

Identification of carers in GP practices – a good practice document

There are an estimated 7 million unpaid carers in the UK, however not enough carers are likely to be receiving the support they need or are entitled to. One of the main obstacles to carers getting the right support is identification – both self-identification and identification by health professionals.

Self-identification can be problematic as many carers, understandably, see their relationship with the person they care for as one of being a parent, child, neighbour, friend or partner and don't recognise "carer" as a term they would use.

This is why identification by health professionals becomes even more important.

Carers Trust's *Raising the voice of carers* project works with local Network Partners and aims to give carers the tools and confidence to campaign on issues that matter to them. Carers Trust Network Partners are quality assured independent local carers services providing support to carers across the country. They can provide emotional and practical support, help in a crisis, information and advice, support groups and outreach work in health or educational settings.

We know that not enough carers are being identified, which means many are going without the support they need and are entitled to. Network Partners wanted to investigate in more detail what was being done in local GP practices to identify carers. Carers Trust designed a survey that enabled carers to ask GP practices in their local area what steps they are taking to identify carers.

Five Network Partners undertook the survey with local GP practices to find out what processes they have for identifying carers. Network Partners used this survey and collected information from 148 GP practices.

The results were a stark reminder of the post code lottery that carers face. Some GP practices had no ways of identifying carers, and no carers registers. Other GP practices had well developed and integrated approach to identifying carers working with the local carers service.

This document highlights some of the good practice that is happening developed by Network Partners. We hope it will encourage GP practices with less developed methods to identifying carers, to develop these to allow them to identify carers, and enable carers to get the support they need.

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Bristol and South Gloucestershire Carers Support Centre

GP practices in Bristol and South Gloucestershire have a broad and integrated approach to the identification of carers, which is supported by a strong relationship with the local Carers Support Centre (CSC).

Their Carers Health Project is funded by Bristol and South Gloucestershire Clinical Commissioning Groups (CCG). The funding evidences the commitment the CCGs have to identifying carers.

This is in place across 26 GP practices in South Gloucestershire and 54 in practices in Bristol.

GP Link Volunteer

CSC has developed a GP Link Volunteer programme, where a GP practice hosts a volunteer team member with a specific role identifying carers, and signposting them for further support. This is a three-way partnership between a GP practice, volunteer and CSC. CSC recruits, trains, and support volunteers. Volunteers are based at and liaise with a GP practice and proactively identify, inform and support carers at that surgery.

The GP Link volunteer role aims to support practices to identify carers by:

- Keeping practice information and resources relating to carers up to date, maintaining a regular presence within a GP practice to raise awareness of and proactively identify carers within the patient population and staff team.
- Offering information to carers on local support services and referring to CSC for follow up where necessary.

As a result of this approach and other development work, the number of carers identified increased significantly in both South Gloucestershire and Bristol practices. Figures from the South Gloucestershire CCG showed that the number of carers on GP Registers in September 2015 was 5,624. By the end of March 2016, this figure was 7,197; a 28% increase in just 6 months.

In Bristol, figures show a 40% increase in the number of GP referrals to the CSC between March 2015 and April 2016.

The work of the volunteers has proven to be very valuable for GP practices in identifying carers, and signposting or providing them with the tailored support they need.

Information to allow carers to self-identify

GP practices in Bristol and South Gloucestershire have information in their waiting areas, including visual display screens where they share information provided by the GP carers liaison team from Bristol and South Gloucestershire CSC. Interestingly the question asked on screens is "Do you look after someone who could not manage

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without you?” – rather than “are you a carer?”. This allows the GP practices to overcome the self-identification obstacle.

Training

CSC has a GP Liaison worker linked to practices. They offer and provide short carer awareness training at GP practices. Other staff – such as receptionists and practice nurses – are also provided with this training too. The training of both clinical and administrative staff, contributes to the increase in carer identification

Carer registers

All the surveyed GP practices had a carer register. Carers details are also recorded on EMIS – a patient record software - with specific codes that identify patients who are carers as such.

With the carers’ permission, the GP practices will send their information to CSC for processing. This information can be sent via a specially developed GP App, email or fax. The CSC will then follow up with a telephone call to the carer. This allows the carers to access all the services and information the support centre can offer them.

