Valuing Carers in the Hospital Environment

Identifying and supporting Carers in University Hospital Lewisham NHS Trust and the Ladywell Unit (Inpatient unit for the South London and Maudsley NHS Foundation Trust) A Good Practice Guide

Highlights

- Developing and implementing Carers Charters
- The 3 ‘R’s for Carer Support — Good Practice identified
- Resources for Carer Identification

Date: March 2007
Carers Lewisham’s Hospital Development Project, has been funded by the Lottery to work with a local acute hospital University Hospital Lewisham NHS Trust (UHL) and a mental health inpatient site, the Ladywell Unit, South London and Maudsley NHS Mental Health Trust Acute Unit (SLaM), to identify ways that Carers* of patients and Carers who are patients themselves can be identified and supported in Acute and Inpatient settings.

*A Carer is someone who, unpaid, supports physically, practically or emotionally a child, partner other relative or friend who has a long term mental or physical disability or health problem or who is elderly and frail
Foreword University Hospital Lewisham

We are delighted to have been involved in such an important project and fully support the work that the carers’ development officer has been doing over the last two years. All too often and in many cases, carers go unsupported and unnoticed in the vital work that they do, and it is important that this situation changes to help support and meet the needs of the many carers in our area. As a hospital trust we have a legal responsibility to carers to provide them with the appropriate support and advice and we fully support the work of this project in helping to make this support provided more accessible.

At UHL we strongly support the work this project has undertaken, to make our staff more aware of carers’ needs, and offer all available support. As a trust we will continue to work with all staff to improve the identification of carers, to ensure we identify and support all carers who play their own very important part in the patient’s care and treatment. We would like to thank Carers Lewisham for working with us, and we look forward to improving our services as we consider the recommendations of the report.

Claire Perry
Chief Executive UHL
Foreword South London and Maudsley Mental Health Trust

We have been very pleased to be included in this project, which has built on our existing partnership with Carers Lewisham.

We recognise that caring for someone with a mental illness can be demanding and that caring responsibilities can affect carers’ mental wellbeing as they cope with the emotions and challenges that caring responsibilities can bring. It is important that we support the Carers we have contact with to do the vital work that they do.

At the Ladywell Unit the benefits of this project are already being seen. The awareness of Carers is increasing, and the implementation of a “Lead Nurse” for wards will help to give Carers direct access to a member of the inpatient team. We acknowledge that more work remains to be done in raising the profile of Carers and hope to further develop this.

We are grateful for the support Carer’s Lewisham have given us in taking forward work to recognise the contribution Carers make. We welcome the recommendations made in this report, and will use this learning across the Trust to ensure that we continue to build on our partnership work with Carers.

Stuart Bell

Chief Executive, South London and Maudsley NHS Foundation Trust

[Signature]
Executive Summary

Why support Carers?
The primary aim of the Carers Development Project has been/is to help Lewisham Hospital and the Ladywell Unit to meet their Statutory Responsibilities and fulfill their stated commitments to Carers. NHS Trusts have a legal duty of care to its users and legislation has given NHS Trusts a responsibility for identifying and supporting Carers. There are 6 million Carers in the UK estimated to increase over the next 25 years to 9 million and they save tax payers over £57 billion per annum. Yet Carers are still invisible in many situations. It can take over three years for Carers to be recognised in their caring role and to get the benefits and support available to them. In the meantime Carers are twice as likely to be in poor health as someone of the same age who is not a Carer. Even the word ‘carer’ is used incorrectly by paid professionals who apply it to themselves rather than as legally defined by three Carers Acts.

The Carers Hospital Development Project
It is in this context that the Carers Hospital Development Project was devised to enable the identification and support of Carers when their cared for person uses health care services inpatient and outpatient care. This may be the first time that someone becomes a Carer, for example if their cared for person has a severe stroke or a serious accident.

Ensuring that Carers know where to go for ongoing support is key to helping Carers look after themselves and their cared for person in the most healthy way possible.

The Project has identified three key area that need attention in the acute sector which we have named the 3 ‘R’s’

<table>
<thead>
<tr>
<th>THE 3 ‘R’s’</th>
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Executive Summary - Recommendations

**LONG TERM RECOMMENDATIONS**

- **Training:** All training, from initial/foundation to full qualification status and ongoing in-service update training, to include Carer awareness and an understanding of the correct legal definition of a Carer.

- **Management Strategies:** A recognition of responsibilities to Carers should be reflected in job specifications, induction procedures and in-service planning and delivery. All Hospitals should have a specific Charter highlighting its responsibility to people with caring responsibilities. A hospital post holder to have responsibility for monitoring and reviewing the continued application of any Carers’ Charter.

- **Resources:** Paper and electronic patient recording systems that enable staff to record Carer details. Future IT Systems commissioned for Health Service use to provide facilities for Carer information to be recorded easily with a visible ‘tag’ on Patient’s Record Home Page that indicates Carer details are included. Simple systems to enable staff to refer Carers to sources of support, or that encourage Carers to access information and support for themselves to be put into effect.

- **Partnerships:** Establish more effective working contacts with relevant departments in healthcare, local Social Services and Voluntary Sector agencies that support Carers.

