



# Health and Wellbeing Checks for Carers Programme

2009 - 2011



**Final Programme Report**  
**Executive Summary**  
July 2011

# **Carers' Health and Wellbeing Checks.**

## **Foreword**

1 in 9 of Devon's population reported caring responsibilities in the 2001 census, and the recent Carers UK survey shows that this is more likely to be 1 in 8. It is a fact that Carers are at higher risk of experiencing health inequalities - the important role that Carers play in Devon, supporting the health and wellbeing of the people they care for cannot be underestimated; neither should the fact that this is often at the expense of thinking about their own health and wellbeing.

This report demonstrates the positive impact that partnership working between GP Practices, pharmacies and the voluntary sector, health and social care professionals, can make to reducing this inequality by identifying hidden carers and providing support for them to continue their caring role through a holistic health and wellbeing check.

Being part of the Devon Health and Wellbeing Checks for carers DH demonstrator site programme has had a huge impact on my own practice as a GP in terms of my understanding of carers needs and the benefits of primary care, the voluntary sector and health and social care teams working together to ensure that carers are supported to sustain their caring role.

I would particularly recommend it to GP Commissioning Groups and Social Care Commissioners for its contribution to our understanding of Carers needs, in the context of our objectives to reduce inequalities, to increase choice and control and to deliver the Quality, Innovation, Prevention and Productivity agenda.

***Dr. Simon Kerr***

Clinical Lead – Carers, NHS Devon

## **Preface**

This report is based on the management information collected during the course of the Devon demonstrator site programme. It will show the extent to which the programme has been successful in reducing inequalities for carers through:

- Increased support to carers by GP practices generally and specifically in rural areas and areas of deprivation
- Targeted support for carers in BME communities and other minority groups of carers e.g. Carers of people with learning disabilities or mental health needs
- Opportunities for working carers to think about the impact of their caring role on their work / life balance
- Providing focused events for young carers to think about aspects of their own health and wellbeing that they hadn't considered before
- Ensuring carers who meet the eligibility criteria established by NHS Devon and in keeping with NICE guidelines for a vascular check received one
- Providing a holistic carers assessment, early identification of need and interventions that enable carers to maintain their own health and wellbeing and sustain their caring role.

The national demonstrator site programme was designed by the DH to test out new approaches to carer support, and our interest locally was to maximise this opportunity. Carers have been involved at every stage of Devon's programme; we have worked with a wide range of partners to invest this additional resource to provide a quality health and wellbeing check to carers in a variety of settings.

The following recommendations should be read alongside the local research evaluation (Donnellan H 2011). The focus of the research is the lived experience of carers receiving a check and the difference it made to their lives in terms of their health and wellbeing and ability to sustain their caring role.

It is noteworthy that the learning from the programme has already been used to shape joint plans to invest an additional £1million for carers in 2011/12 including replacing the current carers assessment with a holistic carers health and wellbeing check and rolling out provision across all GP practices; tendering for an enhanced Carer support service from October 1<sup>st</sup> 2011; increasing the number of carers receiving a short break and plans to reduce inequalities for rural carers, working carers and carers aged 18-24.

We will continue to study and apply the learning from this Programme, working with Devon carers, to improve services and lives.

**Clare Cotter**

Joint Planning and Strategic Commissioning Manager - Carers  
August 2011.

## Executive Summary

### Introduction

In spring 2009, Devon was successful in a bid to the Department of Health (DH) to become a Carers Demonstrator Site, to provide health and wellbeing checks (HWBC) for carers; £1m of additional funding was secured (£800,000 from DH £200,000 from Devon County Council) to set up an ambitious project that would test a new way of collaborative working between GP practices, pharmacies, and the community and voluntary sector for the benefit of carers. The heart of Devon's ambition was to raise general awareness of carers needs in primary care and to improve the health and wellbeing of carers in Devon.

