STEP 5
SHARE

Share this information with others who need to know about you, through your digital or patient-held health records, or some other means. Your healthcare team will make sure it is shared with others involved in your care.

REVIEW

As time passes your situation can change so it is important to review your Advance Care Plan regularly. If you need to update it it's best to discuss it with your doctor or nurse.

'Advance Care Planning is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals and preferences regarding future medical care. The goal of Advance Care Planning is to help ensure that people receive medical care that is consistent with their values, goals and preferences during serious and chronic illness.'

International Consensus Definition of Advance Care Planning (Sudore 2017)

You can do Advance Care Planning at any time but it is especially important towards the end of life. It will help you get the care you really want and live the life you want to lead. Just remember the 5 simple steps **think, talk, record, discuss, share**.

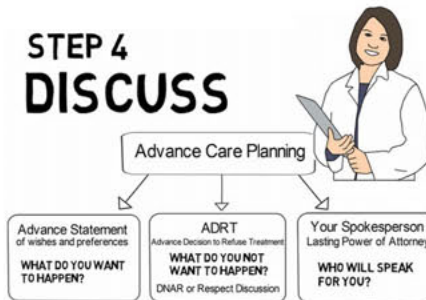
STEP 1
THINK

STEP 2
TALK

STEP 3
RECORD

ACP
GSF
OTHER

STEP 4
DISCUSS



STEP 5
SHARE

REVIEW

The Gold Standards Framework.
Enabling a gold standard of care for all people nearing the end of life.

For more information see:
www.goldstandardsframework.org.uk
info@gsfcentre.co.uk
or www.dyingmatters.org

the gold standards framework

the gold standards framework
www.goldstandardsframework.org.uk

Advance Care Planning IN 5 SIMPLE STEPS

A GSF leaflet on Advance Care Planning discussions, describing how to discuss and record your wishes and preferences for the future.

See also the short GSF film 5 Steps to ACP and the GSF Thinking Ahead document here:
www.goldstandardsframework.org.uk/advance-care-planning
or search GSF ACP on YouTube

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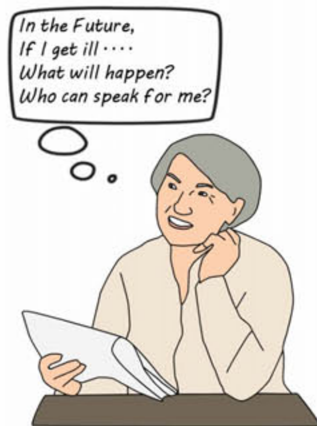
Advance Care Planning is a way to think ahead, to describe what's important to you and to ensure that other people know your wishes for the future. It's about helping you to live well, right to the end of your life.

Thinking ahead, discussing with others and writing things down means that your wishes are known and respected. So if you become unwell, or can no longer speak for yourself, you are more likely to receive the kind of care you want in the place you choose.

Advance Care Planning is a very simple process. It is just 5 steps.

STEP 1 THINK



Think about the future.

- What is important to you?
- What would you want to happen if you become unwell?
- What would you not want to happen to you?
- Who would speak for you if you couldn't speak for yourself?

STEP 2 TALK

Talk with family and friends. Make sure they understand and are happy with your choices. And ask someone you know to be your spokesperson, to speak on your behalf.

STEP 3 RECORD

Write down your thoughts or ask someone to help you **record** your wishes as your own Advance Care Plan. There are different ways of doing this. You could use your local GP's form, the GSF Thinking Ahead tool or another Advance Care Planning document. Or you could video it and store it online. Whatever method you choose, make sure those that care for you know about it and can find it later. It is also a good idea to use a legal form called Lasting Power of Attorney for Health or LPOA.

STEP 4 DISCUSS

Discuss your plan with those that look after you: your GP or nurse or someone from your care home, hospital or hospice. Tell them what's most important to you as a person, where you would prefer to be cared for and the kind of things you would like to happen. This is known as an Advance Statement.

You could also discuss any specific treatments you don't want, known as an advance decision to refuse treatment or ADRT. This might include what to do in an emergency, for example if your heart suddenly stops, known as a resuscitation or DNACPR discussion. Make sure that your health care providers know about your chosen spokesperson or Lasting Power of Attorney.