- **Service Planning:** Carers’ Charter pledges to be reflected in all future healthcare service planning.

- **Service Culture:** For the Acute sector to meet their legal responsibilities and commitments to Carers, a culture of recognising and valuing Carers needs to be established in wards and departments.
Executive Summary - Recommendations

IMMEDIATE RECOMMENDATIONS

- Ensure that the word ‘Carer’ is used correctly as per the legislation at all times (Carers Act 1995; Carers and Disabled Children Act 2000; Carers Equal Opportunities Act 2005)

- Ensure staff are fully aware of their legal responsibilities towards Carers

- Provide Carer recognition and awareness training to staff to better enable them to identify the Carers of their service users

- To involve Carers more systematically in training professionals

- Ensure Carer information is recorded on current systems

- Encourage staff to refer Carers to ongoing support services that are available in most areas

- Ensure Carers information is available on the wards and in outpatient clinics

- Ensure that Carers are included as partners in the development of care plans for the patient particularly in discharge planning

- Recognise that a percentage of patients will have caring responsibilities themselves

- Recognise that a percentage of health care staff will have caring responsibilities themselves

- Monitor and review to ensure that health care staff are fulfilling their legal obligations to Carers

- Ensure that all Staff are aware of the local Carers’ support contact numbers

- Ensure that patients needs and therefore those of Carers are at the centre of service delivery

- To involve Carers more in the planning and development of services
Introduction to the Organisations involved

Carers Lewisham
Carers Lewisham is a local charity working in the London Borough of Lewisham. Part of the Princess Royal Trust (PRTC) UK wide network of Carers Centres. Carers Lewisham has been in existence since 1988 and was set up to support anyone in the Borough of Lewisham who cares (unpaid) for a mentally or physically disabled, ill or frail relative or friend.

UHL
University Hospital Lewisham (UHL) NHS Trust is a district general teaching hospital in the London Borough of Lewisham with an Accident and Emergency Department.

Ladywell Unit
The Ladywell Unit (LU) is South London and Maudsley NHS Foundation Trust’s (SLaM) inpatient unit for Lewisham based on the same site as UHL.

Hospital Commitment to Carers before the commencement of the Development Project:

UHL
From 1995 Lewisham Hospital accepted a Code of Practice for Carers.
In 2003 in response a raised awareness of the importance of carers and to up and coming legislation, UHL launched a Carer Charter. The authors of the Charter were Lynn Hyams, PALS Manager and Viv Rhodes, Deputy Chief Executive and Director of Nursing at UHL and Diana Jones, Chief Executive of Carers Lewisham PRTC.
Posters and flyers were produced and distributed throughout the hospital.

The stated aims of the original Charter were:

Staff will ensure all Carers are:
- Identified and their caring role recognised
- Treated with respect and dignity
- Listened to and the expertise acknowledged
- Appropriately consulted and kept informed
  - Supported appropriately

However in practice aims were not generally being implement by Health Care staff.

Ladywell Unit
Ladywell Mental Health Unit situated on the UHL site, is part of the South London and Maudsley NHS Mental Health Trust (SLaM). It already had a commitment to Carers but it was not highlighted to staff and the public in the form of a clear Carers Charter. Information about their commitment was included in a number of booklets and leaflets available to service users and their Carers. Posters offering information to Carers were displayed in the Unit and an evening Carers Group was hosted there once a month in addition to groups facilitated in the Community. However many staff were unaware of the Carers Group and there was a general lack of recognition of Carers and knowledge of support available to them.

* South London and Maudsley NHS Foundation Trust provides Mental Health Services to people living in Lambeth, Southwark, Lewisham and Croydon. It also provides substance misuse services to Bromley, Bexley and Greenwich and specialist services across the UK.
Introduction to the Carers Hospital Development Project

In 2004 Carers Lewisham with support from University Hospital Lewisham (UHL) secured Lottery funding for a three year project (employing one part-time worker) to run from January 2005 – December 2007 to work with UHL and the Ladywell Unit to help the staff better identify, understand and support Carers.

The aims of the Project:

- To raise Healthcare staffs' awareness of the needs of Carers
- To raise awareness of the needs of Healthcare Staff who have caring responsibilities
- To encourage a culture of Carer Awareness
- To identify best practice in supporting Carers
- To support staff in developing resources and implementing strategies to identify and refer Carers for information and ongoing support if required
- To identify and support those Carers attending as patients themselves
- To disseminate project results as widely as possible

Carers Lewisham employed and supervised the Carers Development Officer (CDO).

Lewisham Hospital’s Patient Advice and Liaison Service Manager (PALS) acted as initial liaison between the CDO and the hospital and provided onsite support. The Modern Matron and the Patient Information Officer at the Ladywell Unit provided links with staff there.

In the first two years, the Project has engaged with health service staff to raise awareness of Carers and in consultation with staff, has looked at the systems and procedures within the two sites to implement improved ways of working and resources to help staff support and identify Carers.
Why is the Project Important?

- Hospital Trusts have a duty of care in common law to carers as users (in the broadest sense of that word). It can be argued that Hospital Trusts have an increased duty of care to carers as so many patients are discharged into their care as a matter of course and necessity. A Hospital’s duty of care could be breached if risk is unforeseen and, in some cases, the magnitude of risk has been assessed as potentially serious. For instance, it is all too easy to discharge a patient home without verifying that the carer is both willing and able to take responsibility for the transfer of care.

