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| **Carers Policy and Supporting Evidence** |
| Version 2.0 |
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| **Turner Martin (Mr)****23 September 2020** |
| **A. Confidentiality Notice** |

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| Confidentiality Notice. This document and the information contained therein is the property of Staveleigh Medical Centre. This document contains information that is privileged, confidential or otherwise protected from disclosure. It must not be used by, or its contents reproduced or otherwise copied or disclosed without the prior consent in writing from Staveleigh Medical Centre. |

B. Contents

|  |  |  |
| --- | --- | --- |
| C. | Document Details | 1 |
| D. | Document Revision & Approval history | 1 |
| E. | Definitions | 1 |
| F. | Persons Whom Policy Applies to | 2 |
| G. | Responsible Office | 2 |
| H. | Introduction | 2 |
| I. | Practice Statement | 2 |
| J. | Operational Implementation & Procedures | 3 |
| K. | Statement Publication | 11 |
| L. | Additional Information | 11 |
| M. | References & Further Resources | 11 |
| N. | Appendices | 11 |

C. Document Details

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D. Document Revision & Approval History

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E. Definitions

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| “The Practice”, “We” | On behalf of The Partners of Staveleigh Medical Centre |
| “CCG” | Clinical Commissioning Group for Tameside and Glossop |
| “Office”, “Officers” | Responsible persons for policy |

F. Persons Whom Policy Applies to

Staff, faculties, visitors, stakeholders and other persons or bodies affected by or for whom this policy applies to:

* All Clinical staff.
* Patients.
* 3rd Party Staff.
* All Stakeholders.

G. Responsible Office

Office or officers charged with developing, updating, communicating, training, ensuring compliance with, and providing resources to promote adherence to this issued policy:

* Practice Manager.
* All Practice Staff.
* Practice Partners.

H. Introduction

This document establishes the procedures that the Practice has in place for identifying Carers to ensure they are appropriately informed of the services available locally.

I. Practice Statement

Staveleigh Medical Centre recognises the value contribution made by carers and as such take active measures in identifying carers who are patients within the practice or patients who have carers.

J. Operational Implementation and Procedures

The Francis Report in 2013 stated that “the provisions of the right information to patients and their families, at the right time is vital”. The NHS Constitution (2A) commits NHS organisations and providers to “work in partnership with you, your family, carers and representatives”.

Carers are people who, without payment, provide help and support to a family member, friend or neighbour who cannot manage on their own due to physical or mental illness, disability, substance misuse or frailty brought on by old age.

Caring roles can include administering medication, lifting and handling, personal or emotional care. Carers should not be confused with paid care workers, care assistants or with volunteer care workers.

A “Young Carer” is defined as being below 18,who carries out significant caring tasks and by so doing, shoulders a level of responsibility for another person which is inappropriate for their age.

This situation often arises when parents who have long term conditions are not offered appropriate help and support, although it is a fact that most children of disabled or sick parents do not have to take on such responsible caring roles.

The person receiving care may, or may not be registered at the Carer’s Practice. When this situation arises, because the Practice will not be always be able to ascertain that the Carer / Patient relationship has ceased, the Carer may be asked to re-confirm their Carer status.

Where the person receiving care is a registered patient at the Carer’s Practice, the Carer / Patient relationship can be verified more frequently, resulting in practice-held information being able to be modified when significant events such as death or de-registration occur.

The objective of this Protocol is to ensure that all Carers registered with the Practice are identified and referred to Adult Care Services as required.

The Practice will do its utmost to facilitate this process by actively identifying, supporting and referring known Carers who are patients of the Practice or where the person receiving care is a registered patient of the Practice.

**The Practice will support Carers by:**

We have a nominated Carer Notice board in reception to ensure that the support to Carers by the Practice is being undertaken and to be available to Carers as the first line of liaison.

Providing care, health checks and advice to enable them to maximise their own health

Information posters/leaflets are available to all patients and are displayed in the reception area. They give details on how to register carer information.

Clinicians will direct patients to the reception staff if recognised as carers or has a carer so information can be given and recorded onto the computer system.

With patient consent via the Carers Leaflets, referral to local support services will be made.

### New Patient Registration Forms

New patients will be given a questionnaire where carer information can be recorded and inputted onto the computer system

The Practice’s new patient registration form incorporates the following two questions:

* Do you look after someone?
* Does someone look after you?

We will ensure information regarding carers is recorded and a read code will be added to the patients computer records identifying them ‘is a carer’ or ‘has a carer’.

Contact telephone numbers are updated and logged onto the computer system when contact is made either via the surgery, home visit or through outside agency**.**

Referrals to social services etc can be made by Clinicians, either at consultation in surgery with the patient or relatives or on home visits.

### Prescriptions

A person who collects a prescription on behalf of someone else, may be passed a Carer-referral form.

### Health Professional Identification

All Health Professionals in the surgery complete referral forms when they ascertain a patient is a Carer.

### Upon identification of a Carer the Practice will take the following steps:

* The Medical Record of the Carer should be edited to insert the ‘Carer’ Read Code of 918A and entered as an alert.
* The Role of Carer should be marked as an ‘Active Problem’ so that it can be easily visible to the Clinician when accessing the Medical Record of the Carer.
* An ‘Alert Message’ should be added to the Carer’s Record on the Front desk to alert Receptionists in order that they may prioritise booking appointments where necessary.
* The medical record (EMIS) of the person receiving care will be allocated a read code of 918F (“has a carer”) and cross reference the carers details in the text box
* Chronic Disease Templates used by Nurses and Doctors when consulting Patients include data entry spaces for inserting Carer’s name and contact details.

### 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

When the details on the form have been entered on to the patients’ notes, the referral forms are be copied and sent, as appropriate, to:

carerscentre@tameside.gov.uk

# STAVELEIGH MEDICAL 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. 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.

# STAVELEIGH MEDICAL CENTRE

***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 in 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.

***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 our Receptionist**

**for a Carer’s Identification and Referral Form.**

**-**

***Please complete this form and***

***then hand it to our Receptionist***

**STAVELEIGH MEDICAL 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: STAVELEIGH MEDICAL CENTRE

I give permission for my Carer, to have access to my personal details and medical records held by the Practice.

**Delete those which are NOT applicable:**

|  |
| --- |
| *This permission relates to all my records.* |

|  |
| --- |
| *The permission relates to part of my records.* |
| Please specify the parts of the record to which access is allowed and any areas which are specifically excluded. |  |

|  |
| --- |
| *This permission relates to a specific condition.* |
| Please specify the condition. |  |

|  |
| --- |
| *The permission relates to my Carer receiving copies of all correspondence relating to my treatment.* |
| I confirm that my GP has explained this to me and has sole discretion to withhold any or all copies. |

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

K. Statement Publication

Staveleigh Medical Centre will endeavour to update and publish their policy and statement as soon as possible and appropriate. The policy and statement should be reviewed not more than 12 months of the version date.

The statement needs to be approved and signed by an appropriate senior person in the business to ensure senior level accountability.

A copy of the statement is to be provided to anyone who requests one in writing. The copy must be provided to the requestor within 30 days of the receipt of the request.

L. Additional Information

None recorded.

M. References & Further Resources

None recorded.

N. Appendices

None recorded.

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| End of Document. |
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