Future care planning is a process with you, the patient at the centre. Sometimes called ‘advanced care planning’ or ‘anticipatory care planning’, it’s a way of documenting and thinking about what will be important to you in your future care. Planning ahead can help people remain in control of their care and decisions about their care even when they are unwell.

Patients with underlying health conditions can become unwell quickly, benefiting from prompt treatment, and knowing how they would like to receive that care is very important.

People may also worry about what might happen to them in the future. An anticipatory care plan is a ‘thinking ahead’ approach based around a conversation of ‘what matters to you’.

These conversations are often extremely difficult to start but they are both important and invaluable. We are happy to take time to discuss this with you, either at home or in the surgery.

The ihub have some additional information and resources that you might wish to look thorugh; [Future Care Planning Toolkit | Health and social care improvement in Scotland - Future Care Planning toolkit (ihub.scot)](https://ihub.scot/project-toolkits/future-care-planning-toolkit/future-care-planning-toolkit/)

**Some things you might want to think about or discuss with your GP/ ANP and family;**

***If I become unwell-*** *Staying at home is what many people would prefer when they become unwell. At times, your health may change and you may need to be admitted to hospital or somewhere else other than home. Having a plan in place can help you be more in control of your care.*

***If I need to be admitted to hospital, the things that are important to me are-*** *You might need help with any caring responsibilities, other family members, pets, letting your employer know you will be off sick, paying bills or keeping an eye on your house and garden.*

***End of life care-*** *While this plan is to help you live as well as you can, at some point you will come to the end of your life. While talking about death with those closest to you is not easy, it means that they will know what your wishes are when the time comes, and helps them to look after you in the way that you want.*

*The term “end of life” can mean different things to different people. In this document, we focus on preparation for the last few months, weeks, days and hours of life. We have included questions which many people ask at this time, but there may be other things that you wish to speak about with those closest to you.*

*If your condition gets worse and you are approaching the end of your life, where would you most like to be cared for (for example, at home, with family, care home, hospital, hospice, and nursing home)? This may depend on assessment at the time.*

*Do you have any worries or concerns about your care at the end of life? Some people find it helpful to discuss these with those closest to them or with the people involved in their care.*

***Resuscitation****- Something that might be discussed at an appropriate time with you is cardiopulmonary resuscitation, also known as CPR.*

*CPR is a medical treatment used when someone’s heart suddenly stops during a cardiac arrest. While CPR is the right treatment for many people, it may not be appropriate if someone is approaching a natural death.*

*It is important to think about your current health and life and talk about whether CPR would be of benefit to you. It is a good idea to discuss this with those closest to you.*