North East Essex
Health & Wellbeing Alliance

St Helena

Tell us about the care you want

My Care Choices Record

Easy read booklet

March 2022

Who we are and what we do

We are **North East Essex Health and Wellbeing Alliance** and **St Helena**.

North East Essex Health and Wellbeing Alliance is a group of organisations who work to improve the health of people who live in North East Essex.

St Helena is a **hospice** in Essex.

A **hospice** is a home that cares for people who have an illness they will probably die from. A hospice also supports the family and friends of the person who is ill.

About this booklet

This booklet tells you how to make a **My Care Choices Record**. A **My Care Choices Record** tells us about the type of care you want now and later in your life.

Tell us your choices now so your family, and other people who care about you, know the type of care you want if you are too ill to tell us.

To make your own My Care Choices Record fill in the **form** in this booklet. The **form** asks you questions.

The questions are on the **purple** and **blue** pages of this booklet.

Who might want a My Care Choices Record

You might want to fill in this form to make your own My Care Choices Record if

- you have a **long-term health condition**. This means you have been ill for a long time and doctors cannot make the illness go away.

- people from more than 1 organisation help with your care.

- you have a carer who wants you to. You can talk to your carer about your choices and they can help you fill in the survey.

How to fill in this form

You can fill in this form on your computer or you can print it and fill it in with a pen.

If you fill in this form on a computer

- Click the box under or next to each question and type your answer.
- If the question has small boxes, click the box next to the answer you want to choose.

If you fill in this form with a pen

- Write your answer in the box under each question.
- If the question has small boxes, tick the box next to the answer you want to choose.

More about filling in this form

Only answer the questions that you want to answer. For example, you can just answer the questions on the **purple** pages if you want.

When you have finished

- keep your My Care Choices Record with you or in your home.

- tell your family and close friends where you keep your My Care Choices Record so they can find it if they need it.

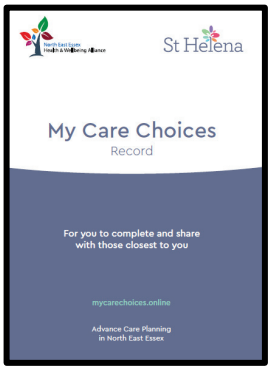
- tell your local doctor so they can put your care choices onto the **My Care Choices Register** if you want them to. Read more about the **My Care Choices Register** on the 2 next pages.

The My Care Choices Register

MY CARE CHOICES REGISTER

The **My Care Choices Register** tells **healthcare professionals** about your illness and the care you want if you are close to the end of your life.

Healthcare professionals are people like doctors, nurses, ambulance workers and people who work at St Helena hospice.



The information is taken from your My Care Choices Record. You do not have to put your information on the Register if you do not want to.

The Register is on a **secure** website that healthcare professionals can look at when they care for you. **Secure** means only the right people can see it.

Some people who work in **care homes** can look at the Register too. We are making changes so all people who work in care homes and for **social care services** can look at it.

A **care home** is where you can live and get care and support.

Social care services are run by your local council. They give you care and support so you can carry on living in your home.

The My Care Choices Register is **not legally binding**. This means that people do not have to follow your choices by **law**.

The **law** protects people and makes sure everyone is treated in a good and fair way.

Who the My Care Choices Register is for

The My Care Choices Register is for people who

- live in a care home for older people.

- have **dementia** and want to tell people about the care they want later in their life. **Dementia** is an illness that causes memory loss, confusion and changes in behaviour.

- have a **severe chronic disease** and are close to the end of their life. A **severe chronic disease** is an illness that lasts for 1 year or longer and has a bad effect on your daily life. It will get worse and it cannot be made better.

- are not very healthy and might get more ill very quickly.
- have an illness that means they will probably die in the next year.

My Care Choices Record survey

You and your care choices

What is name?
This is your first name and last name.

What do you like people to call you?
This might be different to your name.

What is the date?
This is the day, month and year you are filling in this survey.

Tell us about the illnesses you have and how they affect you.

Tell us about any allergies you have.
An **allergy** is when your body reacts badly to a type of food or something you touch or breathe in. Examples of a bad reaction include a rash, itchy eyes, a swollen tongue or difficulty breathing.

Tell us about what is important to you.

Tell us what makes you feel better if you are anxious or sad.

You are **anxious** when you are worried about lots of things or scared that something bad might happen.

Tell us what you want us to know about your life so far.
For example, tell us about your job, and important things that happened.

Tell us who is important to you and who knows you best.
For example, this might be your husband or wife, someone else from your family, a friend, or someone who cares for you.

Tell us about 2 people you want to be involved with choices about your care.
Tell us their names and phone numbers.

Tell us what you want us to do if you are ill.
For example, tell us if you want us to

- telephone someone from your family.
- look after you in a small, local hospital or a big hospital.

Talk to your local doctor about these choices.

Tell us what you do not want us to do if you are ill.

For example, tell us if you do **not** want to

- go to hospital.
- be **artificially fed**. This is when a tube is put into your nose to give you food.

Talk to your local doctor about these choices.

Tell us anything else you want people caring for you to know.

For example, your **religious beliefs**. These are what you believe in because of your **religion**. For example, if you are Christian, Muslim, Jewish, Sikh, Hindu or Buddhist.

Your information

Can we share your information?
Sign here if it's OK for healthcare professionals to see the information you have put on this form. This includes your information going on the Care Choices Register.
If you do not understand, please ask for help before you sign.

