Draft completed using available Scottish Ambulance Service / NHS Scotland information. Please review locally before submitting as an FOI response.

Request for information on advance care planning

1. Does your Ambulance Service have a system for enabling attending crew to access copies of an individual's advance care plans (as listed in the table below)?

Advance care planning document	**Yes, the crew has access to the full document – please explain the system in place**	**No, the crew only has partial access to the document – 'e.g. the crew can see if someone has completed a document, but not the form itself. Please explain the system in place**	**Please include any further information that may help individuals understand the extent to which their care preferences will be known to paramedics**
Advance Decision to Refuse Treatment (ADRT)	No central SAS-held copy repository identified for ADRT. Crews may be made aware of an ADRT where the information is available through NHS Scotland records, particularly ECS/KIS special notes, or where a copy is presented at scene by the person, family/carer or health and social care professional.	Partial access may be available if the existence or relevant content has been recorded in ECS/KIS special notes, a future/anticipatory care plan, or communicated by a clinician/caller. The full ADRT document may not be visible unless available on scene or recorded in an accessible clinical system.	In Scotland, the equivalent terminology is more commonly Advance Directive/Advance Decision rather than ADRT. Crews should use clinical judgement, follow SAS/JRCALC guidance, and consider any valid and applicable refusal of treatment, alongside information from the individual, representatives, family/carers and relevant professionals.
Treatment escalation plans (e.g. ReSPECT forms)	Where a ReSPECT or treatment escalation plan is available electronically through local/national NHS Scotland systems, ECS/KIS or other accessible clinical records, crews may be able to view relevant information. Paper plans shown at scene can also inform decision making.	Access is variable and may be partial, depending on how the plan has been recorded and shared. Some information may appear as summary information or free text within ECS/KIS rather than the full form itself.	SAS promotes future care planning and the use of ECS/KIS to make treatment recommendations, preferred place of care, escalation decisions and key contacts visible to ambulance clinicians. ReSPECT is treated as a summary of recommendations for emergency care and treatment rather than a DNACPR-only document.
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order	DNACPR status may be visible to crews where recorded in ECS/KIS, provided verbally by a	Where no physical form is available, crews may still have partial information from ECS/KIS,	DNACPR records only a decision about cardiopulmonary resuscitation. It does not prevent other appropriate assessment, treatment, symptom relief, conveyance

	healthcare professional, shown on the standard NHS Scotland DNACPR form, or otherwise made available at scene.	professional handover, family/carer information, or the clinical context. Crews should assess validity/applicability and make patient-centred clinical decisions.	decisions, or escalation where clinically appropriate and consistent with the person's wishes and best interests.
Lasting powers of attorney for health and welfare (LPA)	No central SAS-held system identified for holding full health and welfare power of attorney documentation. In Scotland this is normally Welfare Power of Attorney / guardian arrangements rather than LPA.	Relevant legal decision-maker information may be recorded in KIS/ECS or shared by family/carers or professionals, but the full legal document is not routinely available to crews unless present at scene or otherwise shared through NHS records.	Crews will consider information about welfare attorney/guardian or other legal proxy decision-makers when available, while still applying clinical judgement, capacity legislation principles and SAS clinical guidance.
Any other document setting out a person's care plan (please provide the name of the document below: Name:	Name: Future Care Plan / Anticipatory Care Plan / Key Information Summary (KIS) / Emergency Care Summary (ECS) special notes. Paediatric CYPADM/PELiCaN ambulance alert information may also be relevant in specific paediatric end-of-life circumstances.	Full or partial detail may be available depending on how the information is recorded. KIS commonly provides richer contextual anticipatory care information; ECS may include medications, allergies and special notes/additional comments.	Patient-specific needs are best recorded in ECS/KIS special notes or KIS so they are available to responding clinicians. Address-based ambulance alerts/markers can provide situational awareness but are not a substitute for patient-specific clinical records and do not affect triage priority.

2. If you do have a system for holding and accessing a person's advance care planning documents, who can provide you with these documents and how would they do so (e.g. via an internal system, by email, by posting a copy, by handing you a copy in person)? If an internal system and/or an email are to be used, please give details.

