Planning your future care
Advance Care Planning

Advance Care Plan with Patient information and guidance to support completion

Gateshead Primary Care Trust
South Tyneside Primary Care Trust
Sunderland Teaching Primary Care Trust

Working together with partnership organisations
Patient Guide to the use of this Document

The Department of Health is encouraging people who are approaching the end of their life, and their carers, to have the opportunity to discuss their personal preferences and choices with professionals who can support them.

You will be involved in the discussions and be given the opportunity for this to be recorded in a care plan so that every service, which will be involved in supporting you, will be aware of your wishes.

Preferences and choices will be taken into account wherever possible when planning your future care.
The purpose of an Advance Care Plan is to help you prepare for the future.

It gives you an opportunity to think about, talk about and write down your preferences and choices for care now and in preparation for your end of your life care.

For most patients this form will not have immediate relevance but discussing and recording your views on these issues could help to reduce any concerns you may have in the future.

You do not need to do this unless you want to.

The Advantages of having an Advance Care Plan

An Advance Care Plan can help you and your carers (your family, friends, neighbours and your care workers such as Doctors, Nurses and carers) to understand what is important to you when planning your care. You will be supported through this process.

The plan should include anything that is important to you or anything you are worried about. It is a good idea to think about your beliefs and values, what you would and would not like, and where you would like to be cared for at the end of your life.

If for whatever reason you were not able to say what you wanted

There may be a time when, for whatever reason, you are unable to communicate your wishes for yourself. In the event of this happening anyone who has to make decisions about your care on your behalf will be able to take into account anything you have written in your Advance Care Plan.

You may have formally appointed somebody to make decisions on your behalf, using a Lasting Power of Attorney, in case you ever become unable to make a decision for yourself.
Sometimes people wish to refuse specific medical treatments in advance. The Advance Care Plan is not meant to be used for such legally binding refusals. If you decide that you want to refuse any medical treatments, you must discuss this with your doctors.

**Changing your mind**

Remember that your views may change over time. You can change what you have written whenever you wish to, and it is recommended to review your Advance Care Plan regularly. You will make this arrangement with your care worker when you make your plan (no longer than six monthly) to make sure that it still reflects your preferences and choices.

When your Advance Care Plan is completed you are encouraged to keep it with you and share it with anyone involved in your care. **Unless people know what is important to you, they will not be able to take your wishes into account.**

**Unforeseen Circumstances**

What has been written in your Advance Care Plan will always be taken into account when planning your care. However, sometimes things can change unexpectedly, such as your carers (family, friends and neighbours) becoming over-tired or ill or resources may not be available to meet a particular need, which will affect your plan of care. If for whatever reason your choices can’t be provided for your care worker (Doctor, nurse, carer) would talk to you and look at ways to manage the circumstances in your best interests.

**Advance Care Planning can be a positive step to planning your future care**

This is an opportunity for you to say what is important for you and your preferences and choices will be taken into account wherever possible when planning your future care.
If you have registered a Lasting Power of Attorney please provide their contact details below.

Name: ............................................................................................................................................................................

Address: ......................................................................................................................................................................

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Telephone number: ......................................................................................................................................

Relationship to you: .....................................................................................................................................

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Even if you have not registered a Lasting Power of Attorney, is there anybody you would like to be consulted about your care in the event that you are unable to make decisions for yourself? If so, please provide their contact details below.

Name: ............................................................................................................................................................................

Address: ......................................................................................................................................................................

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Telephone number: ......................................................................................................................................

Relationship to you: .....................................................................................................................................

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Your Preferences and Priorities

The above discussion has taken place between [name]:

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Signature:.................................................................................. Date: ....................................................... 

Healthcare Professional [name]: .............................................................................................

Signature:.................................................................................. Date: ....................................................... 

Negotiate a review date
(No longer than 6 monthly) Date:.................................................................
Your Preferences and Priorities

The above discussion has taken place between [name]:

Signature: .......................................................... Date: .......................................................

Healthcare Professional [name]: ............................................................

Signature: .......................................................... Date: .......................................................

Negotiate a review date
(No longer than 6 monthly) Date: .......................................................


NHS South of Tyne and Wear is committed to raising the standard of written information for patients, their carers, people who use the NHS and the general public.

This information can be made available in another format or language on request. Please contact the Communications and PR Team Tel: 0191 529 7118  E-mail: mopil@sotw.nhs.uk