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HEALTH OF CARERS

**Scrutiny Report
August 2008**

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1.0 Introduction

The Healthy Halton Policy and Performance Board (HPPB) recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community and in recognition of this the HPPB undertook a scrutiny review of health services provided to carers between October and December 2007, as the Board believe that the Health of Carers is a major influencing factor upon the health and welfare of the people receiving care, upon the carers themselves, and on the cost and shape of public services provided.

The original topic brief for this scrutiny review is attached at Appendix 1, but in summary the purpose of the review and resulting report are: -

- To review a number of current services provided to Carers and the subsequent impact that this has on carers in Halton, and
- To outline recommendations, which will lead to a number of improvements in the services provided to Carers.

The report outlines examples of how carers are presently identified at GP practices within Halton and how their health needs are assessed at the point of identification. The report also includes reviews of services presently available via the Carers' Centres and how they are intended to identify carers needs, provide advice, information and support which impacts on improving the health and wellbeing of carers in general.

2.0 Background

2.1 Who is a Carer?

A carer is someone who cares, unpaid, for a relative or friend who is unable to manage on his or her own because of illness, disability or frailty. The majority are unpaid **family carers**. Carers can be any age and come from all walks of life and backgrounds. More women are carers than men and they are more likely than male carers to care for someone with very demanding care needs and to care for a wider range of relatives.

A parent carer is a parent or guardian who is likely to provide more support than other parents because their child is ill or disabled. Parent carers will probably support their child for many months or years and this is likely to have a significant affect on the other children in the family.

A young carer is someone under the age of 18 years who looks after another member of the family or close friend who is ill or disabled. They may be taking on the kind of responsibility that an adult would usually have. This may affect their education or social opportunities.

Caring relationships can be complex and family members may provide different types of care for each other in order to live independently in the community.

2.2 What do carers do?

- Carers give practical, physical and emotional support to vulnerable people. They help the person they care for to deal with problems caused by short term or long-term illness or disability, mental distress or problems resulting from alcohol or substance misuse.
- Where the person being cared for no longer has the mental capacity to make a decision, the carer may be required to make decisions on their behalf.
- Carers may supervise someone to keep him or her safe.
- Caring responsibilities may vary over time and may be difficult to predict from day to day.

Anybody can become a carer, as a result of a sudden event such as an accident or this may be a gradual process when someone's physical or mental health slowly deteriorates.

With this being the case, ensuring that Carers health and wellbeing needs are maintained is essential to the caring role, which they perform.

South Devon Carers Consortium carried out a recent study, which stated that if 1 in 10 carers were to stop caring it would cost the country £2 billion to replace the care given and that carers save the state £34 billion by undertaking homecare.

2.3 Demography

Health is a key strategic priority within Halton's Local Area Agreement, with two fundamental challenges to be addressed, firstly life expectancy in Halton is considerable less than most of England, and secondly forecasts suggest that Halton's population is ageing at a faster rate than England as a whole, which reflects a long-term demographic trend of an ageing population.

On average, older people are more likely than younger people to report lifestyle-limiting illness, to live alone, live in poverty and to rely on public services and informal Carers. People are also living longer with chronic long-term conditions (respiratory, heart, and diabetic etc). Advancing age carries some increased risk of dementia and depressive illness, often linked to bereavement. This shift to an older population will have a large effect on demand for social care, health and other public services, unless outcomes are improved through effective, adequate prevention and health promotion.

However ageing reflects the positive advances society has made and we also recognise that older people are also an under utilised asset to our local communities, whose contribution as carers, people with skills and knowledge and sometimes spare time needs to be recognised and further developed.

This indicates that the "cared for" are living longer and that carers within Halton will have to care for much longer periods than in previous years often experiencing health problems as they get older themselves.

