

Carer Health and Wellbeing Check Programme

Key Points from Provider Meetings 7th and 8th December 2010

This note summarises the key concerns and ideas for addressing them discussed at the above meetings.

Performance

Individual provider performance charts are now available; if you have not seen yours, ask your project coordinator (Lawrence Blanc or Hannah Worthington).

October and November were very good months for delivery. Well done for a huge effort, especially while flu clinics were on. However, most providers will need to continue to improve their rate of delivery to meet commitments. As a whole programme we need to meet the commitments made to DH on behalf of the health and social care community in Devon and for the benefit of carers while we have the additional resources.

Carer Identification – the vital ingredient

Practices need to **identify new carers** on a continuous basis to ensure a there is a pool of patients available to invite for checks to increase check activity and meet the agreed commitments.

Provider support meetings in December focussed on planning for delivery of those commitments and identified the following activities to support their achievement:

- The **most effective** activity to identify carers is considered to be interrogation of the **practice register**, reporting by **selected Read codes** for patients with conditions who are likely to have a carer (see **list below**).
- The national carer survey showed that as people get older they are more likely to be carers (or recent carers). Practices may wish to target those **above retirement age** as most likely to be carers.
- People with temporary conditions may need a carer during their recovery period –e.g. RTA's.
- From the Interim Evaluation Report, we know that most success has been achieved in engaging older, retired carers, the majority of whom are caring for a spouse or partner. A **high proportion** are also **attending regular clinics** for medication and monitoring of chronic conditions, as well as for periodic recall such as flu clinics, so every opportunity must be taken to **encourage uptake of the checks amongst these groups**.
- Where 2 people are looking after each other, both are considered to be carers and **both are eligible** for a check.
- Many cared for people will have **two (or in some cases more) carers** – for example where there is a son or daughter with learning disabilities or where a husband and wife support an aged parent.
- Individual approaches to patients by letter and/or telephone work best, but the person undertaking this **needs to be briefed** and able to talk

confidently about the checks – offering a **specific appointment time** rather than asking if someone is interested seems to encourage greater uptake.

- **Colleagues** in the practice should be briefed to **help with identification**, particularly **Practice Nurses** running disease and health promotion clinics, and **GPs**. **Posters and leaflets** can be placed in **consulting rooms**, and **slips** to complete **for Read coding and a follow up invitation for a check**. If team members (particularly **GP's**) can be asked to **recommend** that a carer makes an appointment for a check or talks to the nominated carers lead, this is **more likely to be taken up** by the carer.
- **Report back regularly** to **GP and Practice team meetings** to let everyone know how the practice is doing and what more they can do to help.
- If a **carer fails to attend** a health check appointment, the check provider can assist with carer identification activity, eg telephoning or writing to patients during the booked time. Watch out for depression if carers don't make their appointment.
- Talk to **District Nursing** teams to see if they **can identify carers of patients they are currently visiting**; provide them with **leaflets** about the checks; consider whether the practice can offer a **check at home** for house bound carers – taking account of lone working policy.
- Check **GP visits book** as more likely to be visiting more dependent patients with carers.
- Plan **carer awareness raising activities, events and displays** in the surgery/pharmacy. Seek support from local programme coordinators Lawrence Blanc/Hannah Worthington. Consider inviting local Carers Link/Age Concern workers to events and promote these through the local press.

The Programme Team will **support ongoing activity** to identify carers by:

- Providing a draft press release for practices to use.
- Providing badges for front line staff to wear to promote awareness of the checks.
- Providing a poster template for practices to promote the new carer advice and information service available weekly for the next 3 months under the supplementary contract.
- Writing to Devon Carers Link members registered with a practice (**where the practice requests this**).
- Working with non-participating practices and carers registered with them to publicise availability of checks in community pharmacies.
- Continuing Devon-wide promotional activity including press releases, advertising, and writing to/meeting with relevant community and voluntary groups.

NEXT MEETING

It was agreed that another meeting before the end of March 2011 was not needed but that providers would like to be invited to a meeting to hear the results of the evaluation. The earliest this is likely to be is June 2011.

Read Codes for people who may have a carer

When you have completed the read code search, look up each patient's notes for any mention of someone who cares for them. This may be in hospital letters or consultations. Also look at the people they live with - again there may be a mention that they care for the person.

Condition	Read code
Parkinsons	F12
Alzheimers	F110
Huntingtons Chorea	F134
Motor Neurone Disease	F152
Multiple Sclerosis	F20
Congenital Cerebral palsy	F23
Epilepsy	F26
Muscular Dystrophies	F39
Spina Bifida	P1
Has a Carer	918F
Cancer Care Review	8BAV
Downs Syndrome	PJ0
Registered Blind	6689
Registered Partially Sighted	6688
Blindness and low vision	F49
Home oxygen supply	6639
Mental Handicap problem	6664
Minimal help in wheelchair	3982
Immobile	3980
Dependent on helper pushing wheelchair	398A
Hearing difficulty	1C12
Deafness	1C13
Deafness	F59z
Paraplegic	F241
Significantly deaf	2BL3
Very deaf	2BL4
Completely deaf	2BL5
Needs walking aid in home	13C4
Confined to chair	13C5
Bedridden	13C6
Housebound	13CA
Immobile	13CC
Mobility very poor	13CD
Mobility poor	13CE
Handicapped child	13L1
Parent is handicapped	13L11
Spouse is handicapped	13L12
Sibling is handicapped	13L13
Physical handicap	6665
Disabled (starts with....)	13VC

Childhood autism	Eu840
Atypical autism	Eu841
Suspected autism	1JP
infantile autism	E140
Aspergers syndrome	Eu845
Mental and Behavioural Disorders	Eu
History of Dementia	1461
Organic Psychotic Conditions	E0
Deaf Mutism	F593
Muscle wasting and disuse atrophy	N232
Cares for mentally handicapped dependent	13HH
Myalgic Encephalomyelitis	F286
Palliative Care	ZV57C
Palliative Care	8BJ1
Care Plan	8CM
Under care of community palliative care team	9Nh0
Terminal Illness	1Z0
Chromosomal Abnormalities	PJ
Androgen Resistance Syndrome	C1z5
Carer	918A (starts with...)
Parent is an informal carer	918g
Carers Details	9180
Carers able to cope	13VN
Assessment of needs of carer completed	3892
Child is Informal carer	918h
Relative is informal carer	918i
Partner is informal carer	918j
Friend is informal carer	918k
Discussed with carer	671E
Carer reassured	9C95
Referral for GP carer's assessment	8HKA
Referral for social services carer's assessment	8HKB
Parental support	8O80
Care from relatives	8GEA
Care from friends	8GEB
Dependent relative needing care at home	ZV4F7
Help by relatives	13WJ
Home help needed	13G64
Alcohol/drug induced dementia	E0 (starts with...)
Disability Living Allowance	13OC
On learning disability register	918e
On social services disability register	918o
Suspected Downs Syndrome	1JB0
Over 80s	