



Anticipatory Care Planning: information for relatives and close friends

What is Anticipatory Care Planning?

Thinking ahead and making a plan helps people who live in a care home make choices about their care. It is important for us to talk with our residents, their family or a close friend about what might happen if a resident is unwell. If your relative/friend has chosen someone to have Power of Attorney we will involve them too.

No one knows when a person's health may change so it is better to have a plan in place. Then everyone will know what things are important to them and what they would like to happen. If a resident is not able to talk about anticipatory care planning, we ask those who know them well to tell us about what would matter to the person and what they might choose. Sometimes people have talked with their family or a close friend about this before.

Some people feel that staying in their care home to be looked after in a familiar place and not going to hospital is the right thing for them. They may not want the upset of going to hospital for treatments that might not work. Being comfortable in the care home is more important.

Some people want to get better, if possible, but think that quality of life is important too. These people want us to think about admission to hospital if there is a good chance of getting back to how they are normally. If hospital treatments may not help or could mean being in much poorer health, they would rather stay in their care home and be looked after by the care home staff and their GP.

Some people are keen to try to get better even if that means admission to hospital. They want us to look for any treatments that could prolong their life.

How is a Care Home Anticipatory Care Plan made?

- Your relative/friend may already have an Anticipatory Care Plan. Some people have thought about planning ahead. Your relative/friend may have talked about this with you before.
- We try to make a Care Home Anticipatory Care Plan soon after a resident moves into the care home so that we have the right information available if it is needed.
- The Care Plan is looked at during the review meetings with the care home staff and if the health or wishes of your relative/ friend change. These plans are not legally binding.

Where is the Care Home Anticipatory Care Plan kept?

- The Anticipatory Care Plan is usually in each resident's records in the care home.
- A summary of each resident's Plan is written by their GP and includes any information we have about their views and wishes. It is added to their record at the GP practice.
- If people agree, the Plan is also added to a secure electronic record (called a Key Information Summary) used by the GPs on duty for evenings and weekends (NHS24), local hospitals and ambulance staff.

What happens now?

- On the next page are some situations to think about. If you have any questions, please ask the staff or contact us at the surgery. We will be happy to discuss these with you.

Anticipatory care planning questions for relatives and close friends

There are changes in health that do sometimes happen in frail older people.

Please tick the box that is closest to what you think your relative/friend would choose. We will use this information to help us make a Care Home Anticipatory Care Plan for them.

1. If your relative/friend were to become unwell suddenly or had a sudden collapse (such as from a stroke or a heart condition), what do you think **your relative/friend** would like to happen?

a)	Clinically assess their condition, treat any pain or other symptoms, keep them comfortable and care for you in your care home.	
b)	Contact a family member/ close friend, if possible, to help decide whether to send them to hospital, instead of dialling 999 for an ambulance.	
c)	Send them to hospital for tests and treatments for their condition.	

2. If your relative/friend had a serious infection that was not improving with antibiotic tablets or syrup, what do you think **your relative/friend** would like to happen?

a)	Clinically assess their condition, treat any pain or other symptoms, keep them comfortable and care for you in your care home.	
b)	Contact a family member/ close friend, if possible, to help decide whether to send them to hospital, instead of dialling 999 for an ambulance.	
c)	Send them to hospital for tests and treatments for their condition.	

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

a)	Clinically assess their condition, treat any pain or other symptoms, keep them comfortable and care for you in your care home.	
b)	Contact a family member/close friend, if possible, to help decide whether to send them to hospital, instead of dialling 999 for an ambulance.	
c)	Send them to hospital for tests and treatments such as a drip, or other treatments.	

If we think that a resident has had a serious fracture (such as a hip fracture) we would usually send them to hospital for treatment, as that would be the best way to care for them.

Is there anything else about this resident's health and care that it is important for us to know? (Any specific illness or treatment that needs a plan such as epilepsy, diabetes or tube feeding)

If you DO NOT want this information shared with the emergencies services, tick here

Resident's name..... Your name.....

Relationship.....Phone number..... Date.....

I have / do not have Power of Attorney for the resident.

I have / do not have Welfare Guardianship for the resident.