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| **Easy Read Form**  **Advance Care Planning** | |
| **This is about making important decisions now for your care and treatment in the future.** | |
|  | The Mental Capacity Act is a law that provides a number of ways for people to plan their care and support in advance, including for emergency situations. |
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|  | This means you can make decisions about your care and treatment now for a time when you may be **unable** to do so, for example, because you are too unwell. |
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|  | It is important for healthcare professionals to know about the care and treatment you **do** and **do not** want. Please tell us if you have already taken steps to plan for your future care and treatment by using this form. |
| **Types of Advance Care Planning** | |
|  | A **‘living will’** lets you refuse any medical treatments that you do not want to be given to you in the future. Its legal name is **‘advance decision to refuse treatment’** and it is legally binding in England, Wales and Northern Ireland. It is also sometimes called an **‘advance decision’** or ‘**advance directive**’. |
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|  | You can also have a **‘health power of attorney’**, a legal document that lets you give someone you trust the power to make health decisions for you **only** when you are unable to. The legal name for this is **‘lasting power of attorney (LPA) for health and welfare’.** |

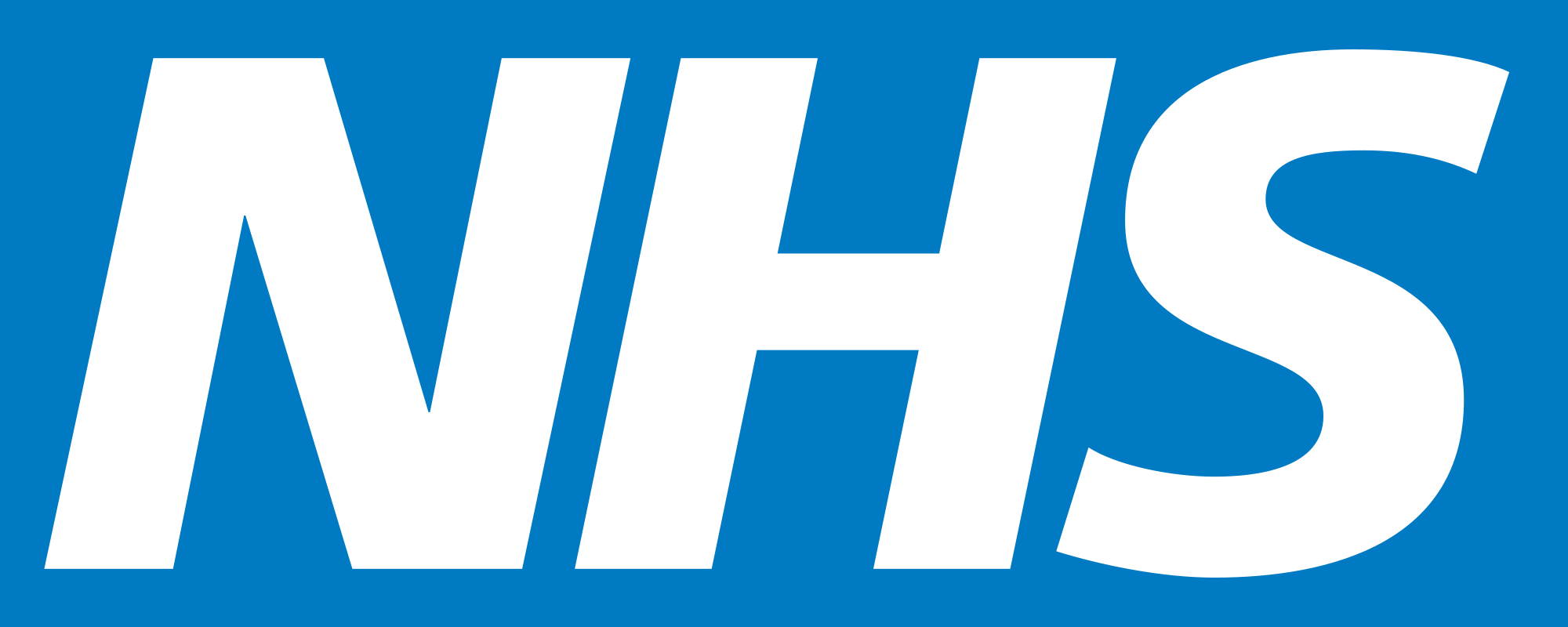
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|  | Thinking about the future can be difficult. It can be upsetting to think about care and treatment you may need in an emergency or at the end of your life. However, it is important to make sure that care and treatment at all stages of your life meets your wishes and preferences as much as possible. |

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|  | **Cardiopulmonary Resuscitation** or ‘**CPR’** is a treatment used in emergencies to aim to restart a person’s heart if their heart stops beating or they stop breathing. |

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|  | **DNACPR** stands for ‘Do not attempt CPR’. It is also sometimes called ‘**DNR**’. A recorded DNACPR decision means that if a person has a heart attack or dies suddenly, there will be guidance on what action a healthcare professional should or should not take, including not performing CPR on the person. |

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|  | A ‘DNACPR’ decision should **not** be made without you. You can talk to your doctor (GP) about recording decisions for the future, including DNACPR decisions. |

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|  | **ReSPECT** stands for **Recommended Summary Plan for Emergency Care and Treatment**. It creates a personalised recommendation for your clinical care in emergencies where you are not able to make decisions or say what you want. |

**PLEASE RETURN THIS PART OF THE FORM TO YOUR DOCTORS (GP PRACTICE)**

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|  | Name: |  | | |
|  |  | | |
| Signature: |  | Date: |  |

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| **Please tick ‘Yes’ or ‘No’** | **YES** | **NO** |
| Do you have an ‘advance decision’ (also called a ‘living will’\*) to refuse medical treatment in the future? |  |  |
| Do you have an ‘advance care plan’ or ‘advance statement’ that says what care you want in the future? |  |  |
| Do you have a ‘Power of Attorney’ for health or welfare decisions? |  |  |
| Do you have a recorded DNACPR decision? |  |  |
| Have you completed a Recommended Summary Plan for Emergency Care and Treatment? |  |  |
| Do you have other recorded decisions about care and treatment in the event of emergencies or end of life? |  |  |
| If you answered ‘no’ to any of the above, would you like help with advance care planning? |  |  |
| If yes, please tell us what you would like help with: | | |
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More information on CPR, DNACPR and ReSPECT is available on the Resuscitation Council UK website: <https://www.resus.org.uk/>

**THIS PART OF THE FORM IS TO BE COMPLETED BY SOMEONE AT THE DOCTOR’S (GP PRACTICE)**

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| **Patient NHS Number** |  |
| **Date Completed Form Received** |  |
| **Signature of Professional** |  |
| **Print Name** |  |
| **Role** |  |