

2. HEALTH SERVICES

At the Doctor's surgery

Your own **doctor** (GP) will often be the first person you see about any health problems that you or the person you care for may have. It is also the doctor and the surgery that can put you in touch with many other Health Service professionals either for treatment or advice.

Make sure your doctor **does** know you are a carer, as well as a patient. Discuss **your** needs with him/her as well.

Doctors' surgeries now have **Carer's G.P. Registration Cards** (available from *Worcestershire Association of Carers*) so that you can identify yourself as a carer of a person who is unable to manage without your help. This can be noted on your medical records and may also help you access information, advice or additional support.

There are a number of health professionals working alongside your GP. The **Receptionist** will be able to tell you if you need to see the doctor or can contact another member of the health team direct, if that is more appropriate.

Surgeries have **Practice Nurses** who you can see about minor worries or for specific treatments. They also deal with immunisations and flu jabs. There is also a **Community Nurse (District Nurse)** who makes home visits for nursing treatments and advice on practical aspects of caring such as pressure sores, dressings, giving injections, etc.

Some practices have a **Social Worker** who can formally assess your needs and plan support for you and the person you care for. In some practices **specialist therapists**, such as physiotherapists and counsellors, also hold clinics. Many of

these specialists are hospital based and your doctor is usually the person to direct you to these services.

Mental Health professionals are accessed by a referral from a GP or hospital. Services are generally based at specialist centres, but **Community Psychiatric Nurses (CPN)** can visit at home for support and advice. Mental Health professional teams also include Social Workers.

At the hospital

If the person you care for has to spend some time in hospital, you should introduce yourself to the **Named Nurse**, who will have charge of their care. If the Named Nurse is not there, you can contact one of the other nurses on duty. There will be a **Care Plan**, which you can see. You should tell ward staff that you look after the person, to ensure you are involved in plans for their going home – known as a “discharge plan”. The hospital starts planning for discharge when someone is first admitted into hospital so it is important to tell ward staff if you have any concerns or issues about discharge as soon as possible. Before leaving hospital, you should see the Named Nurse if the discharge arrangements are straightforward. If the discharge is complex, you should be in contact with the multi-disciplinary team (where the different nurses, therapists and social worker work together to arrange the return home). You have the right to be consulted and there should **not** be an automatic assumption that you can, or wish, to start or continue caring. Think well about the sort of help you might need to manage at home and be realistic about what you and your family can do. Remember, if you say you can manage, the staff will let you! Ensure that any necessary equipment for an expanded caring responsibility is delivered before the person you care for comes home.

If **you** are the patient, make sure the hospital knows you are a carer and assesses whether you are fit enough to take up your

caring duties when you return home. If you are not, alternative arrangements need to be in place before you leave. Be realistic about what you can manage. Also check that professionals take account of your caring responsibilities when making appointments.

Concessionary Parking

If you are visiting an immediate relative who is a long-stay patient, you may be eligible for a reduced-fee parking pass. Please speak to the nurse in charge of the ward for more information and an application form.

If you are a patient receiving regular treatment, please see the clinic manager for details of concessions.

Single Assessment Process

The requirement to develop the Single Assessment Process followed recognition that many older people have wide-ranging welfare needs, and that agencies need to work together to ensure that assessment and subsequent care planning are effective and co-ordinated. The Single Assessment Process enables people to have just one set of information recorded about them. It will involve health and social services working together to share information about you (with your consent). The Single Assessment Process aims to help to track contact with other agencies so that you will know who is doing what at any given time. For example, a person could be seeing several professionals at any time (Physiotherapist, Occupational Therapist, Social Worker, Consultant) and information can be shared to prevent you from being asked the same question several times over. The aim is that a copy of this information will be kept in your home.

Intermediate Care

This level of care has been developed with an emphasis on more care being provided in the community to help on discharge from hospital or to prevent an admission to hospital. A range of professionals will be involved in this process to re-establish domestic skills. Care is then provided within the community and close to home, at the most appropriate level and place, dependent on the individual's rehabilitation needs. This support will be free for up to six weeks and will be funded by the National Health Service. During this six-week period the 'cared for' person should be reviewed by a health or social care worker to identify if care is still needed and to make plans for the future provision of care.

