

## Having Anticipatory Care Planning Conversations - A Guide For Staff

Anticipatory Care Planning helps us make care and treatment plans that respect people's wishes and preferences. We use the word "DISCUSS" to help everyone remember the different topics that are part of Anticipatory Care Planning.

You might not think it is appropriate to discuss some of these topics right now, or you might think other staff may be better at explaining some of these issues. That is okay. Make sure you refer people for further conversation with relevant services.

### What could we "DISCUSS"?

<b>D Decisions</b>	We should talk to people and those that matter to them to check they understand everything that we are talking about. We may need to provide additional information or change the way we communicate to help them understand. We also need to think about capacity and involve any Power of Attorney. If they do not have a Power of Attorney we should suggest this and offer them more information ( <a href="http://www.nhsggc.scot/planningcare">www.nhsggc.scot/planningcare</a> ).
<b>I Interventions</b>	We should talk to people and those that matter to them about things we could do to help them, as well as things they might not like to happen. We would also talk to them about treatments that we don't think would be good for them.
<b>S Social Relationships</b>	We should talk to people and those that matter to them about what kind of informal support friends, family members of neighbours currently give. We should discuss if there is any additional support these unpaid carers may need and possibly refer them to Carer Support Service (call 0141 353 6504 for more information). We should involve carers in these conversations, however if the person has capacity then it is up to them to decide what we can share with others. We should ask the person who they want to be involved in these discussion, and if there is anyone who they do not want involved.
<b>C CPR</b>	Cardiopulmonary Resuscitation (CPR) is a process which tries to restart someone's heart. In most cases it will not be successful. We should talk to people and those that matter to them about whether this might be appropriate for them and how they feel about it.
<b>U Understanding You</b>	We should talk to people and those that matter to them about what makes them happy and brings comfort. This might be things like religion or faith, but could also involve how they like to spend their time and the "little things" that bring them joy.
<b>S Surroundings</b>	We should talk to people and those that matter to them about where they would like to receive care and treatment. This could be short or long term treatment. We may also need to talk to them about where they would like to receive end of life care. This might be at home, hospital, a hospice or a nursing or residential home.
<b>S Services</b>	We should talk to people and those that matter to them about services that may already help them in their day to day life, or other services that could be useful. This might be a clinical service like district nurses, or a social care service like homecare. It could also be support services like Carer Support Services or local community support.

## Where to document this discussion?

You can use the ACP Summary to record any discussions or decisions that are made during an Anticipatory Care Planning conversation. You can access this via Clinical Portal, or complete the interactive PDF version.

## How to use the ACP Summary and DISCUSS topics

This is a copy of the PDF version on the ACP Summary. The sections are identical to those on Clinical Portal.

### I Interventions

- Special Notes
- Current Health Problems
- My views about admissions / views about treatment and interventions

### D Decisions

- Special Notes (Communication needs)
- Significant Diagnosis (capacity)
- Adults with Incapacity
- Power of Attorney

### C CPR

- My views about admissions / views about treatment and interventions
- Resuscitation

We are sharing this information for routine patient care as part of our Board's duty to provide healthcare to our patients. Under article 6(1)(e) of the UKGDPR and in conjunction with the Intra NHS Scotland Sharing Accord, we do not require consent to share this information. However, it is best practice for staff to make sure the individual and/or their legal proxy is aware this information will be shared when conducting ACP conversations. If the patient would like further information about how the Board uses their data it can be found in our Privacy Notice here: <https://www.nhs.gov.uk/patients-and-visitors/faq-data-protection-privacy/>

Date of Review:		Date of Next Review:	
Reviewer:	HSCP/Directorate:	Job Family:	

**0. Reason for ACP and Special Notes**  
**Reason for ACP (Please note, this is mandatory)**

Trigger for ACP/Update (please select one)	<input type="checkbox"/> Patient Requested <input type="checkbox"/> Family/Carer/POA Requested <input type="checkbox"/> Professional Requested <input type="checkbox"/> Frailty Identified	<input type="checkbox"/> LTC Diagnosis/Progression <input type="checkbox"/> Receiving Palliative Care <input type="checkbox"/> Moved to Residential/Nursing Home <input type="checkbox"/> Other (please specify):
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**Frailty Score**  
 Please select Frailty Score\* from list: 0 - Not Applicable  
 If frailty assessment is not applicable, please select '0 - Not Applicable'.  
 \*Clinical Frailty Scale Guidance can be found on last page.

