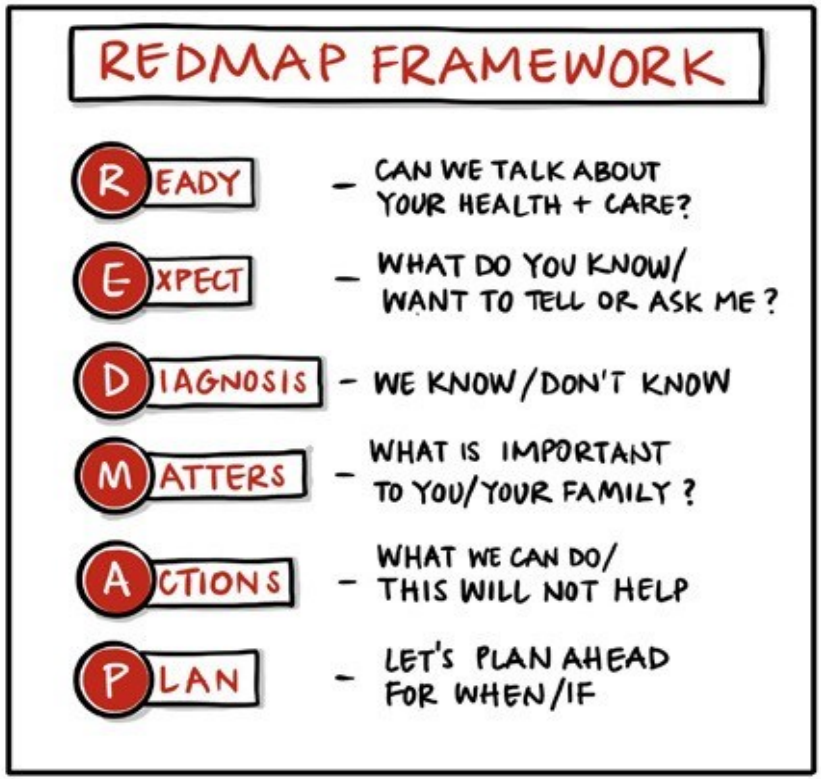
Future Care Planning conversations



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Future care planning starts with conversations between people, their families and carers, health and care staff.

This lets people talk about what matters to them if their life, health, care or situation change. Staff can hear what people would like known about them as a person, and how they would like to be cared for now and in the future.

People can find out more about their health and care and how to get the right help. Plans about realistic options for future care and support can be recorded in the person's health and care record, shared and reviewed.

Care planning helps people of any age who live with a serious illness, health conditions or disabilities that may get worse, and older people who are more frail.

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REDMAP Framework for Care Planning

READY — Can we talk about your health and care?

Who should be involved?

EXPECT — What do you **know**? Do you want to **tell/ask** me anything?

DIAGNOSIS — We **know**… We **don't know**… We are **not sure**…

MATTERS — What is **important to you** and your family?

- What would you like to be able to do?
- What do we need to **know about you**?
- How would you like to be cared for?
- Is there anything you do not want?
- What would *(person's name)* say about this? **Why** is that?

ACTIONS — What we **can do** is… Options that **can help** are..

This will **not help** because… That **does not work** when…

PLAN — Let's make some plans for when/if…

Starting care planning

READY:
Can we talk about what is happening with your health and care in case things change in future?

Thinking ahead and talking about what matters helps people make some plans just in case.

Should anyone important to you be involved?

Have you talked about care planning before?

Is there anything you would like help with now?

EXPECT:
Can I ask about how you are doing, and if anything has changed?

How do you see things going in the next few weeks/months/years?

What do you like doing?
What would you like to be able to do?

MATTERS:
Can we talk about what is important to you?
What about if/when you are less well?

Do you have questions or worries you'd like us to talk about?

ACTIONS:
Let's start making some plans with you.

SPICT

Care planning helps people with signs of poorer health

Unplanned hospital visits or admission(s); calls to unscheduled care services.

Performance status or function are poor or getting worse: e.g., person spends more than half the day in bed or a chair.

Depends on others increasingly for support and care due to physical and/or mental health problems; carers need more help and support.

Progressive **weight loss;** remains underweight; loss of muscle mass.

Symptoms: continue despite optimal treatment of underlying health conditions.

Person wishes to focus on **quality of life**, less interventions or hospital based care, or asks for palliative care only.

Talking about being less well

READY:
Start or continue conversations about care planning.

EXPECT:
Ask what people know and are thinking or worried about.

DIAGNOSIS:
What we know is that…
We are not sure about…

We hope you will stay well/get better but I am worried that/about…

We don't know exactly what will happen, but having a plan helps.

MATTERS:
What is important to you (and your family) that we should know about?

Are there things you'd like to happen?
Is there anything you wouldn't want?

ACTIONS:
What we can do is…
Options that can help you are…

That does not work/ help people when…

PLAN:
Having a plan helps us know what to do if things change. We review it regularly and share it so people know about you and what's important for you.

Helpful, realistic language

Sometimes people choose family members or close friends to help make decisions for them if they get less well in the future…
Have you thought about that?

If things change or you get less well…

Can we talk about **what's important** to you? That will help us make better decisions.

We **hope** the *(treatment)* will help…
but **I am worried** that at some point you'll not get better…
What would be important if that happens?

I **wish** there was more treatment..
Could we talk about what we **can do?**

We are **continuing to care** for you, and stopping treatments that are **not helping**.

Ask — Talk — Ask
Clear language — Short sentences — Pauses

(Language to avoid: 'ceiling of treatment or care', 'futile', 'treatment withdrawal'.)

Talking about dying

READY & EXPECT:
Find out what people know already.

DIAGNOSIS:
We know you are less well because…

We hope you will improve, but I am worried that… because…

It is possible you will not get better…

I'm sorry but you could die with this illness.

Do you have questions or worries we can talk about?

MATTERS:
What's important to you and your family?

How would you like to be cared for?
Is there anything you wouldn't want?

What would *(person's name)* say about this situation, if we could ask them?
Why is that?

ACTIONS:
What we can do is…
That does not work/help when…

I wish that was possible… let's talk about what we can do.

PLAN:
Can we talk about how we care for someone who is dying?

We are not sure how quickly things will change, but we can make a plan with you.

Cardiopulmonary resuscitation (CPR)

Make a clinical assessment of the outcomes of CPR for the person.
Talk about other treatments, if relevant (e.g. hospitalisation, intensive care, surgery)

Can I ask if you know anything about cardiopulmonary resuscitation or CPR?
CPR is a treatment to restart the heart and breathing after they have stopped.
CPR helps in some situations but does not work for everyone.

- CPR does not work when a person is in very poor health or is dying. Planning good care for them is the right thing to do.
- CPR may work but can leave some people in much poorer health if they have certain underlying health conditions.
- Some people choose not to have a treatment like CPR.

Talking about CPR helps people get better care. We record discussions about CPR and share that information with other teams and services.

When someone has a DNACPR plan that says CPR is not going to work or help them, we still give any other treatments that can help.

Can we talk about your situation, and what we can do to care for you well?