



Having Future Care Planning Conversations - A Guide For Staff

Future 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 Future 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"?

D Decisions

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 (www.nhsggc.scot/planningcare).

I Interventions

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.

S Social Relationships

We should talk to people and those that matter to them about what kind of informal support friends, family members or 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 (visit www.nhsggc.scot/carers 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.

C CPR

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.

U Understanding You

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.

S Surroundings

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.

S Services

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

How to use the Summary and DISCUSS topics

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.nhs.gov.uk/patients-and-visitors/faqs/data-protection-privacy/>

This is a copy of the PDF version on the 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

| | | | |
|-----------------|-------------------|----------------------|--|
| 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 (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"/> Long Term Condition Diagnosis/Progression <input type="checkbox"/> Receiving Palliative Care <input type="checkbox"/> Moved to Residential/Nursing Home <input type="checkbox"/> 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.

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 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.nhs.gov.uk/carers (carers can also self-refer if they wish).

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

Other Agencies Involved
Organisation / Main Contact: _____ Contact Numbers: _____

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"/> | |

Power of Attorney or Guardianship Details

Title: _____ Gender M F Relationship: _____ Keyholder? Yes No
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 No
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 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 | |
| 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