Paper Version of Future Care Plan Summary

Please fill in as much information as possible.
If possible, please share information via the Summary on Clinical Portal.

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 Future Care Planning 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.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/#

Date of Review:	08.01.2025		Date of Next Review:	10.01.2026	
Reviewer:	Marina Bowes	HSCP/Directorate:	East Renfrewshire HSCP	Job Family:	Social Services

0. Reason for Plan and Special Notes

Reason for Plan (Please note, this is mandatory)

Trigger for plan /Update (please select one) :	Patient Requested	☐	Long Term Condition Diagnosis/Progression	☐	
	Family/Carer/POA Requested	✔	Receiving Palliative Care	☐	
	Professional Requested	☐	Moved to Residential/Nursing Home	☐	
	Frailty Identified	☐	Other (please specify):		

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 or scan this QR code

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.

Things you must know about me:
I have Autism/ADHD and also have frequent seizures which make me very unwell - I have been in hospital lots recently.
I do not communicate verbally and use a mixture of makaton and pictorial signs, it is important my mum is present
I find it difficult to be in social situations and meet new people
I have have special diet and only eat certain foods.
I do not sleep well.

Things that are important to me:
Mum and older sister Abby + my dog, Bonnie.
Lisa my support worker who takes me out so Mum can get a break
Having a quiet place I can go to when things become too much for me - this calms me down

My likes and dislikes:
I like meeting my friend at the Calm and Craft Club on a Monday night
I like going for a drive in the car with Mum to see Papa (Peter) and Gran (Linda) Contact: 01234 000 0000
I like my ipad and take photos on days out and make story books from these
I don't like change in my routine - it can make me upset
I don't like people touching me or have anything placed or wrapped round my body

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1. Demographics

Person's Details

Title:	Miss	Gender M ☐ F ☑		CHI:	2806198900
Forename (s):	Sophie			Surname:	Morrow
Date of Birth:	28/06/1989				
Address inc. Postcode:	1 Berry Place, X00 1OO				
Tel No:	0123 456 789 (mother)				
Access Information e.g. key safe:	no access issues, ground floor bungalow				

GP / Practice details

GP/Practice Name:	Dr Hunter
Address inc. postcode:	Hunter & Glen Surgery, 101 Mortimer Street, X11 2OO
Telephone No:	0123 111 1111

Next of Kin

Title:	Ms	Gender M ☐ F ☑	Relationship:	Mother	Keyholder?	Yes ☑ No ☐	
Forename (s):	Jacqueline			Surname:	Morrow		
Address inc. Postcode:	1 Berry Place, X00 1OO						
Tel No:	0123 456 789 / 07900000000	Is Next of Kin also Carer?				Yes ☑ No ☐	

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 Contact details of local carers services can be found at www.nhsggc.org.uk/carers (carers can also self-refer if they wish).

Title:	Ms	Gender M ☐ F ☑	Relationship:	Daughter	Keyholder?	Yes ☑ No ☐	
Forename (s):	Jacqueline			Surname:	Morrow		
Address inc. Postcode:	1 Berry Place, X00 1OO						
Tel No:	0123 456 789 / 07900000000						

Other Agencies Involved

Organisation / Main Contact	Contact Numbers
Learning Disability / LAC	00000000101
Consultant Neurologist	00000000102
Personal Assistant	00000000103
Carer Services	00000000104
National Autistic Society	00000000105
Enable	00000000106
Epilepsy Connections	00000000107

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2. Summary of Clinical Management Plan/Current Situation

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.

Sophie was diagnosed with Autism aged 13 years with a spectrum of associated behaviour traits and a moderate learning disability. Epileptic seizures followed later aged 19 years. Her epilepsy over the years has been well managed but more recently she has experienced a series of seizures which have resulted in a number of hospital admissions. She has undergone MRI and EEG assessments - awaiting results.

She is currently receiving further assessment from Neurological Services and has been prescribed new anti-epileptic medication (See ECS for current medication).

We are working with Sophie's mother on a programme of self-management treatments to minimise anxiety and any change of routine for Sophie.

Mobility - Sophie has no mobility issues currently.
Allergies - Penicillin

Essential Medication and Equipment	Yes	No	Notes
Oxygen therapy	☐	☑	
Anticipatory Medication At Home	☐	☑	
Continence / Catheter Equipment At Home	☐	☑	
Syringe Pump	☐	☑	
Moving and Handling Equipment At Home	☐	☑	
Mobility Equipment At Home	☐	☑	

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)?	☐	☑	
Does the individual have a Continuing Power of Attorney (finance and property)?	☐	☑	
Does the individual have a Welfare Power of Attorney (health and/or personal welfare)?	☐	☑	
Is Power of Attorney in use?	☐	☑	
Is an Advanced Directive in place (living will)?	☐	☑	
Is an Adult with Incapacity Section 47 held?	☑	☐	
Has a Guardianship been appointed under the Adults with Incapacity (Scotland) Act 2000?	☑	☐	

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Power of Attorney or Guardianship Details							
Title:	Ms	Gender M ☐ F ☑		Relationship:	Mother	Keyholder?	Yes ☑ No ☐
Forename (s):	Jacqueline				Surname:	Morrow	
Address inc. Postcode:	1 Berry Place, X00 1OO						
Tel No:	0123 456 789 / 07900000000				Notes e.g. if process is in progress, where paperwork is located etc.		
Date of Appointment		01.09.2012					
Paperwork Verified by Professional		Yes ☑ No ☐			Hall cupboard, top shelf (red box file)		
Date Verified		08.01.2025					
Name of Verifier	Marina Bowes						

4. Preferred Place of Care & Resuscitation

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.

Sophie would prefer to be cared for at home with medication and treatments that would keep her comfortable.

Most day to day care is currently provided by Jackie - Sophie's mother. Jacqueline is aware that caring for her daughter is a life time commitment. Sophie has a personal assistant to support her with activities.

If there is an expectation of increased care needs this must be discussed with family and possibility of extra support e.g. homecare may need to be explored.

PPD discussion not appropriate.

My views about hospital admission/views about treatment and interventions/family agreement

Where possible please provide details on hospital admissions in various scenarios e.g. some people may accept short-term admission for symptom management but refuse if long-term hospitalization is likely

Sophie would not wish to avoid being admitted to hospital, however this will be dependent on the ability to care for Sophie at home. If a hospital stay is required, this should be for short stay if possible.

Mum is concerned about the increased seizures that Sophie has experienced and wishes to put in place plans for Sophie's future care as her own health has deteriorated in the last year. The Future Care Plan has been discussed with sister and grandparents, everyone is fully supportive.

Treatment Escalation Plan (TEP)

TEPs helps plan and manage any sudden deterioration in Acute settings. If one exists, please fill out the information below. Please note past TEP documentation is available on Clinical Portal.

Date of TEP Creation		Level of Escalation	Ward Based	☐
Hospital of Admission			High Dependency Unit (HDU)	☐
			Intensive Care Unit (ITU/ICU)	☐

Resuscitation

*Whilst these conversations can be helpful to plan future care, they should be held sensitively and appropriately. They are **not** mandatory.*		Comments
Has DNACPR been discussed?	Yes ☑ No ☐	concerns over negative press - treatment of disabled adults
If YES, is a DNACPR Form in place?	Yes ☐ No ☑	
If YES, where is the documentation kept in the home?		
Refer to GP for further discussion re DNACPR?	Yes ☐ No ☑	

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Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house.** Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.