Ready for the Future – Future Care Planning

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Background – What is Future Care Planning?



Future Care Planning (FCP) is an umbrella term, increasingly being applied in palliative care.



FCP has been adopted as part of several national strategies.

Favoured by patient/carer advocates as a more understandable term than advance care planning.



Advance care planning or anticipatory care planning ethos is one of FCP's core activities.

Includes and incorporates patients with diminished capacity at the time of information gathering.



A clear and consistent definition of FCP would support health and social care professionals working in frailty and palliative care.

Research Questions

- Q1. Is there a definition for 'Future Care Planning' in the existing literature?
 - Is there a description of what a 'Future Care Plan' should look
- **Q2.** like or incorporate with regards to end-of-life care and advance care planning?

Aims

- To scope and identify definitions of 'Future Care Planning' in the existing literature
- To describe what a 'Future Care Plan' is, with regards to end of life care, and advance care planning, should look like and incorporate.

Methods



Scoping review of the evidence and guided by the methodology from the Palliative Care Evidence Review Service (PaCERS).



A search was conducted using four databases from January 1999 to 5 July 2024 and other information sources.



Throughout the review process we held regular meetings via Teams to discuss and solve emerging queries.



Identified 21 articles



Range of document type/study design



11 articles included a definition of FCP



20 articles described what FCP should look like or incorporate with regards to end-of-life care and advance care planning

- Advance Care Directive (ACD)
- Advance Care Planning (ACP)
- Advance Decision to Refuse Treatment (ADRT)
- Advance Decision (AD) synonymous with ADRT
- Advance Statement (AS)
- Decision Aid (DA)
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)
- Enduring Power of Attorney (EPA)
- Enduring Power of Guardianship (EPG)
- Future Care Plan (FCP)
- Goals of Care Document (GCD)
- Health Care Directive (HCD)
- Inpatient Treatment Escalation Plan
- Lasting power of attorney (LPA) for health and wellbeing
- PErsonalised Advisory CarE or (Proactive Elderly Advance CarE) (PEACE) plan
- Plan Program (PAP)
- Record of Best Interests Decision (RBID)
- Shared Decision Making (SDM)
- State Administration Tribunal (SAT)
- Treatment Escalation Plan (TEP)



Identified

•FCP works with health and social care professionals to consider what matters most to them nearer the end of life, in terms of their wellbeing and explore their wishes for any future care or support that the person may need.



Relevance

•FCP is relevant to every stage of life including those with diminished capacity at the time of information gathering and for whom a best interest approach should be followed, as defined by the Mental Capacity Act 2005⁴.



Legal Status

•FCP does not typically carry binding legal status (unless there is a lasting power of attorney or an Advance Decision to Refuse Treatment document).



Future Care Plans

- Future care plans should be recorded (including electronic patient records) and should be shared with those close to them, care givers, and professionals involved in their care.
- •Future care plans may include the individual preferences about the nature, type and location of such services, and may also include discussions relating to individual's medical treatment and wishes for end-of-life care.

Moving Forward



Clinical and Policy Implications:

The evidence base indicates that Future Care

What does Future Care Planning look like within end-of-life care? A scoping review of the literature

February 2025





There are a variety of definitions, acronyms and complexities of FCP, but this may become more streamlined in the future.



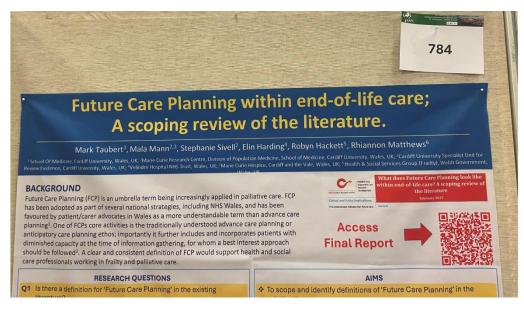
It is crucial to ensure the patient and those close remain at the core of both now and in the future.



This review provides a much-needed assessment of, and anticipate our findings will inform a Once for Wales approach to FCP.



Clarity and consistency in the definition and implementation of Future Care Planning, is essential to ensure its integration into healthcare policy.



Mann M, Cahill C, Sivell S, Hackett R, Harding E, Taubert M.

Future Care Planning – State of the Science. BMJ Supportive and Palliative Care, In Press.

Implementing Planning in Practice



Pragmatic systems are essential to implementing future care planning in practice.



Systems are need to integrate between different health systems, particularly when heading towards end of life.



However, there are limited systems in their ability to deliver high-quality and timely information for patient focused end of life care.



Existing systems in the UK include the 'message in a bottle' scheme, ReSPECT documentation forms and the sharing of advanced care plans but lack the ability for dynamic change and often rely on re-writing hard copy documentation.

QR Code Wristband

Technological advances can offer a platformowned information sharing.

Wearable QR Code —which can provide instant links to the patient's web page containing essential patient specific information.

This will support clinical decision making and a record of patients' wishes and preferences.



ing treatment break, recent progression of disease.

No: A654321

No: 444 555 7777

ease see additional information:

- Oncology and Palliative Care Team see **Emergency Actions Escalation Plan** attachment below
- 2 Advance Care Plan in place see in more details below Blood Group: Unknown

Emergency Instructions

Advance care plan in place: Annie's preferred place of care and preferred place of death is home. Annie wishes all reasonable active treatment to address any symptoms but would not want to be admitted to the acute care setting.

Contacts

Elaine Page (Sister) C 02921 333444 or 07177 265434

Joe Jones (Brother) 07896 666333

> Robbins (Friend) 21 555666

> > Friend)

Medical Conditions

Small Cell Lung Cancer See attachment for Emergency Plan Annie patient emergency p

COPD, Hypertension, Anxiety Aim for saturations 88-92%

Allergies

Penicillin (angioedema) Allergies: Penicillin (angioedema)

Current Medication

Current Medication

Current Medication: Zomorph 30mg BD, 10mg Oramorph PRN, Senna 15mgs BD, Citalopram 30mgs.

EOL medications

Subcutaneous medications have been prescribed by the GP and are in the house in the event that Annie deteriorates. Morphine 5mg SC PRN Midazolam 5mg SC PRN Cyclizine 50mg SC PRN (TDS) Hyoscine Hydrobromide 400 micrograms SC PRN (TDS)

Information

DNACPR

Completed DNACPR

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Journal of Paramedic Practice, Vol. 17, No. 1 ·

Palliative care: a narrative review of information barriers faced by paramedics

Elin Harding, Stephanie Sivell, Nikki Pease ⊠

Published Online: 2 Jan 2025 https://doi.org/10.12968/jpar.2024.0064











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QR code wristbands in palliative care: enhancing efficiency and outcomes

Ellin Harding, Stephanie Sivell, Ed O'Brian, Liba Sheeran, Nikki Pease 🖂

Published Online: 2 Jan 2025 https://doi.org/10.12968/jpar.2024.0054









Forum BMJ Supportive & Palliative Care

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BMJ SP Care

Could QR-Based Information Sharing Platforms Be Acceptable to Specialist Nurses for Palliative Care Patients?

Posted on January 13, 2025





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BMJ SP Care

Quick Response Palliative Care: Are wearable medical identification wristbands with QR code technology acceptable to palliative care patients?

Posted on November 1, 2023

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Thank You

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