



My Care Choices

Record

For you to complete and share
with those closest to you

www.mycarechoices.online

Advance Care Planning

Guidelines for completing your My Care Choices Record

The My Care Choices Record is about your choices for care, so please complete those sections that are relevant to you.

You may wish to complete it if you have a long-term condition and are the recipient of care from a variety of providers. It is your document to keep as it is about you, so keep it with you or in your home.

It is a good idea to let those close to you know that you have completed the document and where to find it, should it be needed.

If you are a carer, then you may wish to have a discussion with the person you care for and give them help to complete it.

You may wish to only complete the first 3 pages which is information about yourself that you would like those caring for you to know.

It is important to read the information page about the My Care Choices Register on page 6, as once you have completed the document, with your consent, your GP surgery can enter your choices on to it, so that other healthcare professionals are aware of the care you would like.

My Care Choices Record

This is about your choices for care so please complete those sections that are relevant to you.

My name: _____

What I like to be called: _____

Date: _____

The medical conditions I have and how they affect me:

Allergies and sensitivities:

About Me

What is important to me?

What makes me feel better if I am anxious or upset? Include things that may help if you become unhappy or distressed.

I would like you to know e.g. employment, past and present/significant events in my life:

Who is important to me and knows me best? This may be a spouse, relative, friend or carer.

Name of first person I would like to be involved with decisions about my care:

Contact number: _____

Name of second person I would like to be involved with decisions about my care:

Contact number: _____

What I would like to happen if I become more unwell

e.g. please contact a close relative / I want to be cared for in a community hospital rather than a main hospital if possible.

(Please discuss these preferences with your GP):

What I would not like to happen

e.g. I would prefer not to go to hospital/I would not wish to receive artificial feeding. (Please discuss these preferences with your GP):

Other things that people caring for me should know?

e.g. your spiritual or religious beliefs

My Care Choices Register

The My Care Choices Register is a record of your decisions about:

The kind of care you wish to receive in the future if you were more unwell and your preference for the place of care.

The register is for those who:

- Have a severe chronic disease for whom a deterioration may be life-threatening **or**
- Are in frail overall health and at risk of sudden deterioration **or**
- Those with dementia who wish to record their preferences for future health care **or**
- Live in a residential or nursing home for older people **or**
- Have a condition making it likely they are in the last year of life

It is held online and can be accessed securely only by staff responsible for your care, such as your GP, community nurses, hospital staff and St Helena who host the register.

They can access it any hour of the day or night, so you can be confident that those looking after you know the care you want.

Some care home staff also have access and we are working to widen this so in the future all social care support staff and care home staff will be able to see the choices of those they support.

If it is relevant to you, you may wish to record:

- The type of care you would like to receive if you are approaching the end of your life, including any cultural or religious wishes
- Your choice of where you would like to be cared for at the end of life

It also holds key information about your diagnosis, your condition and the medical treatment you are receiving.

The My Care Choices Register is not an advance decision to refuse treatment and is not legally binding. If you would like more information about Advance Decisions (Living Wills), visit the Compassion in Dying website at compassionindying.org.uk

Consent to share my information

To ensure I receive the best care, I give consent to share the information contained within this form with the health and social care professionals involved in my care, by way of paper and electronic records, including the My Care Choices Register.

My Name: _____

My Signature: _____ Date: _____

It is recommended that you ask your GP surgery team to record your choices on the register once you have completed this document.

Lasting Power of Attorney (LPA) for health and welfare

An LPA allows your attorney to make decisions regarding your health and personal welfare, including decisions to refuse or consent to treatment on your behalf, day to day care and where you should live. It only comes into force if/when you lose the ability to make these decisions for yourself and is only valid once it has been registered with the Office of the Public Guardian.

I have a lasting power of attorney for health and personal welfare:

yes no

If yes please give details:

Name: _____

Address: _____

Telephone: _____

Reference number of LPA: _____

Lasting Power of Attorney (LPA) for property and financial affairs

An LPA gives your attorney the power to make financial decisions for you, e.g. managing bank accounts or selling your house. Your attorney has the power to take over the management of your financial affairs as soon as the LPA is registered with the Office of the Public Guardian, unless the LPA states that this can only happen after you lose the capacity to manage your own affairs.

I have a lasting power of attorney for property and financial affairs:

yes no

If yes please give details:

Name: _____

Address: _____

Telephone: _____

Reference number of LPA: _____

I have a Court Appointed Deputy

Name: _____

Telephone number: _____

Please note, prior to 2007, an enduring power of attorney was a way of appointing a representative.

If you have nominated an enduring power of attorney, please tick here

If you do not have an LPA and would like to create one, please contact a solicitor or visit: www.gov.uk/power-of-attorney/make-lasting-power

Planning your healthcare towards the end of your life

Looking towards the future, you may wish to consider and discuss how you would want your care delivered and where you would like it to take place.

If my condition deteriorates this is where I would like to be cared for:

1st choice _____

2nd choice _____

This is where I would like to be cared for at the end of my life:

1st choice _____

2nd choice _____

These are other documents that I have been involved in completing:

DNACPR (Do not attempt cardio pulmonary resuscitation)

Date: _____

Advance decision to refuse treatment

Date: _____

Details:

Has there been a decision made about resuscitation? Yes No

If yes please date: _____

Have you got a ReSPECT form? Yes No

(Recommended Summary Plan for Emergency Care and Treatment)

If yes, Date: _____

Details:

Has there been any recommendation against cardiopulmonary resuscitation (CPR) recorded on this or an alternative form?

Yes No

If yes, Date: _____

Details: _____

Emergency contacts

It would be important to speak with the following people, if I am ever unwell or unable to make my own decisions about my own health:

I would like _____

to be contacted **first** in the event of an emergency.

