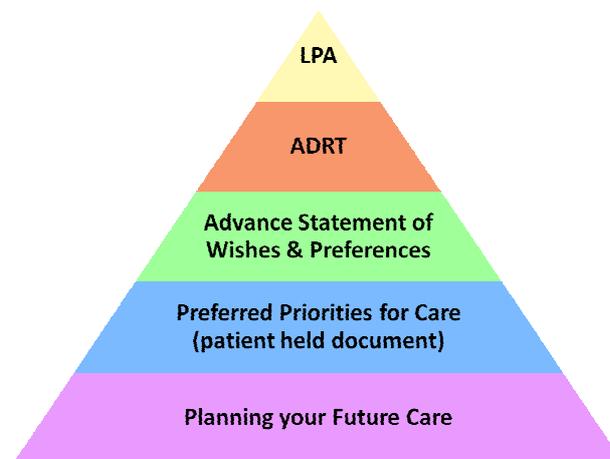


## Advance Care Planning process: Guidance for Health Care Professionals.

This guidance has been developed by a range of professionals across the local health economy to assist you in documenting and sharing the discussions you have with patients when planning their future care and treatment, particularly if they may be living in the last year of their life.

**Advance Care Planning (ACP)** is a *voluntary* process of discussion and review to help an individual who has capacity to anticipate how their condition may affect them in the future and, if they wish, set on record: choices about their care and treatment and/or an advance decision to refuse a treatment in specific circumstances, so that these can be referred to by those responsible for their care or treatment (whether professional staff or family carers) in the event that they lose capacity to decide once their illness progresses. If you are not familiar with ACP, we recommend you seek available educational opportunities locally and consult the following National End of Life Care Programme interactive document 'Capacity, care planning and advance care planning in life limiting illness': <http://tinyurl.com/5uaqfv2>

The diagram below illustrates the possible outcomes of an ACP discussion, with the areas proportional those who might receive/complete each. **Not all need be completed and the top 3 layers can be completed in any order.** Table 1 overleaf illustrates the relevant document with a brief explanation of what it is for.



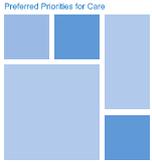
ADRT = Advance Decision to Refuse Treatment, LPA = Lasting Power of Attorney

### The steps to proceed with the ACP process:

1. Consider if you are the right person to have the conversation and if it is the right time?
2. Provide the patient with the 'Planning for your future care – A Guide' booklet
3. If this is the right time for ACP, direct the person to the Preferred Priorities for Care (PPC) document and/or complete the pertinent document (Advance Statement of Wishes & Preferences (ceilings of treatment), Advance Decision to Refuse Treatment) or parts of the document.
4. If further conversations are needed at another time, hand this on to another healthcare professional e.g. GP, District Nurse, or arrange another appointment
5. Gain consent to share the information with other relevant healthcare professionals

- Complete the 'Notification of Advance Care Planning' form, retain a copy of this in the health records and forward the most recent copy to relevant healthcare professionals. **If a healthcare professional makes any updates or amendments, they are responsible for sharing the updates with healthcare professionals as outlined on the 'Notification of Advance Care Planning' form.**