- The Carers (Equal Opportunities) Act 2005 places a duty on NHS bodies and Local Authorities to promote the health and welfare of carers.

- If healthcare professionals know the patient’s carer status, it makes a difference to the options available to the professional arranging that patient’s transfer of care, especially when discharging the patient home. Discovering – and documenting – whether a patient has a carer willing to continue or to take on new or greater responsibilities gives the professional a greater understanding of the patient’s situation.

- Carers make a valuable contribution to health and social care provision in the UK, estimated at over £57 billion each year, translating to approximately £180 million in Lewisham. Supporting involving and listening to Carers can save resources.

- Applying national statistics, it is estimated that there are approximately 20,000 people with Caring responsibilities living in the Borough of Lewisham. Carers Lewisham is in touch with an estimated 20% of them. 80% therefore may not have access to information and support that they are entitled to. Nationally the number of Carers identified through the 2001 Census is 6 million. It has been estimated by Bert Massie, Chairman of the Disability Rights Commission, that this number will increase to 9 million in the next twenty-five years.

- Research shows that a substantial number of Carers suffer both financially and health wise as a direct result of their caring responsibilities. In fact Carers who are caring for over 50 hours per week are twice a likely to be in poor health than non-Carers of the same age. (‘In Poor Health’ Carers UK 2004)

- 2.2 million people take on caring responsibilities for the first time each year. Carers often do not recognise themselves as ‘Carers’ particularly as the term ‘Carer’ is regularly misused to describe paid care workers. Lack of recognition means that Carers frequently do not access the support and financial benefits that they are entitled to. This can leave them isolated and financially vulnerable. Health Care pro-

A mother argued with doctors in the Mental Health Unit when they proposed changing her son’s medication to a drug that had caused a bad reaction when previously prescribed. The medical team ignored this information and changed the medication. It took six months inpatient care to address the resulting crisis in the son’s mental condition.
Why is the Project Important cont...

Professionals have opportunities to ensure that Carers are identified and are helped to access relevant information. Recent research carried out by Carers UK (In the Know 2006), shows that Carers can take up to 3 years to recognise themselves as a Carer or be recognised by professional service providers.

At the beginning of the project a Ward Manager at Lewisham Hospital identified a Carer, a young woman with caring responsibility for her older brother. The strain of looking after her brother, who has multiple disabilities, whilst juggling her responsibilities to her husband and young family was proving too much. The Ward Manager referred her to Carers Lewisham who were able to advise on Benefits, which up to that point had not been claimed, and support her in making decisions about how the future care of her brother could be managed without having a detrimental affect on her own family relationships and finances.

- When Healthcare staff consult and involve Carers in the care of the patient it is greatly appreciated. Where relatives or friends are unaware that they have become Carers and are possibly unwilling to accept the concept, such an approach is seen as thoughtful, courteous and helpful and can improve their view of the services provided by the Hospital.

- Carers can be a useful source of information for Social Care and Health professionals. As they know the patient best they are able to give a fuller picture of the medical history and the needs of their cared for person which can help the professionals to decide on treatment and possibly earlier discharge.

- There are also instances when it is vitally important that medical staff are aware if a patient has caring responsibilities at home. If the Carer themselves is taken in to hospital in an emergency there needs to be a way to trigger a relevant response for the care of the vulnerable person at home.

An elderly man cares for his disabled wife. Normally he would not have left her on her own but as he was not feeling very well he took a chance and left her while he popped to Sainsbury’s. He collapsed with a burst ulcer and was taken to UHL unconscious. Staff at the hospital were unaware that the man was a carer. The police phoned his wife to inform her that he was in hospital, but did not ask about the home circumstances. In this instance a potential tragedy was averted because the wife remembered seeing a Carers Lewisham Newsletter and thought ‘Carers, they may be able to help’ so she telephoned the Carers Centre.

- New Mental Capacity Act states that family/friends (i.e. Carers) must be consulted and involved when discussing the best interests of patients therefore the relevant people must be identified.
UHL and SLaM Ladywell Unit Response to Carers

University Hospital Lewisham

The Development Officer found when she first approached UHL that there was some recognition and appreciation of Carers and a code of practice had been produced (See Appendix 1) but this is generally only expressed when opportunities were provided to focus on Carer issues away from the clinic or ward, in management meetings, training sessions or planning meetings. Carers’ own experience of the hospital was very mixed.

A Carers Charter (Appendix 2) had also been produced and was displayed in most wards and departments, supplies of a handout about the Charter were available. However Staff, generally, were not aware of the UHL’s Charter and there was little evidence that Carers were recognised.

Occasionally Carers were acknowledged, but very rarely offered information or referred for information and support by hospital staff with the exception of those staff working in the hospital Social Work Teams.

When Carers have been recognised by hospital staff, this information is rarely noted in patients’ written or electronic records. There had been plans for improved patient forms that provided highlighted prompts to include Carer details. Unfortunately due to budget constraints UHL was unable to introduce the new forms.

