

My Anticipatory Care Plan

Let's think ahead



Anticipatory Care Planning (ACP) is about thinking ahead and understanding your health. It's about knowing how to use services better and it helps you make choices about your future care.

Planning ahead can help you be more in control and manage any changes in your health and wellbeing.

Talking to the people who matter to you helps shape the right plan for you.

This is your plan – it's not legally binding in any way, completing it is voluntary. It may be that all parts of this document do not apply to you just now. Complete what is important to you.

Date:	
Review date:	

It's a good idea to think about updating or reviewing your plan from time to time.

Information

It might be appropriate for the professional who is helping you most to summarise important clinical details in the clinical management plan at the end of your plan.

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My plan

About me

You may wish to fill in some parts of your plan yourself. You may also want to speak to your family or friends about this. Remember, you can also talk about your plan with a professional who is helping support you. You might choose to fill in different parts of the plan at different times. All parts of the plan may not apply to you just now.

If you have a mental health issue, a learning disability or dementia, an independent advocate can talk with you about what you want to include in your Anticipatory Care Plan.

My details	
Name:	
I'm known as:	
Date of birth:	
Address:	
Telephone number:	
Mobile phone number:	

A little bit more information about me

What things would you like others to know about you?

For example, your health, work, hobbies and things you enjoy doing.

Important people

My next of kin

Name:

Address:

Telephone number:

Their relationship to me:

For example, may be a close relative or a friend.

My emergency contact	
Name:	
Address:	
Telephone number:	
Their relationship to me:	

My carer(s)
Do you have someone who provides support and help to you?
<input type="checkbox"/> Yes
<input type="checkbox"/> No

For example, a family member or friend. If so who are they?

Name:	
Address:	
Telephone number:	
Their relationship to me:	

Name:	
Address:	
Telephone number:	
Their relationship to me:	

Information

Carers have a right to support and information to help them in their caring role.

There are benefits and allowances as well as support for carers. Your local authority should provide an individual carer assessment. If you would like more information for you or your carer, you can get this at the local Carers' Centre or at www.careinfoscotland.scot

Are you a carer yourself?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Who do you care for?

Other people who matter to me or help me

Name:

Address:

Telephone number:

Why they are important to me:

Name:

Address:

Telephone number:

Why they are important to me:

Do you have a Named Person, a Welfare Guardian or an Independent Advocate?

Name:

Address:

Telephone number:

Why they are important to me:

Name:

Address:

Telephone number:

Why they are important to me:

Information

More information about Named Persons, Welfare Guardians and Independent Advocacy can be found in the "Things to think about" booklet available from your GP practice or the website **myacp.scot**

What matters to me

What is important to me in my life just now

For example, local support networks, my family, neighbours, my pets and my garden.

My spiritual and cultural beliefs

This is what I would prefer to happen if my health or circumstances change

For example, staying at home, moving in with my family or going to sheltered housing or a care home.

This may depend on the situation at the time.

Talking with me

Do you need help when communicating with others (for example, hearing, remembering things, needing a translator or an independent advocate or other support)?

Do you prefer to have those close to you present, or would you prefer to speak in private?

My health condition(s) at the moment

My main health conditions are:

--

How my health problems affect me...

...on a good day:

--

...on a bad day:

--

For example, breathlessness, pain, tiredness, difficulty getting around, dizziness, falling, feeling down or forgetfulness.

What is most difficult for me right now

--

Understanding my health and what would help me

What would help me manage my health better

--

What I can do to help myself

--

Things I need support or help with

For example, stopping smoking, losing weight or stress.

Services that I am not in touch with that could help

For example, services to keep me independent, exercise classes, support groups or befriending services.

My concerns for the future

For example, my health, people close to me, people I look after, how I will manage and what will happen if I get seriously ill.

What I need to do and who I can contact if I become unwell

A health or care professional can help you fill in this section so that you know what to do if you notice any significant changes in your health.

Problem	
What can I do?	
Who should I contact?	