2.4 Ambition for Health

The Halton and St Helens Primary Care Trust (HStHPCT) are committed to the planning and securing of health services and improving the health of the people within Halton and in recognition of this they have published the Ambition for Health Strategy (June 2008) which outlines a number of ambitions to support two critical outcomes: -

- Outcome 1: Improving health and tackling inequalities in health
- Outcome 2: Delivering effective and efficient health and related services

The HStHPCT's related ambitions are: -

- To support a healthy start in life
- To reduce poor health that results from preventable causes
- To ensure that when people do fall ill from some of the major diseases, they get the best care and support
- To provide services which meet the needs of vulnerable people
- To make sure people have excellent access to services and facilities
- To play a part in strengthening disadvantaged communities

2.5 Carers at the Heart of 21st Century Families and Communities

The Government's new national strategy for Carers published on 10 June 2008 sets out their vision for supporting Carers over the next decade. It includes short-term commitments and identifies longer-term priorities. There is additional investment, primarily for extending planned breaks for carers and to help carers into work.

There is also an increased emphasis on joint agency working, and on the need for the NHS to more effectively engage with carers. The national strategy stresses the essential contribution of GPs in supporting carers and how this needs to be developed.

A survey of carers' health, released for the launch of this year's Carers Week, revealed that more than two-thirds of carers had been unable to find an opportunity to visit a GP about their own health due to time constraints and a general lack of flexibility to leave the house to attend appointments. Over two thirds said they felt that their health is worse because of their caring role, with 95 per cent of the 2,000 carers questioned saying that they regularly disguise the fact that their health is suffering in order to continue their caring responsibilities.

2.6 Carers UK Statistics (2001 Census)

	Total number of carers	Total number of carers not in good health	% of carers not in good health	Number of carers providing 50+ hours of care per week in poor health	% of carers providing 50+ hours of care per week in poor health	% of non carer population in poor health	Difference in likelihood
England	4764300	563885	11.84	203528	20.58	10.63	1.94
Halton	13242	1934	14.61	877	23.87	14.29	1.67

National Top 4 illnesses reported by Carers

Mental Health of Carers
1. Anxiety
2. Depression
3. Loss of Confidence
4. Loss of Self Esteem

Physical Health of Carers
1. Stress
2. High Blood Pressure
3. Heart Problems
4. Strains

2.7 Profile of Carers in Halton

The census carried out in 2001 found that there were over 13,000 carers in the Borough who were providing help and support to their partners, children, relatives and friends.

- Approximately 8,000 individuals provided unpaid care for 1 – 19 hours per week
- Just under 2,000 individuals in Halton provided unpaid care from 20 – 49 hours per week
- Approximately 3,500 individuals provided unpaid care for 50 or more hours per week
- Approximately 3,000 individuals were aged 60 and over

3.0 Methodology

In undertaking the scrutiny review, information was gathered from a variety of sources, as follows: -

- Carer Interviews - An officer from the Local Authority conducted interviews with carers on a one-to-one basis. Carers were asked a set of questions and the responses were recorded. Each individual had the opportunity to comment on services currently provided and recommend additional services that they thought would be useful. An officer from the Local Authority conducted interviews with carers on a one-to-one basis. Carers were asked a set of questions and the responses were recorded, each individual had the opportunity to comment on services currently provided and recommend additional services that they thought would be useful.
- Desk Top Research, including a review of National Policy and Guidance
- Visits to GP Practices - 3 GP surgeries were involved in the scrutiny review. One practice from Runcorn and one from Widnes and then a comparable surgery based in Moreton. This was previously involved in a similar research project in the Wirral and was highlighted as demonstrating good practice in the provision of services to carers.
- Visits to Carers Centres - 3 Carers' Centres from neighbouring Boroughs (Warrington, Sefton and Knowsley) were visited to explore and compare best practice.
- Meetings with professionals from the PCT and Local Authority
- Halton Carers Forum - Individual interviews were conducted with carers who sit on the Halton Carers' Forum Executive Board and who contributed both their personal opinion and the known opinions of other carers involved in the Forum.
- Local Implementation Team (LIT) Carer Sub Groups - Discussions held at those meetings were also fed into the review.

