How can I help reduce healthcare associated infections?
Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Planning for your Future - Advance Care Planning

Florence Nightingale Hospice
Patient Information leaflet
If you require a translation or an alternative format of this leaflet please call 01296 332600
**Introduction**

You may want to take the opportunity to think about what living with a serious illness might mean for you; your partner, or your relatives. Particularly, if at some point in the future, you become unable to make or to communicate decisions for yourself. You may wish to record what your preferences and wishes for future care and treatment might be, or you may simply choose to do nothing at all.

One way of making people aware of your wishes is by a process of advance care planning.

**What is Advance Care Planning?**

Advance Care Planning is a process of discussion between you and those who provide care for you, e.g. your nurses; doctors; Care or Nursing Home Manager, or family members. During this discussion you can, if you wish, choose to express some views, preferences, and wishes about your future care in the following ways:

1. Refusing specific treatment: Advanced decision to refuse treatment (ADRT).
2. Identifying your wishes and preferences: Preferred priorities for care (PPC).
4. Letting other people know your wishes: Shared Care Record

**Other important issues to be considered:**

**Mental Capacity**

We are defining this as the ability to make and communicate decisions.

If you become unable to make and communicate decisions about your wishes the ADRT will be used. Your LPA, if they have authority to make decisions about your health, will be able to speak for you.

If there are no documents identifying your preference and wishes, your friends and family may be consulted about their knowledge of your preferences and wishes to guide the Healthcare Professionals who are looking after you. There is a document used for this purpose called ‘Plans for Future Care’ in this case.

**Resuscitation**

When caring for a patient towards the end of their life, it is part of normal medical practice for your Healthcare Professional to have a conversation with the patient about resuscitation. This relates only to the instance of your heart or breathing stopping.

You will still be offered other treatments appropriate to your condition, even if a decision not to resuscitate you has been made.

Please feel free to discuss this further with your GP/Doctor.

If you have any questions regarding the information on this leaflet then please discuss further with your Healthcare Professional.
Advance Care Planning is an entirely voluntary process, and no-one is under any obligation to complete any of the plans. You may however, wish to choose to do some or all of them, explained in more detail:

1. Refusing Specific Treatment

During an Advance Care Planning discussion, you may decide to express a very specific view about a particular medical treatment which you would never want to have. This can be done by making an Advance Decision to Refuse Treatment. (ADRT).

An Advance Decision to Refuse Treatment (known previously as a Living Will or Advance Directive) is a decision you can make now in order to refuse a specific type of treatment at any time in the future.

Sometimes you may want to refuse a treatment in some circumstances but not in others. If so, you must specify all the circumstances in which you want to refuse this particular treatment.

There are specific rules which apply if you wish to refuse treatment that is potentially life-sustaining, e.g. ventilation. An Advance Decision to refuse this type of treatment must be put in writing; signed, and witnessed by an adult. If this is done, it becomes legally binding. However an ADRT does not need to be drawn up by a Solicitor.

4. Let other people know your wishes – Summary Care Record +

It is a good idea to give a copy of any of the completed documents to everyone who needs to know, e.g. close family and friends, and also those who care for you. Remember too, to keep your own copy somewhere safe.

By letting people know about your wishes, you have an opportunity to discuss your views with those caring for you.

With your permission, we can also share this information with other Healthcare Professionals who are caring for you now, or who may be caring for you at some point in the future.

In Buckinghamshire, we do this using a summary care record which is completed by your GP. Please feel free to discuss this in more detail with your Healthcare Professional.
If you wish to make an ADRT, you are advised to discuss this with a Healthcare Professional who is fully aware of your medical history.

2. **Identifying Your Wishes and Preferences**

The wishes you express during Advance Care Planning are personal to you and can be about anything to do with your future care.

You may want to include your priorities and preferences for the future, for example:

- How you might want any religious or spiritual beliefs you hold to be reflected in your care.

- The name of a person/people to be involved in decision-making if you are unable to make your wishes known.

- Your choice about where you would like to be cared for, e.g. at home; in a hospital; Nursing Home, or a hospice.

- Your thoughts on different treatments or types of care that you might be offered.

- How you like to do things, e.g. preferring to shower instead of taking a bath, or sleeping with the light on.

- Concerns or solutions about practical issues, e.g. who will look after your pet when you become more unwell or are dying.

- If you wish to donate your organs after death.

In Buckinghamshire we offer a Preferred Priorities for Care (PPC) document where you can record such information. (Ideally to be shared with others)

If you become unable to make a decision yourself, the information you have provided will help those caring for you to make decisions on your behalf using your preferences as a guide.

3. **Appoint someone to make decisions for you: Lasting Power of Attorney (LPA).**

You may want to give another person the legal authority to make decisions on your behalf, should you become unable to do so yourself.

A Lasting Power of Attorney (LPA) enables you to give another person the right to make decisions about your property and affairs, and/or your medical welfare.

Decisions about care and treatment can only be covered by a Personal Welfare LPA.

An LPA covering your personal welfare will only be used when you lack the ability to make specific welfare decisions for yourself.

There are special rules about appointing an LPA. The form is obtainable from The Office of the Public Guardian (OPG), or from stationery shops which sell legal packs. The LPA must then be registered before it is effective and legally binding. Please be aware that this process takes some time and there is a fee.

If you have internet access, the government’s website is also a good source of information, [www.gov.uk](http://www.gov.uk).