Problem	
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Who should I contact?	

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Information

If you require immediate advice you can contact your GP. When your GP is closed you can contact the out-of-hours service or NHS 24:

NHS 24

Telephone number – **111**

Website – **www.nhs24.com**

My medicines

It might be useful to keep your repeat prescription with this plan.

Name of medicine	
Why I take it	
Does it appear to be helping me?	

Name of medicine	
Why I take it	
Does it appear to be helping me?	

Name of medicine	
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Does it appear to be helping me?	

Name of medicine	
Why I take it	
Does it appear to be helping me?	

Don't run out of repeat prescriptions - order only what you need in plenty of time.

What matters to me about my medicines

For example, what works well and making sure I don't get side effects.

Medicine I am allergic to:	
What reaction this causes:	

Medicine I am allergic to:	
What reaction this causes:	

Medicine I am allergic to:	
What reaction this causes:	

How I manage taking my medicines

- No problems
- I need help with my medicines

For example, opening packets or bottles, or remembering to take tablets.

If you have any questions or concerns, it's a good idea to speak to your GP, nurse or pharmacist.

Information

To help you take your medicines safely

Please remember when you are unwell with sickness or diarrhoea then **stop** taking the following medicines:

- **ACE inhibitors** – medicine names ending in “pril”, for example, lisinopril, perindopril, ramipril
- **ARBs** – medicine names ending in “sartan”, for example, losartan, candesartan, valsartan
- **NSAIDs** – anti-inflammatory pain killers, for example, ibuprofen, diclofenac, naproxen
- **Diuretics** – sometimes called “water pills”, for example, furosemide, spironolactone, indapamide, bendroflumethiazide
- **Metformin** – a medicine for diabetes

Restart when you are well (after 24–48 hours of eating and drinking normally).

If you are in any doubt about any of your medicines, contact your pharmacist, GP or nurse.

People involved in my care

GP

Name:

Telephone number:

Practice nurse

Name:

Telephone number:

District nurse

Name:

Telephone number:

Community pharmacist

Name:

Telephone number:

Care manager

Name:

Telephone number:

Social care service staff

Name:

Telephone number:

Other people, for example, a nurse specialist, consultant or therapists**Job title:**

Name:

Telephone number:

Job title:

Name:

Telephone number:

The person I would contact first for any help or advice:

My future plan

If I become more unwell

Staying at home is what many people would prefer when they become unwell. At times, your health may change and you may need to be admitted to hospital or somewhere else other than home. Having a plan in place can help you be more in control of your care.

If I need to be admitted to hospital, the things that are important to me are...

You might need help with any caring responsibilities, other family members, pets, letting your employer know you will be off sick, paying bills or keeping an eye on your house and garden.

What happens may depend on your situation at the time.

The things I would like for me

There may be different choices of treatment or care available to you if you become more unwell. The best choice will depend on your situation at the time.

The things I don't want for me

You should always be involved in decisions about your care as much as possible.

If I was no longer able to live in my current home, I would prefer to stay:

You might want to think about what is realistic for you, for example, living with family or a friend, sheltered housing or a care home.

Things to think about

More information about the topics in this section can be found in the "Things to think about" booklet available from your GP practice or the website **myacp.scot**

Power of Attorney

Thinking ahead can also mean that you may wish to think about who could speak for you or make sure that your wishes are known. This can include appointing a Power of Attorney.

Do you have a Power of Attorney?
<input type="checkbox"/> Yes
<input type="checkbox"/> No

If so, does your Power of Attorney have a Welfare Power of Attorney (health and welfare) or Continuing Power of Attorney (finances and property) or both?

Welfare Power of Attorney	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
Name:	
Address:	
Telephone number:	
Their relationship to me:	

Continuing Power of Attorney

Yes

No

Name:

Address:

Telephone number:

Their relationship to me:

A copy of my Power of Attorney information is kept:

Information

More information about Power of Attorney can be found at www.publicguardian-scotland.gov.uk/power-of-attorney

Advance Directive

You may want to let others know about your personal wishes and decisions about your care. An Advance Directive allows you to provide a written statement signed by you that sets out how you would prefer to be treated (or not treated) if you were to become unwell.

