NHS
Tameside and Glossop
Clinical Commissioning Group

Willow Wood
Caring for local people

NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

My Advance Care Plan
Statement of Wishes

STATEMENT OF WISHES FOR THE PERSON WHO LACKS THE MENTAL CAPACITY TO MAKE THESE DECISIONS AND COMMUNICATE THEM – AS UNDERSTOOD BY NEXT OF KIN/CLOSE FAMILY MEMBER OR FRIEND

(A non-legally binding document recording the perceived or previously voiced priorities and wishes of a person who no longer has the capacity to state these in person)

A copy of this document should be kept within GP and home notes. Ideally this document should be kept with the person named, to be shared with those involved in their care.

Name: .....

Address: .....

.....

..... Postcode: .....

This form completed by (Health/Social Care professional): .....

Name: .....

Relationship to above named person/role: .....

Address/Base: .....

Tel: .....

Signature: .....

Above named person's advocate/family member

Name: .....

Relationship to above named person: .....

Address: .....

Does the person (above named) have a Legal Advanced Decision to Refuse Treatment? Yes / No

If yes, please give details of who has a copy .....

Has the person (above named) nominated a holder of Power of Attorney for <u>Health and Welfare?</u> Yes/No
(If yes, document seen and stamped? Yes/No)

Name: .....

Address: .....

Telephone: .....

Relationship to above named person: .....

Next Of Kin

Please give details of who holds next of kin status, as nominated by the patient when able

1. Next of Kin: .....

Relationship to the person named above: .....

Address: .....

..... Telephone: .....

2. Alternative Contact if NOK unavailable: .....

Relationship to person named above: .....

Address: .....

..... Telephone: .....

The information recorded on this form MAY ONLY BE USED AS PART OF A BEST INTEREST DECISION MAKING PROCESS at such a time when a decision needs to be made.

Preferences for care

If the person (above named) becomes more ill, do you know where they would most like to be cared for?

1st choice: .....

2nd choice: .....

Comments: .....

.....

Is there anything that you understand that the person (above named) would ideally like to avoid happening to them in the future? *(They may have discussed this previously)*

.....

.....

.....

.....

As far as you understand, what brings your loved one comfort or is important to them?

.....

.....

.....

.....

What traditions, needs or spiritual beliefs are important to your loved one?
(These may include faith and religious beliefs, what gives you strength, cultural beliefs/traditions, music, nature, rituals)

.....

.....

.....

Has the above named person, to your knowledge, made a will or any funeral plans? Yes/No
Who is aware of this and its location?

Details: .....

.....

.....

Do you have any further comments or wishes regarding the above named person's care that you would like to share with others?

.....

.....

.....

Do you understand that these preferences will be used as part of a 'best interests' decision making process only and are not instructive and binding? Yes/No

Do you agree that, for the best interests of the person above named, the information contained in this document be shared with other relevant healthcare professionals? Yes/ No

Advocate's Signature: .....

Print name: ..... Date: .....

Healthcare Professional Signature: .....

Print name: ..... Date: .....

GP Signature: .....

Print name: ..... Date: .....

Details of any other family members/friends who would like to be involved in advance care planning discussions:

.....

.....

.....

Review
Reviewed on (please give dates): .....

Please regularly review this document and whether it still represents the understanding or perception of the person's wishes. Please sign and date any changes you make.

***REMEMBER!!** These are the wishes as understood and stated by the person's advocate/legal Next of Kin, and are not necessarily those of the person named.*

They can ONLY be used as part of making a decision in the person's best interests.

Advance Care Planning is a process of discussion between you and those who provide Care for you, for example your nurses, Doctors, care home staff, social worker, family or friends.

During this discussion you may choose to express some views, preferences and wishes about your future care so that these can be taken into account if you were unable to make your own decisions at some point in the future. The process will enable you to communicate your wishes to all involved in your care.

It is however your choice. Advanced Care Planning is an entirely voluntary process and no one is under any pressure to complete one. (Planning your future care. A Guide. NHS Improving Quality 2014)

If you require the information contained in this document in a different language or a different format, for example Braille, please contact the service provider who provided you with the document.

এই ফোল্ডারে দেওয়া তথ্য যদি আপনার অন্য ভাষায় বা অন্য ফরম্যাটে প্রয়োজন হয়, যেমন ব্রেইল, তাহলে সার্ভিস প্রদানকারী যে ব্যক্তি আপনাকে এই ফোল্ডার দিয়েছেন তাঁকে জানান।

"જો તમને આ ફોલ્ડરમાં રહેલી માહિતીની કોઈ અલગ ભાષામાં અથવા કોઈ અલગ ફોર્મેટમાં જરૂર હોય, ઉદાહરણ તરીકે બ્રેઈલી, તો કૃપા કરીને સેવા પ્રદાતાનો સંપર્ક કરો જેણે તમને ફોલ્ડર આપ્યું છે"

''اگر آپ کو اِس فولڈر میں درج معلومات کسی دوسری زبان یا متبادل شکل جیسے بریل وغیرہ میں چاہئے تو براہ کرم سروس فراہم کرنے والوں سے رابطہ کریں جنہوں نے یہ فولڈر آپ کو بھیجا ہے''

如果您需要這文件中包含的資料以其他語言或不同格式所編制的副本，例如盲文，請聯絡為您提供這文件夾的服務提供者

„Jeśli potrzebujesz informacji zawartej w tym folderze w innym języku lub w innym formacie jak na przykład Brajlem, to proszę skontaktować się z usługodawcą, który zapewnił Tobie ten folder."