Write the date here.

When you finish this form it's a good idea to ask your local doctor to put your information onto the Care Choices Register.

Lasting Power of Attorney for health and welfare

A **Lasting Power of Attorney for health and welfare** is an official document where you choose an **attorney** to help you make choices about your health and care.

Your **attorney** must be someone you trust. They will make choices about your life and care including

- if you are treated for an illness or not.
- the type of care you get.
- where you live.

A Lasting Power of Attorney for health and welfare can only be used when you are too ill to make these choices yourself.

It can only be used if it's **registered** with the **Office of the Public Guardian**. **Registered** means it has been sent to the Office of the Public Guardian and they have checked it's OK. They are an organisation who make sure you stay in control of your health.

Do you have a Lasting Power of Attorney for health and welfare?
Please tick **1** box that is right for you.

✔ **Yes** ☐

✘ **No** ☐

If you said yes, answer the 2 questions below on this page and the 2 questions on the next page.

What is name?
This is your first name and last name.

What is your address?
This is where you live.

What is your telephone number?

What is the reference number for your Lasting Power of Attorney for health and welfare?

This is written on the front page of your Lasting Power of Attorney for health and welfare. It is 12 numbers in a row.

Lasting Power of Attorney for for property and financial affairs

A **Lasting Power of Attorney for property and financial affairs** is an official document where you choose an **attorney** to help you make choices about your house and money.

Your **attorney** must be someone you trust. They will make choices about your house and money including

- managing your bank accounts.
- whether to sell your house.

Your attorney can manage your money as soon as your Lasting Power of Attorney for property and financial affairs is registered with the Office of the Public Guardian.

If you do not want your attorney to use it straight away you need to say in your Lasting Power of Attorney that it can only be used when you are too ill to make these choices yourself.

Do you have a Lasting Power of Attorney for property and financial affairs?
Please tick **1** box that is right for you.

✔ **Yes** ☐

✘ **No** ☐

If you said yes, answer the 2 questions below on this page and the questions on the 2 next pages.

What is name?
This is your first name and last name.

What is your address?
This is where you live.

What is your telephone number?

What is the reference number for your Lasting Power of Attorney property and financial affairs?
This is written on the front page of your Lasting Power of Attorney for property and financial affairs. It is 12 numbers in a row.

If you have a Court Appointed Deputy, tell us their name and telephone number.
A **Court Appointed Deputy** is a person that the **Court of Protection** says can make choices for you. The **Court of Protection** does this to help you if you are too ill to make your own choices.

2007

Before 2007 people used a document called an **Enduring Power of Attorney** to choose an attorney, instead of a Lasting Power of Attorney.
If you have chosen an attorney using an Enduring Power of Attorney tick this box.

I have chosen an attorney using an Enduring Power of Attorney

✔ **Yes** ☐

If you have not got a Lasting Power of Attorney but you want one, get in touch with a **solicitor** or go to this website

www.gov.uk/power-of-attorney/make-lasting-power

A **solicitor** is trained in the law. They can help you make a Lasting Power of Attorney.

Your care when you are near the end of your life

It's good to think about the care you will want when you are near the end of your life. You might want to talk about this with your family and close friends. Write your answers on this page and the next one.

Tell us where you want to be cared for if you get more ill.
Tell us your 1st and 2nd choices.

1.

2.

Tell us where you want to be cared for at the end of your life.
Tell us your 1st and 2nd choices.

1.

2.

Tell us about other official documents you have filled in about your health and care.

If you have a DNACPR tell us the date it was signed.
DNACPR is short for Do not attempt cardio pulmonary resuscitation. If you have a DNACPR it means healthcare professionals will not try to restart your heart or breathing if they stop.

If you have an Advance decision to refuse treatment tell us about it and tell us the date it was signed.
An **Advance decision to refuse treatment** is a written document that tells healthcare professionals treatments you do not want.

If you have a ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) tell us about it and tell us the date it was signed.

A **ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)** is a document written by you with help from your doctor. It tells healthcare professionals the care you want in an emergency. This includes if you die or if your heart stops.

Who you want us to contact in an emergency

Tell us who you want us to contact in an **emergency**. An **emergency** is when you are very unwell or you cannot make choices about your care yourself.

Tell us who you want us to contact 1st in an emergency.
Tell us the person's name, telephone number and how you know them.

Tell us who else you want us to contact in an emergency.
Tell us the person's name, telephone number and how you know them.

Tell us who else you want us to contact in an emergency.
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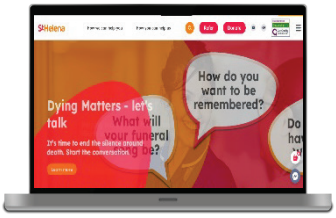
Your healthcare professionals

Tell us who your GP is.
Your **GP** is your local doctor.

Tell us about the other healthcare professionals who help with your care.
Tell us their names and the organisations they work for.

How to get in touch with us

To get more copies of this booklet send an email to this address and tell us the reference number
MCCR/01
literature@sthelena.org.uk



Find out more on our website
www.mycarechoices.online

Find out more on our Facebook and Twitter pages
Facebook **StHelenaHospice**
Twitter **@sthelenahospice**

Write to us at this address
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Colchester CO4 9JU

The full version of this document is called
"My Care Choices Record"