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Future Care Planning

Future Care Planning

CHC Learning Forum – 14th March 2024

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Learning Outcomes

By the end of this session, participants should be able to answer the following questions:

- What is Future Care Planning?
- Who should be involved in Future Care Planning?
- What should a plan look like?
- How can we share plans?
- Where can I get more information and further support?

What is Future Care Planning?

NHS Greater Glasgow and Clyde

An opportunity to think about what is important.

A guide to help people understand who you are and what matters to you.

A tool to help you feel in control about the decisions that affect you.

A safety net, in case you are not able to communicate your wishes later on.

What Future Care Planning is **NOT**:

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A Legal Document

It is a guide to wishes and preference, not legal instruction.

Set in Stone

It can be changed and updated easily, and as often as needed.

A "Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)" Form

This is a separate document (and conversation).

Mandatory

It is completely voluntary, however we think it is a great idea!

A Little Bit of Context ...

Who is Future Care Planning for?

Everyone should have one!

Who should be involved?

Everyone!

What does a plan look like?

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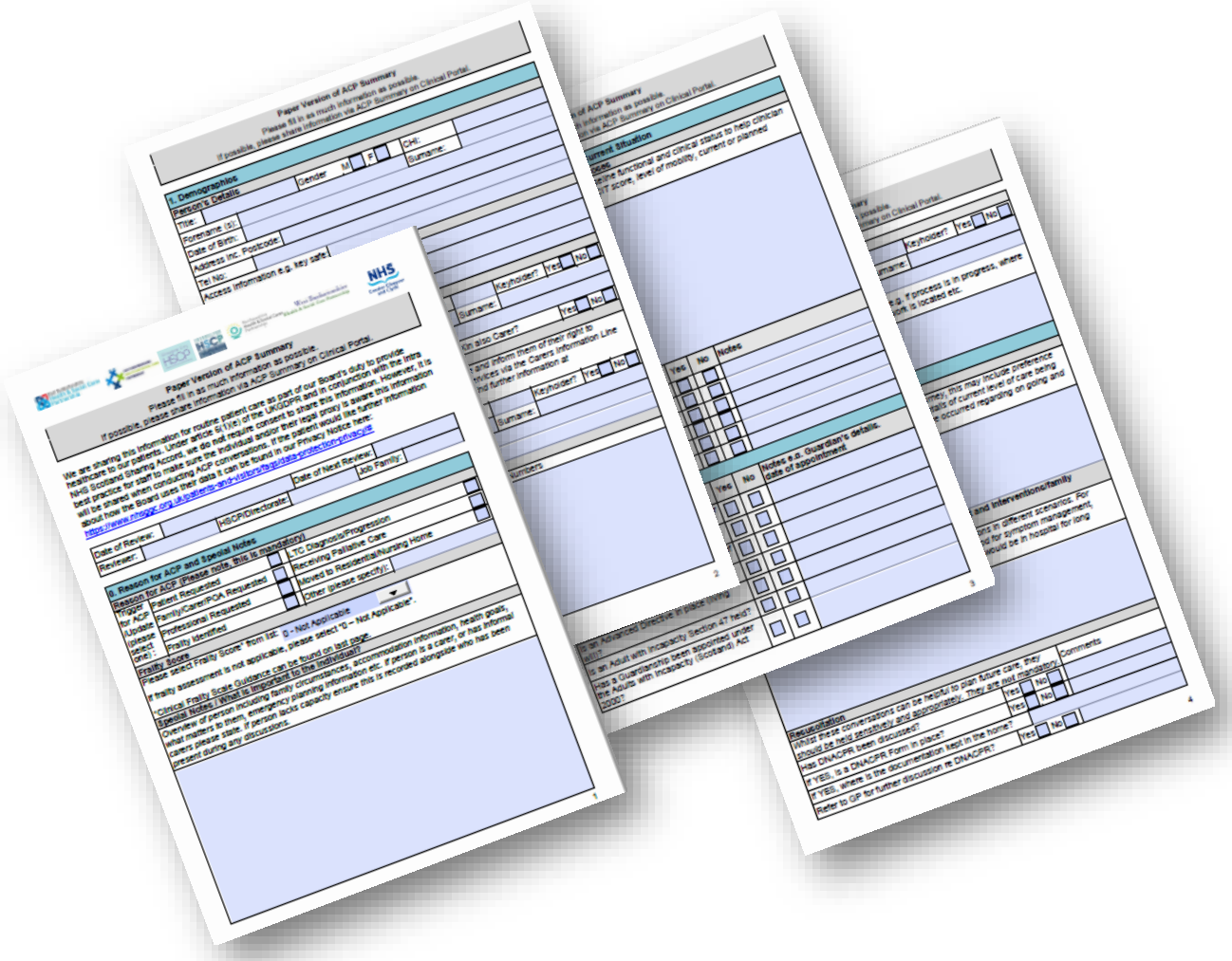
Focus less on what it looks like…



