

My Life Plan



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Section 1

1a - Consent form



Working together to improve your care

We work with the NHS and other services to offer you the best care to support your health and wellbeing. We are using a new computer system that lets us work together and share information about you in a secure way.

The services sharing information may include:

- Mendip GP Practices
- Health Connections Mendip
- Hospitals
- Hospices
- Care Homes
- District Nurses
- Health Visitors
- Social Care Services

We need your consent to share your information between the services involved in your care.

To be completed by practice staff (If needed)

- Verbal consent has been given over the phone.
- As a clinician, it is in my professional judgement that the person named on this form lacks capacity at this time to give consent to the sharing of their personal information and that it is in the best interest to do so.

Name: _____

To be completed by carer, family member or friend (If needed)

- I am a carer, family member or friend and the patient has given me verbal consent as they are not able to sign.

Name: _____

Consent to share information

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Section 2

2a – Information about me

Title: Ms

First name (S): Patient Nine

Surname: Test

My preferred name is: Patient

Date of birth: 01-Jan-1945

NHS number:

Marital status:

Address: 2 Patient Street
Frome
Somerset
BA11 2FH

Telephone: 01373301300

Email address: frome.medicalpractice@nhs.net

I do / do not live alone:

Usual place of residence:

Home access instructions:

2b – Information about my General Practitioner (GP)

GP's name: Dr Tom Cahill

Practice telephone: 01373 301300

Practice email address: frome.medicalpractice@nhs.net

Practice address: Frome Medical Practice
Enos Way
Frome
Somerset
BA11 2FH

My Life Plan coordinator is:

2c – My care and support

I would like to give consent to the following family member (s) or friend (s) to share my health information, my goals, my outcomes and my results and for them to discuss my care:

--

For the following, enter **Name**, **Contact Details**, **Relationship**, and **How They Help** (For example – shopping, personal care or transport)

Main Carer
Next of Kin
Paid carer (Include the name of their organisation)

Other people who support you (For example – friend, neighbour, son, daughter, etc)

Additional emergency contact details in case we are not able to contact your next of kin:

Are you a carer for another person? If so, please give the name and contact details of the person you care for:

2d – My personal needs

This section is to be completed by you if you have any personal needs. For example - Language or communication difficulties, physical difficulties, sensory impairments, sight limitation, anxiety in certain situations. Add anything that you might need help with or you feel that we should know about.

Section 3

3a – What’s important to me?

3b – My health and wellbeing

What am I already doing to look after my health and wellbeing?

What am I going to do to make the changes that are important to me?

What health warning signs should I look out for?

What am I going to do when I see these warning signs?

What are your views about medication?

There are lots of groups and services in the community. Are there any groups or services that I would like to join? For example - health walks, lunch clubs, social groups, community transport

3c – My medication

My current medication is:

(Please note this information may have changed – it was printed on Long date letter merged)

Medication

3d - My allergies

Allergies

3e - My test results

(Please note this information may have changed – it was printed on Long date letter merged)

Investigations

Section 4

Treatment Escalation Plan

Advance care planning involves you discussing your views, preferences or wishes about your future care with family, friends, carers and health care professionals.

4a - Cardiopulmonary Resuscitation (CPR)

Cardiopulmonary arrest is when your heart stops beating and your breathing stops. It is sometimes possible to restart your heart and breathing with a combination of emergency treatments called cardiopulmonary resuscitation (CPR).

Sometimes people do not wish to be resuscitated if they become unwell. This is something you may wish to discuss with a family member and a health care professional.

What are your resuscitation wishes?

4b - Advance Decision to Refuse Treatment (ADRT)

An advance decision to refuse treatment (ADRT), also known as a living will or advance directive, is a legal document which allows you to refuse certain treatments.

You may want to refuse a treatment in some situations, but not others. If this is the case, you need to be clear about your wishes in these situations.

Would you like to discuss this with your health care professional?

4c - Preferred place of care

If I become unwell, my preferred place of care is:

If I am coming to the end of my life, my preferred place of death is:

**Are there other things that I would like to discuss about the end of my life? For example –
My pets**

4d - Lasting Power of Attorney (LPA)

There are two types of Lasting Power of Attorney (LPA):

Property and Affairs LPA

A Property and Affairs LPA appointed person can make decisions about financial matters such as selling your house or managing your bank account. They can do this as soon as the LPA is registered, even though you may still have capacity to make decisions. However, you can state that you only wish them to make decisions for you after you lose capacity.

My appointed person is:

Personal Welfare LPA

A Personal Welfare LPA appointed person can make decisions about your health and personal welfare, such as where you should live, day-to-day care, or having medical treatment. A personal welfare LPA will only take effect when you lack capacity to make decisions.

Forms are available to download from the Office of the Public Guardian
www.justice.gov.uk/forms/opg. You can also ask for the forms to be sent to you by post.

My appointed person is:

The QAdmissions Risk is a tool that scores your chance of having an emergency admission to hospital in the next year.

