

Freepost RTES-AAYZ-BKHK

PIPS

Unit 37, HQ Building

237 Union Street

Plymouth

PL1 3HQ

Advance Statement / Wishes

*“What I would like to happen to me
if I become unwell”*

Guidelines for people over 18 wishing to make an
ADVANCE STATEMENT or **WISHES** relating to their
future Mental Health care.



Plymouth Community
HEALTHCARE

NHS

Northern, Eastern and Western Devon
Clinical Commissioning Group

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The philosophy of the Advanced Statement / Wishes document has its roots in personal autonomy and freedom of choice. With fundamentals in the Human Rights Act which obliges our public authorities, such as hospitals, to treat people with dignity, respect and fairness.

Plymouth Involvement and Participation Service (**PIPS**) is a service focussed on improving service user and carer involvement within mental health services.

The Advanced Statement / Wishes document has been the work of a dedicated group of volunteers. Particular and special thanks goes to Chris Burchell who has taken the lead on this part of **PIPS** work.

At **PIPS** we would like to know this document is in use.

There are a number of ways you can tell us.

Please email: pipsinfo@colebrooksw.org or telephone: **01752 202406**.

Simply stating you have logged your Advanced Statement / Wishes document.

Alternatively please tick and detach this last page and send freepost to the address on the back.

I have logged my Advanced Statement / Wishes document.

Many Thanks

USEFUL INFORMATION/CONTACTS

'Making Decisions - A Guide'
Information booklets about the Mental Capacity Act (2005)
Tel. 02380 878038
[www.dca.gov.uk/legal-policy/mental-capacity/mibooklets/
booklet01.pdf](http://www.dca.gov.uk/legal-policy/mental-capacity/mibooklets/booklet01.pdf)

Patient Advice & Complaint Service (PALS) for NEW Devon Clinical Commissioning Group

Tel. 0300 123 1672
01392 267 665
SMS text 07789 741 099

e-mail pals.devon@nhs.net
complaints.devon@nhs.net

PALS,
Freepost EX184,
NHS Devon,
County Hall,
Topsham Road,
Exeter,
EX2 4QL

For more information about PIPS and
how to get involved, contact us at:
Unit 37, HQ Building,
237 Union Street,
PLYMOUTH,
PL1 3HQ.

Phone: (01752) 202406

email: pipsinfo@colebrooksw.org

IMPORTANT INFORMATION

It is important that you read the following information before you fill in the **Statement/Wishes** form.

An Advance Statement/Directive is made when you are well, so that if you are admitted to hospital as a voluntary patient, become incapacitated, or are sectioned under the Mental Health Act, your doctors, care co-ordinators, relatives and friends can work together to make sure your wishes and needs are met. This will help your recovery.

Once you have filled it in, it is important that you have it witnessed by two people in the section provided, because this will ensure it is legally binding.

You should note that an **Advance Statement/Wishes** document is not as legally binding as an **Advance Directive**, and you cannot insist on receiving or not receiving certain treatments. This is because your doctor can override your **Advance Statement/Wishes** under certain emergency circumstances under the Mental Health Act 1983.

However your doctor must take note of it and will try to meet your requests

You may wish to consider what you would like to be done if you are seriously ill, wish to refuse medication or are facing the end of your life and want to make an Advance Directive. Much of the information you have put in the Advance Statement / Wishes will be very useful, but you will need answer more serious questions, so please ask the hospital for the following document:

'Planning for Your Future Care'

Devon, Plymouth and Torbay NHS

www.devon.gov.uk/d_0903_004_139223_v4_-_a4_low_res2.pdf

In your **Advance Statement / Wishes** you can record:

- * Information about what works for you
- * Leave instructions in case you become unwell, e.g. family, pets, finances
- * People you would like to be informed, or even not told
- * Your special needs if you are admitted to hospital
- * When you are discharged from hospital
- * How to contact people special to you.

Remember that you can change your mind about any of your Advance Statement requests at any time. Just make sure you have updated the section for this at the back.

People who should have a copy of the **Advance Statement/Wishes**

- * Your friends, carers, sponsors, relatives mentioned in the document
- * Your first named relative
- * Your care co-ordinator, Community Practice Nurse, or the mental health worker who looks after you
- * Your GP
- * Your solicitor if you have one
- * Remember to keep a copy for yourself in a safe place

WITNESSES

It is important that you have this document witnessed by two people once you have filled it in. Your witnesses do not have to know the details you have put down, but they do need to see you sign and date it. Witnesses must not be related to you, or be people who might be beneficiaries in your Will.

Witness 1:

Name

Address

.....

..... Postcode

Phone Date

Witness 2:

Name

Address

.....

..... Postcode

Phone Date

STATEMENT PLAN UPDATE AND AMENDMENTS

It is a good idea to update this document regularly, as your wishes or circumstances may change.