Patient Information Management System (PIMS the patient database for UHL) training for staff at UHL did include the input of Carer details, but these fields on the system are rarely used. (A diagnostic run on the Patient Information Management System (PIMS) used by UHL revealed just 7 Carers specifically identified in a patient list of over 900,000.) Opinion on the system varies. The PIMS training team instruct staff in Carer Information input but the perception of some experienced staff members is that the system does not provide for the recording of Carer details.

Lack of Carer Awareness was also demonstrated in returns of the Carers Development Project Survey circulated to staff in May 2006 when only 10% of the returns gave an accurate definition of a Carer; 36% provided a partial definition, 37% were very limited. The remainder provided either a wrong answer or did not answer the question at all.

A Carer had been in almost constant attendance since her mother was admitted to hospital through A&E. The mother had dementia and could not give staff reliable answers to questions about her health, medication or personal details. When the Carer asked for some information about her mother’s condition the response was ‘Sorry that would go against Patient Confidentiality’. The Carer was standing next to a Carers Charter Poster when this conversation took place.
The Ladywell Unit
Slam is a large organisation, covering four boroughs. In Lewisham the lead for Carers is taken by the Service Development Manager, supported by the Nurse Advisor/Modern Matron and Patient Information officer. The main focus for mental health services is on providing services within a community setting, with inpatient services provided for the most acutely unwell.

In the community the implementation of the National Service Framework has given a specific duty to mental health care workers to assess and involve carers whose relative has severe and ensuring mental health problems, and support and recognition for carers was starting to improve. A dedicated Carers Support Officer was in post to raise the profile of Carers and promote the take up of Carer’s Assessments. Carer’s Groups were also run within some of the community teams, together with workshops in conjunction with Carers’ Lewisham on topics of interest for carers of people with Mental Health difficulties.

A mother cares for her middle-aged son. He has a history of mental health issues. She had looked after him for many years at home but it became sensible that he should move to supported housing and develop a little independence. When her son became hospitalised the mother discovered that, despite her son regularly and voluntarily visiting her at weekends, it was recorded in his notes that he did not want to see her or have her involved in his care. With support from Carers Lewisham the mother requested a review meeting. At this meeting her son made it clear that he had never wanted his mother excluded from his care. Now that the Service User’s notes have been corrected and the Carer is recognized, better relationships continue and there has been an improvement in the quality of the son’s care.

The Carer’s Development Project primarily focused on the inpatient service provided at the Ladywell Unit with key members of senior staff keen to see a more co-ordinated approach to Carer recognition and support.

SLAM’s commitment to Carers was published in a number of leaflets and booklets that were available to patients and visitors, although there was not a specific statement / charter for SLAM in existence at the beginning of the project. The Ladywell Unit also hosted an established monthly evening Carers group, which not all inpatient staff were aware of. When the Carers Development project began a resource in the form of an information trolley was already being planned for wards.

The Electronic Patient Journey System (ePJS) was being developed for recording Service User’s details. EPJS provided a clear opportunity for identifying Carers and a check that a Carers Assessment has been offered. It also offered a highlighted tab when Carers information was included.

The CDO noted that Carers often found that medical staff routines on some wards on the Ladywell Unit made it difficult to make arrangements to talk to consultants about their Cared for person. There was also a lack of Carer referrals from ward staff in the Ladywell Unit to support agencies.
The Carers Hospital Development Project

The Carers Hospital Development Project aimed to provide UHL and LU staff with the knowledge and resources to identify people with caring responsibilities. And in consultation with management and staff develop systems for staff to use to refer Carers for ongoing services and support or provide relevant information to enable Carers to access services and support for themselves.

University Hospital Lewisham

From the beginning of the project in January 2005 the welcome from management was very positive and initial contacts via staff meetings at all levels were encouraging. It was planned that a representative group of wards and departments would be identified to pilot any resources developed before introducing systems to the whole hospital. However the reality was that priority calls on staff time and differences in how individual wards or departments worked soon proved that this plan was not viable. Energy was switched to work with wards and departments as opportunities presented.

The CDO requested Invitations to attend regular meetings of Senior Nurse Managers, Ward Clerks meetings (Medical and Surgical), ‘Trust Talk’ meetings*, individual ward staff meetings, ‘Improving working lives’ (IWL) group meetings, and any other opportunities to meet with staff through regularly scheduled meetings to raise Carer Awareness. ‘One off’ sessions on Carer Awareness were offered to staff groups and individual staff members.

UHL has a comprehensive in-service training programme for staff including a two-day induction that is compulsory for anyone working on site including volunteers. Opportunities were identified for the inclusion of Carer Awareness in some of the courses offered.

‘Groupwise Training’ gives access to the Hospitals Intranet and email facilities. This was used to circulate information about the Project. The training team for the electronic Patient Information Management System (PIMS) already included the input of Carer Details in their sessions. At the beginning of the Project information for Carers was not available on the Hospital Website.

A Member of staff at UHL caring for parent was considering giving up work to care full time after parent’s condition suddenly deteriorated. Access to support and information from the Carers Development Project and the Improving Working Lives initiative in the hospital, enabled the Carer to consider more options that would not have such a detrimental impact on their own future employment and pension prospects.

