### Dr Sharma’s Practice

**Bilston Health Centre**

**Prouds Lane**

**Bilston**

**WV14 6PW**

### POLICY FOR THE IDENTIFCATION OF CARERS

#### Implemented: July 2008

#### Reviewed: July 2014

Next Review: July 2017

Responsibility: Practice Manager

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.

## Potocol

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
* 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

### Process for referral

Carers may self refer. All clinicians may refer. Clinical Code are set out below

Carer 918A

Has a Carer 918F

No able carer in household ZV604

Carer unable to cope ZV608

Carer referred for assessment 8Hlw

Appendix 1

DR. SHARMA’S PRACTICE

# 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 – Poster

DR. SHARMA’S PRACTICE

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 3 – 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 |  |