A total of 2,924 adult Carers in Devon received a Carers health and wellbeing check, 105 of who had an annual recheck. 105 young carers attended one of two young carer health and wellbeing events. The check provided an hour of time for a carer to consider with a health professional various aspects of health and wellbeing including:

- Safety and warmth at home
- Living and caring safely at home
- Their own health and health care needs
- Check-ups, vaccinations and screening
- Work, education and leisure
- Caring roles and tasks

***The aims of the Devon programme were to:***

- ***maximise the physical and mental health and wellbeing of carers:***
- ***identify more carers***
- ***give carers a structured consultation to consider their own health***
- ***increase recognition of and support to carers in GP Practices***
- ***improve carers choice and control***
- ***promote Devon Carers Link membership (preventive/early intervention services)***
- ***narrow the inequalities experienced by carers.***
- ***test the alignment of the checks with NHS vascular check and Carers Assessment for quality, effectiveness, carer acceptability and cost effectiveness.***

## **Achievements, key findings and recommendations**

### **Achievements**

Demonstrator sites were required to identify the key benefits that their programme would produce for carers. The following list constitutes the benefits identified in Devon and the achievements for Devon Carers' by the end of the programme:

- More carers accessing specific carer support services, through Devon Carers Link and other services; 2,459 referrals were made to this type of service
- More carers supported to stay mentally and physically well; 1,644 NHS referrals were made
- Black and Minority Ethnic carers to be identified and supported to have a Carers Health and Wellbeing Check (CHWBC) and unmet need would be responded to; services have been redesigned e.g. St John Ambulance bespoke Carer Support Programme for BME carers; new specification for carer support integrating support for BME carers in Devon – service to commence Oct 1<sup>st</sup> 2011
- Increase in the number of READ coded Carers by GP practices; the number of carers READ coded was increased by 75%
- Contribution to the number of carers assessments provided in Devon; 2,510 checks counted as carers assessments in 2010/11; 25% of the total carer assessments offered
- Contribution to the number of people receiving a vascular check; 58% of carers who were aged 40-74 received a vascular checks as part of their health and wellbeing check; 8% of the total number of people receiving a vascular check in 2010/11

Progress was also achieved in relation to:

- Equality of access to services by BME carers
- Integrating the carer assessment into the health and wellbeing check and enabling some carers to access community care services without further assessment
- Reducing inequalities for carers of people with learning disabilities and carers living in areas of social deprivation

## **Key findings and recommendations**

### **Key finding 1**

Investment in GP Practices and Pharmacies is productive in identifying Carers, providing an early assessment of need through a Carer's Health and Wellbeing Check (CHWBC) and enabling carers that would otherwise not come forward to be supported in primary care and the voluntary sector.

Providing choice is not successful in a competitive market environment, without collaborative partnerships being created e.g. GP practices are unlikely to refer to another provider, if this results in a loss of income for the practice; however, where GP practices were not providing checks, they welcomed the delivery of checks by a local pharmacy who then referred the carer to the GP as appropriate for follow up health care. Choice is also not successful where carers perceive one provider as a 'lesser' choice than receiving a check from their GP practice.

Collaboration with Devon Libraries, memory clinics and Parent Carers was successful in providing appropriate settings for working carers, some carers of people with dementia and parent carers; in these instances having two experienced nurses that were able to work peripatetically to deliver these checks was critical to success.

Complex care teams were able to provide some domiciliary provision, but in most instances found that offering a check to a carer when they are dealing with a crisis situation was not appropriate; this is an area that needs further development.

### **Recommendation 1**

The programme is rolled out to all GP practices in Devon, and pharmacies in locations where GP practices are not offering checks to carers; also that GP Commissioning Groups consider utilising a Peripatetic Nurse as a way forward for small practices to increase capacity to support carers and to collaborate to address specific needs. Further consideration is given to the provision of domiciliary checks, where the carer is unable to access other provision due to their own health restrictions or caring responsibilities.

### **Key finding 2**

The appointment of a Lead GP for the programme was effective and practices where a lead GP was identified and a team approach was adopted to identifying carers were the most successful in achieving their targets.

### **Recommendation 2**

That GP Commissioning Groups consider having a Lead Clinician for carers to support the development of the carers agenda locally and that individual GP practices identify a 'Carer Champion' to lead a whole team working

approach to supporting carers; GP practices consider the advice produced by participant practices in section 4 - Partners learning from their own involvement

### **Key finding 3**

READ<sup>1</sup> coding of carers consistently is an effective method of identifying carers and ensuring that all practice staff are aware that a patient has caring responsibilities, enabling them to be responsive to the patient as a carer. Only one Practice that reached less than 1.9% READ coded carers (target 2%) reached their delivery target, and only one that exceeded the READ coding target failed to get close to their delivery target. Cross-sector cooperation increased identification.

### **Recommendation 3**

Any future commissioning of Carers' Health and Wellbeing Checks should include the requirement for practices to maintain an accurate carers' register through READ coding and progress should be monitored through an annual data return.

