

SOUTHWOOD PRACTICE

CARERS IDENTIFICATION PROTOCOL

INTRODUCTION

The following protocol sets out the mechanisms the Practice has in place for identifying carers and ensuring that they are referred appropriately to Adult Care Services for a Carers Assessment.

Definition of a Carer

Individuals irrespective of age, who provide or supervise a substantial amount of care on a regular basis of a child, relative, partner or neighbour who is unable to manage on their own due to illness, disability, frailty, mental distress or impairment.

The term "carer" would not normally apply if the person is:

- a paid carer
- a volunteer from a voluntary agency
- anyone providing personal assistance for payment either in cash or kind

A carer can be a child looking after an older person or parent, or an older person looking after a disabled partner. The definition may be quite wide-ranging.

PROTOCOL

Research shows that for every 1000 patients, 120 will be carers. It has also been estimated that 1 in 5 households in the UK may contain a carer.

This protocol aims to ensure that all carers registered with the Practice are identified and referred to Adult Care Services. Basic rights for carers are contained in the Carers (Recognition and Services) Act 1995 (not in Scotland), and this places duties (mainly) on local authorities to assess and support carers. In Northern Ireland carers rights are set out in the Carers and Disabled Children Act. In Scotland rights are included in other statutes such as the Community Care and Health (Scotland) Act. GP practices may facilitate this process by active identification and support / referral of carers who are their own patients and / or where a carer cares for a practice patient.

The practice will seek to support carers by:

- Providing information and local authority resources and contact points (Appendix 5)
- Supporting carers with suitable appointment flexibility and understanding
- Care for the carer to enable them to maximise their own health and needs by providing health checks and advice

There are two methods of identification – self-identification and Practice identification and the Practice has put in place mechanisms for both of these.

SELF IDENTIFICATION

NOTICE BOARDS

The Practice has a dedicated notice board for carers which has details of support organisations and Adult Care Services. It contains a poster asking carers to let the Practice know about their caring responsibilities.

OR

The Practice displays a poster (see appendix 3) on existing notice boards asking carers to let the Practice know about their caring responsibilities. During seasonal times e.g. Flu clinics, higher profile is given to information for carers and a notice board is dedicated to this information at this time.

SELF-REFERRAL FORMS

Referral forms, which are sent to Carers and Adult Care Services, (see Appendix 1) are displayed in reception to allow carers to complete and hand in to the Practice.

NEW PATIENT REGISTRATION FORMS

The Practice's new patient registration form asks @ If you are a carer for a physically disabled adult or child. This information will be used in the new patient screening appointment to tag the patient's notes and arrange referral to Care Services.

PRACTICE IDENTIFICATION.

LETTER AND QUESTIONNAIRE TO PATIENTS

If the Practice writes to a patient (see Appendix 2), perhaps as part of the flu vaccination campaign, they may be asked to complete a referral form if they are a carer. May be part of the procedure for Disability Allowance forms.

PRESCRIPTIONS

Anyone collecting a prescription on behalf of someone else may be passed a Carers referral form.

HEALTH PROFESSIONAL IDENTIFICATION

All Health Professionals in the surgery complete referral forms when they ascertain a patient is a carer. May be part of a regular discussion at multi-disciplinary team meetings to exploit personal knowledge.

COMPETENCY

All carer registrations will, in the first instance, be reviewed by the patient's usual doctor who will confirm that the patient is competent to give a valid informed consent.

PROCESS FOR SUBSEQUENT REFERRAL

A box for referral forms will be placed at reception for patients, health professionals and staff to post forms. This box will be routinely emptied and the following read codes will be used to tag carers notes:

| | |
|-------------------------------|---|
| Carer | 918A |
| Has a Carer | 918F |
| No able carer in household | ZV604 |
| Carer unable to cope | ZV608 |
| Carer referred for assessment | EMISQCA6 (please note that this is an EMIA code and other systems will have different ones) |

Once the details from the form have been entered on to the patients' notes, the referral forms will be copied and sent, as appropriate and with the patient's consent, to:

Freepost RRJZ-UEBJ-TULH
Carers Together
9 Love Lane
Romsey SO51 8DE

Appendix 1 - Form

CARERS IDENTIFICATION AND REFERRAL FORM

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

If so, you are a carer and we would like to support you. Please complete this form and hand it in to reception.

If you are agreeable, we will pass your details to the Carers Service, which is a countywide organisation providing relevant information and advice, local support services, newsletter and telephone linkline for carers.