**Special Notes / What is important to the individual?**  
 Overview of person including family circumstances, accommodation information, health goals, what matters to them, emergency planning information etc. If person is a carer, or has informal carers please state. If person lacks capacity ensure this is recorded alongside who has been present during any discussions.

**1. Demographics**  
**Person's Details**

Title:	Gender	M	F	CHI:	
Forename (s):			Surname:		
Date of Birth:					
Address inc. Postcode:					
Tel No:					
Access Information e.g. key safe:					

**GP / Practice details**

GP/Practice Name:					
Address inc. postcode:					
Telephone No:					

**Next of Kin**

Title:	Gender	M	F	Relationship:	Keyholder?	Yes	No
Forename (s):			Surname:				
Address inc. Postcode:							
Tel No:							
Is Next of Kin also Carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>						

**Carer**  
 All staff have a duty to identify carers as soon as possible and inform them of their right to support. Carers can be referred to local Carer Support Services via the Carers Information Line 0141 333 6304 (carers can also self-refer if they wish). Find further information at [www.nhs.gov.uk/carers](http://www.nhs.gov.uk/carers).

Title:	Gender	M	F	Relationship:	Keyholder?	Yes	No
Forename (s):			Surname:				
Address inc. Postcode:							
Tel No:							

**Other Agencies Involved**

Organisation / Main Contact:	Contact Numbers:
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**Current Health Problems/significant Diagnoses**  
 Overview of health issues and diagnoses. Baseline functional and clinical status to help clinician identify deterioration – e.g. baseline O2%, 6-CIT score, level of mobility, current or planned treatments.

Essential Medication and Equipment	Yes	No	Notes
Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	
Anticipatory Medication At Home	<input type="checkbox"/>	<input type="checkbox"/>	
Continence / Catheter Equipment At Home	<input type="checkbox"/>	<input type="checkbox"/>	
Syringe Pump	<input type="checkbox"/>	<input type="checkbox"/>	
Moving and Handling Equipment At Home	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility Equipment At Home	<input type="checkbox"/>	<input type="checkbox"/>	

**3. Legal Powers**  
**Adults with Incapacity / Legal Powers**

	Yes	No	Notes e.g. Guardian's details, date of appointment
Does the individual have a Combined Power of Attorney (financial and welfare)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the individual have a Continuing Power of Attorney (finance and property)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the individual have a Welfare Power of Attorney (health and/or personal welfare)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is Power of Attorney in use?	<input type="checkbox"/>	<input type="checkbox"/>	
Is an Advanced Directive in place (living will)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is an Adult with Incapacity Section 47 held?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a Guardianship been appointed under the Adults with Incapacity (Scotland) Act 2000?	<input type="checkbox"/>	<input type="checkbox"/>	

**Power of Attorney or Guardianship Details**

Title:	Gender	M	F	Relationship:	Keyholder?	Yes	No
Forename (s):			Surname:				
Address inc. Postcode:							
Tel No:							
Date of Appointment	Notes e.g. if process is in progress, where paperwork is located etc.						
Paperwork Verified by Professional	Yes	No					
Date Verified							
Name of Verifier							

**4. Resuscitation & Preferred Place of Care**  
**My preferred place of care**  
 Depending on the person's own circumstances and health journey, this may include preference about long term care, place of treatment or place of death. Details of current level of care being provided by informal carers and/or any discussions which have occurred regarding on going and future care they might be able to provide.

**My views about hospital admission/views about treatment and interventions/family agreement**  
 Where possible please give details regarding hospital admissions in different scenarios. For example, people may be willing to be admitted for a short period for symptom management, however would be unwilling to be admitted if it was likely they would be in hospital for long periods.

**Resuscitation**  
 Whilst these conversations can be helpful to plan future care, they should be held sensitively and appropriately. They are **not** mandatory.

Has DNACPR been discussed?	Yes	No	Comments
IF YES, is a DNACPR Form in place?	Yes	No	
IF YES, where is the documentation kept in the home?	Yes	No	
Refer to GP for further discussion re DNACPR?	Yes	No	

### U Understanding You

- Special Notes

### S Social Relationships

- Special Notes
- Next of Kin
- Carer Contact Details
- Family Agreement

### S Services

- Other agencies involved

### S Surroundings

- Special Notes (Current Accommodation)
- My preferred place of care
- My views about admissions / views about treatment and interventions