A close-up of logos

Description automatically generatedFull Name Date of Birth NHS Number

**Preparing for care planning**

Your care planning appointment is for you to think about what is important to you, things you can do to live well and stay well, and what care and support you might need to do this.

This letter contains some of your test results and information, along with some questions, to help you think ahead and plan what you would like to discuss at your appointment.

**Please bring this to your appointment.** The back page will be used to record the summary and the plans you make.

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| **What are the most important things to you at the moment?** | | | |
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| **These are some things that people sometimes want to talk about. Circle any that are important to you.** | | | |
| Bathing and hygiene | My current care | Looking after family, carers and pets | Support to stay at home |
| Finances | Independence | Getting out and about | Pain |
| Feeling low or anxious | Feeling scared | Feeling hopeless | Mobility |
| Medication | My future health | Eating and drinking | Loneliness |
| Keeping warm | My memory | Hearing | Smoking |
| Staying steady | My weight | Slowing down | My sight |
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| **What else would you like to discuss?** | | | |
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| **Measurements that affect your future risk of health problems** | **Latest results** | **Previous results** | **Questions, thoughts, ideas** |
| **Smoking** causes problems with your health in many ways. If you have COPD and you smoke giving up is the most important thing you can do and can help prevent your condition becoming worse. The following website provides information on helping you to stop smoking. <https://www.nhs.uk/livewell/smoking> | Single Code Entry: Tobacco use and exposure | Single Code Entry: Tobacco use and exposure |  |
| **Blood Pressure (BP):** Keeping your blood pressure within target reduces your risk of health problems. There are different targets for different conditions. If you have more than one condition, then the lower target applies.   * Type 2 diabetes – 140/80 * Chronic kidney disease – 130/80   Your healthcare professional may suggest a personal target. | Single Code Entry: O/E - blood pressure reading | Single Code Entry: O/E - blood pressure reading |  |
| **Weight (Kg) and Body Mass Index (BMI):** Being underweight or overweight can make your condition more difficult to control and can increase your risk of other health problems. A healthy BMI is between 18.5-24.9. | Single Code Entry: Body weight  Single Code Entry: Body mass index | Single Code Entry: Body weight  Single Code Entry: Body mass index |  |
| **Cholesterol and Cardiovascular Risk:**  Most people with diabetes will be advised to take statin tablets to reduce their risk of heart attacks, stroke and other types of vascular disease. Non-HDL cholesterol is the bad type of fat in your blood. The aim is to reduce non-HDL cholesterol by 40% or below 2.5 mmol/L. | Single Code Entry: Serum cholesterol level... | Single Code Entry: Serum cholesterol level... |  |

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| **Mood:** How you feel could make a big difference to your health. What are your thoughts about these questions:   * During the last month, have you been bothered by feeling down, depressed, or hopeless? * During the last month have you had little interest or pleasure in doing things? |  | | |
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| **Diabetes checks** | **Latest Results** | **Previous results** | **Questions, thoughts, ideas** |
| **Diabetes Levels:** HbA1c is an overall measure of your glucose levels over the past 8-10 weeks. Your healthcare professional may suggest a personalised target level for you during your review. In general, levels between 48 and 59 are associated with the lowest risk of health problems. | Single Code Entry: Haemoglobin A1c level... | Single Code Entry: Haemoglobin A1c level... |  |
| **Kidney Tests**  Your kidneys are tested by looking at two tests:   1. An early morning urine test (albumin/creatinine ratio). ACR results are better if under 3.0 2. A blood test (eGFR) checks how well your kidneys are working. Ideally your eGFR should be above 60 and be stable | **ACR**  Single Code Entry: Urine albumin: creatinine ratio...  **eGFR**  Single Code Entry: GFR (glomerular filtration rate) calculated by abbreviated Modification of Diet in Renal Disease Study Group calculation... | **ACR**  Single Code Entry: Urine albumin: creatinine ratio...  **eGFR**  Single Code Entry: GFR (glomerular filtration rate) calculated by abbreviated Modification of Diet in Renal Disease Study Group calculation... |  |
| **Eyes:** Your eye check looks for any changes to tiny blood vessels at the back of your eye. This will be done at a different time to the other checks. Your last screening was done on: | Single Code Entry: O/E - retinal inspection... | Single Code Entry: O/E - retinal inspection... |  |
| **Feet:** Your yearly foot check looks for problems with blood flow (circulation) or the feeling (nerves) in your feet. | Single Code Entry: O/E - Left diabetic foot at low risk...  Single Code Entry: O/E - Right diabetic foot at low risk... | Single Code Entry: O/E - Left diabetic foot at low risk...  Single Code Entry: O/E - Right diabetic foot at low risk... |  |
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| **COPD tests** | **Latest results** | **Previous results** | **Questions, thoughts, ideas** |
| **Oxygen saturation levels:** COPD can reduce the amount of oxygen in your blood. The healthy range is usually between 95 and 100%. | Single Code Entry: Blood oxygen saturation | Single Code Entry: Blood oxygen saturation |  |
| **How does this affect you?** | **Latest MRC score** | **Previous MRC score** |  |
| **MRC score:** A way of scoring your level of breathlessness  (1 – not a problem to 5 – very limited breathing). | Single Code Entry: MRC Breathlessness Scale: grade 1... | Single Code Entry: MRC Breathlessness Scale: grade 1... |  |
|  | **Yes/No** | **Your thoughts** | |
| In the last month have you had difficulty sleeping because of your **symptoms?** |  |  | |
| In the last month have you had COPD symptoms during the day (cough, wheeze, chest tightness or breathlessness)? |  |  | |
| In the last month has your COPD interfered with your usual activities? |  |  | |
| In the last month have you felt low in mood, anxious or had panic attacks? |  |  | |

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|  | **Number** | **Your thoughts** |
| How many flare ups or chest infection have you had in the last 12 months? |  |  |
| How many times have you been in hospital for your breathing in the 12 months? |  |

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| **What might make a difference?** | | |
| **Managing and preventing flare-ups:** There are a lot of things you can do to prevent and manage flare-ups, such as using inhalers, having rescue drugs and staying away from people with infections. |  |  |
| **Exercise and pulmonary rehabilitation:** If you have COPD [being active and exercising](https://www.blf.org.uk/support-for-you/exercise) can help you improve your breathing, your fitness and your quality of life. Pulmonary rehabilitation is a programme of activity and education designed for people living with COPD. It combines physical activity sessions with advice and discussions about your lung health**.** |  |  |

**Your care planning summary**

This will be used to summarise the conversations you have at your care planning appointment and the plan you agree. This will be completed at your appointment with the nurse or doctor.

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| **Your care planning appointment was with:** | | | |  |  | **Date:** | | | |
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| **Summary of the conversation** | | | | | | | | | |
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| **Goal setting** | | | |  |  | **Action planning** | | | |
| **What do you want to work on?** | | | |  |  | **What exactly are you going to do?** | | | |
| **What do you want to achieve?** | | | |  |  | **What might stop you and what can you do about it?** | | | |
| **How important is it to you?** | | | |  |  | **How confident do you feel?** | | | |
| *Not important* | 1 2 3 4 5 6 7 8 9 10 | | *Very important* |  |  | *Not confident* | 1 2 3 4 5 6 7 8 9 10 | | *Very confident* |
|  | |  | |  |  | | |  | |
| **Follow up/review of goal/action plan:** | | | | | | | | | |
| **When: Where:** | | | | | | | | | |

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