

# Thornbury Road Centre for Health

## Carers Pack



### **This Carers pack includes;**

- Information on how to arrange a carers assessment
- Patient Consent to release information to a Carer
- Information for Carers Local Support available

### **Do you look after someone who could not manage without you?**

You may be a carer... If you provide help and support to a partner, relative, child, friend or neighbour who could not manage without your help due to physical or mental illness, a disability, frailty or addiction. Anyone can become a carer. Many people don't think of themselves as carers, they just look after someone close to them. Caring often just happens to you, as you find someone close to you gradually needs more help.

### **Support for you.**

As a carer it is important that you look after your own health too. We will do our best to help you look after yourself. We keep a register of Carers who are our patients so that we can let you know about support that is available. You will also be offered a free flu vaccination each year and the COVID-19 vaccination.

If you have not already done so, please complete the Carers Registration/Referral form available in this pack and speak to one of our member of staff.

## **Why should you register as a Carer with your GP surgery?**

Registering as a Carer may help your health care team to:

- understand your caring responsibilities.
- signpost you to information, help and support, either now or in the future.
- share information about the person you care for (with appropriate written consent).
- provide more flexible appointments that reflect your caring role.
- refer you to other services or organisations that might be able to help you.

Our Carer Lead is Simone, a dedicated member of staff to help with Carer-related enquires. You can ask to speak to her by telephone or make an appointment for a chat in the surgery, the Carer Lead has lots of information to share with you which may help. We look forward to hearing from you

## **What help can I get from my GP surgery?**

- We can provide referrals to social services should you or the person you care for need
- We can also refer you to our social prescriber team who provide support to patients residing in Brentford and Isleworth Primary Care Network (PCN). The social prescribers can help with a variety of services by sign-posting and providing information and advice for:
  - Low income – support with finances/benefits/debt
  - Low income – support with food
  - Housing Support
  - Social Isolation / Loneliness
  - Staying active at home
  - Mental health support
  - Long term Conditions
  - Homelessness

## **What help can I get from social services?**

As well as assessing the needs of the person you care for, your local council's social services department should also give you a carer's assessment to see what you need and what might help you with your caring role.

You're entitled to a carer's assessment if you regularly provide a substantial amount of care for someone. You can also get a carer's assessment regardless of whether the person you care for is having their needs assessed.

## **What is a carer's assessment?**

A carer's assessment will help the council to understand the physical, emotional and practical impact that caring has on your life. The level of support you will receive from the council will depend on a number of factors, but even if you cannot get support directly from the council, we will always give you information and advice tailored to your circumstances and let you know if there are any other services which may be able to help you.

The aim of the assessment is to help the council understand you and your needs better. For example, it will help them to find out whether you are able and willing to carry on caring, whether you want to work or what you would like to do in any spare time you may have.

The kind of help and support you could get includes:

- respite care to give you a break
- information on local carers support groups
- help with caring
- equipment to help you in your caring role.

## **Urgent Assessment**

If you need assistance from Adult Social Care **urgently** or need to contact the Safeguarding Team to report an incidence of abuse or neglect, you should call the

**First Contact Team on 020 8583 3100 (out of hours 020 8583 2222)**

## **Online assessment**

You can begin the assessment process online by visiting;

<https://hounslowautonomy.syhapp.com/web/portal/pages/help/carersform>

The form can be completed in as little as 10 minutes. You can save it online and you have up to 30 days to submit it, safely and securely, directly to the council. A member of the First Contact Team will then contact you within five working days.

## **Telephone assessment**

Alternatively, a carers assessment may be completed by telephone by contacting the **First Contact Team**:

Telephone: 020 8583 3100

Email: [adultsocialcare@hounslow.gov.uk](mailto:adultsocialcare@hounslow.gov.uk)

## Help with assessment

If you have difficulty accessing or understanding the process, you are entitled to an independent advocate to support you and represent your point of view. You can request an advocate via the **First Contact Team** (as above).

## Other Support Available

- **Support for Carers H Hounslow Council**  
[https://www.hounslow.gov.uk/info/20115/supporting\\_you\\_through\\_difficulty/1144/support\\_for\\_carers](https://www.hounslow.gov.uk/info/20115/supporting_you_through_difficulty/1144/support_for_carers)
- **Alzheimer's Society website**  
<https://www.alzheimers.org.uk/>  
Or alternatively Support Line: 0333 150 3456
- **Carers UK**  
<https://www.carersuk.org/>
- **Careplace**  
<https://www.careplace.org.uk/?LA=Hounslow>  
Or alternatively The Silver Line: 0800 470 80 90
- **OneYou Hounslow**  
<https://www.oneyouhounslow.org/>  
Or alternatively 0208 973 3530
- **Citizens Advice**  
<https://hounslowcabs.org.uk/>  
Or Freephone: 0808 278 7830 or 0300 330 1185

**PROXY access to medical records**

Patient's Full Name: .....

Patient's Date of Birth: .....

Patient's Address: .....

**Information regarding access to medical records:**

You have decided to grant a third party access to you medical record. Please state below what access you want to give the third party:

- FULL ACCESS TO MY MEDICAL RECORD
- PARTIAL ACCESS TO MY MEDICAL RECORD – PLEASE GIVE DETAILS BELOW:

**Details of the person you want to give access to:**

Full Name: .....

Date of Birth: .....

Address: .....

Reason for giving access: .....

**Stopping access:**

Even if you grant access today, you can **STOP** the access at any time by letting us know that you no longer want this person to have access to your record. Please note that this form will be valid for **ONE YEAR**. You can also set a specific date you want the access to stop by filling in the section below.

Date you want the access to stop:.....

**Please sign below to confirm that you have read and understood the information on this form.**

Patient's Signature:.....

Date:.....

**This form will also need to be signed by a member of staff at Thornbury Road Centre for Health:**

Witness name:.....

Staff Signature:.....

Date:.....

**Carer's identification form**

**FAO: Simone**

By identifying yourself as a carer, we will be able to support you and signpost you to the support services available to you as a carer. If you consent, we will also refer you to Adult Social Care for an assessment; they will identify your needs and provide further support to you as a carer.

**Carer's details:**

<b>Surname</b>		<b>Forename</b>	
<b>Date of birth</b>		<b>NHS number</b>	
<b>Street</b>		<b>Region</b>	
<b>Town or city</b>		<b>Postcode</b>	
<b>Telephone</b>		<b>Email</b>	

**Details about the person you care for:**

<b>Surname</b>		<b>Forename</b>	
<b>Date of birth</b>		<b>NHS number</b>	
<b>Street</b>		<b>Region</b>	
<b>Town or city</b>		<b>Postcode</b>	
<b>Telephone</b>		<b>GP &amp; practice</b>	

**Details about the care you provide:**

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**I consent to being added to the practice carer's register**

**I consent to you referring me to Adult Social Care for an assessment.**

**Signature**

**Date**

**Please return completed forms to reception.**