…and more on what it tells you!

- **What** is important? (wishes, preferences, not just about treatment)
- **Why** is this important? (motivations, goals, putting the person and their decisions in context)
- **Who** is important? (NOK, Legal Guardians, key staff)
- **Where** they wish to be treated? (Hospital? Care Home? Both?)
- **How** are they at the moment? (current medical issues, treatments, prognosis etc.)

3 Questions

3 Scenarios

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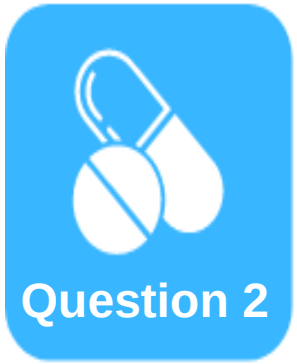
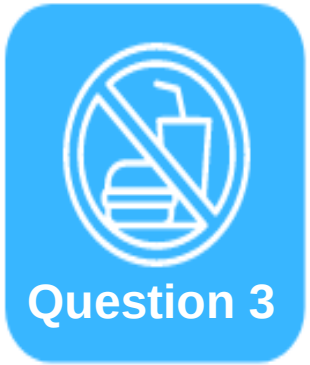
If your relative/friend **has a sudden collapse** (such as a stroke or a heart condition,) what would you think your relative/friend would wish to happen?



If your relative/friend **had a serious infection** that was **not improving** with an antibiotic tablet or syrup, what do you think your relative/ friend would wish to happen?



If your relative/friend **was not eating or drinking** because they were now **very unwell**, what do you think your relative/friend would want to happen?

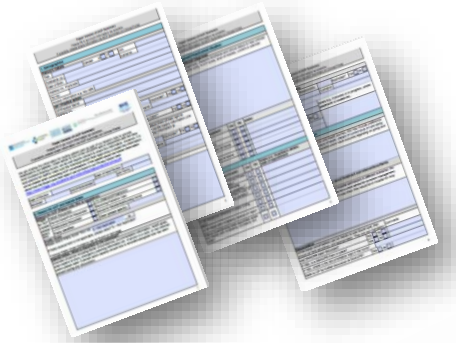
Keep them comfortable, treat any pain or other symptoms and **care for them at home**.

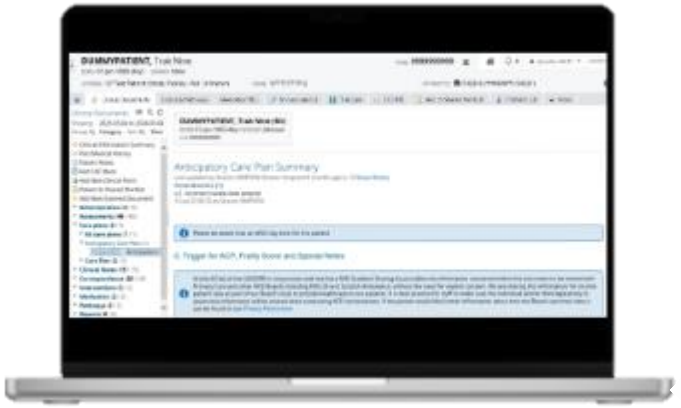
Contact NHS24/GP (or family) to help decide whether to send them to hospital instead of dialling 999.

