Commitment for carers
Report of the findings and outcomes
Participation exercise and event held on 5 December 2013
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Acknowledgements

This work has highlighted that meeting the needs of carers is hugely important in our health system, not only from a societal point of view but also from an ethical viewpoint. There are many practical things that can be done, not only to support those caring for others, but also to support carers’ individual needs. Carers are to be celebrated!

Thanks go Jackie Ashley, Kim Crosby, Beth Britton and Russell Minns who bravely stood up in front of a room full of ‘suits’ during the workshop, and expressed their views so eloquently, and to those from organisations both statutory and non-statutory within the NHS, Department of Health, social care, and carer organisations who brought this very important agenda to the fore. A special thanks to Dame Philippa Russell, Chair of the Standing Commission on Carers, whose direction and insight were truly appreciated. Thanks are also due to all the people who took part in the participation exercise, who took the time to tell us about the issues they face and how their lives could be improved. These personal insights and experiences are invaluable in shaping this work and helping to make a genuine difference.
Key messages

Carers are a key member of the team working with the person who is being cared for within health and care services. NHS Improving Quality is committed to understanding, valuing and improving the lives of carers so we can not only improve carer experiences, but we can also help meet the Department of Health’s mandate to NHS England.¹

Carer experiences were shared during the four weeks prior to, and during, the ‘Commitment for Carers’ event held on 5 December 2013.

This culminated in nine key priorities identified on the day, with a raft of other priorities considered important by the participants during the event.

This will result in an action plan to be driven forward and delivered by NHS England from April 2014.

The context

Ensuring that the 5.4 million people in England who care for a friend or family member are valued, recognised and supported, is enshrined in the Department of Health’s mandate to NHS England. One key objective is particularly relevant - “to ensure the NHS becomes dramatically better at involving patients and their carers, and empowering them to manage and make decisions about their own care and treatment.” In addition, the NHS Outcomes Framework 2014/15 incorporates an indicator that seeks to measure the health related quality of life for carers, particularly those caring for people with a long term condition.

Our health and social care systems depend on the caring roles that people undertake. However, caring can take its toll both physically and emotionally, with the carer’s own health and wellbeing often being compromised as a consequence of their caring responsibilities. It is vital that carers are identified and supported at the earliest possible stage so they have access to the support needed.

Carers are not a homogenous group; they each have different needs and have different caring responsibilities. Carers don’t always recognise themselves specifically as carers as they are first and foremost someone’s mother or father, husband or wife, child or friend. Nevertheless, a large number of people do care for others, and people taking on caring responsibilities are estimated to save the UK economy £119 billion each year. Therefore, not only is supporting carers in their role the right thing to do; it also makes sense from a social and economic point of view. Often this support means identifying people as carers, signposting them to places where they can access information and practical help, fully involving them in the decisions about the person they are caring for, and recognising that they may have additional emotional and physical health care needs.

A report by Carers UK indicates that all too often, carers place their own health and wellbeing last, forcing them to put off medical care and treatment, and where carer health is not addressed, emergency admissions can result.

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What we wanted to achieve

There were several aims and objectives considered when planning the process for developing the Commitment for Carers. NHS Improving Quality worked with NHS England and engaged other stakeholders such as the Carers Trust, Carers UK, Standing Commission for Carers, and the Department of Health to develop our aims.

We wanted to:
• Understand the health service responsibilities towards carers as described in the Mandate and the Carers Strategy refresh by the Department of Health in 2010: Recognised, Valued and Supported: next steps for the carers strategy
• Recognise and value the voice of carers of all ages
• Determine the role of the healthcare system to support the needs and aspirations of carers
• Identify specific barriers, processes and interventions that prevent optimum levels of care and support being offered to carers
• Reach a consensus on the next steps to improve carer experience and support
• Develop a clear set of priorities to take forward by NHS England.

What we did

The first step in helping achieve these aims was to engage in a four week participation exercise, which was supported by stakeholders including carer and disease-specific charitable organisations.

The participation exercise invited responses to a set of specific questions:

- How can health services help you feel recognised, valued and included when caring for someone?
- How did health staff help signpost you to relevant information and advice when you first started caring for someone, and at key stages and transition points of your caring role?
- How can NHS services best tailor support for you and your family particularly when caring for someone?
- How have NHS services or professionals helped you look after your own physical health and emotional well-being particularly in your role as a carer?