### **Key finding 4**

58% of carers were eligible to receive a vascular risk assessment as part of the check, which contributed 8% of NHS Devon's performance on delivering this aspect of the NHS Constitution; significant levels of onward referrals for further investigations and treatment have been recorded, and this element was valued by carers.

Initially the programme was challenged by some GP practices over the NICE guidelines for delivery of the vascular check as some GPs disagreed with the protocol and resisted the purchase of the Near Patient Testing Kit. Working with the Cardiac GP Clinical Lead was critical to being able to resolve these issues and move forward.

As the programme progressed there were additional issues that arose from implementing rigid guidelines re: vascular risk assessment. For example, carers who wanted their blood pressure checked, or just to know their cholesterol level were frustrated if this was not offered.

### **Recommendation 4**

The vascular check should continue to be integral to any future check design for carers and carers between the age of 40-74 should be targeted by GP practices to receive a carers health and wellbeing check; opportunities should be taken to identify carers by other providers and clinics established to provide vascular checks to the general population, in order to do a

---

<sup>1</sup> READ coding is a systematic method of recording used by GP practices to identify the health needs of individual patients; READ codes can be aggregated to produce information about the health needs of populations

comparative evaluation in the future of the number of carers benefiting from this initiative.

### **Key finding 5**

The programme has offered a development opportunity for Health Care Assistants (HCA's) in GP practices which although well received, has in some cases challenged their self confidence and self reported competence to undertake the checks; instigating further training in managing a consultation and clinical supervision helped in some measure to support their development and to mitigate any risks to the HCAs and Carers (this relates not to the technical aspects of the vascular check, but in managing time and emotions where carers were often given the first opportunity ever of talking to someone meaningfully about their own health and wellbeing). With the appropriate competency based training HCAs have been able to attain the skills set required to deliver the checks to carers and the training programme offered through the programme was generally viewed as a good opportunity for structured learning and development,

### **Recommendation 5**

Further work is done on the development of competency based training and assessment, care pathways and delivery protocols; future provision should be coupled with a competency based programme for staff delivering checks, and GP practices should facilitate appropriate clinical supervision for HCAs to support their development.

### **Key finding 6**

Health and wellbeing checks were preferred by carers to the traditional form of Carer Assessment; the check gave effective access to health and social care services and was regarded by some carers as a support in its own right. The Devon holistic design was implemented successfully in general practice, pharmacies, and clinics and in carers' own homes; time to follow up the carer's progress was identified as a gap in provision. Referrals to Care Direct Plus resulted in some Carers' feeling they had been heard, and some receiving Care packages which would not have been accessed without the check.

### **Recommendation 6**

That the traditional format of the Carers' Assessment is replaced by a revised Carer Health and Wellbeing Check, and that it be carried out in primary care, by social care teams and commissioned carer support services to the optimum benefit of carers; this should include a half hour follow-up at 6 months

### **Key finding 7**

Cross-sector collaboration, particularly between Devon Carers Link and GP Practices, has been found to be beneficial in supporting Practices to identify new carers. Partnerships with and between voluntary agencies worked well, and without them would have been very difficult to maintain the flexibility which was essential to respond to risks and issues as they emerged

### **Recommendation 7**

GP practices continue to work with Devon Carers Link to support the identification of hidden carers and enable access to the range of Carer support services available

### **Key finding 8**

An intensive and bespoke approach in terms of time and resources is required to engage with young carers, working carers and carers in BME, traveller and drug and alcohol communities in order to identify and meet needs appropriately. Without the specialised BME work stream BME carers would have been significantly disadvantaged. Achieving equality for these groups will remain a challenge in the short and medium term, including fulfilling the basic need of GP registration for some BME carers. The building of trust and provision of services in an appropriate environment is required to ensure these particularly hidden groups of carers feel able to respond to the offer of a check

### **Recommendation 8**

Activity is continued with young carers, BME and the traveller communities to ensure that momentum is not lost and checks for working carers, with backfill costs if necessary, are continued and rolled out further. Resources should be directed to achieve equality spread across the County should not remain focussed on the same BME or geographic group or groups. Further work is needed to understand the extent to which non-white groups need help to access Primary Care and other health and social services.

