

**Future Care Plan  
(Adapted from the Gold Standards Framework template)**

**Aims:**

1. To provide a written record of 'what matters' to the individual and an outline of a plan that supports achieving that aim including in routine situations and during episodes of sudden escalated need. If appropriate the Plan should also include their preferences at the end of life. The Plan should be considered along with the individual's next of kin and / or independent advocate.
2. Is useful to clinicians in the planning of patient's individual care
3. To reduce crisis decisions or unnecessary admissions to hospital  
(to be written following discussion with appropriate input including, but not exclusively, the patient, nursing / care home staff, patient's usual GP and relatives)
4. The Plan is not a one-off statement – it is a 'dynamic' document and should be reviewed regularly and particularly when the person's health condition or social situation changes or as the individual themselves determines the need for a review.
5. Support to develop a Future Care Plan should be considered in the following circumstances:
  - The person is approaching the end of life (expected death within 6 months)
  - The person is living with one or multiple long term health conditions
  - The person is living with disabilities and / or fluctuating and complex health and care needs (including frailty).

***THESE PLANS Should be made AVAILABLE TO THE MDT and OOH PROVIDER***

**1. 'What Matters to you?'**

**What elements of care are important to you and what would you like to happen in future?**

**2. Is there anything that you worry about or dread happening? What would you NOT want to happen?**

**3. Do you have a Living Will or Legal Advance Decision Document?**

**If yes, please give details (e.g. who has a copy)?**

**4. Who else would you like to be involved if it ever becomes difficult for you to make decisions or if there was an emergency? Do they have official Lasting Power of Attorney?**

Name ..... Contact Details .....

Name ..... Contact Details .....

**5. If your condition deteriorates, where would you most like to be cared for?**

1st Choice .....

2nd Choice .....

Comments .....

**6. Do you have any special requests, preferences or other comments?**