*Trust Talk meetings are scheduled once a month for the UHL’s Chief Executive to keep staff up to date with developments. Information is given and questions can be asked. All staff are welcome to attend. It is requested that staff that do attend, cascade information to their colleagues and departments.
The Project Cont……..

The Ladywell Unit

At the Ladywell Unit the Modern Matron/Nurse Advisor was the liaison for the Carers Hospital Development Project and the Patient Information Officer provided introductions to ward managers and staff. Link workers* meetings provided additional opportunities for networking and to raise Carer Awareness with people who worked with patients.

It proved more difficult to meet with staff in the Ladywell Unit as staffing capacity was reduced for some of the time. In 2005 the Patient Information Officer was on maternity leave, and subsequently returned to work on a part time basis. The Service Development Manager’s position was also vacant during part of 2006.

The wards at the Ladywell are busy, often with very disturbed patients. This sometimes made access to wards difficult, and there were problems identifying convenient times to meet with Ward Managers and staff. During this period, there were also significant changes within the Ladywell Unit. The Evans Unit, a rehabilitation ward, was undergoing a review, and subsequently closed during this time with services re-provided within the community.

As SLaM covers several boroughs it has a central staff induction and training function. The combination of these factors hampered communications and there were some potential missed opportunities to link with staff groups.

The Patient Information Officer proved to be a valuable contact and the CDO attended Link-worker meetings in the Ladywell Unit, and the Carers Working Group, which is the key group taking forward work for Carers within SLAM (Lewisham). The CDO also attended the monthly Carer’s Group held at the Ladywell Unit.

*Linkworkers have experience as service users. With their knowledge and understanding they provide valuable support to current service users. Linkworkers also assist with the distribution of information on wards via the linkwize trolley, and are involved in community meetings on wards.
**Resources to promote staff Carer Awareness**

**University Hospital Lewisham**

The Project started with a Review of Resources already in place. Working with Lynn Hyams, PALS Manager, the format of the Carers Charter for Lewisham Hospital was reviewed and the wording of the commitment shortened to:

**Staff will ensure Carers are:**
- Identified and their caring role recognised
- Treated with respect and dignity
- Listened to and their expertise acknowledged
- Appropriately supported, consulted and kept informed

For the updated Charter Posters the colour signature was changed from blue to Teal green. New style A3 Laminated Posters were circulated to all wards, departments and displayed on public notice boards throughout the Hospital (including the lifts).

The new posters also carried a definition of a Carer and contact details for the Carers Hospital Development Project. A5 versions with suitably adjusted fonts were produced as handouts. (See Appendix 3)

A tri-fold leaflet was produced to support Carer Awareness sessions at staff induction and in-service training courses. The leaflet includes the Hospital's Carers' Charter; provides a definition of a Carer and gives useful contact information. (See Appendix 5)

It also introduces the 3R principle. Recognise, Record and Refer as the basis for fulfilling the hospital's commitment to Carers as stated in the Charter. (Details on page 16)

Lynn Hyams as PALS Manager continued to include Carer Awareness as part of the PALS information presentation on all hospital staff induction courses. Specific space on the training agenda was requested for Carer Awareness. This was not possible because the schedule for induction was already too busy to allow time for a specific presentation on Carer Awareness.

Access to the hospitals internal communication system allows for information and messages to be circulated to all staff with email access. This facility has been used to circulate information on a number of occasions but unfortunately staff response to information via this medium has been limited.
Resources Cont….

Ladywell Unit

Acknowledging the need for a more visible commitment to Carers, the SLAM Carers Working Group (Lewisham) produced a Carers Charter similar to the UHL model but reflecting the information for Carers already contained in SLAM's booklets and leaflets. (Appendix 4)

Posters and flyers were produced and displayed next to all ward entrances and in reception areas in the Ladywell Unit.

Various opportunities were taken to introduce resources to staff; meetings, training sessions and informal contact on wards and in departments.

Periodic checks were made to make sure Posters were still displayed and handouts were available. Replacements were provided when necessary.

It was realised very quickly that any systems developed to help staff better recognise Carers would have to be simple and not time consuming, given the pressures they are under.
The 3 ‘R’s

Recognition, Recording, Referral

The 3Rs

Recognition
To fulfil statutory duties and any of the commitments made by health service providers’ in their Carers Charters, staff must be able to recognise Carers.

Recognition gives the Carer an opportunity to share the knowledge that they have of the patient and to be appropriately included in care plans. Recognised Carers can be provided with relevant information to support them in their caring role.

Recording
Having recognised a Carer, staff should include this information on the patient’s record. This information will then be available to other staff who may be involved in the patient’s treatment.

The patient themselves may be the Carer, in which case staff will need to know if provision for the ‘Cared for’ person has been made whilst the Carer is in hospital or undergoing treatment.

Referral
Recognition by hospital staff may be the first time the Carer has been identified. Caring responsibilities often begin with an emergency admission to hospital.

It is not realistic to expect all health service staff to have a comprehensive knowledge of Social Security Benefits and Social Services, but Staff do have a responsibility to give Carers access to information and support relevant to their caring situation.

