### **CHOPWELL PRIMARY HEALTHCARE CENTRE**

### **Carers Supporting Evidence**

### **Document Control**

### A. Confidentiality Notice

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### B. Document Details

Author and Role:	Roshan Hassan	
Organisation:	CHOPWELL PRIMARY HEALTHCARE CENTRE	
Document Reference:	Carers Supporting Evidence	
<b>Current Version Number:</b>	4.0	
<b>Current Document Approved By:</b>	Dr M S Hassan	
Date Approved:	03.03.2013	

### C. Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
2.0	03.03.2014	Roshan Hassan	Dr M S Hassan	Reviewed and unchanged
3.0	03.02.2015	Roshan Hassan	Dr M S Hassan	Reviewed and unchanged
4.0	16.02.2016	Helen Cuskin	Dr M S Hassan	Reviewed and updated
5.0	16.2.2017	Helen Cuskin	Dr M S Hassan	Reviewed
6.0	16.3.2018	Roshan Hassan	Dr M S Hassan	Reviewed updated
7.0	15.3.2019	Roshan Hassan	Dr M S Hassan	Reviewed and changed

Doc. Ref – Version – Filename: Carers Supporting Evidence Page 1 of 10

### This document contains the following items:

Page 3 – Carer's Support Policy

Pages 4 & 5 - Carer's Identification and Referral Form

Pages 6 & 7 - Letter to Carers and Referral Form

Page 8 - Poster

Page 9 - Agreement by a Patient to allow a Carer to have access to their

Personal Details and / or Copies of Correspondence.

Page 10 - Contact Points

Doc. Ref – Version – Filename: Carers Supporting Evidence Page 2 of 10

# Primary Health Care Centre Carers Support Policy

If you are a carer, you might find it difficult to access our services without extra support.

If you identify yourself as a carer, our staff will try to offer you:

- 1. Home visits and/or telephone appointments if caring responsibilities mean you cannot leave the person you care for at home or bring them with you to the surgery.
- 2. Flexibility or priority on appointment times where possible.
- 3. Support for the person you care for in the waiting room or a private area if you need to bring them to the surgery but would like an appointment in private.
- 4. Information about local carers support services which may be able to arrange transport and/or sitting services to help you leave home to attend surgery.
- 5. Telephone ordering for prescriptions where possible.
- 6. An annual health check and a flu jab.
- 7. Information about your right to a Carers' Assessment of your own needs as a carer.
- 8. Advice on safer lifting and other aspects of providing care such as medication.
- 9. Discussing with you what you would like us to do in the event of you or the person you care for having a medical or other emergency.

In some cases caring roles are full time and very demanding. We would like to support you in your caring role where we can. We will avoid making assumptions about the amount of care you wish to take on.

Caring should not be at the expense of your own health and wellbeing. Please tell us how your caring role is affecting you and if you have any support needs.

### We will try to help you by:

- Respecting your privacy and confidentiality and conducting conversations of a personal nature in private.
- Discussing the benefits of appropriate information sharing with patients who need or may in future need care from a relative or friend.
- Providing you with information about the condition and needs of the person you care for, such as the effects of medication, where that person gives consent.
- Always listening to and respecting the information you give us about your caring role and the needs of the person you care for.
- Providing you with general information about health conditions when you ask for it when we do not have consent from the person you care for to share their personal information.

# Our Carers Lead is: Miss Samantha Cromar

Please contact them if you have any queries about our support for carers - they will be happy to help and treat the conversation in strictest confidence.

Doc. Ref – Version – Filename: Carers Supporting Evidence Page 3 of 10

### **Primary Health Care Centre Chopwell**

# If you're a Carer who helps and supports someone who can't manage on their own, we want to ensure YOU get all the support YOU need.

To be able to do this, we need to know certain facts about your caring situation, as listed in the form you can pick up from reception.

Please complete this form and either hand it to our Receptionist.

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

With your permission, we will also refer you to have your needs assessed by Adult Care Services. This is called a Carers' Needs Assessment.

There is no charge for this, and it's your chance to discuss your role as a Carer and what help you may need to:

- Support you as a Carer,
- Maintain your own health
- ❖ Balance caring with other aspects of your life, like work and family, looking at both your current and future needs.

It's NOT about judging the way you are caring for someone, nor should social services assume that you wish to become, or carry on being, a carer.

As a result of completing the Assessment, the local authority may provide services to help you in your caring role or to maintain your own health and well-being.

It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation.

Doc. Ref – Version – Filename: Carers Supporting Evidence Page 4 of 10

### **Primary Health Care Centre**

### Carer's Identification and Referral Form

To be compliant with GDPR please confirm you have consent to share personal information on any person you have named on this referral Yes/No (If no please ensure you get their permission before making this referral)

YOUR DETAILS		
Name		
Address		
/ tauress		Date of Birth
		Home Phone
Post Code		Mobile Phone
Any relevant		
information		
DETAILS OF TH	E DEDCON VOLLLOOK AFTER	
	E PERSON YOU LOOK AFTER	
Name		
Address		Date of Birth
		Date of Birtii
		Home Phone
		(If different)
Post Code		Mobile Phone
		(If different)
GP details		
(If different)		
Please pas	ss my details to the Carer's Service	
Dlease ref	er me to Adult Care Services for a Carer's N	Jeeds Assessment
ricase ren	er me to made care services for a carer sin	vecus / issessiment
Signed:		
- <del></del>	<u> </u>	

Please complete this form and hand it to one of our Receptionists.

## Thank you for completing this form

Doc. Ref – Version – Filename: Carers Supporting Evidence Page 5 of 10

### **Letter to Patients**

Dear

# If you're a Carer who helps and supports someone who can't manage on their own, we want to ensure YOU get all the support YOU need.

