



### Consent

- Explicit Consent has been removed
- If someone chooses to decline an summary this is recorded on Clinical Portal. Please provide details including if/when the conversation could be revisited.
- If there are any issues or things that need to be highlighted, add them in the "special notes" section e.g. if family are not to be told etc.

### Next of Kin/ Carer Information

Remember to offer the carer a referral to carer support services - contact info found at [www.nhsggc.scot/carers](http://www.nhsggc.scot/carers)

### Possible Other Agencies Involved

- Social work
- Pharmacy
- Local support
- Carers support services
- Palliative care services
- District nurses
- Hospice services

### Preferred Place of Care/ Hospital Admission

- Current place of care and future wishes
- Escalation plans/potential triggers for change in care plan
- Family understanding of diagnosis, prognosis and treatment plan

### Resuscitation

- Referral for DNACPR if required
- Location of DNACPR form
- Family agreement/ knowledge of DNACPR

## Using the Future Care Plan Summary - what information to document.

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/Director/ate: \_\_\_\_\_ Job Family: \_\_\_\_\_

**0. Reason for Plan and Special Notes**  
**Reason for Plan (Please note, this is mandatory)**  
 Trigger for Plan (Please note, this is mandatory)  
 Patient Requested  Long Term Condition Diagnosis/Progression  
 Update Family/Carer/POA Requested  Receiving Palliative Care  
 (please select one)  
 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.

**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.nhsggc.org.uk/carers](http://www.nhsggc.org.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? \_\_\_\_\_  
 Refer to GP for further discussion re DNACPR? Yes  No

### Trigger for Plan/Update

- Record trigger for discussion.

### Frailty Score

- Consider a Rockwood frailty assessment. If not applicable select "0"

### Special Notes

- What matters to the person e.g. motivations and health goals, faith or cultural aspects that are important
- Family situation inc. understanding and involvement in decisions, if they have a caring role for someone else etc.
- Accommodation situation inc. accessibility for equipment e.g. stretcher, key safe details, adaptations e.g. stairlift
- Possible risks/ difficulties e.g. pets, family dynamics, psychological states
- Preferred names
- Other care plans available
- Communication needs

### Clinical Notes

- Main diagnosis/ prognosis
- Allergies
- Current medication
- Access to medication and equipment
- Level of mobility/ functionality
- Assessed capacity
- MUST/NEWS scores (if applicable)
- History of falls

### Legal Information

- Power of Attorney
- Guardianship
- Adults with Incapacity

**Remember**  
 Depending on your role and relationship, you may only know some of this information. Please input as much information as you can. Your colleagues will also be adding to this form.