### **Key finding 9**

Young carers welcomed the opportunity to explore aspects of their own health and wellbeing at two structured but fun health and wellbeing days, with access to GP and pharmacy support; this was most successful in a young peoples' venue, where a 'young person first' approach was adopted. Young carers between the ages of 18-25 did not access health and wellbeing checks during the course of this programme

### **Recommendation 9**

This approach should be built on for future events provided by Devon Carers Link, young carers' work - stream and further understanding should be sought

with regards to the an appropriate health and wellbeing check for young carers / young adults aged 18-25.

### **Key finding 10**

Practices responded differently to the discipline of programme management (Managing Successful Programmes methodology), which of necessity imposed external demands and scrutiny.

Some Practices commented on the value of the programme for the development of their staff and indicated the longer term benefits of this; others felt that meeting the requirements of a wider programme restricted their own autonomy.

The Programme provided regular communications to staff and separately tailored ones for strategic stakeholders which were important in maintaining impetus; also additional, time limited resources to support the internal change management required was critical to success.

Generally speaking, carers, the programme team and providers felt that the administrative burden was too onerous; the combination of the check itself and the Local and National evaluation requirements were substantial, compounded by the fact that ethical approval for research requires the separation of data for service provision and research, and this impacted on carers and on staff.

The disciplines necessary for the delivery of this project were significantly different to those in use everyday in practices and practices are extremely diverse in culture, infrastructure and management capacity, but many of the issues expressed by Providers sprang from a) an external discipline; b) the requirements for research and evaluation.

### **Recommendation 10**

That GP practices who sign up for any future Local Enhanced Scheme and have not participated in the DH programme, receive short term support for the change management required. All GP practices develop partnerships with Devon Carers Link to enable carers to access the wider carer support services available. Electronic solutions are sought to streamline data collection and where appropriate (with consent), the sharing of information for the purpose of enabling carers to access support services.

### **Next steps**

In 2011/12 NHS Devon has agreed an additional £1m investment in carer services and is working with Devon County Council to agree spending plans based on the views of Devon Carers and other key stakeholders; these will be published in September.

Devon County Council has also agreed a £54k carry forward of funding from 2010/11 to enable carers health and wellbeing checks to be continued for working carers, BME and travelling carers, carers living in more rural areas; this funding will also support a young carers event for 18-25yr olds in September

The learning from participation in the DH programme has influenced the joint plans and some work has already begun to implement these from existing resources:

- A new carer support specification to improve assistance to Practices to identify carers and engage with carer support services has been embedded in an enhanced specification for Carer Support Services, this contract is due to commence 1<sup>st</sup> October 2011
- Devon Carers Link has commenced a programme offering short term support to non-participating practices to identify carers and prepare for the start of the new contract, which will continue to offer support. This has already had good take up

### **The last word....**

In a letter to a Practice Manager, following a health and wellbeing check, a carer wrote:

*'I have been affected physically and, more significantly, mentally by my caring responsibilities. When I came in for my flu vaccination I filled in the form to say I was a Carer and last December was offered an appointment with Tina. Mine is not a situation where the problems can be solved. However, the advice Tina gave me has made all the difference. It has enabled me to stand back from some of the worst pressures on me.*

*In the past few months I have passed on Tina's advice to four friends who have varying degrees of caring responsibilities. This is information on the organisations that can assist and also the strategies for coping mentally.*

*I would like you to be aware that not only have I been helped, but also there is a positive ripple effect.*

*Please continue to provide this service. I am concerned that in the current economic climate it is vulnerable as it will never get dramatic results that can be shown statistically. My experience has shown that such an advisory service is vital for those in my situation'*

## **Acknowledgements and Thanks**

The personal as well as professional contribution of many people has been necessary to make this demanding programme a reality.

Particular thanks go to:

- All Members of the Implementation and Sustainability Team who individually and corporately contributed significantly to the success of the Programme
- The Carers who attended Team meetings faithfully and voluntarily to help shape the Programme to meet Carers' needs

Without our partners and their staff this programme could not have been delivered:

- Devon Carers Link
- St John Ambulance,
- Sahara (Hikmat)
- Health Promotion Devon staff who developed and delivered a comprehensive training package; University of Plymouth for providing later training on managing consultations
- The GP's, managers, clinical and administrative staff of participant GP Practices
- The 101 staff who carried out the checks and administered the research
- The Pharmacists and staff of participant pharmacies
- The managers and staff of the two participant complex care teams
- Young Devon and the Young Carers Consortium

Finally, we thank the Carers who came forward to have a Check, and who participated in the National and Local Evaluations generously.