Table 1: Possible outcomes of ACP discussion, and relevant documents to use

	<p><b>Planning for your future care – a Guide</b>, is for people and those important to them. It explains Advance Care Planning and outlines the different options available to them including identifying wishes and preference, refusing specific treatment, making a Lasting Power of Attorney and where to go for further information. It is available in clinical areas and from:</p> <p><a href="http://www.endoflifecareforadults.nhs.uk/publications/planningforyourfuturecare">http://www.endoflifecareforadults.nhs.uk/publications/planningforyourfuturecare</a>  <b>We recommend you provide this to all people who might benefit from ACP.</b></p>
	<p><b>Preferred Priorities for Care</b> is a person-held document designed to facilitate individual choice in relation to end of life care. It focuses on preferences about how they would like to be cared for in the future, as well as the things that are important to them. Anyone can complete the document, not all of it needs to be completed. <b>It is not appropriate for recording decisions about medical interventions or refusals of treatment.</b></p> <p>This document, as well as an Easy Read version and supporting information leaflets (Guide to Preferred Priorities of Care) are available in clinical areas and from:  <a href="http://www.endoflifecareforadults.nhs.uk/tools/core-tools/preferredprioritiesforcare">http://www.endoflifecareforadults.nhs.uk/tools/core-tools/preferredprioritiesforcare</a></p>
	<p><b>An Advance Statement of Wishes &amp; Preferences (ceilings of treatment) can be used as a 'springboard' for the professional to begin discussions which relate specifically to preferences regarding medical interventions during their illness e.g. clinically assisted nutrition, ventilation, CPR and other scenarios requiring hospital admission. Relevant areas are to be discussed with the patient if and when appropriate, and not all sections will necessarily be completed.</b> The document is a dynamic one, to reflect the patient's wishes as they progress along their illness trajectory. This should be shared, with the patient's permission, with other relevant healthcare professionals so that expressed wishes are taken into account at a time when the patient may not be able to engage in discussions themselves. A signature is not required, as it is not legally binding, but serves to make the multiprofessional team aware of the patient's wishes and preferences if a best interest decision needs to be made.</p>
	<p><b>An Advance Decision to Refuse Treatment (ADRT)</b> (previously known as an advance directive or a living will) is a decision that can be made now to refuse a specific type of treatment, including potentially life saving treatment, at some time in the future. It lets family, carers and healthcare professionals know the person's treatment refusals if they are ever unable to make or communicate that decision themselves.</p> <p><b>The treatments the person is deciding to refuse (including potentially life saving treatments) must be specifically named in the ADRT and the decision must be signed by them. The individual must be competent to complete the ADRT at the time.</b> NB The form used at BSUH (see below) will have the term written in full; Advance Decision to Refuse Treatment replacing 'Advance Decision'</p> <p><a href="http://www.endoflifecareforadults.nhs.uk/assets/downloads/pubs_Advance_decisions_to_refuse_guide.pdf">http://www.endoflifecareforadults.nhs.uk/assets/downloads/pubs_Advance_decisions_to_refuse_guide.pdf</a></p>
<p><b>Lasting Power of Attorney</b></p>	<p>Adults can choose and appoint an <b>LPA</b> to act on their behalf if in the future they lose capacity to make these decisions for themselves. <b>The LPA can be for health and welfare and/or property and financial affairs. An LPA supercedes any ADRT.</b> You should direct them to the Office of the Public Guardian at: <a href="http://bit.ly/iF79eX">http://bit.ly/iF79eX</a>.</p>

## Advance Statement of Wishes and Preference

<b>Current Address:</b>	Nominated NOK and relationship?  NOK Address:		Patient Label, or complete: <b>Name:</b> <b>D.O.B:</b> <b>Trust ID no:</b> <b>NHS Number:</b>
Clinical Issue	Date	N/A	Details/Decision
<b>Preferred Place of Care at the time of dying</b>			1 <sup>st</sup> preference
			2 <sup>nd</sup> preference
<b>Cardiopulmonary Resuscitation (CPR)</b>			Has a DNACPR form been completed by the GP/Consultant/other appropriately delegated clinician?
<b>Transfusion of Blood Products</b>			
<b>Clinically assisted Nutrition and Hydration</b>			
<b>Assisted Ventilation</b>			

Clinical Issue	Date	N/A	Details/Decision
<b>Other Scenarios Requiring Medical Intervention Including Hospital Admission</b>			
<b>Tissue and/or Organ Donation</b>			If appropriate, direct person to the NHS Organ Donor Register, 0845 60 60 400 or <a href="http://www.uktransplant.org.uk">www.uktransplant.org.uk</a>
<b>Are any of the following in place:</b> -Advance Decision to Refuse Treatment (ADRT) -Lasting Power of Attorney - Health & Welfare &/or Property & Financial Affairs			If yes, when last updated and where are copies

**This Advance Statement of Wishes and Preferences was completed by:**

**Name:** \_\_\_\_\_ **Organisation/Role:** \_\_\_\_\_ **Bleep no:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Please ensure that with the patient's consent, this is shared with relevant health professionals (see Notification of Advance Care Planning form) and encourage the patient to also retain a copy.

