



What Matters to You?

Meaningful Conversation Plan

What Matters to You?

Living with a lifelong condition such as heart failure, can change from one week to the next. Some people live exceptionally well for many years, whilst others may experience some level of change that can be difficult and overwhelming to live with at times.

This communication plan has been developed by professionals and people living with heart failure. It has been designed specifically to encourage communication with a focus on enabling people to live as well as possible.

It is important to remember that everyone's experience will be different. Some questions may have more meaning to you now, than others, and for other people all of the questions may have some relevance, depending on your individual experience. The communication plan is designed to encourage communication between you, your family, your carer and your health care professionals.

A 'What Matters to You?' approach can help you to think about what is important to you, why it is important and when it is important. Talking about 'What Matters to You' with your family, carers and the professionals caring for you can help to inform your own evolving communication plan.

The following questions may help you to think about what information is helpful for people to know about you now, and for the future. It can be used to provide additional information to enhance your understanding, manage expectations, inform decision making and help professionals to plan high quality care and support, that is specific to you and your family throughout your heart failure experience.

Name:

Getting to know you and what matters to you

1. Your experience of living with your heart condition is unique. Are there any specific aspects about your experience that you would like your healthcare professional to know more about?

2. How can healthcare professionals improve your overall experience during clinic, telephone, remote video, hospital, care home or home visit consultations?

3a. Who are the people you consider to be important to you on a day to day basis?

3b. Who are the people you consider to be important to you when you are feeling unwell with your heart failure?

4. Is there someone who you would nominate to advocate on your behalf if you are not able to ask questions, discuss how you are, or make decisions about your treatment plan?

5. What do you expect from the professionals looking after you?

Getting to know about your condition and treatment plan

1. What do you understand about your condition?

2. Is there anything else that you would like to know about how your condition is now, or how it may affect you in the future?

3. What do you understand about your heart failure treatment plan?
(Your treatment plan may be discussed or documented, and may include medications, self-care advice, onward referral to other supporting services e.g. pharmacist, exercise, psychological, social, occupational, welfare, patient-led forums and charitable organisations etc.)

4. Is there anything else that you would like to know about your treatment plan now or in the future?

5. Is there anything about living with your condition now, or for the future, that worries you?

6. Is there anything about living with your condition now or in the future that worries you for your family or the people looking after you?

How your condition affects you on a day to day basis

1. We have already established that your experience can vary day to day. Is there anything specific about your experience physically, psychologically or socially that contributes to you feeling well day to day?

2. Would you describe feeling well most days? **Yes/No**

If you answered no, what specific things should we know about, that stops you from feeling well most days?

3. Thinking about the last few weeks, would you describe feeling well most weeks?
Yes/No

Is there anything about how you have felt over the last few weeks that you are concerned about for now or in the future?

4. Does your condition and associated symptoms (if any) affect your ability to do your usual daily activities? **Yes/No**

If yes, is there anything specific about not being able to do your usual daily activities that you would like to discuss in more detail?

5. If you think about how you are today, compared to how you were 6- 12 months ago, is there a change? **Yes/No**

If yes, what do you feel has changed? Would you like to discuss this change in more detail?

Additional topics that you would like to know more about now or at subsequent reviews.

- | | |
|--|---|
| <input type="checkbox"/> My condition or management plan | <input type="checkbox"/> Legal/Power of Attorney/Welfare of Attorney/A living will or an advance statement |
| <input type="checkbox"/> Financial/Benefits/Work advice | <input type="checkbox"/> Attempting or not attempting to restart my heart - Cardiopulmonary Resuscitation (CPR) |
| <input type="checkbox"/> Carer/Support Services | <input type="checkbox"/> Understanding cardiac devices - evolving expectations |
| <input type="checkbox"/> Research opportunities | |
| <input type="checkbox"/> Palliative Care | |
| <input type="checkbox"/> Psychological Support Services | |
| <input type="checkbox"/> Organ Donation | |

What additional information would you like to know more about that has not been included in this plan?

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Endorsements



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the heart muscle charity



University for the Common Good