The scrutiny visits to the GP Practices and Carers Centres were conducted by the scrutiny team, consisting of: -

- A Member of the HHPPB
- A Carer
- An Executive Board member from the Halton Carers Forum
- A representative from the Local Authority

A number of questions were devised for the visits and each member of the scrutiny team had the opportunity to explore the answers given during the visit and then ask supplementary questions if required. The exercise benefited from having the same scrutiny team undertake each visit as it meant that comparisons between services and responses could be analysed more effectively.

4.0 Analysis of Findings

4.1 Enhanced GP Service for Carers

HStHPCT have developed an enhanced GP service to support Carers. In summary the aims of the scheme is to encourage GP practices to: -

- identify carers
- identify carers' health and support needs
- take account of carers' responsibilities when they access services in the practice
- identify, with carers, if they require a Social Services assessment, and making the referral
- refer carers to other services as appropriate
- provide appropriate information to help carers make informed choices about their own health and wellbeing, as well as that of the person they care for.
- to provide practices with some resource to enable the above.

The enhanced service has been available to all 16 practices within Halton since December 2007 and as at January 2008, four surgeries had formerly signed up to the Enhanced GP service (two within Widnes and two within Runcorn), as at July 2008, this number has increased to 11 practices (seven in Widnes and four in Runcorn).

4.2 Primary Care

Carers in Halton are saying that they want a more flexible GP service, where they are able to access primary care for both themselves and the cared for person. Carers in Halton commonly reported feeling frustrated and stressed by the lack of flexibility often found at GP surgeries;

- a) When trying to access an appointment for their own health needs. They would often compromise their own health rather than face the attitudes and inflexible approach of the staff and the system. **and**
- b) When trying to be involved in the cared for persons medical requirements and health care, reported that they were often not included or taken seriously by professionals yet felt that they had a wealth of experience to contribute to the overall care package of the cared for person.

Out of the surgeries that were visited, there were some examples of good practice with regards to awareness of carers issues and health (See appendices 2, 3 & 4). One specific GP surgery explained that the receptionists knew many of the patients and could often monitor carer's health and well being from the regular contact they had with them. They had a system in place where by if they had concerns about a patient, they would raise the issues at a weekly multi-disciplinary meeting within the practice. The surgery in question had a Community Nurse attached to the practice for 2

days per week and they would be available to visit or contact the carer to assess their health needs further if necessary.

It was recognised that this type of pro-active approach demonstrated the importance of preventative measures that the surgery employed and that it enabled the carer to continue with their caring responsibilities and therefore the person cared for was able to remain within Community and typically resulted in fewer demands being made on statutory resources.

A comparable surgery out of the Borough had developed a system for new carers who registered at the practice to be provided with a carer's information pack of literature both about carer's services available in the area and also contact information details about the cared for person's condition. This particular practice had built up close working relationships with the Carers Centre, and both the surgery and the carers' service would cross-refer and work together to ensure that carers received appropriate support, information and health care in a joined up way. Due to this form of partnership working, carer issues were high on the agenda for all staff concerned. This impacts in a positive way on the cultural attitudes and understanding towards carers and on the systems developed within the surgery around making appointments.

One GP surgery disclosed that they had signed up to HStHPCT's enhanced service. However during the scrutiny visit, the practice were unable to demonstrate a quality service towards carers and suggested that the scrutiny team return in two years when they may have got their systems in place. It was acknowledged that the service is in its infancy, but the visit did highlight the need for cultural and attitudinal shifts in working practices.

Overall it was found that GP practices lacked measurable standards across the board and appeared to rely on the individual personalities rather than training programmes for staff to inform and highlight carer issues etc.

4.3 Carers' Centres

Carers who contributed to the scrutiny review, voiced the importance of a "drop in" facility and the need for an informal space where they can access informal support. Carers emphasised the benefits of being able to talk to others about issues that they faced within their daily lives. They acknowledged that it had a positive effect on their stress levels, and would reduce the tension and isolation that they often felt as a carer.

