

# Somerset Planning ahead







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This booklet suggests how you can plan and write down your future wishes and priorities, particularly in relation to your health and care preferences. It guides you to services that can support you to make and record your decisions.

Planning ahead is helpful for everyone and is something we can all do...

# Planning your future health and care

There may come a time in your life when you think about your future or you may just like to plan ahead.

Planning ahead can help make sure that other people know what you want and make it more likely that your wishes will be understood and followed. It can also assist your family and friends know what you would want.

# What is Advance Care Planning?

Another term for planning ahead is 'Advance Care Planning'. Advance care planning identifies what is important to you, your personal values, life goals, and preferences relating to medical care and care provision. It is also about who you are – what makes you 'you'. You can write down this conversation to share with others. It is not legally binding, and you can amend it at any time.

> "A GOAL WITHOUT A PLAN IS **JUST A** WISH"

> > Antione de Saint-Exupery

# somerset.eolcare.uk

# Why should I plan ahead?

Lots of people find that it gives them reassurance to know that their priorities will be considered if they become unable to make decisions or communicate their wishes. Even close friends and family may not know how you would want to be cared for and might worry if they are making decisions on your behalf that you would not want.

Planning ahead is part of life. 'Advance care planning can make the difference between

a future where a person makes their own decisions and a future where others do' NICE 2019.

# What things should I think about when planning ahead?

The suggestions below will help you to think about what things you would like to share, do or say about yourself to people should you become unwell. This will be your legacy. Keep your legacy planning all in one place.

# What to include in **YOUR LEGACY**

#### Write a

# **BUCKET LIST**

of things you would like to do before you become too unwell to do those things. These lists can change and evolve with you.

#### Make a

## **MEMORY BOX**

Add photographs, letters, objects, music. It is a special way to pass on memories to loved ones and could be made with someone in mind.

#### Protect your

# **DIGITAL LEGACY**

Any information you have that is digital; social media accounts, online accounts, photos, videos, gaming profiles, your own website or blog are your digital assets. When you die these become a digital legacy. Think about taking an inventory of your digital assets and devices, with instructions of what you would like to happen to them after you die. Ensure that your passwords are stored securely and the person managing your digital legacy can locate your log-in details.

#### Write

# **NOTES TO PEOPLE**

Share memories or thoughts of things you would like to say to people you know. You could add photographs.



# Who can help me plan ahead?

In Somerset one way to create an Advance Care Plan you can share with others is with the help of the Marie Curie Talk About service. They can help you explore and record any wishes or preferences that you might have about what is important to you and your future care. The conversation is with a friendly, trained Marie Curie volunteer who will help you complete an advance care plan. The completed advance care plan is shared only with your consent and only with those who need it. This could be your GP, hospital teams if you are admitted or care teams if you ever need them.

You can find out more about the Marie Curie Talk About service by visiting:

www.mariecurie.org.uk/professionals/ working-in-partnership/somerset-talk-aboutproject

# What can I do to prepare?

Before you have the Advance Care Plan conversation, or if you decide to plan ahead in another way, it is a good idea to have a think about what you want people to know and what is important to you. The wishes you express are personal to you and can be about anything to do with your future care. Here are some examples...

- What makes me anxious?
- What brings me peace?
- What gives me strength?





- What gives pleasure and meaning in my life?
- What are my care and treatment preferences?
- How do I want my spiritual, cultural, religious beliefs to be reflected in my care?
- If I am unable to make my own decisions, what is the name of the person or people I wish to be consulted on my behalf?
- Where would I like to be looked after if it is not possible to be at home?
- Where would I like to be cared for and who would I like to be with at the end of my life?
- Who will pay the bills or look after any pets I have?
- Please avoid: (e.g. have the TV on all the time)
- Please make sure: (e.g. my phone is
- Have I made and shared my funeral arrangements?
- What resuscitation decisions have been made?

# What is the Somerset Treatment Escalation Plan (STEP/TEP)?

A Somerset Treatment Escalation Plan (STEP/ TEP) form is one type of advance care plan relating to your health. It is a document that records the outcomes of discussions had with your healthcare professional regarding:

- what treatments may be appropriate for you if you were to become seriously unwell
- whether admission to hospital would be beneficial for you and
- whether resuscitation would be right for you in the event that your heartbeat and breathing stopped.

The STEP form will be completed with you if you have certain health conditions and want to plan ahead, or your GP or healthcare professional recommends this. A STEP document is a guide for those caring for you to know what your wishes are relating to care and treatment if you become too unwell to express your views. The STEP is discussed with you and should be kept with all your records.