Subsequent Advance Statement of Wishes and Preferences updates have been completed:			
Date:	By whom:	Organisation/role:	Confirmation that they will inform HCPs on notification sheet of the amendments with patients consent

## Notification of Advance Care Planning

<p><b>Current Address:</b></p>  <p>NOK Address:</p>	<p>Patient Label, or complete:  <b>Name:</b>  <b>D.O.B:</b>  <b>Trust ID no:</b>  <b>NHS Number:</b>  Nominated NOK and relationship?</p>																																		
<p><b>Is there an existing Lasting Power of Attorney for Health and Personal Welfare? Yes/NO</b>  <b>If Yes, please enter their name and contact details:</b></p> <p>Following a discussion about your future care, your Advance Care Plan includes the following documents:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">1. Provision of the 'Planning for your future care – A Guide' booklet</td> <td style="width: 20%; text-align: right;">Yes/No</td> </tr> <tr> <td>2. Preferred Priorities for Care</td> <td style="text-align: right;">Yes/No</td> </tr> <tr> <td>3. Advance Statement of Wishes &amp; Preferences</td> <td style="text-align: right;">Yes/No</td> </tr> <tr> <td>4. An Advance Decision to Refuse Treatment</td> <td style="text-align: right;">Yes/No</td> </tr> <tr> <td>5. Referral and advice on appointing a Lasting Power of Attorney</td> <td style="text-align: right;">Yes/No</td> </tr> </table> <p>I consent to my Advance Statement and/or Advance Decision to Refuse Treatment and/or Lasting Power of Attorney being shared with the healthcare professionals indicated below.</p> <p>Signature: _____ Name: _____ Date: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 50%;">Named Healthcare Professional (HCP)</th> <th style="width: 40%;">Role/Team</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Hospital Health Records</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>General Practitioner</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>District Nurse</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Care Home</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Community Palliative Care Team</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Out of Hours GP Service</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>Other (please state)</td> </tr> </tbody> </table>		1. Provision of the 'Planning for your future care – A Guide' booklet	Yes/No	2. Preferred Priorities for Care	Yes/No	3. Advance Statement of Wishes & Preferences	Yes/No	4. An Advance Decision to Refuse Treatment	Yes/No	5. Referral and advice on appointing a Lasting Power of Attorney	Yes/No		Named Healthcare Professional (HCP)	Role/Team	<input type="checkbox"/>		Hospital Health Records	<input type="checkbox"/>		General Practitioner	<input type="checkbox"/>		District Nurse	<input type="checkbox"/>		Care Home	<input type="checkbox"/>		Community Palliative Care Team	<input type="checkbox"/>		Out of Hours GP Service	<input type="checkbox"/>		Other (please state)
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<p><b>This phase of my Advance Care Planning process was completed by:</b></p> <p><b>Name:</b> _____ <b>Organisation/Role:</b> _____ <b>Bleep no:</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____</p> <p>Subsequent updates have been completed:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date:</th> <th style="width: 20%;">By whom:</th> <th style="width: 20%;">Organisation/role:</th> <th style="width: 45%;">Confirmation that they will inform HCPs above of the amendments with my consent</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Date:	By whom:	Organisation/role:	Confirmation that they will inform HCPs above of the amendments with my consent																														
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**ADVANCE DECISION (adult patients)**

Brighton and Sussex **NHS**  
University Hospitals  
NHS Trust

Stick Patient identifier/label here  
Or insert  
Patient's surname/family name.....  
Patient's first names .....  
Date of birth .....  
Trust ID / NHS Number .....

An Advance Decision [AD] enables an adult, while still capable, to refuse specified medical treatment for a time in the future when they may lack the capacity to consent to, or refuse, that treatment. If a patient lacks capacity and has previously made an AD which remains valid, the AD has the same effect as a decision made by a person with capacity. However, if a Personal Welfare Lasting Power of Attorney exists, this Attorney may supersede any AD at a time when the patient lacks capacity.