One surgery in the area developed a flow chart to help administrative staff understand the processes on EMIS to register a carer and record all pertinent information. This was shared among all the GP practices involved in the project.

Additionally, once a carer is identified, the GP Practice will give a simple form to the cared for person to allow them to consent to share their medical information with the carer. This is designed to overcome a problem commonly reported by carers of medical professionals not sharing important medical information in the belief that it would contravene medical confidentiality rules.

Carers surgery

Some GP practices have a carers surgery once a month, which they can book carers onto. At these carers surgeries, a representative from the GP carers liaison team offers confidential appointments with carers for advice, carers assessments and benefit information.

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Crossroads Care Rotherham

This is in place across 36 GP practices across Rotherham.

Rotherham CCG launched a Carers Resilience Service in April 2015. Crossroads Care Rotherham, Doncaster Alzheimer's Society, and Age UK Rotherham work in partnership with GP practices to provide them with a named Link Worker for carers of people with dementia. The service is available for those caring for someone undergoing assessment as well as having received a diagnosis.

The Carers Resilience Service aims to support carers of people with dementia by providing information, advice and support to build carers' resilience and enable them to continue to care for the person with dementia at home for as long as possible, prevent carer breakdown and limit or stop avoidable hospital admissions. The service is an example of early intervention which puts into place a support network for carers to avoid or minimise the risk of a crisis developing.

GP Link Worker

Crossroads Care Rotherham employs two GP Link Workers who engage with practices and assist practice staff to identify carers. Link Workers make an initial assessment of carers' needs, liaise with practice staff, and then pass the referral on to a Dementia Advisor. If the Link Workers find there is a possibility of carer breakdown or crisis, Crossroads Care are able to provide practical support on a short term basis.

The service aims to decrease the impact on carers' mental and physical health and therefore decrease the number of GP appointments taken by carers and hospital admissions because of the pressures of their caring role. The service provides assessments, information, support, advice, links to other services and respite care to build both the confidence and resilience of carers and help them support the person with dementia.

The service offers short term, intense intervention for a period of four to eight weeks after which time the carers are equipped with sufficient information and resource to help them through the next stage of the dementia. Carers are able to self-refer back into the service at any time. Crossroads Care Rotherham are currently finding that carers who refer-back do so around 11 months later.

Although the Carers Resilience Service is designed specifically for carers of people with dementia, the skills, relationships and systems created have enabled GPs to refer all carers to services – particularly through the carers surgeries which are open to all carers.

Training

Each participating GP practice was provided with a tailored presentation about the service. An evaluation of the scheme found that there were additional benefits if this presentation was given to the clinical group – as opposed to only the practice

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manager or nurses. Having GPs attend the presentation enabled them to get a full understanding of the service in order to make referrals. The evaluation also found that at practices where GPs were not present, fewer referrals were received.

Outcomes for carers

Carers have been very positive about the programme. According to an evaluation of the programme, some of the benefits to carers included:

- Knowledge that immediate support is available if a crisis occurs
- Improved access to information support and advice, guidance and practical support to accessing in home support and care packages
- Improvement in health and wellbeing status.

In the first 12 months of receiving referrals, between April 2015 and March 2016, 334 carers of people with dementia were reached. Each of these carers received specialist and tailored advice, information and guidance about the implications of the dementia diagnosis for the cared for person, the carer and wider family members. The carers will have been helped to access a broader range of external support.

Carers clinic

Building on the success and the relationships established through the Carers Resilience Service, from September 2015 GP Link Workers began hosting a carers clinic once per month in some GP practices. These carers clinics are open to all carers – not just carers of people with dementia.

As carer clinics are open to all carers it has meant more carers have been identified, and signposted to the support they need. It is estimated that around 500 carers have attended these carer clinics across the area, with the GP Link Workers giving advice and signposting carers to support.

Long Term Conditions meeting

The GP Link Worker from Crossroads Care Rotherham also attends GP practices' Long Term Conditions meetings. These meetings are typically attended by a senior GP, a practice nurse and representatives of the Voluntary and Community Sector. The meetings discuss patients with long term health conditions who are in need of improvement in the wellbeing and social aspects of their health.

