



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

0. Reason for Plan and Special Notes

Reason for Plan (Please note, this is mandatory)

| | | | | |
|--|----------------------------|--------------------------|---|--------------------------|
| Trigger for plan /Update (please select one) : | Patient Requested | <input type="checkbox"/> | Long Term Condition Diagnosis/Progression | <input type="checkbox"/> |
| | Family/Carer/POA Requested | <input type="checkbox"/> | Receiving Palliative Care | <input type="checkbox"/> |
| | Professional Requested | <input type="checkbox"/> | Moved to Residential/Nursing Home | <input type="checkbox"/> |
| | Frailty Identified | <input type="checkbox"/> | Other (please specify): | |

Frailty Score

Please select Frailty Score* from list:

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.

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1. Demographics

Person's Details

| | | | | | | |
|-----------------------------------|--|--------|----------------------------|----------------------------|----------|--|
| Title: | | Gender | M <input type="checkbox"/> | F <input type="checkbox"/> | 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 <input type="checkbox"/> | F <input type="checkbox"/> | Relationship: | | Keyholder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 Contact details of local carers services can be found at www.nhsggc.org.uk/carers (carers can also self-refer if they wish).

| | | | | | | | | | |
|------------------------|--|--------|----------------------------|----------------------------|---------------|--|------------|------------------------------|-----------------------------|
| Title: | | Gender | M <input type="checkbox"/> | F <input type="checkbox"/> | Relationship: | | Keyholder? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Forename (s): | | | | | Surname: | | | | |
| Address inc. Postcode: | | | | | | | | | |
| Tel No: | | | | | | | | | |

Other Agencies Involved

| Organisation / Main Contact | Contact Numbers |
|-----------------------------|-----------------|
| | |

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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.

| |
|--|
| |
|--|

| 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"/> | |

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Power of Attorney or Guardianship Details

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

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.

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

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 | <input type="checkbox"/> |
| Hospital of Admission | | | High Dependency Unit (HDU) | <input type="checkbox"/> |
| | | | Intensive Care Unit (ITU/ICU) | <input type="checkbox"/> |

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 <input type="checkbox"/> | No <input type="checkbox"/> | Comments |
| If YES, is a DNACPR Form in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If YES, where is the documentation kept in the home? | | | |
| Refer to GP for further discussion re DNACPR? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

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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.