Date..... Signed

Changes made:

.....
.....
.....
.....

Date..... Signed

Changes made:

.....
.....
.....
.....

Date..... Signed

Changes made:

.....
.....
.....
.....

My Advance Statement/wishes.

Please note that you do not have to fill in all the sections.

You may give as much information as you feel comfortable with.

You may change the details whenever you wish, but remember to record this in the section provided at the end.

YOUR DETAILS

First Name/s

Surname/Family Name

I like to be called

Address

.....

.....

Post code

Phone no.

E-mail

Date of birth

Religion

Gender

Signed

Dated

(Remember to have your signature witnessed and their names recorded on page 17 at the end of this document)

NAME OF YOUR DOCTOR, GP OR CONSULTANT

Dr.

Surgery address

.....

.....

..... Postcode

Phone

Does your GP have a copy of this Advance Statement / Wishes?

Yes No

ALL CURRENT MEDICATION *Please list here all prescribed medications you take. It would help if you attach your recent prescription*

CRISIS CONTACTS:

NAME	CONTACT DETAILS/PHONE:
DAYTIME	
EVENING	
WEEKEND	

DIET

Whilst I am in hospital I will require a diet because of:

My religion

My allergies

My medical condition

My beliefs

WHEN YOU ARE DISCHARGED

Your **Advance Statement/Wishes** should be an important part of your **Care Plan** when you are admitted to hospital, and will help if you receive Section 117 **After Care** treatment when you are discharged. Please make sure that your **Care Plan Coordinator** knows about this document.

I would like the following person informed when I am discharged from hospital

Name

Address

.....

..... Postcode

Phone

Relationship

What did not work for me:

What medication seemed to work for me the last time I was ill:

I am allergic to the following medication / substances:

Other information I think is important:

My spiritual needs are:

GOING TO HOSPITAL

I would like the following people to be told immediately if I am admitted to hospital:

Name

Relationship to me

Address

.....

..... Postcode

Phone

Name

Relationship to me

Address

.....

..... Postcode

Phone

My official Carer / Supporter is:

Name

Address

.....

..... Postcode

Phone - Home..... Work

Relationship to me

Whilst in hospital, I would like to be consulted before people are told how I am

Yes No

Please do not tell the following people I am ill:

1).....

2).....

Dependant Children

I would like the following person/people to care for my children:

Name

Address

.....

..... Post code

Phone

When I am ill in hospital, I would like my children to be told the following:

ALL ABOUT ME

A brief history of my Mental Health problems:

What I am like when I am well. What my interests are, e.g. Art, reading, gym, cooking, swimming, walking, etc.:

Things that seem to make me ill:

Early warning signs to watch out for when I am becoming ill:

What worked for me the last time I was ill:

YOUR IMPORTANT DOCUMENTS

Whilst you are in hospital, the PALS Service (See useful phone numbers at end of document) will be able to advise you on your financial affairs. However, it is a good idea if you make sure the following documents are in a safe place. Make sure someone you trust knows where the documents are.

- * Bank name / account details and credit cards
- * Insurance policies
- * Pension details
- * Passport
- * Birth / marriage certificates
- * Mortgage details / landlord
- * Hire purchase agreements
- * Will
- * Other important documents deposited with your solicitor

My Solicitor is:

Name and company

Address

.....

..... Postcode

Phone

My advocate: Do you have an **ADVOCATE** to speak for you?

This person, who may be a friend, a lay person or a professional, can speak for you in a dispute or crisis. If you have not nominated an advocate, please ask at the hospital; they can put you in touch with their service.

Name

Address

.....

..... Postcode

Contact phone number

DEPENDENT CHILDREN

Names of dependent children in my care (living with me at home)

1. Name Age

School:

PhoneTeacher

2. Name Age

School:

PhoneTeacher

3. Name Age

School:

PhoneTeacher

4. Name Age

School:

PhoneTeacher

5. Name Age

School:

PhoneTeacher

6. Name Age

School:

PhoneTeacher

FINANCES

I would like the following person to look after my finances if I cannot do so when I am ill:

Name

Address

.....

..... Postcode

Phone

Relationship

Does this person have: 'PROPERTY AND AFFAIRS' LASTING POWER OF ATTORNEY? *(They have your permission to handle your financial and property affairs)*

Yes No

Or 'PERSONAL WELFARE' LASTING POWER OF ATTORNEY? *(They have your agreement to make decisions on your care and after care)*

Yes No

[Legal documents such as these must have been left with your Solicitor]

My national Insurance number

MY HOME:

I would like this person to look after my house/flat whilst I am in hospital:

Name

Address

.....

..... Postcode

Phone

Relationship

They may have my house keys

Yes No

MY PETS

List here your pets:

Who can look after my pets?

Name

Phone number

MY PLACE OF WORK

Please do / not inform my supervisor at work that I am in hospital:

Name of Supervisor.....

Place of work

Phone