

Primary Care Services

Carers Policy Version 1.0

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Contents

| | |
|---|---|
| 1. Who are carers? | 4 |
| 2. Challenges Carers Experience..... | 4 |
| 3. Identifying Carers..... | 4 |
| 4. Supporting Carers in General Practice..... | 5 |
| 5. Carer Wellbeing | 6 |
| 6. Young Carers..... | 8 |
| 7. Consent | 8 |
| 8. Review..... | 8 |

1. Who are carers?

A carer is a person of any age (including children) who provides unpaid support to a partner, relative, friend or neighbour who couldn't cope without their help. This could be due to old age, frailty, disability, a serious health condition, mental ill health or substance misuse. Parents of children who are disabled or who have a serious health condition are also considered to be carers. Caring roles can include administering medication, lifting and handling and personal or emotional care.

A "Young Carer" is defined as a person under 18 who carries out significant caring tasks and by doing so, 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.

Carers should not be confused with paid care workers, care assistants or with volunteer care workers. There is a difference between a carer and care professionals paid to provide care. Some carers receive statutory payments (for example Carer's Allowance) or a direct payment for their caring role. Even when carers receive such payments, they are still considered to be carers.

Carers are not always identified by their GP practice and there are several reasons why. One is uncertainty around the definition of the term 'carer'. Also, many carers may not readily identify themselves as a carer. Instead, they see themselves as someone's partner, relative or friend who is simply 'doing their best' to help someone they care about. For this reason, asking 'do you look after someone?' can be a more effective opening question than 'are you a carer?'

2. Challenges Carers Experience

Carers can face many challenges in their caring role. For example, carers can feel unsupported if they are unclear about where to go for information to support them.

Young carers may experience educational difficulties. This includes absence and lateness, poor concentration and low attainment. Carers aged 16 and 17 are less likely to be in education, training or employment.

Some adult carers give up paid employment to provide care. They may have to borrow money or use savings to cover the costs of caring.

3. Identifying Carers

Practices should identify how they:

- identify and register carers
- use the carer's register to support holistic care
- organise themselves to understand and respond to the needs of carers
- make it easier for carers to access services
- communicate with, involve and inform carers
- promote a carer-friendly culture
- reduce:
 - avoidable demand on services and meet demand more appropriately
 - carer ill health and promote positive carer health and wellbeing
 - carer and family breakdown

- unnecessary variations in carer support

There are two proven methods of identification:

Self-Identification

- Display information in the Practice requesting carers to contact the Practice to provide details of their caring responsibilities. During appropriate seasonal times (e.g. flu clinics) ensure the relevant information is displayed.
- At new patient registration ask the following questions:
 - Do you look after someone?
 - Does someone look after you?
- Have carer referral forms readily available for all patients

Pro-active Practice Identification

- When the Practice writes to a patient, the communication can incorporate a section on carers, asking carers to contact the practice.
- All Health Professionals in the surgery should be aware that they should ask about carers' responsibilities. Many carers may be identified as a result of Learning Disability Health Checks, Dementia Annual Reviews or Dementia Screening DES.
- Carers could be identified at multidisciplinary meetings to discuss palliative care patients, patients with long-term conditions and vulnerable patients
- Reception staff, GPs and Practice Nurses can opportunistically identify carers during patient encounters and consultations
- During new patient checks and questionnaires; "Do you care for somebody who could not manage without your help?" or "Are you cared for by somebody?"
- Asking at chronic disease reviews or at NHS health checks
- When forms are received by the practice regarding applications for Disability Living Allowance (DLA) or Attendance Allowance
- Encouraging patients to self-identify by having posters or a notice board in the waiting room, and including information about carers on the practice website, in the practice leaflets and in practice newsletters.

Upon identification of a carer, the Practice should ensure that the medical record of the carer and the cared for are updated accordingly.

4. Supporting Carers in General Practice

The objective of this policy is to ensure that all carers registered with the Practice are identified and referred to Adult Care Services where necessary. 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:

- Identifying a "Carer's Champion" 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
- Asking patients with long term conditions to identify their carers
- Providing relevant information, Local Authority resources and contact points
- Providing suitable appointment flexibility and understanding

- Providing care, health checks and advice to enable them to maximise their own health and needs
- Routinely direct identified carers (with consent) to local support services and, where appropriate, refer for Carers Assessment via Social Services
- Offering flu vaccinations
- Screening carers regularly for depression and other health problems
- Setting up carer support groups or advice surgeries
- Producing surveys to gather carers' feedback about services and their satisfaction with them
- Facilitating referrals to carers services for more specialised information, advice and support

Carers need to be made aware of their entitlement to request to an assessment of their needs in their own right, independent from any assessment of the person for whom they care. Carers' main support needs may be:

- support with their own health
- information and education to help them provide skilled caregiving
- support for the cared for

Where a carer identifies they are in need of support, or may need support in the future, the healthcare practitioner should seek to establish what needs the carer may have as it may be possible to meet these needs during the consultation. Where this is not possible, the carer should be asked if they are aware of the local carers support organisation and, if not, referred to the local carers support organisation.

