

**Guidance for Healthcare Professionals
Preferred Priorities for Care (PPC) - Advance Wishes**

Please detach this guidance sheet before the document is given to the patient

This document is designed to be completed with people who wish to discuss their wishes or future care and treatment. It may also be completed for those with a progressive life limiting illness where the focus is on comfort and quality of life. It can be made available in a range of different languages.

The Purpose of this Document is to facilitate the provision of care for the person that is consistent with their wishes. It should:

- Establish the patient's wishes regarding their current and future care
- Enable the person to be treated in the setting of their choice as far as is possible
- Act as a trigger for appropriate referral to other services
- Enable anticipatory planning of future care, and provide a method to communicate these plans to healthcare professionals and others
- Facilitate decisions taken in the best interests of a person who lacks capacity to make decisions themselves.

Triggers to complete this form may include:

- The person is eligible for DS1500 (Doctors report for claiming benefits under special rules)
- The person is entered on to a community Gold Standards Register (GSF)
- Potentially curative treatment is no longer possible or has been declined
- The person has or wishes to discuss an advance decision

This Document should not be used when the person is in the last few days of life, when the Liverpool Care Pathway (LCP) is the appropriate document to use.

Once the PPC document is completed the person should keep a copy and a copy should be placed on their medical records. In addition, if the person consents:

Tick box when sent

- Copies of the PPC should be sent to the person's GP
- Copies of the PPC should be sent to key health care professional involved in the person's care
- Give the person a copy of 'Planning your future care- A Guide'
- Offer Advance Decision Form (to be discussed with GP or Hospital or Hospice Consultant).

All other services likely to be involved with the Person's care should be alerted that the person holds a PPC document.

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PREFERRED PRIORITIES FOR CARE

YOUR ADVANCE WISHES (Adapted from National PPC document)

This is a non-legally binding document to represent your future hopes and wishes.

WHAT IS THIS DOCUMENT FOR?

The Preferred Priorities for Care (PPC) document can help you prepare for the future. It gives you the opportunity to think about, talk about and write down your preferences and priorities for care at the end of your life. You do not need to do this unless you want to.

The PPC can help you and your carers (your family, friends and professionals) to understand what is important to you when planning your care. If a time comes when, for whatever reason, you are unable to make a decision for yourself, anyone who has to make decisions about your care on your behalf will have to take into account anything you have written in your PPC. It can give you the ability to state what treatments you may want, or not want but it does not give you the right to those treatments.

Sometimes people wish to refuse specific medical treatments in advance. The PPC is not meant to be used for such legally binding refusals. There is a separate leaflet about this called 'Advance Decisions to Refuse Treatment.' It would be advisable to discuss this with your doctors if this is something you wish to pursue.

You may find that your feelings about your care change over time. This is entirely normal and simply reflects the fact that different things become more or less important at different times, and that we do not always cope or respond as we expect in a given situation. You should ensure that any plans you make are kept up to date as your personal circumstances or wishes change.

SHOULD I TALK TO OTHER PEOPLE ABOUT MY PPC?

You may find it helpful to talk about your future care with your family and friends, although sometimes this can be difficult because it might be emotional or people might not agree. Often having this discussion can be very useful to get these difficult issues out in the open. It may be helpful to talk about any particular needs your family or friends may have if they are going to be involved in caring for you. Your professional carers (like your doctor, nurse or social worker) can help and support your family with this.

WILL MY PREFERENCES AND PRIORITIES BE MET?

What you have written in your PPC will always be taken into account when planning care. However, sometimes things can change unexpectedly such that your particular wishes cannot always be guaranteed.

WHAT SHOULD I INCLUDE IN MY PPC?

Some things you may wish to include:

- **Where you think you would like to be cared for at the end of your life**
(Hospital, nursing home, hospice, at home).
Please be aware that when the time comes it may not be possible to provide the care you need in your chosen place. This could be due to the level of nursing required, lack of beds, need for hospital tests etc. or you may have changed your mind about as to what is best for you. This should not stop you considering your preferred place for care now, but it is often wise to keep an open mind.
- **Whether you would want to be told when you are nearing the end of your life**
If you wish to know this information, your doctors and nurses will try to answer your questions honestly. However, it is often difficult to give accurate answers. You may also wish to give some thought as to whom you would want to be kept informed at this time.
- **If you were unable to talk to your family, such as children or elderly parents, whom would you wish to do this for you?**
- **Who you would wish to visit you (if you were nearing the end of your life)?**
- **Who should look after your pets?**
- **Do you have any specific wishes regarding your immediate surroundings for example music, photo's etc.**
- **Is there anything that you would not want to happen to you?**
(For example being admitted to hospital, being told you are near the end of your life)
- **Organ Donation/Medical research**
If you wish to consider donating your organs for transplant or medical research you would need to discuss this with your doctor and sign specific documentation. Please be aware that this may not be possible as a number of restrictions apply.

There is a preferred priorities of care form attached which you may wish to complete with the help of a healthcare professional and share with family and the healthcare professionals involved in your care

It is your responsibility to ensure that the healthcare professionals involved in your care are aware of this written statement.

Please ensure that your GP and key worker (*your key worker is the health/social care professional who you feel knows you best*) have a copy of this document.

Keep this document with you and share it with anyone involved in your care. Please ensure that if you make any changes to this document that your GP and key worker are made aware of this change to your wishes/preferences. These changes can be recorded on the back page.

PREFERRED PRIORITIES FOR CARE DOCUMENT

(A non-legally binding document to represent my future hopes and wishes)

A copy will be provided for my GP/ district nursing notes, and medical notes.
Ideally I will keep this document with me and share it with anyone involved in my care.

My name.....

Address

.....Postcode.....

Date of Birth.....NHS Number.....

I have a legal Advance Decision to Refuse Treatment (sometimes known as a Living Will)? Yes / No

A copy is held by

.....

PROXY / NEXT OF KIN

Who I would like to be involved if it ever becomes difficult to make decisions

Contact 1.....

Relationship to meTelephone

Do they have personal welfare Lasting Power of Attorney? Yes / No

Contact 2

Relationship to meTelephone

Do they have personal welfare Lasting Power of Attorney? Yes / No

My priorities, special requests or preferences regarding my future care
(including details regarding my wishes, feelings, faith, beliefs and values)

My name		My NHS No.	
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If my condition deteriorates the place I would like to be cared for if possible is;

Things I would ideally like to avoid happening to me are;

My other comments or wishes that I would like to share with others are;

I am happy for the information in this document to be shared with other relevant health and social care professionals?

Yes No

Other people who I have discussed the contents of this form with (e.g. family member, friend, health/social care professional);

My signature..... Date.....

Optional signatures

Next of kin/carer signature Date.....

Health/social care professional signature Date.....

Please see over for a record of reviews to my plan to ensure that it still represents my wishes.

My name		My NHS No.	
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Review date	Are there any changes?	If yes, my changes are;	My signature