If you are unwell and are unable to be involved in making the decisions needed on the STEP form this may be completed in your best interests. This is why it is important to have and record Advance Care Planning discussions before you become unwell.

# What is an Advance Decision to Refuse Treatment (ADRT)?

If you feel strongly that there are some medical treatments you would not want to receive in certain circumstances in the future. you can formalise your wishes in an advance decision to refuse treatment (ADRT), which is also known as a 'living will'.

If you lose the mental capacity or ability to communicate your decisions in the future. your ADRT will inform your healthcare team about the treatments you want to refuse.

#### ADRT/Living will:

- is legally binding if it meets certain conditions – those caring for you must follow your instructions
- allows you to refuse treatment, even if this might lead to your death
- must be clear about the circumstances under which you do not want to receive specified treatment
- must be signed and witnessed and include a statement 'even if life is at risk'
- cannot be used to request certain treatment
- cannot be used to ask for your life to be ended



# How do I appoint someone to make decisions for me in the future?

You may wish to legally appoint someone, or more than one person, to make decisions on your behalf if you are no longer able to do so; this is called a lasting power of attorney (LPA). This person or persons may be a close family member, a friend, or any other person you choose. They would become your attorney(s). This gives you more control over what happens to you if you have an accident or an illness and cannot make your own decisions. There are two types of lasting power of attorney (LPA).

### LPA for property and financial affairs

This attorney will have the power to make decisions about money and property for you, for example:

 managing a bank or building society account or paying bills

It can be used as soon as it's registered, with your permission.

#### LPA for health and welfare

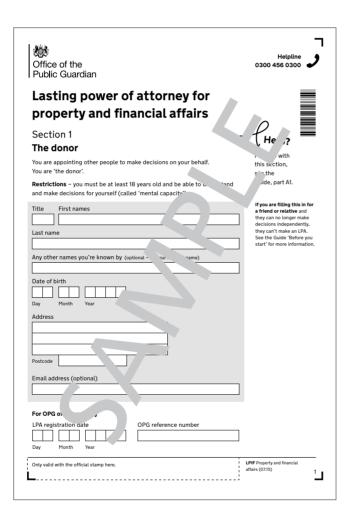
This attorney will have the power to make decisions about things like:

 your daily routine, for example washing, dressing, eating or your medical or social care

It can only be used when you are unable to make your own decisions.

You may wish to consult a solicitor to help you, or you can apply online, or print the forms from www.gov.uk and search for 'Power of Attorney'.

The application must be registered with the Office of the Public Guardian in order for it to be valid.



# What other advance care planning could I consider?

#### An advance statement

This a written statement that sets down your preferences, wishes, beliefs and values regarding your future care. These are not legally binding; you can find copies online to complete and keep safe. Or you can contact Marie Curie Talk About to support you with this. This is not the same as an advance decision to refuse treatment.

#### A will

A will lets you decide what happens to your money, property, and possessions after your

You can write your will yourself but should get advice from a professional if it is not straightforward. For a will to be legally valid it needs to be formally witnessed and signed.

#### **Digital executor**

A digital will executor - "digital executor" is a person you name in your will to manage your digital property. An executor of a will distributes your physical property and money; a digital executor focuses on your digital media and accounts.

#### **Funeral Arrangements**

Share your wishes in writing with those close to you. Consider approaching a funeral director for advice about your funeral. You can have a unique funeral without the need to spend large sums of money. It is worth considering how the funeral might be paid for and what options are available to you. Consider making a funeral plan towards the cost. You may like to seek advice from a funeral director beforehand as not all plans are the same.

In order to find out more about planning ahead please visit the Member of public section on the Somerset end of life care and bereavement support website: somerset.eolcare.uk

### Contact details

#### **St Margarets Hospice Care**

Call the Somerset adviceline which provides 24-hour advice and support regarding palliative care and end of life for families and carers.

www.st-margarets-hospice.org.uk 01823 333822 or 01935 709480

#### **Marie Curie**

Call the national Marie Curie Support Line for practical or clinical information and emotional support if you're living with or caring for someone who has a terminal illness, whatever your situation.

www.mariecurie.org.uk 0800 090 2309

**End of Life Care Education Team** For more information contact us on: 01823 343100 EOLCEducation@somersetft.nhs.uk



Created by:
Somerset NHS Foundation Trust
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