If social care or carer support practitioners are identifying a health need as part of their Carers Assessment they should have the ability to refer the carer back to their GP for health support.

For older carers, many of whom have their own health problems, discussions could include continuing healthcare arrangements, how this may impact on the carer's capacity to care, and to ensure that potentially vulnerable people are not left without support. It may be useful to complete an initial assessment of support needs and a risk assessment within this discussion.

The person receiving care may not be registered at the carer's Practice. When this situation arises, because the Practice will not 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.

Carers will be actively involved in the planning of care for the cared for. Carers must have their views taken into account when planning care in advance.

5. Carer Wellbeing

The Practice, as the team to which all carers have access, is paramount in supporting carers and maintaining the capacity of carer to care, if they so choose.

Wellbeing, as a concept, is best described as relating to the following areas:

- personal dignity, including treatment of the individual with respect
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including control over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation
- the individual's contribution to society

The Practice should aim to use an integrated approach to the identification, assessment and support of Carers' health and wellbeing needs across health and social care to:

- maintain the independence, physical health and emotional wellbeing of carers and their families
- empower and support carers to manage their caring roles and have a life outside of caring
- ensure carers receive the right support, at the right time, in the right place
- respect the carer's decision about how much care they will provide and
- respect the carer's decision about not providing care at all

The wellbeing needs of the carer's family should be taken into account when identifying suitable support. The carer should be supported to plan for life beyond caring, including where the carer wishes to reduce the amount of care they provide, or where they are no longer able, or no longer wish, to continue their caring role.

Preventive and other support resources to meet the needs of vulnerable carers or those carers approaching key transition points must be taken into consideration, including:

- Young carers as they leave primary school and approach secondary school and, again, as they leave secondary school to go on to further education
- Young carers as they move from adolescence to adulthood
- Parents as carers, particularly parents of children with physical or learning disabilities as they leave the family home or as they become eligible for adult services
- Carers of people with substance misuse problems
- Carers aged over 75
- LGBT Carers
- Carers from BAME (Black, Asian and Minority Ethnic) communities
- Carers with multiple caring roles (e.g., carers of partners and additional older or other relatives requiring care and support)
- Recognition of additional support needs of bereaved carers.

It is acknowledged that carers are free to choose not to care, or to decide on the amount of care they will provide. Whatever decision a carer makes should be respected by the Practice staff with whom they come into contact.

All carers should be regularly reminded during contact with healthcare professionals of the value of taking a break from their caring responsibilities. This could include taking time for themselves during their usual routines up to carers' breaks arranged with replacement care.

6. Young Carers

A young carer is a person under 18 years old who helps to look after a family member with a disability, illness, mental health condition, or substance misuse problem.

Identifying young carers is not always easy. Research has found that a significant proportion of young carers do not disclose their caring responsibilities to their school, and that often young people (and their families) do not recognise themselves as 'young carers'.

Many young carers take on their role because of multiple care needs in the family and many young carers find themselves with a long-term career in care within their family. It is now becoming increasingly common to find multiple caring in families, with major implications for some family members.

There may be an opportunity for the Practice to identify child/young carers by asking patients or identified adult carers:

- Are there any children in the household?
- Will any of these children be involved in caring?

Without support, young carers' educational achievement and development can be significantly affected, with little time to do homework, coursework, attend open days or socialise with friends. There can also be a significant impact on the young person's mental health and wellbeing.

Young carers have the right to a young carer's needs assessment through the local authority. A young carer's assessment can determine whether it's appropriate for the young person to care for someone else, and takes into account whether the young person wants to be a carer. The local authority must also look at education, training, leisure opportunities and the young carers' views about their future.

7. Consent

As part of the identification of carers process, the Practice should seek written permission from the cared-for person so that relevant medical information can be shared with their carer. It is important to check that the carer consents to information being shared and has the capacity to give informed consent.

Carers know the person they care for better than anyone else. This knowledge can be very useful in planning care and carers often play a vital role in implementing any care plan e.g. changes to medication

Carers and the cared for can be put at risk if there is a failure to share information sensibly. The registration of carers in the Practice is key to this; being identified as a carer will generate a READ code on the carer's personal medical record and this will accompany that carer whenever and wherever they use the NHS in England (by being shown on the Summary Care Record).

Correct sharing of information will help to identify vulnerable carers earlier, improve the identification of carers and the assessment of their support needs, and could improve the responsiveness of support to the changing needs of carers.

8. Review

This policy will be subject to review every three years, or sooner, in response to changes in legislation or Trust policy.