These questions were asked through the NHS Improving Quality (NHS IQ) website and Twitter feed, and stakeholder organisations were invited to post them onto their websites, newsletters and chat forums. They were also available through an online questionnaire, which was promoted through the above channels. Twitter was utilised extensively, using the hashtag #NHSThinkCarer, and this proved to be an effective medium to alert people to the questionnaire and gather their views. Further details of the listening process can be found on the **NHS IQ website here**.

A webinar was also held with the support of the Department of Health, which contributed to the understanding and identification of examples of good practice. Approximately 30 people contributed to this session, which generated rich discussion.

In addition Dame Philippa Russell, the Chair of the Standing Commission for Carers, NHS England’s national clinical directors and other professionals were asked to write blogs of their own individual experiences of caring, which were posted on NHS IQ’s blog. This helped to bring the participation exercise to a very personal level.

The participation exercise culminated in an event which took place in December 2013. Almost 90 stakeholders were involved, including carers, carer groups, 3rd sector organisations, NHS England professionals, and health and social care professionals from a range of different sectors. The day was designed so delegates were able to reach a consensus on the priorities for action, and agree a range of priorities for NHS England to support and take forward.
What we found

A total of 301 people responded to the online questionnaire. Most of the survey respondents were aged over 35 (71% in the age bracket 35-65, and 16% over 65 – see figure 1).

The majority of survey respondents are looking after a child (25%), a parent (24%) and a spouse (21%), with the average carer looking after 1.44 people. 33% of carers also have other dependents, with the majority of them other children (figures 2 and 3).

According to the survey, 66% of people said that health staff didn’t help to signpost them to relevant information or support, and when information was given, it came from charities and support groups (figures 4 and 5).
Figure 3: Do carers have other dependencies than who they care for?

- Yes: 75 (33%)
- No: 151 (67%)
- Unknown: 

Figure 4: Did carers get help signposting to relevant information and advice?

- Yes: 96 (32%)
- No: 198 (66%)
- Unknown: 7

Figure 5: Did carers get help signposting to relevant information and advice?
While the vast majority say 'No', those who did it from:

- GP Practice: 20
- Hospital staff: 20
- Community staff: 33
- Other healthcare professional: 30
- Charities/ support groups: 64
- Social worker: 23
- Friend/family: 26
- Information from another source (e.g. magazine/ website): 28
- Other: 17

Group offering signposting (more than one could be chosen)
As well as comments received via the online questionnaire, insights were also gathered from Twitter. A storify of the Twitter comments in response to the questions can be seen here.

Young carers were asked for their views through the Children’s Society and through Makewaves®, as it was recognised that the questionnaire needed to be appropriately adapted.

Several strong themes emerged from the participation exercise. These were in line with feedback received through similar listening exercises that have previously been held by other organisations such as the Carers Trust, Carers UK and the Princess Royal Trust for Carers.

1. Recognising me as a carer
One of the key themes that emerged was around issues with recognising a person in their caring role(s). Carers said they were often ignored, and that their expertise and experience of the person they were caring for was undervalued and not utilised. They said they wanted to feel part of the team caring for their loved one and to be an equal partner in their care. There were two distinct areas of note which emerged - the lack of recognition that they were an expert with good knowledge of the person that they were caring for; and that their caring role was not recognised or acknowledged, which meant little or no support was provided. This sometimes led to the carer’s own health and emotional wellbeing being compromised.

“Talk to me as a carer, the worst was when my dad was an in-patient, it was like we didn’t exist. Ask us about our cared for person if they have dementia, use our knowledge and expertise. Don’t assume you know best because you don’t know anything about my dad. You don’t know what upsets him, what makes him comfortable, what worries him. Listen carefully to us and then ENACT what we say. So when I say, please make sure he is taken out of bed to pee on commode because he cannot use a bottle in bed, don’t insist he uses a bottle and then make him wet the bed and cry.”

