**Whitehill Surgery Carers Support Policy**

If you are a carer, you might find it difficult to access our services without extra support.

**If you identify yourself as a carer, our staff will try to offer you:**

* Telephone appointments if caring responsibilities mean you cannot leave the person you care for at home or bring them with you to the surgery.
* Flexibility or priority on appointment times where possible.
* Support for the person you care for in the waiting room or a private area if you need to bring them to the surgery but would like an appointment in private.
* Information about local carers support services which may be able to arrange transport and/or sitting services to help you leave home to attend surgery.
* Telephone ordering for prescriptions where possible.
* An annual health check and a flu jab.
* Information about your right to a Carers’ Assessment of your own needs as a carer.
* Advice on safer lifting and other aspects of providing care such as medication.
* Discussing with you that you would like us to do in the event of you or the person you care for having a medical or other emergency.

In some cases, caring roles are full time and very demanding. We would like to support you in your caring role where we can. We will avoid making assumptions about the amount of care you wish to take on.

Caring should not be at the expense of your own health and wellbeing. Please tell us how your caring role is affecting you and if you have any support needs.

**We will try to help you by:**

• Respecting your privacy and confidentiality and conducting conversations of a personal nature in private.

• Discussing the benefits of appropriate information sharing with patients who need or may in future need care from a relative or friend.

• Providing you with information about the condition and needs of the person you care for, such as the effects of medication, where that person gives consent.

• Always listening to and respecting the information you give us about your caring role and the needs of the person you care for.

• Providing you with general information about health conditions when you ask for it when we do not have consent from the person you care for to share their personal information.

**Whitehill Surgery Carer’s Identification and Referral Form**

|  |  |
| --- | --- |
| **YOUR DETAILS** | |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Date of Birth | Click or tap to enter a date. |
| Home Phone | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Mobile Phone | Click or tap here to enter text. |
| Any relevant information | Click or tap here to enter text. |
| **DETAILS OF THE PERSON YOU LOOK AFTER** | |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Date of Birth | Click or tap to enter a date. |
| Home Phone (If different) | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Mobile Phone (If different) | Click or tap here to enter text. |
| GP details (If different) | Click or tap here to enter text. |
| Please pass my details to the Carer’s Bucks | |

Signed: Click or tap here to enter text.

Dated: Click or tap to enter a date.

Please complete this form and hand it to our receptionist. Thank you for completing this form

**WHITEHILL SURGERY CARERS IDENTIFICATION AND REFERRAL FORM**

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

If so, you are a carer and we would like to support you. Please complete this form and hand it in to reception. With your permission we will pass your details to Carers Bucks, which is a registered charity providing relevant information and advice, local support services, newsletter, and telephone helpline for carers. We will also refer you, with your permission, Carer Bucks can also arrange to have your needs assessed by Adult Care Services. A Carer’s Assessment is a chance to talk about your needs as a carer and the help available. It can also look at the needs of the person you care for. This could be separately, or together, depending on the situation.

There is no charge for an assessment.

|  |  |
| --- | --- |
| **YOUR DETAILS** | |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Date of Birth | Click or tap to enter a date. |
| Home Phone | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Mobile Phone | Click or tap here to enter text. |
| Any relevant information | Click or tap here to enter text. |
| **DETAILS OF THE PERSON YOU LOOK AFTER** | |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Date of Birth | Click or tap to enter a date. |
| Home Phone (If different) | Click or tap here to enter text. |
| Post Code | Click or tap here to enter text. |
| Mobile Phone (If different) | Click or tap here to enter text. |
| GP details (If different) | Click or tap here to enter text. |
| Please pass my details to the Carer’s Bucks | |

Signed: Click or tap here to enter text.

Dated: Click or tap to enter a date.

Please complete this form and hand it to our receptionist. Thank you for completing this form

**CARER’S MEDICAL RECORD ACCESS FORM**

By completing this form, the patient gives consent for their Carer to access their Medical Records and information relating to their care.

|  |  |
| --- | --- |
| **PATIENTS DETAILS** | |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Date of Birth | Click or tap to enter a date. |
| I give permission for my Carer to have access to my medical records and personal details held by the Practice. This permission relates to all / part of my record / specific condition only (delete as appropriate). Where the permission is restricted to part of the record only, please specify below the precise limits of this permission, and any areas of the record which are excluded.  Click or tap here to enter text.  I understand that the doctor may override this authority at any time, and that this permission will remain in force until cancelled by me in writing. | |
| **Carers details** | |
| Name | Click or tap here to enter text. |
| Mobile Phone | Click or tap here to enter text. |

Signed: Click or tap here to enter text.

Dated: Click or tap to enter a date.

Accepted by: Click or tap here to enter text. Date: Click or tap to enter a date.

**Contact Points**

* Carers Bucks ([www.carersbucks.org](http://www.carersbucks.org)) 0300 777 2722 [mail@carersbucks.org](mailto:mail@carersbucks.org)
* Carers Line ([www.carersuk.org](http://www.carersuk.org)) 0808 808 7777
* Carers Trust ([www.carers.org](http://www.carers.org))