We are trying to identify as many Carers as we can, particularly those people who may be looking after a member of their family or helping a friend or neighbour with day to day tasks, don't really regard themselves as a Carer and are undertaking this vital activity without help or support.

Although extremely valuable and important, Caring for someone can mean being in demand round the clock and lead to a feeling of isolation, which is why we want Carers to receive all the support and information we can give, on topics such as benefit entitlement, access to respite care or maybe simply to provide a kindly ear when things get too much.

If you are caring for someone, we really would like you to let us know, so that we can ensure our records are up-to-date and, if you are agreeable, pass your details to the Carers Service, a countywide organisation providing relevant information and advice, local support services, newsletter and telephone linkline for carers.

With your permission, we will also refer you to have your needs assessed by Adult Care Services. This is called a Carers' Needs Assessment. There is no charge for this, and it's your chance to discuss your role as a Carer and what help you may need to:

- Support you as a Carer,
- Maintain your own health
- Balance caring with other aspects of your life, like work and family, looking at both your current and future needs.

It's NOT about judging the way you are caring for someone, nor should social services assume that you wish to become, or carry on being, a carer. As a result of completing the Assessment, the local authority may provide services to help you in your caring role or to maintain your own health and well-being. It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation.

If you are a Carer, please do spend a couple of minutes to complete the attached form and then return it to the Practice – either hand it in to one of our Receptionists.

We look forward to hearing from you.

Yours sincerely,

Doc. Ref – Version – Filename: Carers Supporting Evidence Page 6 of 10

### **Primary Health Care Centre**

Carer's Identification and Referral Form **To be compliant with GDPR please confirm you have** consent to share personal information on any person you have named on this referral Yes/No (If no please ensure you get their permission before making this referral)

YOUR DETAILS		
Name		
Address		Date of Birth
		Home Phone
Post Code		Mobile Phone
Any relevant information		
DETAILS OF TH	E PERSON YOU LOOK AFTER	
Name		
Address		Date of Birth
		Home Phone (If different)
Post Code		Mobile Phone (If different)
GP details (If different)		
Please pass my details to the Carer's Service  Please refer me to Adult Care Services for a Carer's Needs Assessment		
Signed:		

Please complete this form and either hand it to one of our Receptionists.

## Thank you for completing this form

Doc. Ref – Version – Filename: Carers Supporting Evidence Page 7 of 10

# If you're a Carer who helps and supports someone who can't manage on their own, we want to ensure YOU get all the support YOU need.

We are trying to identify & support as many Carers as we can.

Particularly those people who may be looking after a member of their family or helping a friend or neighbour with day to day tasks, don't really regard themselves as a Carer and are undertaking this vital activity without help or support.

If you are caring for someone, we really would like you to let us know, so that we can ensure you receive all the support and information we can give, on topics such as benefit entitlement, access to respite care or maybe simply being there to provide a kindly ear when things get too much.

If you are a Carer,
please ask a Receptionist
for a Carer's Identification and Referral Form.

Please complete this form and then hand it to one of our Receptionists.

Doc. Ref – Version – Filename: Carers Supporting Evidence Page 8 of 10

### **Primary Health Care Centre**

# Agreement by a Patient to allow a Carer to have access to their Personal Details and / or Copies of Correspondence.

Patient's Name				
Patient's Address & Post Code				
To: Primary Health C	are Centre Chopwell			
I give permission for and medical records		, to have access to my personal details		
Delete those which a		1		
This permission relat				
The permission relate	es to part of my records.			
Please specify the pa access is allowed and specifically excluded.	•			
This permission relat	This permission relates to a specific condition.			
Please specify the co	ndition.			
The permission relate treatment.	es to my Carer receiving cop	ies of all correspondence relating to my		
I confirm that my GP copies.	has explained this to me an	d has sole discretion to withhold any or all		
	s permission will remain in f ide this authority at any tim	orce until cancelled by me in writing and that le.		
	firm that this has been expl	espondence relating to my treatment (delete if ained to me by my GP and that the GP has sole		
Signed Patient: Date:				
Accepted by Doctor: Date:				
Office Use Only:				
Copy Frequency				
Specific Copy Exclusions				
Specific Copy Inclusions				

Doc. Ref – Version – Filename: Carers Supporting Evidence Page 9 of 10

### **Contact Points**

CONTACT NUMBER / DETAILS
0808 808 7777
London: 0844 800 4361 Glasgow: 0141 221 5066 Cardiff: 0292 022 1788
https://www.ourgateshead.org/falls- prevention
contactus@redcross.org.uk Tele: 03448711111
Carerstrust Crossroads Carer Servieces Tel:01207 549 780
http://www.gatesheadcarers.com/ Tele: 0191 4900121

### RCGP to develop unique online info hub to help GPs support carers

The Royal College of General Practitioners (RCGP) has been awarded £381,535 from the Department of Health to develop a unique online information 'hub' to help GPs improve the support and services they provide for carers.

The hub will collate all the information GPs, primary healthcare staff, practice teams, commissioners and Health & Wellbeing Board representatives might need to identify and support carers, bringing together RCGP resources as well as signposting to external resources. Health professionals will be able to use it free of charge.

The hub will have information about the needs of carers, right from the initial diagnosis through to the end of the condition or even end of life, with a focus on depression. It will also offer guidance about what questions to ask carers, what rights they have and what support is available. The aim is to link a range of supplementary resources on disease specific conditions including dementia, end of life care, cancer and mental health.

Doc. Ref – Version – Filename: Carers Supporting Evidence Page 10 of 10