*https://www.makewaves/story/600711/title/commitmentforcarers
2. Information is shared with me and other professionals
People also expressed difficulties around information sharing. Many people reported feeling frustrated that they had to tell their story and provide the same information more than once. One person reported that the plethora of health and care professionals who were involved in the care of her daughter, who had physical and mental health issues, not only didn’t talk with professionals from other sectors, they didn’t talk to each other within the same teams. She said that it was exhausting. It seems that information governance issues and the confidentiality ‘smokescreen’ can get in the way of good, joined-up care. Particular issues arise when there is a transition from childhood into adulthood. Parents often find it very difficult when all access to information is suddenly denied as soon as their child reaches 18, which is exacerbated by having to cope with the difficulty of ‘letting go’ at the same time. Some solutions were offered to support this:

“Get written consent from the ‘patient’ so that essential information can be shared with the parent/adult child. My adult daughter lives independently with very little support. She excludes me because she believes she can do things alone and only includes me when things go wrong. I found out that she was taking anti-depressants, had a knife to her wrists several times - no one told me because of ‘confidentiality’. I may have been able to help. Even if I am only copied in to health appointments, I could make sure she has the support to attend and ask her for feedback afterwards.”
3. Care is flexible and is available when it suits me and the person I care for
One of the key asks from carers was that they have much greater access to flexibility of appointments in both the GP practice and for hospital visits. Home visits from the healthcare team when needed would also be very helpful. Many carers are in employment and find they have to balance their caring responsibilities with work and taking care of other family members. It is a juggling act. Taking time off work and managing a multiplicity of commitments can make life very pressurised for carers.

The ‘ask’ from carers is that healthcare professionals believe what they say; ‘understand that when we say we are not coping, we are not coping’. This theme was heard loudly throughout the participation exercise.

4. Recognise that I may need help
Many people said that the pressure of caring is enormous and can be very stressful. Carers say that they need more opportunities to have a break, with more practical and emotional support.
Some carers expressed that they don’t like or recognise the word ‘carer’ and that they want to be known as ‘wife’ or ‘mother’; however this is to be balanced with the need for recognition so appropriate support systems can be put in place.

Lots of solutions were offered to help; for example having access to free prescriptions.

People are often reluctant, or simply too immersed in what they are doing, to ask for help, and when they do ask for help, they really need it.

…It would also be lovely to have free healthcare, as a carer I earn less than £60 a week, but my husband’s pension means the household income is too high for me to have free prescriptions. The NHS values my care enough to jab me with a flu vaccine but not care for my poor eczema ridden hands.
"Understand that most carers will not ask for help until they are well past needing it. They will not ask for help in their care duties nor their own health needs or wellbeing until they are beyond the point of coping. When they do ask for help or assistance support services should be in place quickly, without a mass of forms to fill in, or a situation that ‘services’ class as an emergency.

There was a plea that health care professionals identified a plan for carers, so their needs were pre-empted. A carer’s assessment, when offered and given, was found to be extremely helpful, although people said that they had to wait a long time for it. However many carers would appreciate a health care plan, whereby their health status was checked and their health care needs identified at least once a year. ‘Look after me’, was a rallying cry. There is a huge need for respite, and many carers ask for this.

5. Treat me as an expert in care, involve me.
Carers of all ages want to be much more involved in the care received by the person they are caring for:

Listening to carers was another predominant theme: ‘Ask me! Listen to me! Not one size fits all’. With that, carers want to be believed when they do get an opportunity to discuss the person’s care.

Listen to what I say - I know MY husband. I look after him 24/7 - you don’t!"
By treating me as an expert in care, asking and involving me in decisions. Everything has an impact on me from hospital discharge to ensuring medicines are taken on time and in the right dosage to getting the one I care for to hospital GP and other appointments, to making sure the patient (the person I provide care to) is safe warm fed and happy.

The NHS actually needs to consider the fact that young carers and young adult carers are actually the professionals within the household and DO know what they're talking about and not assume that they're parent/sibling or whoever they care for is making up what they have just for additional help from the government. They should stop putting YC and YAC aside and ignoring their existence and kicking their hopes in the shin and slamming into a wall of negativity.

6. Signpost information for me and help link professionals together
Other suggestions for better care were offered, such as the need for care co-ordination, and a single point of access or a named person to contact, with the health services being connected with each other: ‘understand how many unlinked professionals that the family has to deal with’.

Identifying time and resources for carers at a GP practice level, with mechanisms in place to make sure this happens and links to the voluntary sectors is needed. This was linked to the need to signpost for information; many people said they currently got most of their information from charities and magazines.
Lots of people indicated that flags on GP systems are needed. In fact the overall majority of survey respondents (65%) skipped the question asking if they had signposting information from their GP practice.

It was requested that information was available from one, easy-to-find place.

A young carer suggested:

"By making a link with all necessary professionals working with the families/carers to what support is available for them so they don’t feel as isolated in their care role."

