

Lister House Surgery Carers Supporting Evidence

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 Practice.
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 Practice but would like an appointment in private.
4. Information about local carers supports services, which may be able to arrange transport and/or sitting services to help you leave home to attend Practice.
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 at the surgery is:

Ruban Sivasoruban, (Practice Manager)

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

If you're a Carer who helps and supports someone who can't manage on his or her 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 overleaf.

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.

Carer's Identification and Referral Form

YOUR DETAILS

Name			
Address		Date of Birth	
		Home Phone	
Post Code		Mobile Phone	
Any relevant information			

DETAILS OF THE 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 hand it to our Receptionist
Thank you for completing this form

Carer's Identification and Referral Form

YOUR DETAILS

Name			
Address		Date of Birth	
		Home Phone	
Post Code		Mobile Phone	
Any relevant information			

DETAILS OF THE 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 hand it to our Receptionist

Thank you for completing this form

Patient Consent 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: Lister House Surgery

I give permission for my Carer, _____ (*Insert Carer's Name*), to have access to my personal details and medical records held by the Lister House Surgery.

Delete those, which are NOT applicable:

<i>This permission relates to all my records.</i>

<i>The permission relates to part of my records.</i>
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Please specify the parts of the record to which access is allowed and any areas, which are specifically excluded.	
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<i>This permission relates to a specific condition.</i>

Please specify the condition.	
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<i>The permission relates to my Carer receiving copies of all correspondence relating to my treatment.</i>
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I confirm that my GP has explained this to me and has sole discretion to withhold any or all copies.
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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.

Patient's Signature: _____ Date: _____

Accepted by Doctor: _____ Date: _____

Accepted by Practice Manager: _____ Date: _____

Office Use Only:

Copy Frequency	
Specific Copy Exclusions	
Specific Copy Inclusions	

Contact Points

RESOURCE	CONTACT NUMBER / DETAILS
Carers Line	0808 808 7777
Carers UK Website	www.carersuk.org
LOCAL SERVICES:	
Disability Resource Centre Luton The surgery is keen to look after the health of carers and offers annual carers health checks with the GPs.	01582 470900 www.drcbeds.org.uk