

Whitehill Surgery 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. 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:
Gemma McCormack**

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.

Whitehill Surgery

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 Bucks

Signed: _____ Dated _____

Please complete this form and hand it to our Receptionist

Thank you for completing this form

WHITEHILL SURGERY

CARERS IDENTIFICATION AND REFERRAL FORM

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

If so, you are a carer and we would like to support you.
Please complete this form and hand it in to reception.

With your permission we will pass your details to Carers Bucks, which is a registered charity providing relevant information and advice, local support services, newsletter and telephone helpline for carers.

We will also refer you, with your permission, Carer Bucks can also arrange to have your needs assessed by Adult Care Services. A Carer's Assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

YOUR DETAILS:

Name	
Date Of Birth	
Address	
Post Code	
Telephone Number	
Any relevant information	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name	
Date Of Birth	
Address (if different from above)	
Post Code	
Telephone Number (if different from above)	
GP Details (if different from your own)	

Please pass my details to Carers Bucks.

Thank you for completing this form

CARER'S MEDICAL RECORD ACCESS FORM

By completing this form, the patient gives consent for their Carer to access their Medical Records and information relating to their care.

Patient's Name	
Patient's D.O.B.	
Patient's Address	

To: WHITEHILL SURGERY

I give permission for my Carer [insert carer name]

_____ to have access to my medical records and personal details held by the Practice.

This permission relates to all / part of my record / specific condition only (*delete as appropriate*).

Where the permission is restricted to part of the record only, please specify below the precise limits of this permission, and any areas of the record which are excluded.

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

Signed _____ (Patient)

Date _____

Accepted by _____ (Doctor)

Date _____

Contact Points

RESOURCE	CONTACT NUMBER / DETAILS
Carers Bucks (www.carersbucks.org)	0300 777 2722 mail@carersbucks.org
Carers Line (www.carersuk.org)	0808 808 7777
Carers Trust (www.carers.org)	