Advance Care Planning Guidance for Clinicians

City wide, rates of Advance Care Planning in Sheffield are low and extremely low amongst communities who experience health inequalities. So, using video and poster resources co-produced with people from Sheffield's Yemini, Pakistani and Roma communities, Compassionate Sheffield is promoting Advanced Care Planning amongst traditionally underrepresented communities in Sheffield. This may lead to more patients booking appointments to discuss End of Life Care plans.

There is information about Advanced Care Planning on the Compassionate Sheffield Website and Accurx SMS templates you can use to signpost patients. The video is available in English, Arabic, Urdu, Slovak Romani, Swahili and Bengali.

What do Advance Care Plans Look Like?

Advance Care Planning is often a process which occurs over time and plans can change, the necessity for creating and documenting Advance Care Plans increases towards the end of life.
The best plans are led by the patient, with involvement from their loved ones and developed with clinicians. If patients are able to start planning at home, clinicians can build on this momentum, rather than starting from scratch. Patients may inform you of their advanced care plans, which may include legally binding 'Advanced Decision to Refuse Treatment' statements and less formal documentation such as hand-written plans.
Advanced Decision to Refuse Treatment -template and information:
advancedecision.service.compassionindying.org.uk

More resources and guidance about what Advance Care Plans can include is available on the campaign landing page: www.compassionate-sheffield.co.uk/advanced-care-plan

ReSPECT Plans

It is helpful to document conversations between patients and clinicians, particularly as the patient approaches the end of their life. These plans should be documented in GP medical records and where appropriate a ReSPECT form/plan should be completed as part of Advance Care Planning.

Advance Care Planning is the umbrella term used to identify and record what matters to the patient. ReSPECT is a component of Advance Care Planning, and relates to the recommendations for clinical care in a future emergency when the patient is unable to express their choices.
For more information on where to record Advance Care Plans - see 'Recording Advance Care Plans in Clinical Systems' section below.
For guidance on completing a ReSPECT Plan, see
www.sheffieldhcp.org.uk/wp-content/uploads/2023/04/Sheffield-ReSPECT-Guidance-for-clinical-staff-general.pdf

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Tips for How to Approach a Conversation About Advance Care Planning

Starting these conversations can be difficult for both clinicians and patients.

Many patients make funeral plans, write a will and appoint a power of attorney as they approach end of life. Conversations around these 'non-medical' topics can be one way into a more general conversation about Advance Care Planning and the level of care people might want (or not want) at the end of their life.
Below is the REDMAP Framework, this is a helpful tool for structuring conversations. There is more guidance available at the link below

Ready – 'Can we talk about your health and care?'
Expect – 'What do you know?'...'What do you want to tell / ask me?'
Diagnosis – 'This is what we know.' 'This is what we don't know.'
Matters – 'What's important to you?' / 'What's important to loved ones?'
Actions – 'What we can do to help.' / 'What might not help'
Plan – 'Let's plan ahead for when...'

Recording Advance Care Plans in Clinical Systems

You can record Advance Care Plan discussions and decisions in:
· Sheffield Systmone or Ardens/EMIS EOLC Template for Palliative Patients
· Ardens Template 'Future Care Planning' (General Folder) Use for Non-Palliative patients.

Helpful SNOMED codes:
· 'End of Life Advance Care Plan'
· 'Has Respect (Recommended Summary Plan for Emergency Care and Treatment)' when a Respect form is the outcome.

Codes that can be used to record how conversations with patients are progressing:
· "Discussion about advanced care plan": XaX6b (Useful if you start a conversation and plan to return to it).
· Personal care plan offered: XaRB3
· Review of Personalised Care and Support Plan: X282A

We hope that this information is useful, if you have any questions or if you have feedback that would improve this guidance, please contact compassionatesheffield@gmail.com

All guidance available via the QR code or at https://www.compassionate-sheffield.co.uk/advanced-care-plan/professionals

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