We will also refer you, with your permission, to have your needs assessed by Adult Care Services. A Carers Assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

YOUR DETAILS:

| | |
|--------------------------|--|
| Name | |
| Date Of Birth | |
| Address | |
| Post Code | |
| Telephone Number | |
| Any relevant information | |

DETAILS OF THE PERSON YOU LOOK AFTER:

| | |
|---|--|
| Name | |
| Date Of Birth | |
| Address (If Different From Above) | |
| Post Code | |
| Telephone Number (If Different From Above) | |
| GP Details (If Different From Your Own) | |

- Please pass my details to the Carers Service.
- Please refer me to Adult Care Services for a Carers Assessment.

Thank you for completing this form

Appendix 2 - Letter

LETTER TO PATIENTS

[date]

Dear [patients name]

CARERS

Do you look after someone who is ill, frail, disabled or mentally ill? If so, you are a carer. We are interested in identifying carers, especially those people who may be caring without help or support. We know that carers are often "hidden" looking after a family member or helping a friend or neighbour with day to day tasks and may not see themselves as a carer.

We feel that caring for someone is an important and valuable role in the community, which is often a 24-hour job that can be very demanding and isolating for the carer. We further believe carers should receive appropriate support by way of access to accurate information on a range of topics such as entitlement to benefits and respite care and not least, a listening ear when things get too much.

As a Carer, you are also entitled to have your needs assessed by Adult Care Services. A Carer's Assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It also look at the needs of the person you care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

If you are a carer, this is an opportunity to let the Practice know so that we can update our records and pass on your details to the Carers Service who can provide relevant information and advice, local support services, newsletter and telephone linkline. We can also refer you to Adult Care Services for a carer's assessment.

Please complete the attached sheet only if you are a carer and return it to the surgery.

We look forward to hearing from you.

Yours sincerely

Dr

Appendix 3 – Poster

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

We are interested in identifying carers, especially those people who may be caring without help or support. We know that carers are often “hidden” looking after a family member or helping a friend or neighbour with day to day tasks and may not see themselves as a carer.

Caring for someone is an important and valuable role in the community, which is often a 24-hour job that can be very demanding and isolating for the carer. Carers should receive appropriate support by way of access to accurate information on a range of topics such as entitlement to benefits and respite care and not least, a listening ear when things get too much.

As a Carer, you are also entitled to have your needs assessed by Adult Care Services. A Carer’s Assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It also look at the needs of the person you care for. There is no charge for an assessment.

If you are a carer, please ask at Reception for a

CARERS IDENTIFICATION AND REFERRAL FORM

which you can complete to let us know about your caring responsibilities

Appendix 4 – Form

AGREEMENT FOR A CARER TO HAVE ACCESS TO A PATIENT'S PERSONAL DETAILS and/or COPIES OF CORRESPONDENCE

| | |
|-------------------|--|
| Patient's Name | |
| Patient's Address | |

To: *[Insert Practice name]*

I give permission for my Carer *[Insert Carer Name]* to have access to my medical records and personal details held by the Practice.

This permission relates to all / part of my record / specific condition only (*delete as appropriate*).

Where the permission is restricted to part of the record only, please specify below the precise limits of this permission, and any areas of the record which are excluded.

I understand that the doctor may override this authority at any time, and that this permission will remain in force until cancelled by me in writing.

I consent to my Carer receiving copies of all correspondence relating to my treatment (*delete if not applicable*). I confirm that this has been explained to me by my GP and that the GP has sole discretion to withhold all or any copies.

Signed _____ (Patient)

Date _____

Accepted by _____ (Doctor)

Date _____

Office Use Only:

| | |
|--------------------------|--|
| Copy Frequency | |
| Specific Copy Exclusions | |
| Specific Copy Inclusions | |

APPENDIX 5

CONTACT POINTS

| RESOURCE | CONTACT NUMBER |
|---|-----------------------|
| Carers Line www.carersuk.org | 0808 8087777 |
| Princess Royal Trust for Carers www.carers.org | 020 74807788 |
| Community Nursing Service | |
| Occupational Therapy | |
| Falls Prevention Service | |
| Social Services | |
| Red Cross Home Care Services | |
| Women's Royal Voluntary Service (WRVS) | |
| Local Carer's organisation | |
| Community Matron | |
| Respite Providers | |
| Local Carer Charities | |
| Source of Carer Literature for Display | |
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