Send them to hospital for investigations and treatment such as drips and treatment into vein.

Options for Sharing

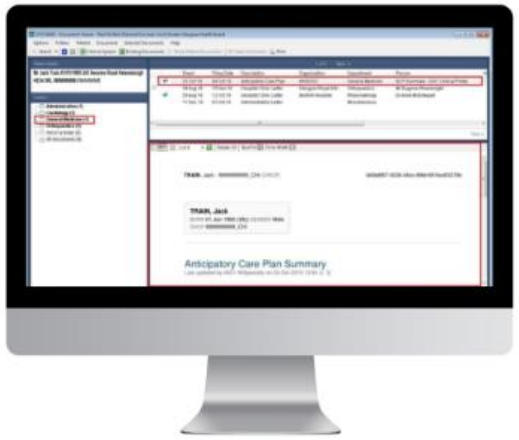
Staff, residents and family should all be involved in the conversation, and complete a plan. This information should be saved in the PDF (alongside any other paperwork the Home uses).





Depending on the arrangements either the Home will directly upload or CHLN/other services may be involved in uploading the document to Clinical Portal.

The GP Practice will receive a copy automatically and can upload to KIS.



Resources


Think.
Talk.
Plan.
Helping you plan for the future.
www.nhsggc.scot/planningcare | @NHSGGC_ACP
ACPSupport@ggc.scot.nhs.uk.


Training
& Events


NHS
Greater Glasgow and Clyde
Keep up to date with all the latest developments from the Anticipatory Care Programme.
Click here to sign up to our mailing list.
You can unsubscribe at any time by emailing ACPSupport@ggc.scot.nhs.uk


Could you be an Future Care Planning Champion?