During the review, Halton Carers' Forum Executive Board highlighted that carers would like a specific advocacy worker to be available for carers. It was felt that this would improve the practical support for carers to be able to access benefits and services in order to help them to continue to manage in their role as a carer. The 2001 census reported that without appropriate support, feelings of isolation and financial stress all increased the risk of deterioration to the health of carers.

Out of the 4 carers' centres that were visited as a part of the scrutiny review, it was only Halton Borough that did not currently have an Emergency Card system in place. The Emergency Card service which was subsequently proposed in Halton is designed to reduce carers anxieties about looking after the cared for person and to safeguard against crisis situations which may arise for the carer.

It is expected that any carer (who has had a contingency plan developed as part of their assessment) will carry an emergency card with them and it will include the telephone number for the Halton Borough Council Contact Centre who would then make a referral onto the Emergency Home Based Respite service. There may be many different situations when it would be appropriate to use the Emergency Card, but would include situations such as the Carer's unexpected admission to hospital.

All the centres that were visited acknowledged the benefits of the holistic therapies that were offered to carers, along with training sessions and day trips. The activities encourage carers to take care of their own well-being and health, reduce stress, access training and educative programmes in order to avoid isolation and loss of self esteem and confidence; providing breaks for carers from their caring responsibilities.

Outlined below are details of the number of Carers supported with breaks organised via the Runcorn and Widnes Carers Centre, along with figures outlining the level of services provided by the Complementary Therapy Service held at the Centres, during 2007/8 :-

	Number of Individual Carers Supported	Number of Breaks provided
Carers Centre	338	676
Complementary Therapy Service	171	744
TOTALS	509	1,420

5.0 Conclusion

With the publication of the Government's new National Strategy for Carers earlier this year, the role of and contribution to society of the six million carers in the UK is now being increasingly recognised.

Within the strategy there is a distinct emphasis on joint agency working, and on the need for the NHS to more effectively engage with carers and this was particularly identified within the national Carers Strategy.

All carers need more support to be able to continue caring and to lead active lives as well. The new strategy is encouraging – there is additional investment; and a clear vision set out, which if delivered, would mean carers are treated with respect, have a degree of financial security; and receive quality advice and support from health, social care and other agencies. Carers would be treated as expert partners and there would be more choice and control over how they receive support.

The findings of the scrutiny review highlight that there has been clear progress made within Halton to achieve this vision, but there is clearly still much to be done.

6.0 Recommendations

If the following recommendations are agreed, then the Local Authority will work in partnership with HStHPCT in formulating an action plan to take the recommendations forward: -

- 6.1 Outreach services provided by the Carer's Centre to be established within GP practices in order to develop stronger joint working arrangements between the Carer's Centre and primary care services. The aim of the services would be to increase referrals from GPs into appropriate agencies and also the presence of carer's centre staff would also raise the profile of carers issues within practices, encouraging them to become aware of the benefits that carers provide both to the community and to the cared for person.
- 6.2 Work with the HStHPCT in the development of a programme of annual presentation visits and training sessions for staff within GP practices, again with the aim of raising the profile of carers in the community, increasing the numbers of identified "hidden carers" and encouraging staff to safeguard and prioritise carers' health. The Carer Development Officer, in conjunction with the Carer's Centre, could deliver the training sessions/presentations.
- 6.3 Work with HStH PCT in developing a system which can closely monitor the "standards" of the PCT enhanced GP service; devising clear criteria and guidance in which to monitor the service delivered by practices. It is recommended that any monitoring/audit team who would be responsible for monitoring GP practices who had signed up to the enhanced services would include a representative from the local authority and a carer. The carer representative could act as a conduit to feedback carers' experiences; highlighting any inconsistent gaps in service provision.
- 6.4 The Local Authority to implement an Emergency Card/Emergency Home Based Respite service for carers, providing more assurance and support to carers and reducing anxiety for carers in the event of a crisis and to bring Halton into line with the good working practices of other boroughs in the area. Investigate the work the Social Learning Disability Services is undertaking in this area as part of the evaluation of the service.
- 6.5 Ensure that the provision of a 'drop in' facility, advocacy service and the continued provision of a carers breaks are included in the Service Level Agreement (SLA) with Halton Carers Centre in preparation for the transfer of the Halton Carers Centre over to the voluntary sector on 1st October 2008. The SLA will be closely monitored (on a quarterly basis) to ensure equal access to services is provided etc.