It should be mandatory that GPs ask anyone with a long term illness who their carer is. If that carer is under 18 they should ALWAYS be referred to a young carers project / team. There should also be a chance for the young carer to see someone in their GP practice for regular support. My GP surgery has a carers notice board but they had no information on about the young Carers project in Bournemouth, only adult support groups. I took them in some literature about young carers to display."
One of the responses to the question as to how health services can best tailor support for you and your family particularly when caring for someone was about being pro-active in care.

Another solution was around developing peer support mechanisms, particularly for those with a positive experience to share. Practical advice, which often includes accessing the appropriate financial support, is also hugely important.

7. Treat me with compassion

Carers often feel that an assumption was made that they were going to take on the role of carer by health care staff, who may fail to recognise that they are not in a position to do so, or that they had other caring responsibilities.

Very importantly, carers said they wanted to feel like someone really cares. They want staff to show appreciation and recognition, to call them by their name, treat them as an individual with kindness and dignity, and to be non-judgemental. These are simple actions that all support a positive experience of care.

Predict future needs, don't wait for everything to go pear shaped when it is a clearly progressive trajectory but the package only caters for here and now and it then takes another six plus weeks to provide for the changes that were clearly predictable e.g. ability to walk upstairs, ability to stand up, ability to get out of chair.

If you are a carer of any sort... You should be on a carers register regardless of your age. They shouldn’t have a lead nurse or GP. They should all be able to deal with things like this. They also need to be more aware of a young person when they come into the surgery. They need to make sure that they also evaluate the mental state of the young person too. Yes, they may be there to help someone with an illness they present to them but they also have a duty to care for their patient and therefore need to look for things that aren't actually apparent.
NHS Commitment for Carers - workshop

Almost 90 people from a range of health and social care professionals, carers groups and 3rd sector organisations, as well as individual carers, participated in an event held on 5 December 2013. The day was structured in such a way so carers and professionals were able to explain why supporting carers is important, and to enable carers to share personal experiences of the impact of caring on their lives, health and wellbeing. This was the first time a national event specifically for carers has been held by the NHS.

The event demonstrated that there is a wealth of passion, enthusiasm and will to improve the care and support for carers. This enthusiasm spread beyond the people inside the room, as, thanks to a live Twitter feed throughout the event, the #NHSThinkCarer hashtag achieved a reach of more than two million people. This storify shows some of the Twitter conversation from the day - http://storify.com/NHSIQ/commitment-for-carers-5-december-2013.

Specific discussions and feedback opportunities were facilitated during the day, which culminated in a voting session to reach consensus for a set of priorities for the NHS.

These are:
- Identification and recognition of carers
- Training for professionals in the needs of carers
- National campaign to promote best practice
- Map/signposting of resources for carers
- CQUIN & NICE Quality Standard for carers development
- Identify and use incentivisation for commissioners
- NHS England to be exemplar employer
- Practical training for carers to help understand diagnosis and signposting to information
- Healthcare professionals and managers to have opportunities to shadow carers.

These nine were voted as priorities from a long list identified during the roundtable discussions. The event identified many activities that are currently in place to support carers, one of which was using the Carers Trust ‘Triangle of Care⁹, which was cited by many in the audience. The Triangle of Care guide was launched in July 2010 as a joint piece of work between Carers Trust and the National Mental Health Development Unit. It emphasises the need for better local strategic involvement of carers and families in the care planning and treatment of people with mental ill-health, but the principles and tools behind the model could be used across the health sector.

⁹http://professionals.carers.org/health/articles/triangle-of-care,6802,PR.html
Admiral Nurses\textsuperscript{10} were also cited by many. Admiral Nurses are mental health nurses specialising in dementia, who work with family carers and people with dementia in the community and other settings.

The Carers Passport is an initiative that is developing in a few organisations around the country (see examples of practice in Appendix 1 for an example), in which many participants cited as being very useful and worth spreading nationally.

The round-table discussions included lots of other examples of practice where support is given to carers. There was acknowledgment that the NHS recognises that building care around the person and family, not around the disease, is the way forward, and that taking the needs of carers into account is an essential component of this, for example, in the House of Care model.

Other conversation centred on the need for a whole system approach for carers. It was recognised that as integration between statutory and non-statutory sectors improves, this will enable a family-centred approach to health care.

More details of current activity to support carers and specific examples of good practice can be seen in Appendix 1.