**A. I** ..... (first & surname)  
**refuse to receive the following treatment (specify in detail what treatment is refused)**.....

**in the following circumstances:** (if no entry is made about what is wanted if circumstances change, then healthcare professionals may decide that the Advance Decision is not applicable if particular different circumstances arise) .....

**My reasons for this decision are:** .....

**until the following date** ..... (insert date) **OR indefinitely**  (tick box)

**B. Life-Saving Treatment**

**i) I want this decision to be respected even if my life is at risk and I may die as a result of someone respecting the decision I have taken.**

**Signed**..... **Date**.....  
**Witnessed by (signature)**..... **Date**.....  
**Full name of witness (print)**.....  
**Relationship of witness to patient, or post held (print)** .....

**OR**

**ii) I DO NOT want this decision to be respected if my life is at risk, or if I may die as a result of someone respecting the decision I have taken.**

**Signed**..... **Date**.....  
**Witnessed by (signature)**..... **Date**.....  
**Full name of witness (print)**.....  
**Relationship of witness to patient, or post held (print)** .....

**Complete in confirmation that this decision still stands, if more than 12 months, or significant change in clinical circumstances, since previous signature:**

**Signed**..... **Date**.....  
**Witnessed by (signature)**..... **Date**.....  
**Full name of witness (print)**.....  
**Relationship of witness to patient, or post held (print)** .....

Brighton and Sussex   
University Hospitals  
NHS Trust

Stick Patient identifier/label here  
Or insert  
Patient's surname/family name.....  
Patient's first names .....  
Date of birth .....  
Trust ID / NHS Number .....

**C For completion by health care professional (delete either 1a or 1b and any other items not applicable)**

1. a) I have discussed with the patient the possible consequences of this decision for them, including the following: .....
- ..... **OR** .....
- b) I offered to discuss with the patient the possible consequences of this decision; this has been refused
2. On the balance of probabilities, I believe that this patient has the capacity to reach a decision at this time. (S)he appears to understand the nature and consequences of the decisions (s)he is making, appears to be aware of and can remember the relevant issues, and has used these to arrive at his/her decision
3. The patient has said they do not have a Personal Welfare Lasting Power of Attorney
4. I have asked the patient to inform their family/friends & their GP of the existence of this decision
5. I have explained to the patient that a copy of this Advance Decision will be placed in the medical records held in Brighton and Sussex University Hospitals NHS Trust
6. I have emphasised to the patient the importance of informing the Trust in writing if their decision changes

Signature:..... Date .. Time .....

Name (PRINT) ..... Job title (PRINT) .....

**Guidance to patients:** While an Advance Decision [AD] can be used to refuse one or more specified treatments, under English law it cannot be used to demand any specific treatment. The more detailed information you give about this decision, & the circumstances in which you intend it to apply, the easier it will be for Trust staff to use this at some time in the future (if you then can't decide for yourself) to ensure your views are respected. The Trust strongly recommends that you inform your GP and your family/close friends of this AD. It is also **VITAL** that you keep the Trust, GP and family/friends informed if you wish to amend or withdraw this AD.

**Guidance to health professionals:** If the patient lacks capacity at any time, the decision-maker has to decide whether this AD is "valid and applicable". The Mental Capacity Act Code of Practice says that to do this, the health care professional must try to find out if the person

A) has done or decided anything since signing this AD, at a time when they had capacity, that clearly goes against this AD

B) has withdrawn their decision

C) has subsequently conferred the power to make this decision on a Personal Welfare Lasting Power of Attorney, or

D) would have changed their decision if they had known more about the current circumstances.

If the healthcare professional concludes that the document is not a valid and applicable advance decision, it must then be considered as an expression of previous wishes which must be taken into account when working out a person's best interests.

Form to be retained in front of current volume of patient's records. Existence of form to be recorded on PAS and A&E computer – send copies to Health Records and to A&E for this to be done.

Copy given to patient  Copy sent to A&E  Copy sent to Health Records

by (print name) ..... (post) ..... on (date) .....