

# DO YOU CARE

**FOR SOMEONE WHO CANNOT MANAGE ON THEIR OWN BECAUSE OF ILLNESS OR FRAILITY, OR WHO IS SUFFERING FROM A PHYSICAL OR MENTAL DISABILITY OR FROM SUBSTANCE ABUSE?**

**If you provide a significant amount of care directly to that person, without payment, you are a carer! You have access to a whole range of support, from practical help in providing care to personal support in solving problems. We'd like to make contact with all the carers in our Practice, so that we can be sure that they know about the resources available to them.**

**We're especially anxious to find the hidden carers – those who provide care for a family member, friend or neighbour, but who don't think of themselves as being a 'proper' carer. As a carer, you are entitled to a free assessment of your situation to identify the ways in which help could be offered, but it's up to you to choose the which options - if any - you'd like to take up.**

- ❖ PICK UP A CARER REGISTRATION FORM AT RECEPTION**
- ❖ COMPLETE THE FORM AND RETURN IT TO RECEPTION**
- ❖ WE'LL MAKE ALL THE NECESSARY ARRANGEMENTS**

# CARER SUPPORT

Do you look after someone who is unable to manage on their own because of illness or frailty, or who is suffering from a physical or mental disability or from problems related to substance abuse? If you provide a significant amount of care directly to that person, without payment, you are a carer! 'Directly' means that you are providing care as a family member, friend or neighbour and not as a representative of a local council, charitable organisation or other similar body.

As a carer, you have access to a wide range of carer support services. This description really means what it says. The focus is upon the needs of the carer rather than the person receiving care – though of course their needs will be taken into account – and what is on offer is support, not interference!

We would like to identify all carers who are patients of this practice, and of course we'd like to know about any of our patients who rely on such care. We realise that a lot of people don't think of themselves as carers; they are merely 'looking after' a family member or 'helping out' a friend or neighbour. Even if that's how you see yourself, you are still very much a carer!

Carers fulfil a necessary and valuable role in the community, but that role can be very demanding, time-consuming and isolating. We'd like to be sure that all carers within our practice know how to access support such as free advice on entitlement to benefits or respite care and – just as importantly – know where to turn to find a friendly and understanding listening ear when it's needed.

In England and Wales, carers have a legal right to appropriate assistance in accordance with Section 1 of the Carers (Recognition and Services) Act 1995.

This provides for an assessment focusing upon the needs of the carer, though it may, if appropriate, consider the needs of the person cared for as well. The idea of an 'assessment' may seem rather off-putting, but it's not about testing your ability. It's simply an opportunity to talk about your role as a carer with someone from one of the local carer support organisations, and to explore any help or support which could be provided. At the same time, the range of available support services will be explained. There is no charge, and you are under no obligation to take up any support which may be offered, but for your own sake and for the sake of the person you care for it makes very good sense to find out exactly what facilities are available.

Just complete the form overleaf and return it to Reception, and we'll do the rest.

Once you have registered with the practice we'll keep you up-to-date with any information you may find useful in your caring role.

# CARER REGISTRATION FORM

## Your Details

<b>Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Home Number</b>	
<b>Mobile</b>	
<b>Email Address</b>	
<b>Any other relevant information</b>	

## Details of the person you look after

<b>Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Home Number</b>	

Please arrange for carer support services to contact me (please tick)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the completed form to reception**

**Blaydon GP Led Practice  
Shibdon Road  
Blaydon  
NE21 5NW  
0191 2834600**

[Date]

Dear [Patient's Name]

**BETTER ACCESS TO SUPPORTAND SERVICES**

We are trying to contact and identify anyone who is a patient of our practice and is either a carer or is receiving care from someone else.

Until now, this information has not been shown in patient records; we want to put that right, so that we can make sure that every carer knows about the wide range of supporting services which are available to help them.

An explanation of exactly what is meant by 'carer' is provided on the back of the enclosed form, together with some other background information.

If you think you are a carer, please complete the registration form and send it back to Reception at the address shown above.

If you are receiving care from someone else, please pass on both this letter and the registration form to your carer. If your carer is registered with another practice in the Gateshead area, the form should still be returned to us; we'll make sure that the necessary details are passed on. The name of the carer's practice should be entered at 'ANY OTHER RELEVANT INFORMATION'.

Of course, if you are not a carer and are not receiving care from someone else, you need do nothing – but if you know of someone who is a carer, you're welcome to pass on this letter and registration form.

The form can be returned to the carer's own practice.

Thank you for your help!

Yours sincerely,

For Blaydon GP Led Practice

**Blaydon GP Led Practice**

**AUTHORITY TO PERMIT A CARER TO ACCESS  
ALL OR PART OF A PATIENTS MEDICAL RECORD**

**DETAILS OF PATIENT**

<b>Name</b>	<b>Date of Birth</b>
<b>Address</b>	
<b>Postcode</b>	

**To Blaydon GP Led Practice**

I authorised you to allow my Carer \_\_\_\_\_ (name of carer) access to my medical records and other personal details held by the practice, subject to any exclusions specified below.

EXCLUSIONS (Enter details of any part of your records which you do not want your carer to see)

I understand that my Doctor may at his or hers sole discretion refuse to provide access to all or part of the records covered by this authority.

I consent to my Carer receiving copies of all current correspondence relating to my treatment, unless my doctor at his or her sole discretion decides otherwise [delete this paragraph if you don't want it to apply].

This authority will remain in force until cancelled by me in writing.

Signed \_\_\_\_\_ (Patient)      Date \_\_\_\_\_

Accepted By \_\_\_\_\_ (Doctor)      Date \_\_\_\_\_