A Carer was seriously ill in UHL. Her daughter who she cared for has mental health problems and learning difficulties. The daughter had been a frequent visitor but the caring relationship had not been recognised. When the Carer died staff had no contact details for the daughter registered on the PIMS system.

A young husband was seriously injured in a road traffic accident. His condition now requires on going care. His wife, now his Carer, appreciated the support and information that the local Carers Centre was able to offer her and her children. The Carers Centre was able to offer advice about benefits and other practical issues that they had not needed to think about before the accident.
3 Rs Cont…..

Problems encountered in promoting the 3Rs

Recognition

In May 2006, the halfway point of the Project, a survey on Carer Awareness in Lewisham Hospital was circulated. The payroll mailing system was used to ensure that all paid staff received a copy. (Appendix 4)

Returned Survey forms demonstrated that approximately only 10% of staff could give a clear definition for the term Carer. 36% provided a partial definition. 35% responded with a limited definition. The remainder did not answer the question or provided an incorrect definition.

Despite various initiatives to raise Carer Awareness, responses to the Staff Survey indicated that a disappointing proportion of staff were unable to give an acceptable definition for the term ‘Carer’

Problems of perception persist because of the indiscriminate use of the term ‘Carer’. Health service staff should be aware of the correct legal definition of a Carer and not misuse the term. The term Carer is regularly used incorrectly to identify professional paid Care Assistants, Care Workers employed privately or by the local authority, or health care workers – nurses, consultants, doctors etc., who ‘have responsibilities for the patient whilst they are in the care of the hospital’.

Understanding of Carers should be included in all health service personnel training from initial stages to in-service modules.

Carer/Caree relationships are often complex, for example Carers not recognising themselves as Carers, or the ‘Cared for’ not wishing to acknowledge their dependence on a partner or friend is common.

Recognition by hospital staff of a Carer can be invaluable in providing the best care for the patient:

‘I didn’t know I was a Carer until the doctor told me.’

A dependent state often begins with a medical emergency requiring hospital treatment and can radically change the dynamics of a relationship (see page 18 case study).

Others experience a development of a Caring situation over time, often a number of years. Age related conditions that progressively affect a persons’ ability to manage without the help or supervision of a partner, family member or friend.

‘I’m not a Carer, I look after my wife, I don’t work for the Council.’

Contact with health services at the hospital, as an outpatient or inpatient, provides an opportunity for Carers to be identified and given access to information that is relevant to their Caring responsibilities.
3 Rs Cont….

The Carers’ knowledge of the patient, their medical history and possible foibles can be of value to the medical team. This applies in many instances but particularly when there are issues with Learning Disability, Dementia or Mental Health.

It can be important for the safety of the patient that Staff know who they can talk to about the patient without contravening Confidentiality Guidelines.

The Carer knowledge of the patient’s medical history can be crucial at times.

As Carers are often relied on to continue at home the medical regimes prescribed by hospital staff, it makes sense for Carers to be recognised as partners in the health care team. As such they can be consulted on the patients’ health history and involved in treatment and discharge planning.

Recording

When patients present for treatment, there are opportunities to record the fact that they are cared for by a partner, relative or friend or that they themselves have caring responsibilities. An accessible record of this information will save time on subsequent visits or admissions and can also avoid potentially hazardous situations.

Often the Carer details are not noted during initial information gathering and it is therefore not available for staff responsible for recording the information electronically.

Ward Clerks were asked why Carer details were not transferred to the electronic Patient Information System. The reply was that these details were not often included in the paperwork for the patient that they receive.

“Sometimes I think my name should be Sherlock Holmes, I spend so much time trying to find patient information, and its time I just don’t have.”

Staff responsible for noting patients’ details on admission forms report that they do include Carer details when these are available.

The PiMS system for the electronic recording of patient’s details used by UHL does have fields for recording Carer details accessed via the ‘Personal Carers’ Tag under ‘Next of Kin’. Input of Carer details in these fields does not provide a prompt on the home screen to alert
3 Rs Cont….

staff that there is a Carer identified.

Some experienced members of Staff responsible for data input were not aware of the procedure for including Carer details on the system.

PIMS does present an anomaly - One ‘Tag’ on the system is entitled ‘Carers’. However this cannot be used for ‘Carers’. It was designed to be used to identify Professionals who may be working with the patient, for example their Consultant, Physiotherapist, etc., who had responsibilities for ‘caring for the patient’ within the health service.

The location for the In-put of Carers’ details, using the legal definition for Carer, is under the ‘Personal Carers’ Tag on the system accessed via the ‘Next of Kin’ Menu.

Quotes from staff:

PIMs Training Staff: “It’s easy, it’s there under ‘Personal Carers, Next of Kin’”
Some Ward Clerks: “There isn’t really a way to identify Carers on the system.”

Referring Carers for information and support

Hospital staff cannot be expected to have in-depth knowledge of community support services or the Social Security Benefits system. There are statutory and voluntary agencies in the community who can respond to these Carers’ needs, provided the Carer is given contact information or, where appropriate, referred directly by staff.

The Patient may be a Carer themselves. In such a case Hospital Staff may need to alert Social Services that a patient requiring urgent hospital admission has caring responsibilities at home for a vulnerable person.

