

CARERS IDENTIFICATION PROTOCOL

Reviewed October 2015 by C D Houston

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

PROTOCOL

Research shows that for every 1000 patients, 120 will be carers.

This protocol aims to ensure that all carers registered with the practice are identified and referred to Adult Care Services.

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

Information will be available on practice notice boards 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.

PRESCRIPTIONS

A note is included on repeat prescriptions asking patients to complete a Carers Referral form, kept on reception.

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 the two questions 'do you look after someone?', 'does someone look after you?'. 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.

PROCESS FOR SUBSEQUENT REFERRAL

Referral forms are accepted over the counter at either reception desk.

To add to the Carers register select "Is a carer" and a description code see below:

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

Inverness Community Care Team
Social Work Service
Keppoch Road
CULLODEN
IV2 7LL

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.

We will 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) | |
| | <p>Carer of person:</p> <p>Mental health problems <input type="checkbox"/></p> <p>Alcohol misuse <input type="checkbox"/></p> <p>Sensory impairment <input type="checkbox"/></p> <p>Learning disability <input type="checkbox"/></p> <p>Chronic disease <input type="checkbox"/></p> <p>Substance misuse <input type="checkbox"/></p> <p>Physical disability <input type="checkbox"/></p> <p>If none of the above apply select this box <input type="checkbox"/></p> |

Please refer me to Adult Care Services for a Carers Assessment.

THANK YOU FOR COMPLETING THIS FORM

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.....

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ILL, FRAIL, DISABLED OR MENTALLY ILL?**

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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

| | |
|-----------------|--|
| Patient Name | |
| Patient 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. (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.

Signed _____ (Patient)

Date _____