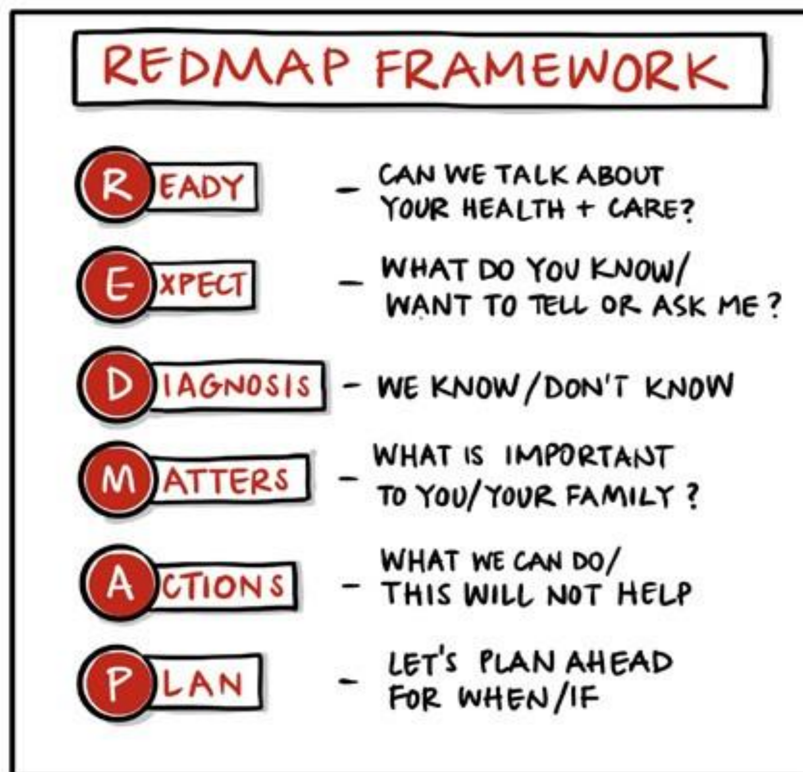
NHS SCOTLAND

Future Care Planning



2026

Future Care Planning

Helping people manage changes in their life, health and care

People of all ages living with,
-long term conditions, rare conditions, disabilities
-life shortening conditions and/or frailty.

Hear what matters to the person if things change.
-Include people close to them.
-Help or care they would like now, and in future.
-Discuss realistic options for treatment and care.

Make a future care plan with them.
- What matters in their life, health and care.
- Advice to guide emergency care.
- How care plan is recorded, shared and reviewed.

Taking about Care Planning (REDMAP)

2026

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/people close to you?

- What do we need to know about you?
- Is there anything you'd like help with? Who could do that?
- Is there anything you don't like or want?
- What would *(person's name)* say about this? **Why**?

ACTIONS
What we **can do** is… Things that **can help** are..
This will **not help** because… That does **not work** if/when…

PLAN
Can we make some plans in case things change?
Having a plan means you get the right help if you need it.

Starting care planning

2026

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 to you helps you 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? Who could help with that?

EXPECT:

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

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

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?

PLAN:

What we can do is make some plans in case things change…..

Talking about being less well

2026

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 people get better care.

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

Is there anything you'd like help with?

Is there anything you don't want?

What would he/she/they say about this?

ACTIONS:
What we can do is…
Things 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.

Talking about dying

2026

READY & EXPECT:
Find out what people know already.

DIAGNOSIS:
You are less well because..

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

It's **possible** you will not get better…

I'm sorry but you could die with this illness. That could be quite soon.

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 don't like or want?

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

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

I **wish** that was possible… could we 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. We can plan care for you (*or person's name*) and your family.

Talking about Cardiopulmonary resuscitation (CPR)

2026

Assess the likely outcomes of CPR for this person. Seek advice if needed.
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 people in some situations but is not always the best thing to do.

- CPR may work but can leave some people in much poorer health.
  We can talk about why that is and what might happen.
- CPR does not work when a person is in very poor health or is dying.
  We plan good care for them and their family.
- Some people choose not to have CPR. We can record this information.

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

We continue to give any other treatments that can help when someone has a care plan that says CPR is not going to work or help them.

Can we talk about you, and what we can do to care for you as well as possible?