Prior to the Carers Development Project the only referral resources appear to have been with the Social Work and Discharge Planning Teams. These departments are not always involved with patients even when caring needs are substantial and ongoing.

Occupational Therapists and Physiotherapists would also refer patients occasionally.

Other Ward and department staff did not have specific resources for referring Carers for ongoing support.
Resources Produced to enable Carer Recognition

Post Cards
Initial trials with A4 referral sheets – available as hard copies or via the Intranet – proved unpopular.

In consultation with ward staff and managers a ‘Reply Addressed’ Post Card was designed. The Card provided an invitation for anyone who was ‘looking after someone at home with a long-term illness or disability’ to find out more about support and information that was available. (See Appendix 9)

Cards were supplied for staff to give to any Carers they identified.

Perspex Display Boxes were placed in reception areas of the hospital where Carers could pick them up for themselves. The Cards carry an outline of the Carers Charter, and an invitation for Carers to use them to request more information about support available to Carers. The Cards are addressed for return to the Carers Development Project and can be posted via the hospitals own internal mail system or returned to the Carers Development Officer with a 2nd class stamp.

Cards were initially supplied to wards and departments who had participated in the consultation process and then to others as requested.

Cards are coded so that a record can be made of where they are returned from.

When it became apparent that staff were not giving Cards to Carers, extra Perspex Display boxes were made available for Ward and Department reception desks. (Most of the Perspex display boxes were provided by a donation from ‘Friends of Lewisham Hospital’)

After discussions with staff at SLAM a similar post card was designed for the Ladywell Unit. Wording was adapted as appropriate to the Mental Health setting. Display boxes for the cards were mounted on the walls next to Ward entrances and provided for the counter in the Café on the ground floor and reception area for the 4th Floor Seminar Room.

Counting on Carers Slips
In discussion with the manager of the UHL Outpatients Department it was decided to make ‘Counting on Carers’ ‘post it’ Slips* available for use with appointment cards. The sticky slips can be attached to appointment cards. They give a definition of a Carer and ask if the Patient is a Carer or if someone is a Carer for them. These slips also enable carers to request additional information. The slips are then returned to Reception staff who can add the data to their records. (See Appendix 10)

The’ Counting on Carers’ system was devised by Carers Lewisham for use by reception staff in GP surgeries. It has been proved successful through a National Demonstration Project.

To counter any problems of tying up staff time explaining the Slips attached to appointment
Resources Cont...

cards, a brief explanatory leaflet was devised to display in the Outpatients Clinic. (See Appendix 11)

Explanatory leaflet for staff
To support Carer Awareness in training sessions a trifold leaflet was produced. This included the Carers Charter and an outline of the Three Key elements to fulfilling the Charter. Recognition, Record, and Refer.

These leaflets are also used by the PALS Manager during induction sessions. Copies are also distributed whenever appropriate to support conversations or meetings with staff.

Carers Quiz
A training tool devised by Diana Jones, Chief Executive of Carers Lewisham in the form of a quiz was adapted for use during Carer Awareness training sessions at UHL and the Ladywell Unit. (See Appendix 11)

Patientline Advert
An opportunity was taken to have a free advert included in the Community Information section that scrolls on Patientline during the periods that the screen is not being used for Television Programmes.

It is worth noting that no funding for Resources was attached to the Carers Development Project Grant.

Funding for the resources developed came from the existing PALS Budget, Carers Lewisham PRTC and Friends of Lewisham Hospital.

Inclusion in Annual Reports and at AGMs
It was a surprise to note that health care providers commitment to Carers and the work being done to implement the Carers Charters was not included in Annual Reports. After questions were asked at the AGMs for both Lewisham Hospital and SLAM, each now have a commitment to include Carers in their Annual Reports. The response from UHL included the opportunity for a Carers Development Presentation at their 2006 AGM.

Improving Working Lives initiative (IWL)
Staff involved with the IWL project at Lewisham Hospital were pleased to be associated with the Carers Development Project. Approximately 2,500 staff are employed at the hospital of whom a percentage will be Carers.

Opportunities were taken to participate in I.W.L. outreach events including an information day and some lunchtime ‘surgery’ sessions in the Hospital Staff and Visitor restaurant. Information for working Carers from the Princess Royal Trust for Carers network was channelled to the IWL contact at UHL.
Resources cont...

From involvement with this initiative came the suggestion and opportunity to use the Payroll Mailing system to circulate a staff survey on the Carers Development Project.

In response recent legislation UHL now has a Workers Equality Group. This is providing more opportunities to keep Carer Issues on the agenda with staff involved.

**UHL Hospital Website**
With assistance from the Hospital’s Webmaster, UHL now has a dedicated page for carers on its website. This page links to a ‘bookshelf’ which contains information on Carers for staff and/or the public.

Copies of the Carers Lewisham Newsletter are available through a link on the Website.

Information about the hospital’s commitment to Carers is also available.
**Impact of the Project**

Carer Awareness continues to be part of PALS presentation at all Staff inductions. Further requests for a specific item on Carers as part of the Induction Programme are still rejected as the agenda is too busy.

