



Kingsway
GP Surgery

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Dear Carer,

We hope this Support Pack will be useful to you. The role you perform is incredibly important to the person you care for and also to the practice and our local community. We know that caring can have a considerable impact on your health and wellbeing. To help you there are a number of steps you can take, with us, to better support yourself:

1. Once you have completed the Carer Identification Form and returned it to us we will add you to our 'Carers Register' so you can be easily identified and prioritised by our staff.
2. If the person you care for consents, we will share their information and decisions about their care with you (please fill out the form in this pack).
3. We will invite you each autumn for a free flu jab and provide an annual carers health and wellbeing check if wanted.
4. We have GP Practice Carer Information on our website www.30kingswaysurgery.nhs.uk
5. We encourage carers to have a voice on our Patient Participation Group (PPG) to help promote the role of carers in our wider community. If you would like to learn more about the work of the PPG, or become a member of the Committee, please ask at reception to complete a PPG form.

We would value any feedback you have on how we can further improve the support we offer to carers.

Yours sincerely

Dr McDonagh & Dr Wakeford

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Carers Support Pack

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Carers Support Statement

If you are a carer, you might find it difficult to access our services without extra support. If you identify yourself as a carer we will endeavour to take the following steps to support you:

1. Once you have completed the Carer's Identification Form and returned it to us we will add you to our 'carers register' so you can be easily identified and prioritised by our staff (please fill out the form in the pack).
2. Provide telephone appointments if caring responsibilities mean you cannot leave the person you care for at home or bring them with you to the surgery, and if necessary provide a home visit.
3. Offer flexibility or priority on appointment times where possible.
4. We will provide support for the person you care for in the waiting room if you need to bring them to the surgery but would like an appointment in private.
5. We will provide a carers information folder in the waiting room with updated information about local Carers support services .
6. We will provide you with an annual carers health and wellbeing check at your request (Please book at reception).
7. We will invite you each autumn for a free flu vaccination.
8. Discussing with you what 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. 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:

1. Respecting your privacy and confidentiality and conducting conversations of a personal nature in private.
2. Discussing the benefits of appropriate information sharing with patients who need or may in future need care from a relative or friend.
3. If the person you care for consents, we will share information about their condition and decisions about their care with you (please fill out the form in the pack).
4. Always listening to and respecting the information you give us about your caring role and the needs of the person you care for.
5. 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.

Our Carers Champion is: Kerrie Hardaker, Office Manager

Please contact Kerrie if you have any queries about our support for carers.
She will be happy to help and will treat the conversation in strictest confidence.

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Carer's Identification and Referral Form

Do you look after someone who is ill, frail, disabled or mentally ill?

If this sounds like you, then you are a carer and as a carer, we want to support you?
Telling your GP can help make sure you get the support and care you need.

If you want your GP to know that you are a carer fill in this form and hand it to Reception or place it in our comments box.

Carers' Register

I am a Carer. I want my name to go onto my GPs Carers' Register and give permission for this to be noted on my medical records.

My name: _____ Date of Birth: _____

My address: _____

Telephone number(s): _____

My signature: _____ Date: _____

I care for the following person who has given permission for my details to be noted on their medical records

Name: _____ Date of Birth: _____

Address: _____

(if different)

Telephone number(s): _____

Signature: _____ Date: _____

(above individual or responsible adult)

Please inform the Surgery should your situation as a carer change in any way.

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AGREEMENT TO DISCLOSE CONFIDENTIAL MEDICAL INFORMATION

Patient's Name:	Patient's Date of Birth:
Patient's Address:	

I consent to the disclosure/discussion of my confidential medical information to:

Name:

Date of Birth:

Relationship to patient:

Please indicate the extent of permission below:

<i>This permission relates to all my records and health information</i>	<i>Yes / No</i>
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<i>This permission relates to a specific period</i>	<i>Yes / No</i>
From.....To.....	

<i>This permission relates to the following parts of my records</i>		<i>Yes / No</i>	
Test Results	<input type="checkbox"/>	Appointment queries	<input type="checkbox"/>
Prescription queries	<input type="checkbox"/>	Referral queries	<input type="checkbox"/>
Please specify any parts of the record to which access is specifically excluded.			

<i>This permission relates to specific condition(s)</i>		<i>Yes / No</i>
Please specify the condition(s)		

<i>The permission relates to my carer receiving copies of all correspondence relating to my treatment</i>	<i>Yes / No</i>
I understand my GP has sole discretion to withhold any or all copies.	

I am aware it is my right to withdraw this consent at any time. I understand that this permission will remain in force until cancelled by me in writing and that the doctor may override this consent at any time.

Signature of Patient: _____

Today's date _____

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Contact information

RESOURCE	CONTACT DETAILS
Sefton Carers Centre	0151 288 6060 9am – 4.30pm (Monday to Friday) 27 – 37 South Road, Waterloo, Liverpool, L22 5PE
Carers UK (www.carersuk.org)	Tel: 0207 3784999
National Strategy for Carers – website	https://www.gov.uk/government/news/a-national-strategy-for-carers
Carers Direct	Tel: 080 88020202
Social Services Sefton	Sefton Metropolitan Borough Council - Social Care Burlington House, Waterloo, Liverpool L22 0LG 0151 920 8234
Sefton Careline	209 Linacre Ln, Bootle L20 6AD 0151 928 5908
Carers Trust (Charity that supports carers)	Carers Trust Unit 101 164–180 Union Street London SE1 0LH Tel: 0300 772 9600 Email: info@carers.org