The round-table activities included discussions on the barriers that are often put in place to better support carers, both as an individual and as someone who cares for others. One of the many themes that came up was around the area of confidentiality, especially where the next of kin is not the primary carer. Confidentiality was described as a ‘smokescreen’ and there was a repeated call that ‘we need to get over this’. More details of the discussion can be found at Appendix 2.

\textsuperscript{10}https://www.makewav.es/story/600711/title/commitmentforcarers
What happens next?

NHS England and NHS Improving Quality are working together to develop an action plan from the priorities detailed above, and incorporating the other priorities identified on the day. This action plan will be completed by March 2014 ready for implementation from the new financial year, with a clear governance structure to ensure that these actions are delivered. Further mapping of good practice will take place, and will be published by NHS Improving Quality.

There was an agreement that the specific needs of young people need to be considered and will be addressed in the action plan.

Overall the workshop elicited some excellent feedback and appears to have been welcomed. The evaluation of the day showed that 70% of delegates rated the day as ‘excellent’ with the remainder rating it as ‘good’.

Some of the comments received to the question asked ‘what was the most useful part of the day?’

‘The fact that it was an NHS event about carers and this symbolises an important step change for carers. Meeting NHS England staff. Carers telling their stories and saying how much they had been helped by local carers organisations.’
No one single part but for me truly enlightening as I have never really considered the carer’s role in this way before. The mix of the programme was very good, I particularly liked how the panel had prepared the questions, very sensitive approach and much better than random questions from the audience.

‘The action planning - the voting system was fantastic and it is extremely reassuring to think that NHS England and NHS IQ are actually thinking about taking action rather than the event being for nothing.'
APPENDIX 1

Good practice examples

During the ‘Commitment for Carers’ event, lots of examples of existing good practice around the country were cited; some of which are noted here.

Title: Piloting the carer friendly pharmacy model
Location: TBC

Carers Trust, the Pharmaceutical Services Negotiating Committee (PSNC), Local Pharmaceutical Committees (LPC), the Centre for Pharmacy Postgraduate Education (CPPE), carers centres and carers are working in partnership to design and pilot the ‘Carer Friendly Pharmacy’ where:

• All staff receive training in care awareness and engagement
• Systems are in place to refer carers to other sources of support
• In some cases, carers are referred to their GP practice
• Carers are made aware of services provided by the pharmacy that could help them (e.g. medicine use review) in that caring role.

Julia Ellis, Development Manager, Carers Trust
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Title: Respite on Prescription
Location: Ipswich and East Suffolk CCG

This scheme recognises that carers often put off surgical procedures as they are too busy with their caring responsibilities. The funding is held by Suffolk Family Carers, which organises the care and support, signposts and gives information to carers.

• GP use prescription pads
• Prescribing recommended respite time
• Allowing carer to have an elective procedure
• Funding respite/cancellation costs (to a limit).

Hayley Hancock, Project Manager, Suffolk Family Carers
Telephone: 01473 835414
hayley.hancock@suffolkfamilycarers.org
Title: Carers Kitchen
Location: Ipswich Hospital Trust

Run by volunteers wearing “Do you look after someone?” t-shirts and hoodies, based in the grounds of the trust in a cabin.

- Giving information
- Signposting
- Listening ear
- Coffee, cake and biscuits
- Leaflets on wards

Hayley Hancock, Project Manager, Suffolk Family Carers
Telephone: 01473 835414
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Title: Joint Community and CQUIN Acute Trusts (Health & Social Care)
Location: Torbay

Identification and support of carers in hospital settings (acute and community) 2013-14

- Carers pathway exercise across whole system to identify key points of contact for carers
- Discharge pack to include carer contact card
- District Nurses/Community Nurses and intermediate carer teams trained and audited on identification of carers
- Enhanced recovery in medicine involving carers.

James Drummond, Lead for Carers, Torbay & Devon Health & Care Trust
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Title: E-learning Programme for Community Nurses
Location: Queen’s Nursing Institute

This programme is designed to enable community nursing staff to identify and support carers and to promote their health and wellbeing. The learning resource has seven modules and is interactive, featuring film clips, and the learner is guided to complete a workbook to evidence learning. It will be free to access on the Queen’s Nursing Institute website from early 2014.

