



Carers Support Pack

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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 Champion is:
Laura Sissons, Assistant Practice Manager**

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.



Carer's Identification and Referral Form

YOUR DETAILS

Name			
Address		Date of Birth	
		Home Phone	
Post Code		Mobile Phone	
GP Name & Surgery			

DETAILS OF THE PERSON YOU LOOK AFTER

Name			
Address		Date of Birth	
		Home Phone (If different)	
Post Code		Mobile Phone (If different)	
Relationship to Carer			
Health Conditions			
GP details (If different)			

Please pass my details to the Carer's Service

Signed: _____

Please complete this form and hand it to our Receptionist

Thank you for completing this form

OFFICE USE ONLY

GP Surgery			
Referrer Name		Referral date	



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: GLOUCESTER HEALTH ACCESS 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:

<i>This permission relates to all my records.</i>	
<i>The permission relates to part of my records.</i>	
Please specify the parts of the record to which access is allowed and any areas which are specifically excluded.	
<i>This permission relates to a specific condition.</i>	
Please specify the condition.	
<i>The permission relates to my Carer receiving copies of all correspondence relating to my treatment.</i>	
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: _____

Contact Points

RESOURCE	CONTACT NUMBER / DETAILS
Carers Line (www.carersuk.org)	0808 808 7777
National Strategy for Carers – website	https://www.gov.uk/government/news/a-national-strategy-for-carers
Princess Royal Trust for Carers (www.carers.org)	London: 0844 800 4361 Glasgow: 0141 221 5066 Cardiff: 0292 022 1788
Community Nursing Services	Gloucestershire Care Services Jill Vickers Joint Director of Operations Tel: 08456 598187
Occupational Therapy	Margot Mason Professional Team Lead Quayside House Tel: 01452 427661
Falls Prevention Service	Lead Co-ordinator Anna Gibbins NHS Gloucestershire Tel: 08454 221500
Social Services	Gloucestershire County Council Adult Social Care Helpdesk 5 th Floor Block Four Shire Hall GLOUCESTER GL1 2TG Tel: 01452 426868
Red Cross Home Care Services	British Red Cross 6-7 Wheatstone Court Waterwells Business Park Quedgeley GLOUCESTER GL22AQ Tel: 01452 726660
Respite Providers	Cross Roads Home Care (Gloucester) The Hill Merrywalks STROUD GL5 4ER Tel: 01453 755999
Local Carer Charities	Carers Gloucestershire 2nd Floor Messenger House 35 St Michaels Square GLOUCESTER GL1 1HX Tel: 01452 386 283 Help Line: 0300 111 9000 Gloucestershire Young Carers 7 Twigworth Court Business Centre GLOUCESTER GL29PG Tel: 01452 733060