Do you have an Advance Directive?

Yes

No

If you feel strongly that you would not want a treatment even if it might prolong your life, you may want to consider completing an Advance Directive. This would mean that your wishes would be followed even if you were unable to communicate them.

Who has a copy of your Advance Directive?

Name:

Address:

Telephone number:

Their relationship to me:

Information

More information about Advance Directives can be found at <http://compassionindying.org.uk/wp-content/uploads/2014/11/AD02-Understanding-Advance-Directives-Scotland.pdf>

Named Person

If you need treatment under the Mental Health (Care and Treatment)(Scotland) Act 2003 you can choose someone to act in your interest. This person is called a Named Person and can make important decisions about your care if you are unable to decide yourself. You can choose your own Named Person but not a professional involved in your care. If you don't choose, a carer or relative becomes your Named Person.

Do you have a Named Person?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
Name:	
Address:	
Telephone number:	
Their relationship to me:	

Advance Statement

If you become unwell with a mental illness, you may need treatment. Sometimes, when people are very unwell, they are unable or unwilling to consent to treatment.

In some cases, if you have become more unwell, you may be given treatment even if you don't want it.

Do you have an Advance Statement?

Yes

No

You may find it helpful to write an Advance Statement when you are well, stating how you would like to be treated if you become ill in future. Anyone who makes decisions about your treatment, like doctors or a Tribunal, should read your Advance Statement and consider your wishes.

Who has a copy of your Advance Statement?

Name:

Address:

Telephone number:

Their relationship to me:

Information

More information about Advance Statements can be found at www.mwcscot.org.uk/media/128044/advance-statement_find_version_jan_2014.pdf

Information about resuscitation

Something that might be discussed at an appropriate time with you is cardiopulmonary resuscitation, also known as CPR. CPR is carried out when a person's heart or breathing stops. While CPR is the right treatment for many people, it may not be appropriate if someone is approaching a natural death.

It is important to think about your current health and life and talk about whether CPR would be of benefit to you.

It is a good idea to discuss this with those closest to you.

If it is decided that CPR will not work or have a very poor outcome, the decision that CPR will not be given is recorded as DNACPR on a Do Not Attempt Cardiopulmonary Resuscitation form. This will be discussed with you if possible. If you are unable to discuss CPR, this will be discussed with your family, next of kin or Welfare Power of Attorney.

Use this box to write down your thoughts or questions about resuscitation

You may be asked your views about CPR if there is doubt about whether it would work or may leave you in poorer health.

Information

More information about CPR can be found at
www.gov.scot/Resource/Doc/312784/0098903.pdf

End of life care

While this plan is to help you live as well as you can, at some point you will come to the end of your life. While talking about death with those closest to you is not easy, it means that they will know what your wishes are when the time comes, and helps them to look after you in the way that you want.

You can also choose to discuss this with an independent advocate.

The term “end of life” can mean different things to different people. In this document, we focus on preparation for the last few months, weeks, days and hours of life. We have included questions which many people ask at this time, but there may be other things that you wish to speak about with those closest to you.

It is well understood that not knowing exactly when to expect death can be one of the most difficult aspects of dying for everyone. It is impossible to predict this exactly and an individual's condition can change unexpectedly during this time.

Regular review is the best way of assessing an individual's condition and care needs.

Where I would like to be cared for at the end of my life

If your condition gets worse and you are approaching the end of your life, where would you most like to be cared for (for example, at home, with family, care home, hospital, hospice, nursing home)? This may depend on assessment at the time.

My wishes for my care

Do you have any worries or concerns about your care at the end of life? Some people find it helpful to discuss these with those closest to them or with the people involved in their care.

