

Useful contact details

Palliative Care Team, Lister Hospital

☎ 01438 284035

Switchboard, Lister Hospital

☎ 01438 314333

Further Information

NHS Choices - www.nhs.uk

Age UK - www.ageuk.org.uk

Macmillan Cancer Support - www.macmillan.org.uk

Marie Curie - www.mariecurie.org.uk

References

The information in this leaflet is from:

The National Council for Palliative Care - www.ncpc.org.uk

The Gold Standards Framework - www.goldstandardsframework.org.uk

Lister Hospital (L27)
Coreys Mill Lane
Stevenage
Hertfordshire
SG1 4AB

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Date of publication: January 2018

Author: Palliative Care Team

Reference: PC

Version:01

Review Date: January 2021

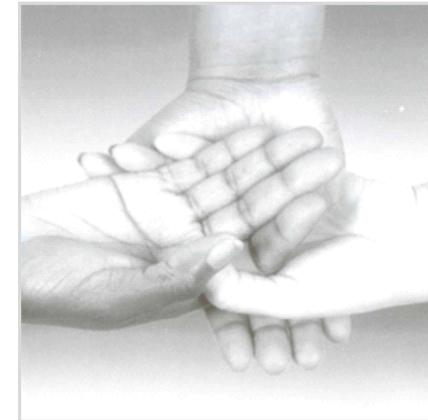
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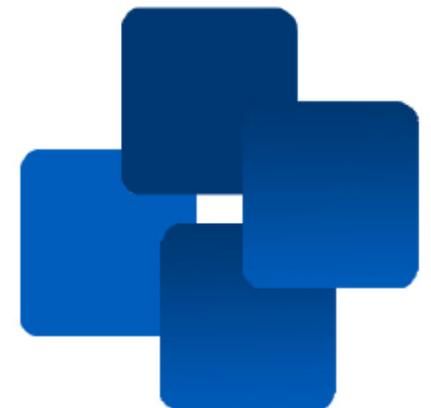
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Patient Information

Planning for your future care



Palliative Care Team



Introduction

There may be times in your life when you think about the consequences of becoming seriously ill or disabled. This may be at a time of ill health, such as a hospital admission, or simply because you are the sort of person who likes to plan ahead.

What is Advance Care Planning (ACP)?

You may want to take the opportunity to think about what living with a serious illness might mean to you, your partner or your relatives, particularly if you become unable to make decisions for yourself. You may wish to record what your preferences and wishes for future care and treatment might be or you may prefer to trust those around you who understand the circumstances of your care to make decisions in your best interests at the time.

Advance care planning is an entirely voluntary process and no one is under any pressure to do it. However, talking and planning ahead means that your wishes are more likely to be known by others and specific wishes, such as preference on where you are cared for, are more likely to be met.

Co-ordinating your care

There may be a variety of individuals and organisations involved in your future care, including doctors, nurses, ambulance staff and care workers. They may be looking after you in your own home, in a hospital or at other places. To ensure you receive the best possible support, it is important that care is co-ordinated.

Gold Standards Framework (GSF)

The GSF is a framework that has been adopted by GP practices and community nursing teams to help deliver a 'gold standard' of care for people with serious illnesses and life-limiting conditions. Your care will be planned with you and the team members will meet regularly so that the services you use will be better co-ordinated.

Electronic Palliative Care Co-ordinating System (EPaCCS)

EPaCCS is a secure electronic system which records important information for people with serious illnesses and life-limiting conditions. This includes details of your illness, your wishes and preferences for care and what type of care you would require in an emergency, including medication.

With your permission, information contained in your EPaCCS will be shared with all the teams involved in your care, including your GP, local hospital and ambulance service to help them understand the choices you have made about your care.

Who can help me plan for my future care?

You can discuss planning for your future care with your doctor or nurse during a hospital admission or when you come for an outpatient appointment. You may also be introduced to your local Palliative Care Team who can support you with advance care planning. Your hospital team may also suggest to your GP that the GSF or EPaCCS may be useful to help co-ordinate your care. Your GP can explain more to you about this.