Continuing Care

This can be accessed for people aged 18 or over, if a person meets the specific eligibility criteria for 'NHS Continuing Healthcare'. This is for people who need care for an extended period of time due to disability, accident or illness, to meet both physical and mental health needs. A person may need services from the NHS and/or social care. This care can be provided in a range of settings including people's own homes. NHS continuing healthcare is free, unlike help from social services, for which a charge may be made depending on your income and savings. If you do not qualify for NHS continuing healthcare, then you may have to pay for some or all of your care, although the NHS will still provide for your medical needs. You may have to take a local authority means test to decide how much you should pay.

In the community

For most community health services, a GP or other health or social care professional referral is needed.

The local **Pharmacist** can often help with advice on the treatment of minor illnesses and problems, so avoiding having to go to the doctor. Most pharmacists will also deliver your

prescriptions. If you have several different pills, a dispensing container covering a week or more can be useful. Talk to your Pharmacist.

There is also a free 24-hour telephone help line, *NHS Direct*, which offers confidential advice from qualified staff.

Health Visitors generally work with older people and families with young children and can be contacted through your GP. The **Community or District Nurse** provides nursing care at home and can help with continence problems and equipment, but there are also specialist **Continence Advisors**, who hold clinics. Other specialist support may include **Dieticians** and **Sight and Hearing Impairment Specialists**.

Macmillan Nurses support with all aspects of cancer care. They will support individuals and their family carers, in relation to the impact cancer has on their lives and ways of coping with cancer. Hospices also offer family support. **Admiral Nurses** are trained nurses specialising in dementia care. They work with carers of people with dementia to provide information and support.

Physiotherapists provide treatment and advice on restoring mobility and relieving pain. **Occupational Therapists** can give advice on how to cope with practical problems, such as getting to the toilet, bathing, dressing etc. and on equipment that can help in the home. **Speech Therapists** help people who have speech, language or swallowing problems.

People who are normally visited in their own premises, such as the **Dentist, Optician, Chiropodist or Podiatrists**, may be willing to make home visits, if it is difficult to take the person you care for to them. They may charge for this, as it is not part of the normal NHS service. Age Concern may be able to offer a toenail cutting service for a small charge so contact your

local branch for further information. The **Outside Clinic** will provide a home visiting service for free eyesight testing for those with mobility problems. Spectacles can also be purchased and fitted through this service.

Hospital hearing clinics (**Audiology departments**) can offer a home visiting service for housebound patients. You will need a letter from your GP for this.

A dentist or GP can refer patients to the **Community Dental Service**, as they frequently treat people with disabilities. If you are having problems registering with a dentist, contact *NHS Direct*. They can also help with information about dentists who could make home visits. A number of the larger towns have a dental access centre (contact *Dental Emergency Info Line*), where people not registered with a dentist can receive emergency treatment.

British Red Cross Home from Hospital Scheme: This scheme provides volunteers who can give short-term support (up to 4 weeks) to help people return to their daily routines. They can provide support with shopping, collecting prescriptions, light domestic duties and companionship. Emergency call pendant alarms can be provided in most areas, free of charge, on a short-term loan for 5-6 weeks

Access to information

You can request information in other languages, or an interpreter to explain information to you. Other formats of information can also be requested such as audio, large print or Braille if you cannot read standard print.

You are able to access general (not personal) information held by public authorities including central and local governments, the police, health and education services. This can be requested in writing asking for specific information from the

public authority. Public authorities are now required to have a publication list about information that is routinely available. Under the Freedom of Information Act, carers, individuals and others can request information.

The Data Protection Act entitles you to access personal data in the following ways, should you wish to do so:

- ask if personal information is held about you
- request a copy of that information in writing
- ask for incorrect personal information to be corrected
- discover how this information is shared with others and to whom it is given.

The Primary Care Trusts have leaflets available or contact *Patient Advice and Liaison Service (PALS)* or *Patient Services* for the Acute Trust Hospitals for confidential advice, support and information for patients, relatives and carers.

You may not always find the person best able to help you at first, but do keep trying. Many carers have found that only by persisting have they been able to receive the help they need.