Anne Pearson, Professional Development Manager, Queen’s Nursing Institute
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Title: Primary Care Development
Working with GPs to raise carer awareness
Location: Sandwell, West Midlands

The Primary Care Development Project based on CARES (a Carers Trust Cares Centre) was set up in response to the national Carers Strategy of 1999, which recognised that GPs are ideally placed to identify carers and signpost them to sources of help and support.

Over many years the project has shifted and morphed to accommodate new initiatives and directional change. Training is delivered to GPs and their staff and involving them in the work has led to the setting up of support groups within practices as well as carers’ corners noticeboards. Also now most practices have a lead.

Health check clinics for carers have been set up – but it tends to be only the committed individual that drives this forward.

Kathryn Robertson
kate@cares.sandwell.org.uk

Title: Supporting Carers in General Practice
Location: Royal College of General Practitioners (London)

The RCGP website has carer pages and training resources for carers and GP practice staff.

• Support and encourage general practice to implement systems and process to identify and support carers
• Signposting in surgeries – on hand information
• Encourage holistic individual focused information via practices (and hospitals) include all people that may be defined as carers
• Share information - Memoranda of understanding to be distributed locally and countrywide

Gina Knox, Project Admin, RCGP
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Title: Carers UK’s Carer Ambassador Programme
Location: Across England

As part of the Department of Health funded Supporting Carers in General Practice Programme (also involving Carers Trust and RCGP), Carers UK has established a team of 20 volunteer Carer Ambassadors across England. Their achievements have included:

- Identifying new carers at GP practices
- Distributing resources to GP practices
- Raising awareness of carers among health professionals
- Advising commissioners on improving services for carers

Michael Shann, Carers Ambassadors Programme Manager, Carers UK
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Title: Carers Health Pathway
Location: Royal Surrey County Hospital - ‘Carers Passport’

A Carers Health Pathway in Surrey encourages health professionals to identify carers, and provides information about the needs of the ‘looked after’ person and the carers’ own health needs (including young carers).

GP surgeries are able to allocate up to £500 for carer breaks (budget £1.3 million) and all 153 practices have signed up to the scheme.

There is a Carers Providers network including the five acute and three community trusts. This has led to Royal Surrey County Hospital developing a ‘Carers Passport’ (allows extended visiting hours, parking concessions, drinks from drinks trolley, partners in care).

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APPENDIX 2

Good practice examples

During one of the activities at the ‘Commitment for Carers’ event, delegates were asked the question: ‘What are we currently doing to support carers?’ This was held as a round-table discussion with several themes identified:

1. Building care around the family, not around the disease. Ensuring that the needs of the carer are taken into account, and that the carer is recognised as an expert in care.
2. Integrating care – a one-stop-shop for families where they can have liaison across the social/health boundaries
3. Using existing good practice such as Triangle of Care – not launching new pilots
4. Whole system approach. Local authority and health collaborating using GP carers breaks/social prescription service
5. Carers Centres – there are 120/130 across the country, they have ‘Carer Specialists’
6. Leadership from CCG – linking to voluntary sector/collaboration. Conversations across the sector
7. Information – e.g. NHS Carers website, financial advice, breaks, housing
8. Peer support/carers supporting each other e.g. mental health pathway examples
9. CQUIN with community nurses identifying carers (Torbay)
10. Enhanced recovery in medicine (Torbay)
11. Carers invited to meet with GP re. care plan as well as patient
12. Take a whole family view and ensure support network for carer
13. Home visits for assessment
14. Celebrating and highlighting best practice
15. Carers health & wellbeing checks
16. Carers champions in team
17. Replicating parent-carer good practice
18. Prescription breaks from caring
19. Confidentiality policy that is carer sensitive
20. Training for GP/health professionals/mindset “how are you doing?”/information
21. Carers stories
22. Identification, valuing and supporting carers
23. All carers (including young carers) need to be visible
24. Information to signposting to relevant information (information prescriptions) NHS Choices
25. Care coordinators/keyworkers /champions
26. Recognition of carers own needs
27. Embedding identification and support for carers in strategies
28. Tailored support for carers through listening to individuals and groups
29. Recognizing opportunities for collaboration across agencies working together to make carers support mandatory
30. Carers providing training for hospital staff
31. RCN/RCGP baseline for carers and the development of a carers plan. Carers leading the GP. DVD is available and will go online
32. Identification of carers – carers register
33. Key workers – specialist nurse/named person/signpost to that person
34. Parity with patients
35. Aftercare support for carers after patient has passed away
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