My responsibilities

If you are the carer for someone else, have you thought about who will look after them when you are no longer able to? This might include children or grandchildren you are close to, someone who has mental health problems, or others who you think will need support. To avoid worry for you and distress for the person you care for, it can be helpful to discuss the options for care in advance.

I am responsible for the care of:

For example, children, other relatives or close friends.

Extra support would be helpful for:

--

Do they have people who support them already?

Yes

No

They are supported just now by:

--

This might be a key professional or social worker.

When I cannot care for them, my wishes would be:

--

Other information

Do you have a will?

Yes

No

Making a will is a way of making sure that people know your wishes, and your family and friends are provided for in the way you want.

Information

More information about writing a will can be found at <http://dyingmatters.org/page/writing-will>

Do you have an organ donation card?

Yes

No

Many people consider organ donation as a way of helping others.

Information

More information about organ donation can be found at www.organdonationscotland.org

Do you have all your important documents stored safely?

Yes

No

You may want to gather all your important documents together and tell someone close to you where they are. If you have a door access keypad number, remember to tell your GP in case of an emergency.

Use this box to write down anything else you would like to include in your plan.

Information

Key Information Summary (KIS)

A Key Information Summary can be completed in your GP notes and contains relevant details from your Anticipatory Care Plan. With your consent, this can be shared with others who are involved in looking after you.

Information may be shared with the Scottish Ambulance Service, NHS 24, GP Out of Hours, accident and emergency departments and other healthcare professionals within the hospital setting who may be involved in looking after you.

Useful contacts

NHS inform

NHS inform provides online information about illnesses, tests, treatments, operations, common health questions and support services.

Telephone number: 0800 22 44 88

Website: www.nhsinform.scot

You will also find local or national leaflets covering a range of topics, including:

- Arthritis
- Respiratory conditions
- Cancer
- Chronic kidney disease
- Dementia
- Diabetes
- Heart and circulation conditions
- Hypothyroidism
- Mental Health
- Neurological conditions
- Osteoporosis
- End of life care
- Stroke/TIA
- Benefits advice

ALISS

Information about a wide range of third sector and community services and support can be accessed through this online resource.

Website: www.aliss.org

NHS 24

Telephone number: 111

Website: www.nhs24.com

Organ Donation Scotland

Telephone number: 0300 123 2323

Website: www.organdonationscotland.org

Citizens Advice Scotland

Website: www.citizensadvice.org.uk/scotland

Scottish Independent Advocacy Alliance

Website: www.siaa.org.uk

The Care Inspectorate

Telephone number: 0345 600 9527

Website: www.careinspectorate.com

Care Information Scotland

Telephone number: 0800 011 3200

Website: www.careinfoscotland.scot

More information about Anticipatory Care Planning can be found at **myacp.scot**

My summary

This summary is to help you to let others know your most important wishes. **Please share the information with your GP practice.**

Next of kin:

Power of Attorney

Yes

No

Name:

My emergency contact:

What is important to me:

My preferred place of care:

I am a carer for:

My views about hospital admission:

Resuscitation information (if appropriate):

What is important to me if I become unwell:

Anything that I would like or don't want for me:

Advance Directive or Statement

Yes

No

Named Person

Yes

No

Name:

I agree that this information can be added to my Key Information Summary (KIS)

Yes

No

Signature:

Date:

Summary of clinical management plan

Information

To be completed by lead healthcare professional.

Name:	
Address:	
CHI:	
DOB:	

Current health problems:

Essential medication

Allergies

Individual action plan for potential deterioration

Problem:

Agreed action:

Resuscitation wishes (if appropriate):

DNACPR

Yes

No

Clinical management plan agreed by:	
Signature:	
Date:	

Date of review:	
Reviewed by:	

Date of review:	
Reviewed by:	

Date of review:	
Reviewed by:	

Date of review:	
Reviewed by:	

Date of review:	
Reviewed by:	

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Transcribed into Large Print by: A2i Transcription Services
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We welcome feedback so please get in touch!
Ref number: 29090