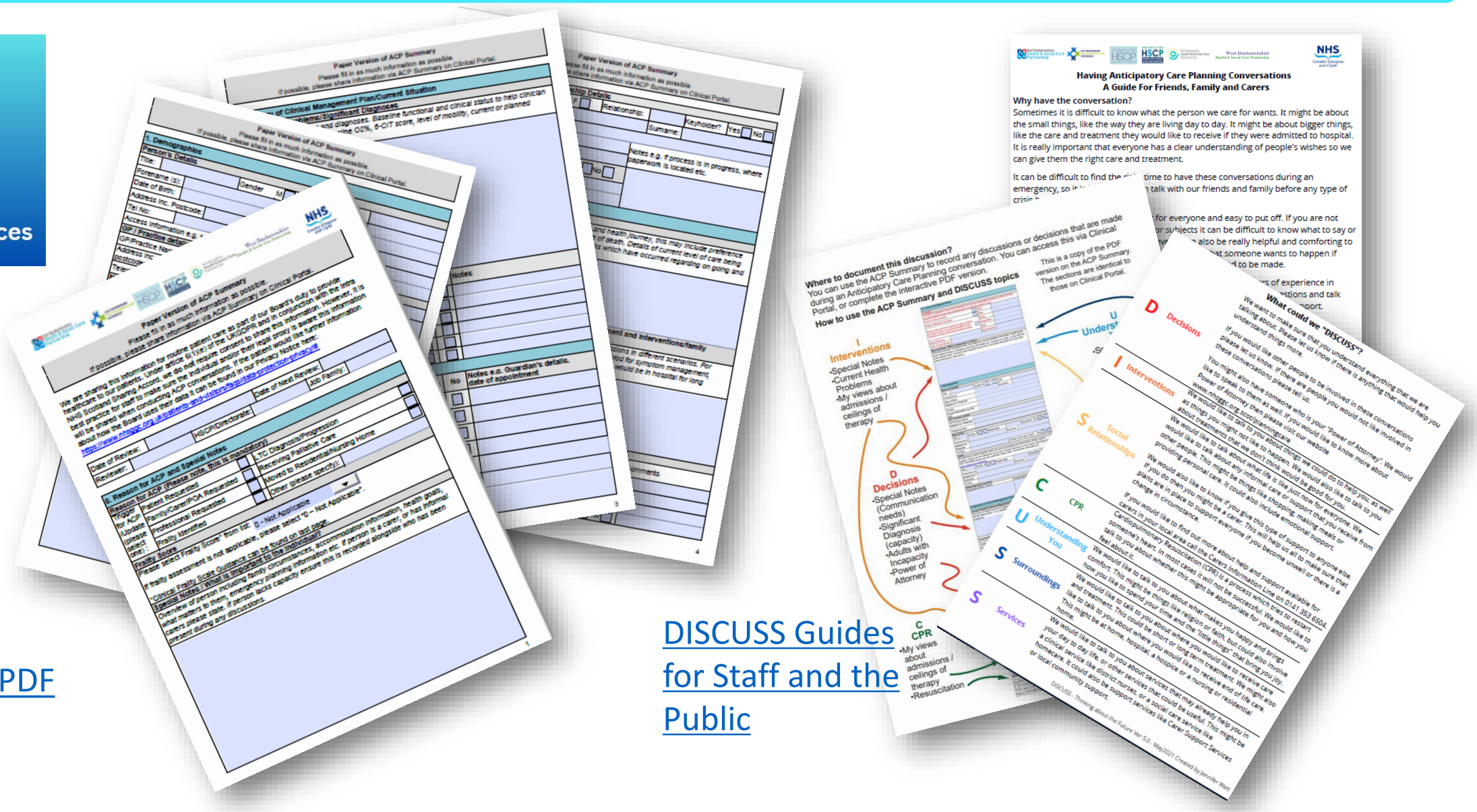

Future Care Planning Resources


FOLLOW
us on
@NHSGGC_ACP
helping you plan for the future

Useful Documents

NHS Greater Glasgow and Clyde

Future Care Planning Resources



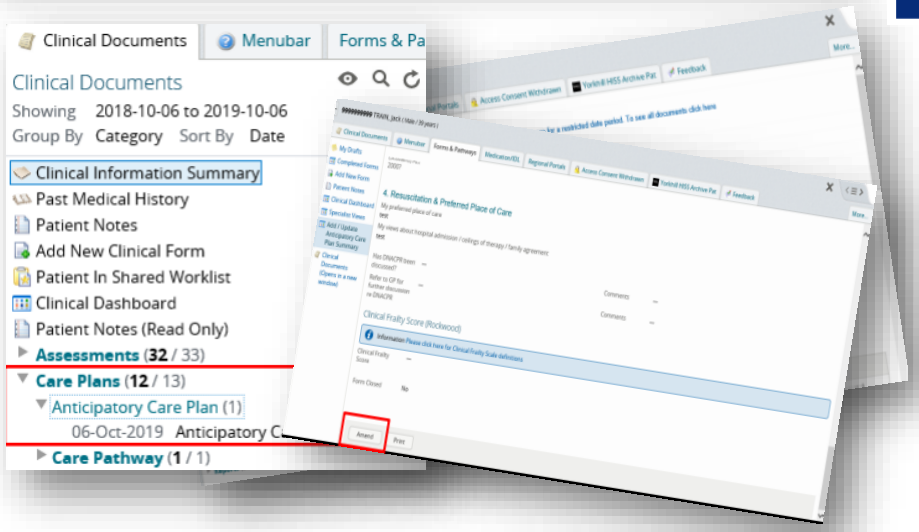
[Interactive PDF Summary]

[DISCUSS Guides for Staff and the Public]

Training Resources

NHS Greater Glasgow and Clyde

[Online E-module (available to all)]