TOPIC BRIEF

Topic Title:	Health of Carers
Officer Lead:	Operational Director (Adults of Working Age)
Planned start date:	July 2007
Target PPB Meeting:	March 2008

Topic Description and scope:

A review of the health needs of carers within Halton and how such identified needs are met.

Why this topic was chosen:

The last few years have seen a growth in recognition of the central role carers play. The Carers (Recognition and Services) Act 1995, the National Strategy for Carers 1999, Carers and Disabled Children's Act 2000 and the Carers (Equal Opportunities) Act 2004 indicate that the agencies involved in the provision of health and social care should recognise this and work together to provide access to support for carers.

Improving health is a key strategic priority for the Council; this work topic will provide a focus on meeting this priority.

Key outputs and outcomes sought:

- ◆ Exploration of how health needs of carers are identified and assessed
- ◆ Review of work undertaken through the Primary Care Trust and commission services to meet those needs
- ◆ Consultation with carers on how to improve services

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will help to achieve:

Improving Health :

Key Objective A: To understand fully the cause of ill health in Halton and act together to improve the overall health and well being of local people.

Key Objective C: To promote a healthy living environment and lifestyles to protect the health of the public, sustain individual good health and well being, and help prevent an efficiently managed illness.

Nature of expected/desired PPB input:

Member led review of the health needs of carers in Halton.

Preferred mode of operation:

- ◆ Review of current assessed need of health of carers
- ◆ Benchmarking with comparative local authorities
- ◆ Field visits to areas of best practice

Agreed and signed by:

PPB chair

Officer

Date

Date

Visit
Medical Centre - 314 Hoylake Road,
Moreton, CH42 6DE

- 1. What services do you offer to Carers at your centre?**
 - Surgery has a carer's questionnaire/form, which once identified at the point of registration – they are asked to complete.
 - The database “flags” up that the patient is a carer.
 - The GP surgery works in partnership with “Wired” who runs a service for carers. The Partnership was developed in 2004 and was a surgery initiative, the GP's do not receive an enhanced payment for this, however it has now been written into the contract that carers have to be identified and counted.
 - A corner of the surgery waiting area is dedicated to information and contact details for carers.
 - The surgery offers a flexible service for carers with regards to making appointments and picking up prescriptions.

- 2. Do Carers present with common illnesses/ailments?**
 - Carers commonly present with stress related illnesses.
 - If a receptionist or nurse identifies a deteriorating health condition of a carer there is a system in place where they will report it to the GP.

- 3. What work do you do with GP's with regards to the Health of Carers?**
 - The GP surgery holds a bi-monthly meeting where professionals such as midwives, district nurses, school nurses etc attend. Individual client cases are discussed at the meetings and a plan of action is usually agreed.
 - There is a white board in the reception office which flags up patient issues, carers are often included on the board if there are specific concerns or health issues or if the carers needs a more flexible service from the surgery due to his/her caring responsibilities.

- 4. When focussing on awareness raising around “Health of Carers” how do you address this within your community?**
 - “Wired” will go into the community and provide advice and support for carers. There are established links of communication between the surgery and the agency.
 - The surgery provides in-house counselling

- 5. Do you distribute any leaflets or literature around health needs for Carers?**
 - The surgery is pro-active in its approach to gathering health information. For example if a patient presents with “Parkinson's Disease” the surgery will provide a bundle of information; which will

include specific specialist contact numbers for both the carer and the cared for person.

- The surgery displays information and literature on behalf of “Wired”
- “Wired” include the surgery in updates for carers about the latest campaigns etc

6. Have you any strategies jointly commissioned; by social services, PCT, voluntary sector – which addresses the health of Carers.

