

Macmillan Anticipatory Care Planning Programme  
**ACP Skills Practice Case Study – James Fulton**

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James Fulton: Known as **'Jimmy' / Age: 82**

Medical History: **Asthma, Hypertension**

Caring / Social Circumstances:

Jimmy is in his early 80s and cares for his wife Molly who is 75 and has advancing mixed dementia. They have no children, but nieces and nephew keep in frequent contact with Molly by telephone. Jimmy is highly independent and does not appreciate any interference, and unfortunately his 'thrown' defensive attitude has alienated family. They rarely visit now, apart from delivering messages during the lockdown.

Molly is failing physically and mentally but always appears alert. She is clearly lonely and comments that she enjoys the company when we visit. Molly was hospitalised last summer due to a delirium and a fall. Adult Support and Protection was initiated at this point and is still ongoing with regular case conferences. Following on-going concern over poor living conditions and Jimmy's ability to cope, a referral to the Carers Team nurse was made.

Health Status:

Jimmy has asthma and almost certainly undiagnosed conditions. He has always been reluctant to visit the doctor and the pandemic has not helped. His appearance and dangerously high blood pressure indicate cardiovascular and renal problems. He has been feeling dizzy and has had several falls over the few weeks. Concerns have been relayed verbally to the GP and follow up phone consultations have taken place with onward referrals for further investigation. Jimmy has now admitted that his ill health and stress needs to be addressed so he can be supported to **"make decisions about the future"**.

Jimmy is not housebound although his mobility is slow - his current breathlessness prevents any level of sustained activity. Nurse has visited on 6 occasions to review the blood pressure and monitor his stress levels.

Jimmy says, **"I can't sleep because I'm so stressed about Molly. I can't cope any more. What if I'm ill? What will happen to Molly?"** Jimmy has admitted, **"It's all in the newspapers, you read that people are going into hospital and not coming out"**

We discussed the fact that seeking advice and treatment from the GP would be more likely to prevent hospitalisation.

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Although he has capacity, at the moment the fear and stress are overwhelming for this man and thinking straight is difficult. We did observe that Jimmy did feel uncomfortable about fully discussing certain things as his wife is always in the room.

**Frailty Score: 4-5**

Due to his slowness/ stress levels causing insomnia/ hypertension /falls. There are now questions about his own cognitive function as Jimmy is displaying some paranoid thought processes.

This is a slow process but worth persevering. SWS are working hard to make the house more habitable and ensure Molly receives adequate care.

**Part 1**

**As a group, discuss:**

- 1. What do you see as your role in the Anticipatory Care Planning conversation?**
- 2. What information from your assessment notes would you see as useful when completing an ACP?**
- 3. From the case study, what would you would see as important to Jimmy?**
- 4. Are there any barriers or challenges in supporting Jimmy with ACP?**
- 5. What would be the impact of not having an ACP conversation with Jimmy?**

**Part 2**

**As a group, discuss and complete as best you can the ACP on the Clinical Portal based on Jimmy's situation.**