This enables Crossroads Care Rotherham to provide feedback on the previous month's referrals, and continue to highlight the needs of carers of people with long term health conditions.

The Carers' Resilience Project has enabled a strong relationship to develop between Crossroads Care Rotherham and GP practices across the area. Both stakeholders have recognised the importance of good communication, and have developed a successful and integrated model to support carers of people with dementia, and built on that to provide support to a broader range of carers.

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York Carers Centre

The survey results from our Network Partner in York were very interesting as they demonstrated the very different experiences carers could have even within the same area.

Some of the GP practices surveyed indicated they had no methods of identifying carers, no staff members were trained to support carers, no centrally maintained carers register and provided no information to carers in any form.

However, there were other practices that demonstrated good practice when identifying carers. Some of the responses from York showed that often quite simple, very low cost, solutions can be very effective.

For example, two GP Groups which run practices across York outlined the simple and effective steps they take to identify carers:

- When registering new patients or changing details, the patient is asked to indicate if they are a carer
- Clinicians will ask if a patient is a carer if they think they might be during the course of a consultation
- Staff Nurses are trained as Carers Champions
- They use noticeboards within surgeries as well as social media to raise awareness about the support available to carers, and encourage individuals to identify as carers.

York Carers Centre offer carer awareness training to GP practices in the area. During one of these sessions it became clear to a practice that it had been giving out inconsistent information across its different branches. As a result of the training session, the practice has now committed to ensuring that each branch has a carers specific display board, a named employee who will be responsible for the upkeep of the information, and a single point of contact within each surgery for the carers centre.

Just by following the simple steps above and integrating carer identification into the registration process, change of detail processes, training GPs to become carer aware, having two 'Carer Champions' and effective use of notice boards and social media these two groups have identified and registered over 1,000 carers between them.

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Carers FIRST – Kent and Medway

The information collated by carers in Kent and Medway further highlighted the disparity in approaches GP practices take in identifying carers, even within one area.

Of the 38 GP practices surveyed, 10 reported that carers had to identify themselves for this to be put on their medical records, whilst only 5 proactively asked if someone was a carer. The other GP practices that responded had said they did not know if they had a carers register. This suggests that within the practices, there is not a joined-up approach to carer identification that all staff, clinical or administrative, are aware of.

However, the majority of GP practices responding to the survey did provide information about local carers services on their noticeboard. This is a simple step and can be effective in helping carers identify themselves and enabling them to contact the local support that is available.

Carers FIRST have worked to establish good relationships with local GP practices and highlight the needs of carers.

Carers FIRST have good links with several Patient Participation Groups (PPGs) and have used these to attend PPGs and tell them about the carers services provided. Carers FIRST have also presented at a meeting of a group of GP practices in Medway about the challenges carers face looking after their own health and wellbeing and highlighting practical steps GP practices can take to identify and signpost carers.

GP practices also invited Carers FIRST to attend flu clinics to support with the identification of carers and refer carers to their services. Carers FIRST also run a carers surgery in a GP practice in Tunbridge Wells to allow carers to come in and get advice and support about any issues they may be facing.

Carers FIRST also worked with carers to develop and produce a carers pack which carers are taking into GP surgeries. This pack includes a letter introducing Carers FIRST and its services, as well information on the latest CQC guidance about being a carer-friendly practice and 2 posters and self-referral postcards.

The work of Carers FIRST shows that by working to establish good relationships with GP practices, practical and successful methods of identifying carers can be implemented. These good relations have allowed Carers FIRST to speak directly to GP practices and PPGs about the need of carers, and why identification is so important. This will lead to more carers being identified, and more carers getting the support they need – both from Carers FIRST and their GP practice.

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CARES Sandwell

GP practices in Sandwell take a similar approach to those in York according to the responses received.

- New patients are asked if they are a carer
- Information is made available within the practice
- Most practices have GPs who ask questions if they think someone is a carer
- The majority of the GP practices surveyed did have a carers register, although some did not.

Of the 6 GP practices that have a register, and provided the information, a total of 850 carers were registered. This again demonstrate that good practice can be simple, integrated steps by both administrative and clinical staff. It does require a commitment by the practices to be carer aware, but does not need to be onerous.