Name: _____

Relationship to me: _____

Telephone: _____

Name: _____

Relationship to me: _____

Telephone: _____

Name: _____

Relationship to me: _____

Telephone: _____

Name: _____

Relationship to me: _____

Telephone: _____

Healthcare professionals

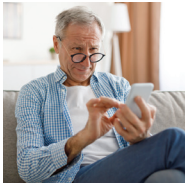
GP: _____

Other healthcare professionals involved with my care:

(name and organisation)

(name and organisation)

.....



Let your voice be heard - share your feedback

To improve the services provided to you and evaluate the quality of care you are receiving, we conduct a feedback survey open to everyone on the My Care Choices Register.

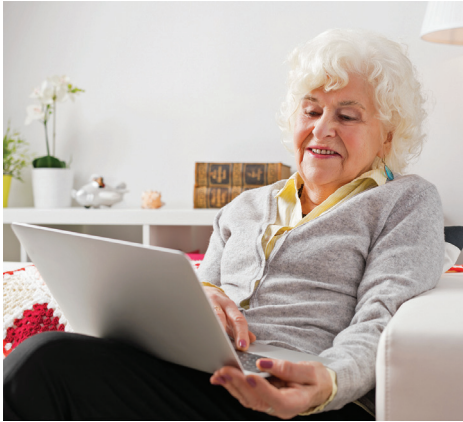
By gathering feedback and insights from those receiving end of life care in north east Essex, we can refine services, address patient needs and foster trust, to ultimately improve patient experience.



If you or someone you care for is on the My Care Choices Register and would like to take part in the survey, you can do so by scanning the QR code or sending a text to 07786200171 with the phrase, take part.

The survey is repeated monthly and consists of a few questions sent by text. You can opt out any time.

If you have any questions about My Care Choices, please speak with your GP or a healthcare professional involved in your care or visit www.mycarechoices.online



StHelena

Receive information about resources and support available to you

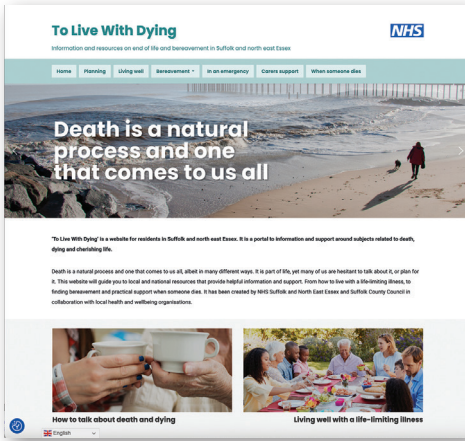
If you live in north east Essex and you'd like more information about what support is available to you and your family and carers as you approach the last phase of life, St Helena can help you.

St Helena is dedicated to ensuring local people facing incurable illness have access to all the care, support and resources available to you, helping you to live and die well with dignity and choice.

By signing up to regular emails from St Helena, you will receive key information about services, groups and resources available in your local community to support you and your loved ones. You don't have to be a hospice patient to benefit from this, St Helena will share the free support available to you from a range of organisations across north east Essex.

You can choose the type of communications you'd like to opt into and can update your preferences and stop emails any time.

Sign up for emails now at: www.sthelena.org.uk/communications



To Live With Dying

Trusted information and resources for people facing the end of life and bereavement.

If you or a loved one is facing the end of life or has suffered a bereavement and is looking for information, resources and signposting for support, the **To Live With Dying website is here to help you.**

With a focus on accessibility and compassion, To Live With Dying aims to empower individuals to make informed decisions, access vital support services, and find comfort and companionship during life's most challenging moments.

This website is dedicated to helping ensure people across north east Essex and Suffolk receive the most appropriate care and support they need, in the right place and at the right time.

Visit www.tolivewithdying.co.uk

My Care Choices Record and Register

The My Care Choices Record is a document that allows people to record their care choices, while the My Care Choices Register is an electronic record of those choices:

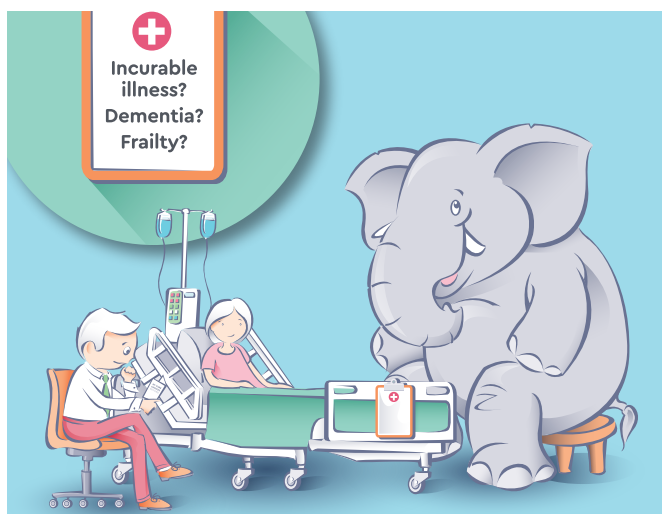
My Care Choices Record

A document where people with dementia, frailty, or an incurable illness can record their care choices, including end of life care. People can complete the record if they have a long-term condition and receive care from multiple providers.

My Care Choices Register

An electronic record of a person's care choices that healthcare staff can access to ensure their wishes are respected. People can give consent to their GP to record their choices on the register after completing the My Care Choices Record.

The My Care Choices Register was created to help people have a say over their healthcare, especially towards the end of their lives. It can be difficult to discuss care choices with loved ones, and those caring for the person may not know their wishes.





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