Scores for QAdmissions Risk

High Risk = Over 28%

Medium Risk = Between 12% and 28%

Low risk = Under 12%

My latest score is:

Section 6

6a – Frailty

Rockwood Frailty Scale

The Rockwood Frailty Scale is a tool that scores your level of frailty.

Scores for Rockwood Frailty Scale

- 1 Very Fit
- 2 Well
- 3 Managing Well
- 4 Vulnerable
- 5 Mildly Frail
- 6 Moderately Frail
- 7 Severely Frail
- 8 Very Severely Frail
- 9 Terminally Ill

My latest score is:

Electronic Frailty Index (eFI)

The Electronic Frailty Index (eFI) is a tool that scores your level of frailty.

Frailty is common in older age. Frailty can lead to sudden dramatic changes in your health when you have an illness or injury.

Scores for Electronic Frailty Index (eFI)

Severe Frailty = Over 0.36

Moderate Frailty = Between 0.25 and 0.36

Mild Frailty = Between 0.13 and 0.24

Fit = Under 0.12

My latest score is:

A healthcare professional has discussed my health with me, and looked at my Electronic Frailty Index score and diagnosed:

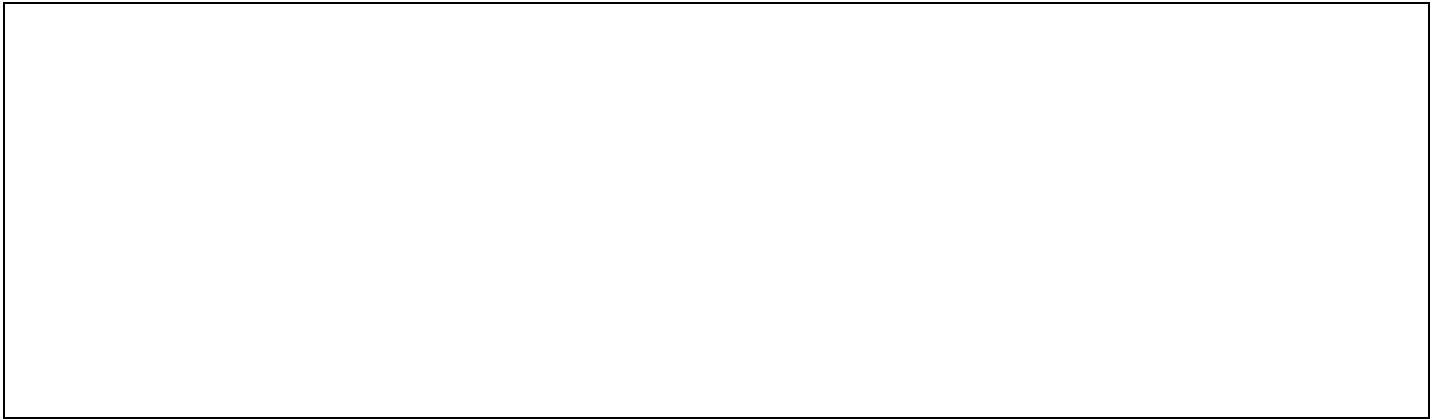
Section 7

7a – Services involved in my care

The Community Services involved in my care are:

The Hospital Specialists involved in my care are:

Other services involved in my care are:



My network map

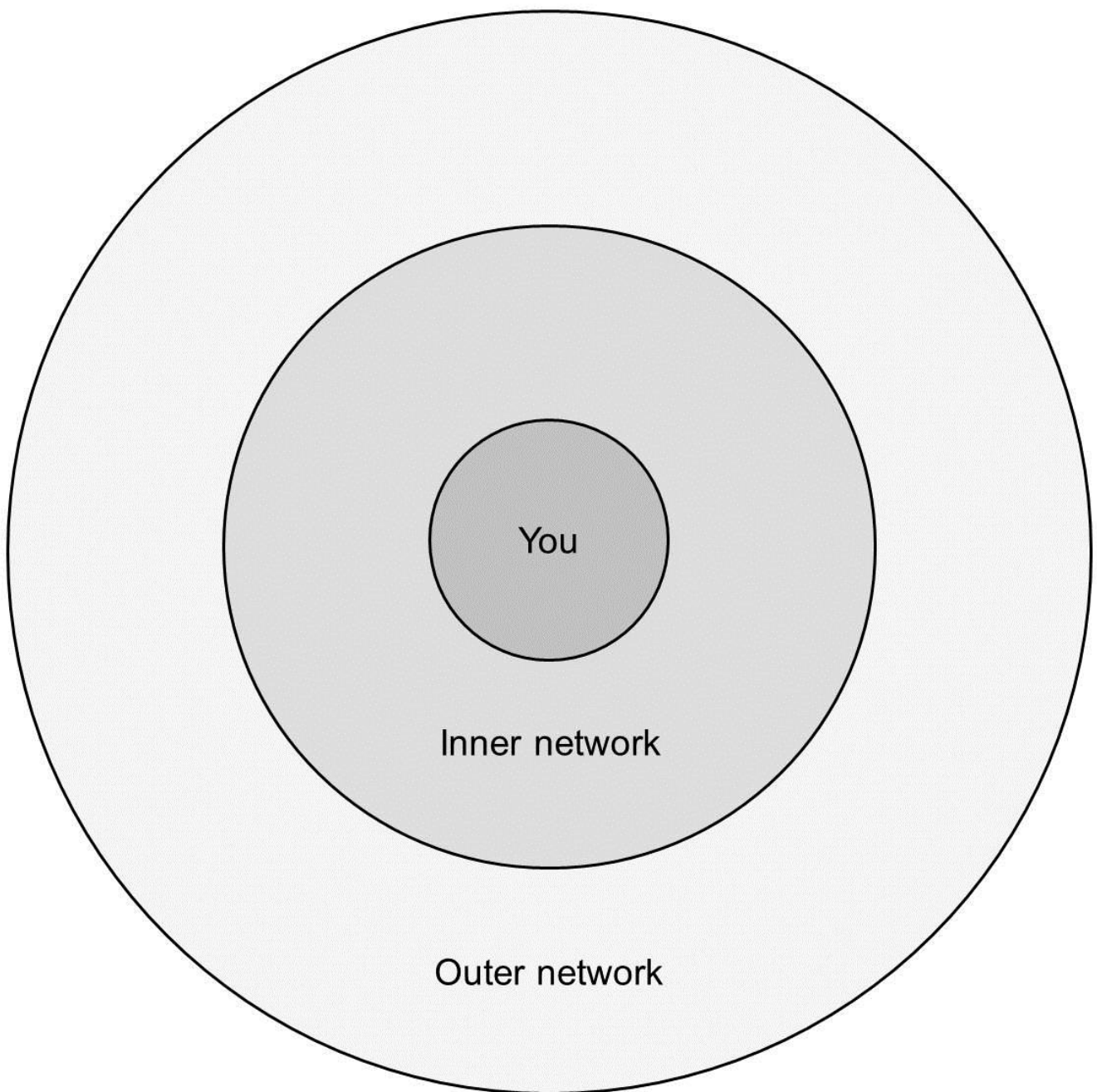
A network map is a tool to help you look at your support network. When completing your network map you may want to think about...

Who? - Support can come from many different people

- Friends
- Family members
- GP
- Colleagues
- Groups
- Social Media
- Neighbours
- Pharmacist
- Pets

What? - Support can come in many forms

- Shopping
- Phone calls
- Friendly chat
- Company
- Cooking
- Gardening
- Cleaning
- Going for a walk
- Personal care
- Transport
- Leisure and activity
- Looking after pets



Patient Activation Measure

The Patient Activation Measure (PAM) is a tool that scores you based on your knowledge, skill, and confidence for managing your own health. The higher your score the better you understand the importance of taking a pro-active role in managing your health and have the skills and confidence to do so.

Please circle one answer per question

1	I am the person who is responsible for taking care of my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
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2	Taking an active role in my own health care is the most important thing that affects my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
3	I know what each of my prescribed medications do	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
4	I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
5	I am confident that I can tell a doctor or nurse concerns I have even when he or she does not ask	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
6	I am confident that I can follow through on medical treatments I may need to do at home	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
7	I have been able to maintain lifestyle changes, like healthy eating or exercising	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
8	I know what treatments are available for my health problems	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
9	I am confident that I can work out solutions when new problems arise with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
10	I am confident that I can maintain lifestyle changes, like healthy eating and exercising, even during times of stress	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

The Warwick-Edinburgh Mental Wellbeing scale is a tool that scores your mental wellbeing.

Please circle one answer per question

1	I've been feeling optimistic about the future	None of the time	Rarely	Some of the time	Often	All of the time
2	I've been feeling useful	None of the time	Rarely	Some of the time	Often	All of the time

3	I've been feeling relaxed	None of the time	Rarely	Some of the time	Often	All of the time
4	I've been feeling interested in other people	None of the time	Rarely	Some of the time	Often	All of the time
5	I've had energy to spare	None of the time	Rarely	Some of the time	Often	All of the time
6	I've been dealing with problems well	None of the time	Rarely	Some of the time	Often	All of the time
7	I've been thinking clearly	None of the time	Rarely	Some of the time	Often	All of the time
8	I've been feeling good about myself	None of the time	Rarely	Some of the time	Often	All of the time
9	I've been feeling close to other people	None of the time	Rarely	Some of the time	Often	All of the time
10	I've been feeling confident	None of the time	Rarely	Some of the time	Often	All of the time
11	I've been able to make up my own mind about things	None of the time	Rarely	Some of the time	Often	All of the time
12	I've been feeling loved	None of the time	Rarely	Some of the time	Often	All of the time
13	I've been interested in new things	None of the time	Rarely	Some of the time	Often	All of the time
14	I've been feeling cheerful	None of the time	Rarely	Some of the time	Often	All of the time

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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My Progress

Write any information that is important to you here. This may include progress on your goals, groups you may want to be involved with and any questions for the next meeting.

Date	Notes
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