- Although there is nothing written in the surgery contract, it does work in close partnership with “Wired”
- “Wired” was initially a PCT pilot project, started in 2004

**Visit
Appleton Surgery**

- 1. What system do you have in place to identify carers?**
 - Appleton Surgery operates a Carer Identification Form, this can be done as a self-assessment and forms are kept in the waiting room.
 - Carers are also logged on the surgery database and when they visit the GP – it flashes up on the screen that they are carers.

- 2. What happens when someone discloses that they are a Carer?**
 - Carers that have identified themselves will be asked to complete a Carer Identification Form and will also be informed about the **Message in a Bottle Scheme**; again details can be found in the waiting area at the surgery.
 - Carers are given information about the Widnes Carers' Centre, information is continually displayed in the waiting area and Widnes Carer Centre staff regularly attends the practice to provide talks to staff and/or to meet with patients.

- 3. Do you have any flexible arrangements in place – for Carers?**
 - It is recognised that carers sometimes need to plan visits to the surgery, in advance due to the commitments that they have to their “cared for person”, the receptionists are accommodating in as much as they do not insist that carers follow the surgery system of making appointments on the day they require treatment or insisting that they telephone at 8.30am.
 - The reception staff reported that they did not have specific training with regards to the needs of carers but some had had personal experience of being a carer and they cascaded information to other staff around carer issues.

- 4. Where do you refer Carers?**
 - The Widnes Carers' Centre
 - Matron based at the practice.

- 5. How do you support Carers Health Needs?**
 - Appleton surgery has a Matron based at the health centre, She will become involved with patients who have reoccurring or deteriorating conditions; this may sometimes include carers.
 - The reception staff play a vigilant part in this process – as they are familiar with patients and can usually identify imminent problems Which they can then communicate their concerns to the GP and/or Matron.
 - Contingency arrangements are made with regards to prescriptions; both for the “Carers” and the “Cared For” if required.

- 6. When was the Matron employed in this capacity? Was that a health centre initiative or a PCT Initiative?**
- It started approximately 2-3 years ago.
 - PCT initiative
- 7. What database does your surgery use?**
- Emis; it is on this database that Carer information is highlighted.
- 8. Do Carers present with common illnesses and if so what type of conditions are reported?**
- We recognised that Carers do not usually present with illnesses until things are at a crisis point and is mainly stress related issues.

**Visit
Brookvale Practice**

1. What services do you offer to Carers at your centre?

- We have a protocol in place which identifies new carers – at the point of registration
- We refer new carers to social services (we have done than prior to signing up to the PCT enhanced service, but we have never had to record details)
- When carers register, we have a new patient questionnaire
- Links with carers' centre
- Emergency appointments available
- Offer a more flexible service for carers – but manager couldn't specify how.
- "Champion" identified – as a result of surgery signing up for the PCT enhanced service
- Pharmacy service; picks up patient scripts from the surgery

2. Do Carers present with common illnesses/ailments?

- As receptionists we are not aware of "carers illness"

3. What work do you do with GP's with regards to the Health of Carers?

- None

4. When focussing on awareness raising around "health of Carers" how do you address this within your community?

- It is such a recent initiative that we have not done anything so far.....

5. Do you distribute any leaflets or literature around health needs for Carers?

- Notice board for Carers – in the GP waiting room (carers centre staff put notices on the board and restock literature)
- Practice leaflet – gathering carer information (at the point of registration)
- Have a website which includes carer information

6. Have you any strategies jointly commissioned; by social services, PCT, voluntary sector – which addresses the health of Carers.