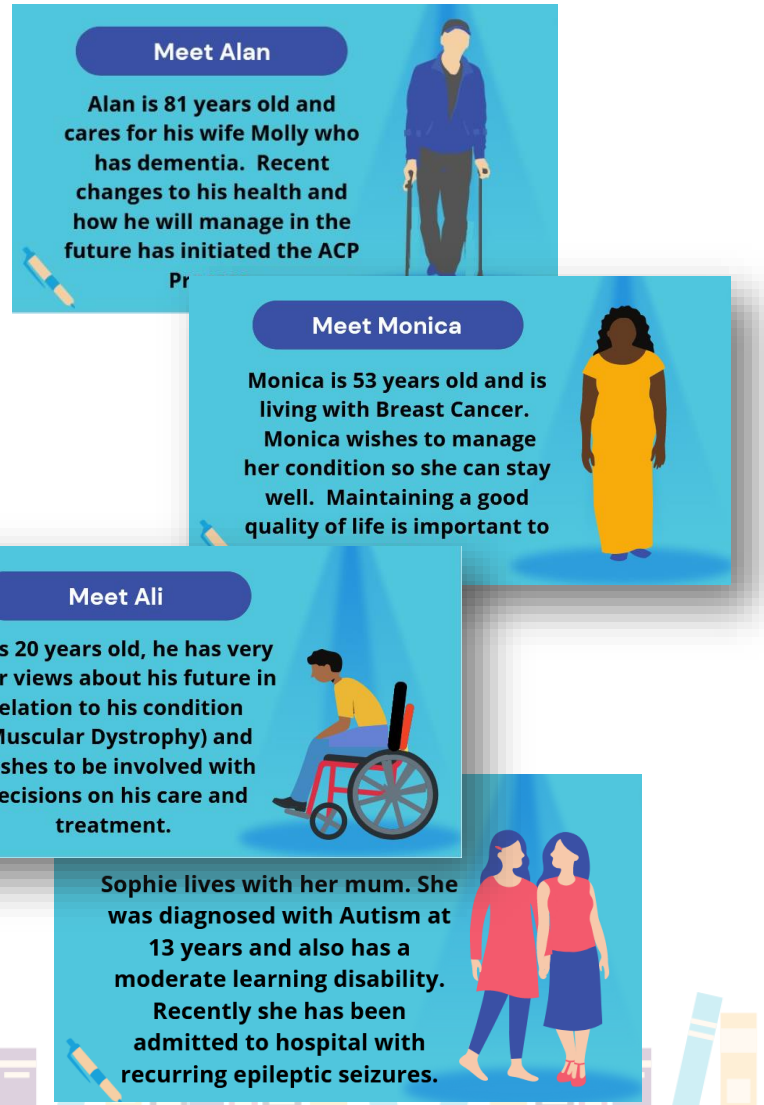


[Guide to updating ACPs on Clinical Portal]

[Future Care Planning – The Big Picture Session]

Summary Example Library

- ❑ Alan Fulton - An older man who cares for his wife.
- ❑ Monica Hill - A lady with breast cancer receiving support from a local hospice.
- ❑ Elizabeth MacDonald - An older lady with COPD.
- ❑ Ali Malik - A young adult transitioning between child and adult palliative care services. You can also view an example of a Child and Young People Acute Deterioration Management (CYPADM) form.
- ❑ Jacqueline Morrow - A parent carer with a daughter on the autistic spectrum.
- ❑ Sophie Morrow - A young woman with autism.
- ❑ Margaret Quinn - An older lady living with dementia.
- ❑ Paul West - A middle-aged man recovering from cancer.
- ❑ Tom Williams - A Care Home Resident.



Important Links

NHS Greater Glasgow and Clyde

Future Care Planning

Future Care Planning Website	**Planning for Care** - NHSGGC
Future Care Planning	**Training Hub**
Future Care Planning	**Documents and Resources**
Future Care Planning	**Latest News**
Future Care Planning	**Become a Champion**
Future Care Planning Email	**ACPSupport@ggc.scot.nhs.uk**
Future Care Planning X	**@NHSGGC_ACP**
Carer Information and Support	**Carers** - NHSGGC

Any questions?