

Dear Colleague

## **ANTICIPATORY CARE PLANNING AND FUTURE CARE PLANNING**

The purpose of this letter is to highlight a change in terminology from “anticipatory care planning” to “future care planning”, to summarise the benefits of this thinking and the planning ahead approach to care, and to highlight a forthcoming programme of work focusing on future care planning.

### **Background**

Anticipatory care planning in Scotland aims to support people to think and plan ahead for changes in their health and care that might happen when an individual of any age is living with a serious illness or has one or more long term conditions or disabilities that could mean their health will get worse at some stage, or a person is getting older and more frail, and focuses on what matters to them.

The benefits for patients and their families are that they have a person-centred, patient-facing plan, which can record their future needs, preferences and wishes alongside clinical recommendations for treatment and care that have been discussed with them. This information can guide professionals seeing a patient for the first time and improve continuity of care.

Lived experience research shows that patients, families and carers feel more confident and empowered if they already have a plan and know how to get the help they need from the right service in an emergency.

We know that well planned and co-ordinated care makes a difference to people’s experiences of health and care services by improving the care they receive. Thinking ahead and making plans for changes that might happen in a person’s health and care in the future is an important part of that planning process. Some people also make plans for changes in their lives, such as choosing people they trust to have a Power of Attorney for them.

**From the Chief Medical Officer for  
Scotland**

**Professor Sir Gregor Smith**  
**Chief Nursing Officer for Scotland**  
**Professor Alex McMahon**  
**Chief Pharmaceutical Officer for  
Scotland**  
**Professor Alison Strath**  
**National Clinical Director**  
**Professor Jason Leitch**

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### **Addresses**

#### For action

Primary Care Leads  
Chief Social Work Officers  
Chief Executives, NHS Board  
Directors of Public Health, NHS Board  
Medical Directors, NHS Board  
Chief Operating Officers  
Directors of Pharmacy  
Health & Social Care Partnership Chief  
Officers  
Directors of Nursing  
Health Promotion Managers  
Chief Officers of Integration Authorities  
Councillor Paul Kelly, CoSLA

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### **Further Enquiries to:**

Older People’s Health and Social Care  
Strategy and Palliative and End of Life  
Care Unit,  
Directorate for Chief Operating Officer –  
NHS Scotland  
St Andrew’s House  
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In Scotland, we have called this type of planning anticipatory care planning or ACP, but that name is not well understood by members of the public and can be confused with the different approaches to care planning used in other parts of the UK.

## **Future Care Planning**

The Scottish Government is committed to offering more people opportunities to have conversations about their future health and care and make plans that can be recorded, reviewed, and shared by health and care teams and services. Those plans include what matters to the person as well as clinical recommendations to guide staff delivering care. A personalised plan is particularly helpful when someone needs urgent or emergency treatment and care. People of all ages including babies, children and young people and their families benefit from what we will now call “future care planning”. Carers also often feel supported if there is a plan in place for them, as well as the person they care for.

There are also benefits to the health and care system through avoiding treatments or interventions that are not wanted or not of benefit to the person, including unnecessary diagnostic testing, hospital admission and invasive procedures. This can ease NHS pressures and is an important part of winter planning.

Based on feedback following our winter summit in August, we would also encourage health and care professionals to ensure that future care planning is up to date, particularly for those who are living with frailty, living in a care home, and those with chronic respiratory disease. There are tools and resources for professionals to aid identification of those who are at more risk and to support meaningful care planning conversations in the updated Healthcare Improvement Scotland Toolkit.

Information for patients, families, carers and members of the public on NHS Inform is also being updated to reflect the change of name to future care planning.

The Key Information Summary is still the main way for future care plans to be recorded and shared among healthcare professionals. People may also have a ReSPECT plan if they live in some Health Board areas, or another form of plan developed for people with their health conditions or disabilities. It is important that appropriate social care professionals have a copy of any of these plans.

Good conversations with the person and those close to them about what matters to them if things change are the most important part of future care planning and can happen with staff who know about the person and their situation in primary care, hospitals, and care homes.

The Scottish Government, along with a range of delivery partners, will now work together to develop a national programme of work on future care planning.

Updates on the work will be available on the Scottish Government website.

Yours sincerely

*Gregor Smith*

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**Chief Medical Officer for Scotland**

*Alison Strath*

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**Chief Pharmaceutical Officer for Scotland**

*Alex McMahon*

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