- Not at the moment

Carers Centre Meeting - Warrington

Questions Presented to Centre Manager	Centre Responses
1. What services do you offer to Carers at your centre?	<ul style="list-style-type: none"> • Information and signposting • Drop In • Carers support group • Newsletter Emergency Card system • Counselling Service • Volunteer support service • Pamper sessions • Day trips • Training sessions
2. Do Carers present with common illnesses?	<ul style="list-style-type: none"> • Depression • Stress • Back and other physical problems due to lifting • Low Self Esteem
3. What work do you do with GPs with regards to the health of carers?	<ul style="list-style-type: none"> • Distribute leaflets and literature to health centres, precinct information boards, Warrington hospital • GP liaison worker employed to build links to Carer services
4. When focussing on awareness raising around the health of carers how do you address this within your local community?	<ul style="list-style-type: none"> • Distribute information to schools, hospitals, social services, public information boards • Provide presentations to Social workers • Provide Presentations to “Gateway into Warrington” staff
5. Do you distribute any literature or leaflets around the health needs for carers?	<ul style="list-style-type: none"> • Leaflets consist of services available at the carer’s centres and also voluntary sector services. • Regular newsletter • Welfare benefits information
6. Have you any strategies jointly commissioned by Social Services, PCT, voluntary sector – which addresses the needs of carers?	<ul style="list-style-type: none"> • The Carers Centre building space is provided free by the PCT • Additional funds are raised by lottery applications, applications to local companies in Warrington – who provide donations and a grant from the Princess Royal Trust

Carers Centre Meetings - Sefton

Questions Presented to Centre Manager	Centre Responses
1. What services do you offer to Carers at your centre?	<ul style="list-style-type: none"> • Information and signposting to specialist services • Carers respite – Day Trips • Emergency card and contingency Planning • Assessments • Training • Holistic therapies • IT training • Newsletters • Drop-in • Counselling • Benefits Advice (benefits specialist attends Centre on specific days)
2. Do Carers present with common illnesses?	<ul style="list-style-type: none"> • Stress according to a recent questionnaire 46% of carers report feeling stressed
3. What work do you do with GPs with regards to the health of carers?	<ul style="list-style-type: none"> • GP Link worker employed. • Link worker will identify hidden carers • Link worker will update GP notice board with Carer Information
4. When focussing on awareness raising around the health of carers how do you address this within your local community?	<ul style="list-style-type: none"> • Hospital discharge Link worker, based in local hospital; their referrals count for 75% of total referrals into the Sefton Carers Centre • Distribute information, leaflets and posters in GP surgeries • Monitor how Carers found out about Sefton Carers Centre thus tailor the way information is distributed • Linkworkers in GP surgeries
5. Do you distribute any literature or leaflets around the health needs for carers?	<ul style="list-style-type: none"> • Main Booklet – Guide to Caring for the Community (printed by the council so it is cheaper) • GP surgeries are the main target for literature

<p>6. Have you any strategies jointly commissioned by Social Services, PCT, voluntary sector – which addresses the needs of carers?</p>	<ul style="list-style-type: none">• The training and Education Centre (which is a separate building) is funded by Social Services, PCT, and Southport College and Sexton Carers Centre• The printing of booklets entitled <i>Maintaining Carers</i> is funded by Sefton Beacon money
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Carers Centres Responses - Halton

Questions Presented to Centre Manager	Centre Responses
1. What services do you offer to Carers at your centre?	<ul style="list-style-type: none"> • Information and signposting service • Newsletter • Pamper sessions • Holistic sessions • Day trips • Training sessions • Presentations
2. Do Carers present with common illnesses?	<ul style="list-style-type: none"> • Depression • Stress • Back and other physical problems due to lifting • Low Self Esteem
3. What work do you do with GPs with regards to the health of carers?	<ul style="list-style-type: none"> • Distribute leaflets and literature to health centres • Presentations to GP surgeries
4. When focussing on awareness raising around the health of carers how do you address this within your local community?	<ul style="list-style-type: none"> • Distribute information to hospitals, social services, public information boards • Provide presentations to Social workers and call centre staff • Regular newsletters • Attendance of LIT groups
5. Do you distribute any literature or leaflets around the health needs for carers?	<ul style="list-style-type: none"> • Leaflets consist of services available at the carers' centres and also other voluntary sector services within the borough. • Regular newsletter
6. Have you any strategies jointly commissioned by Social Services, PCT, voluntary sector – which addresses the needs of carers?	<ul style="list-style-type: none"> • Carers' centres are you currently run by the local authority. It is planned that the centres will be transferred into the voluntary sector; by April 08

