capacity to participate in making relevant decisions.
B	☐	where appropriate, been discussed with a person holding parental responsibility.
C	☐	in the case of a person who does not have sufficient mental capacity to participate in relevant decision-making, been made in accordance with capacity law
D	☐	been made without involving the patient (or best interests/overall benefit meeting if the patient lacks capacity)

If **D** has been selected, state valid reasons here. Document full explanation in the clinical record:

Date, names and roles of those involved in discussion, and where records of discussions can be found:

7 Clinicians' signatures

Designation (grade/speciality)	Clinician name	GMC/ NMC/ HCPC Number	Signature	Date & time
Senior responsible clinician:				

8 Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent			
Family/friend			
GP			
Lead Consultant			
Other			

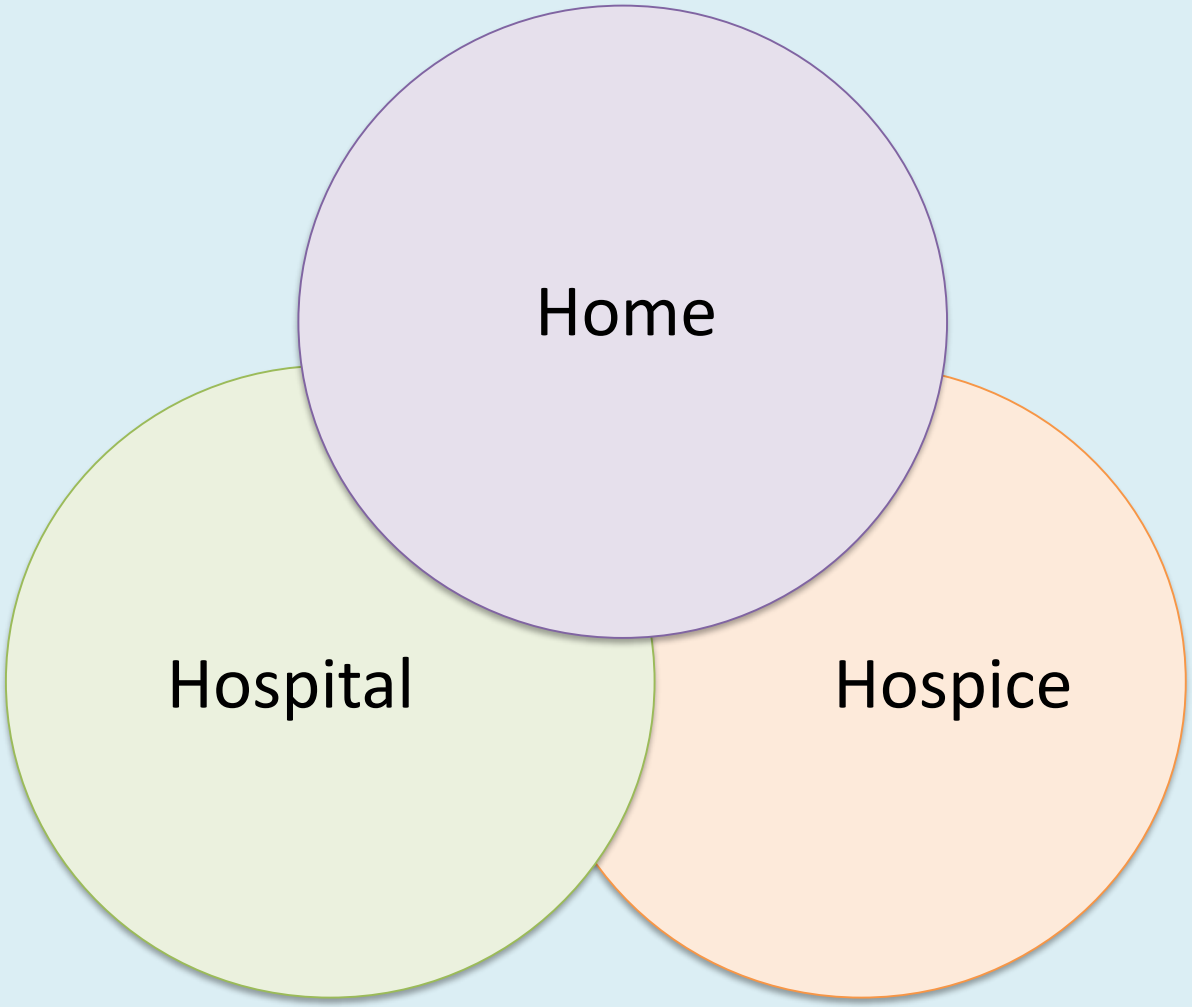
9 Confirmation of validity (e.g. for change of condition)

Review date	Designation (grade/speciality)	Clinician name	GMC/ NMC/ HCPC No.	Signature

Palliative Care

- Care for those, and their families, with an incurable illness
- Aims to treat or manage pain and other physical symptoms
- Also helps with psychological, social or spiritual needs
- Not just for ‘end of life’

Palliative Care



Hospice Services

- 24hr telephone support
- Practical help, advice and information
- Specialist short break care
- Specialist therapies
- 24hr access to emergency care
- Care for a body after death
- Bereavement support


Lily x

Think about the future

- What do you want to happen?
- Consider Advance Care Planning
- Could Palliative Care Services help?
- Could your local hospice provide extra support?

Plan for your future

It's your life……. Live it out your way