Advance care planning document	**Who can provide a copy and how would they do so?**			
	Health or social care professional	If yes, please detail the mechanism used for sharing the document (e.g. by email to xx@xx.gg)	Individual (Yes/No)	If yes, please detail the mechanism used for sharing the document (e.g. send by email to

	(Yes/No)			XX@XX.XX, call # to find more information)
Advance Decision to Refuse Treatment (ADRT)	Yes	Via GP/primary care or relevant clinician updating ECS/KIS/special notes; via professional handover; or by providing a copy/paper record at scene. No generic public email should be used for confidential documents unless through agreed NHS secure routes.	Yes	Individual may keep and present a copy at home, share with GP/clinical team for inclusion in ECS/KIS, or make family/carers aware. In an emergency they should still call 999 and present the document to the crew.
Treatment escalation plans (e.g. ReSPECT forms)	Yes	Relevant clinician/GP/Health Board team may record ReSPECT/treatment escalation recommendations in ECS/KIS or digital/paper records where locally available. Paper copies may be handed to crews at scene.	Yes	The individual/family may keep a paper copy at home and ask their GP/clinical team to ensure future care planning information is added to ECS/KIS.
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order	Yes	GP/consultant/healthcare professional may complete/record DNACPR in line with NHS Scotland policy and ensure status is visible through ECS/KIS or available as the NHS Scotland DNACPR form.	Yes	The individual/family/carer may keep the DNACPR form available at home and inform carers/clinicians. They should ask GP/clinical team to record the status in ECS/KIS where appropriate.
Lasting powers of attorney for health and welfare (LPA)	Yes	Relevant professionals may record the existence and contact details of Welfare Power of Attorney/guardian arrangements in KIS/ECS where clinically relevant.	Yes	Individual/attorney/family can show documentation at scene and ask GP/clinical team to record relevant decision-maker details in KIS/ECS.
Any other document setting out a person's care plan (please provide the name of the document)	Yes	Future/Anticipatory Care Plan information should be recorded by GP/clinical team in KIS/ECS; paediatric PELiCaN alerts are requested by appropriate paediatric/palliative care professionals through the agreed Police Scotland/SAS process.	Yes	Individuals/families can keep copies at home and ask their GP/clinical team to update KIS/ECS. For paediatric end-of-life alerts, relevant professionals complete the agreed PELiCaN request process.

3. Does your service recognise and act on the Lions Club "message in a bottle" scheme?

	Comments
Yes	Yes - crews may use information found at scene, including patient-held information such as Message in a Bottle, as part of assessment and decision making. This should be checked against

	clinical presentation, patient wishes, family/carer information and accessible clinical records where possible.
No	

4. Does your service recognise and act on any medical jewellery alerts for end-of-life decisions? If you only recognise a particular brand, e.g. MedicAlert please specify.

	Comments
Yes	Yes - crews may consider medical jewellery/alert information as a prompt to seek further information. It should not be treated as a standalone substitute for clinical assessment, NHS Scotland documentation, ECS/KIS information, or discussion with the patient/representatives/healthcare professionals where available. No single brand has been identified as the only recognised provider.
No	

DRAFT SAS RESPONSE:

5. Does your service give any information or support to someone at the end of life who wishes to remain and die at home? (e.g. complete ReSPECT/ DNAR forms, obtain anticipatory medication, call a specific number for support). If so please outline this. If there are common circumstances in which transfer to hospital is mandatory/unavoidable please explain below as this will help individuals and their families manage expectations.

Yes. SAS clinicians can support people at end of life through assessment, symptom relief, shared decision making and use of appropriate alternatives to hospital admission where safe and aligned with the person's wishes. Key supports include: access to ECS/KIS information; consideration of DNACPR, ReSPECT/future care planning and preferred place of care; professional-to-professional advice through local palliative care pathways/helplines where available; use of the SAS Pathways Hub or other referral routes; and administration of end-of-life medicines within SAS scope/guidance, including subcutaneous medicines carried by SAS clinicians where clinically indicated. SAS cannot create or leave anticipatory medication charts or just-in-case medicines in the home; these should be arranged through the GP, prescriber, community nursing/pharmacy or out-of-hours services. Conveyance may still be required where there is an immediate clinical need which cannot be safely managed at home, where required treatment/support is unavailable in the community, where safeguarding or scene safety issues arise, where the person or legal decision-maker requests hospital care, or where the available information is insufficient to support safe non-conveyance. Decisions should be made using clinical judgement, current SAS/JRCALC guidance, the person's wishes and best interests, and information from family/carers and other professionals.