Carers Centre Meetings - Knowsley

Questions Presented to Centre Manager	Centre Responses
1. What services do you offer to Carers at your centre?	<ul style="list-style-type: none"> • Information and signposting to specialist services • Outreach services • Voucher scheme • Carers respite • A pot of money for training and education • Emergency card • Assessments • Training • Holistic therapies • IT training • Newsletters • Drop-in
2. Do Carers present with common illnesses?	<ul style="list-style-type: none"> • Depression • Stress • Back problems
3. What work do you do with GPs with regards to the health of carers?	<ul style="list-style-type: none"> • Provide presentations to GPs and reception staff • Distribute leaflets and literature to health centres
4. When focussing on awareness raising around the health of carers how do you address this within your local community?	<ul style="list-style-type: none"> • Walking clubs • Line dancing
5. Do you distribute any literature or leaflets around the health needs for carers?	<ul style="list-style-type: none"> • Leaflets consist of services available at the carers' centres and also voluntary sector services. • Regular newsletter • Welfare benefits information
6. Have you any strategies jointly commissioned by Social Services, PCT, voluntary sector – which addresses the needs of carers?	<ul style="list-style-type: none"> • Link with other local community groups to provide joint activities

Carers Interviews – Summary of Responses

Questions presented to Carers involved in the Scrutiny Interviews	Carers responses
1. When you go to your surgery are you registered as a Carer?	<ul style="list-style-type: none"> • One carer reported that she had to request being registered as a carer. • One carer said that they are registered as a carer and that the GP aware of carers responsibilities and has provided a more flexible approach as a result. • Either the receptionists or GP's had never asked one carer about their caring status at the practice. It was reported that one nurse based at the practice did enquire about caring responsibilities at the time the patient's flu jab was administered, although this was never followed up.
2. As a result of your being a Carer are their any flexible arrangements that are in place e.g. appointments and picking up prescriptions?	<ul style="list-style-type: none"> • There is no flexibility within the surgery; with regards to making appointments and/or ordering and picking up prescriptions • The local pharmacy offers a next day ordering service where they will pick up prescription from the GP practice and prepare prescription to be collected on the following day • The internal pharmacy was not used by one carer as it was found to be a lengthy waiting time and often found not to stock medicines required • One GP has made home visits where patient has been unwell
3. Has your GP referred you to any other service as a result of your being a Carer? - Continued	<ul style="list-style-type: none"> • Carer been with practice so long that when they first registered with the practice there were no specific resources for Carer's; GP is now aware Carer accesses local Carers' Centre in the Runcorn area • One carer experienced severe depression as a result of caring responsibilities. Carer reported that the GP was supportive and helpful during consultations and offered counselling service, discussed exercise and lifestyle and referred to local community based support group

4. Do you think there is anything missing at your GP surgery, which would support you in being a Carer?

- Counselling and alternative therapies offered within the practice.
- Nothing – Patient appreciates being able to “just drop in and have chat with GP if unwell”
- A “consistent” GP that was aware of caring responsibilities and had knowledge of medical history for the carer and the “cared for” rather than a current stream of locum GPs.
- A more flexible and responsive service in the case of out of hours or GP emergency service
- Staff having clear understanding of referral procedures and local resources available for carers
- Staff having understanding of the pressures and strains that “caring” can have upon someone
- Reception staff to “listen and respond” to carers when they report concerns – more understanding/awareness

References

1. Halton Borough Council & Halton and St Helens Primary Care Trust Carers Strategy 2008-9
2. Halton's Local Area Agreement
3. Halton & St Helen's PCT Ambition for Health Strategy (June 2008)
4. Carers at the Heart of 21st Century Families and Communities (June 2008)