Carer Awareness is now also included in in-service training modules:
- Staff Training for Discharge Planning
- Staff Training on the Complaints Procedure*

**Resources** in place for Staff include

- Carers’ Charter Posters and Flyers (these now include a definition of Carer)
- Staff information Leaflets promoting the 3R’s**
- Referral tools in the form of Post Cards and Counting on Carers Slips to be used by staff, either to refer Carers or to encourage Carers to seek more information.
- Perspex Card display boxes at various locations for Carers to pick up themselves.
- Explanatory leaflets in Outpatients for the ‘Counting on Carers’ Slips
- Copies of Carers Lewisham Newsletters circulated to all wards and departments and via the internal UHL communication system.
- Relevant information and internet links, plus Carers Lewisham Newsletters posted to the Carers’ page on the Hospital’s website.
- Dedicated space for Carer information on the hospitals’ website.
- Access to information and advice on Carer Issues via the Carers Development Project Hospital Mobile phone contact and email.

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An ill and disabled person was required to be moved between UHL and another Hospital. The Carer knew that nature of their cared for person’s condition meant they required transport in which they could travel lying down but instead a bus style ambulance was provided. When the extremely anxious and angry Carer, who was to accompany the patient on the journey, tried to explain that the bus was not appropriate she was not listened to and an argument ensued. The carer made an official complaint with the support of the CDO and when it was heard by a group of senior staff it was recognized that, given the seriousness of the patient’s condition, to have accepted the transport offered would indeed have put the patients life even more at risk.

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*Information supplied by the Complaints Manager at UHL identifies approximately 43% of complaints are made by Carers rather than the patient themselves.

** See Pages 16 and 17
Obstacles to be Overcome

Obstacles still to be overcome by health service providers

- Traditional working practices making it difficult for staff to take a holistic view of patients which leads to Caring situations going unrecognised.

- Incomplete gathering of information for patient records. Quote from a ward clerk responsible for data entry “If we have to do it, we will”

- The number of changes that the service has to accommodate in respect of budgets and national guidelines impacts on staff and how the service is organised. This disrupts working relationships and can negatively affect the progress of projects seeking to influence externally.

- PIMS system at UHL not conducive to inclusion of Carer details.

Obstacles to Carer Recognition in the wider community

Why Carers often remain invisible in the health care system and the reasons why Carers may not be or wish to be identified.

- Sensitivity of the person being cared for, ‘I’m not helpless’

- Acceptance that caring responsibilities are part of the commitment to a partner or family member and that requiring outside support is in some way perceived as failure.

- An understanding that a relationship automatically includes Caring responsibilities and that to seek help or support in meeting those responsibilities is in some way a betrayal.

- That recognition as Carer will change the nature of a relationship – husband, wife, partner, child, neighbour or friend.

- Concerns that being recognised as a Carer will mean that the Carer will be left with more responsibility than they feel they can manage.

- Worries that ‘outsiders’ will interfere in family relationships/business.

- A feeling that the Carer is being critically judged for the caring they do; that in someway they are failing the person they care for.
Impact of the Carers Hospital Development Project

For Carers

- Increase in Carer Awareness.
- Updated publicity about Lewisham Hospital’s Carers Charter displayed or available throughout the hospital.
- Easy to use Post Card system for Carers to request more information or self-refer is in place.
- Access to support from hospital based project worker.

It’s been such a difficult thing to come to terms with. My partner was fit, we were making plans for our retirement and now this Stroke has changed everything. The staff on the ward have been very good looking after him, but for the first time I feel I’m talking to someone who understands what it’s like for me.

For Healthcare Staff

- Recognition that systems currently employed by health service providers need to be improved or adapted if they are to support commitments to Carers.
- Recognition that staff members may also have caring responsibilities.
- Improved content and accessibility of information about Carers on the Hospital’s Website

I didn’t know what to do for the best, I like my job but it’s difficult to see how I am going to cope with work and being a Carer. I wanted to know how do other people manage, what are the options? The Web site has really helped.

My opinion of the recognition of carers by staff has improved. There are, as in many institutions, many excellent staff that would walk the extra mile to ensure both hubby and myself are well informed, well looked after AND they still have a smile after working a long 12-hour shift! We have met staff that have been both professional yet personal with the information we need and have followed my instructions for the care of hubby to the letter with a smile and laugh. Sadly though, we have met other staff that are both unprofessional and uncaring and who have NO carer-aware skills let alone a decent bedside manner!'
Conclusions and Recommendations

From the beginning of the Carers Development Project it was understood that to be successful this had to be a ‘culture changing’ exercise. However changing culture is a long term aspiration and the right foundations are essential to bring this about. A lot of good work has been accomplished to date by staff and there is no doubt that the right foundations have been laid. However the resources developed to enable Carer recognition and support need to be funded in the future. We now need to build on this work and ensure that all staff are aware of and understand their responsibilities to carers in order to provide the best possible standards of care.

LONG TERM RECOMMENDATIONS

- **Training:** All training, from initial/foundation to full qualification status and ongoing in-service update training, to include Carer awareness, and an understanding of the correct legal definition of a Carer.

- **Management Strategies:** Recognition of responsibilities to Carers should be reflected in Job Specifications, Induction procedures and in Service planning and delivery. All Hospitals should have a specific Charter highlighting its responsibility to people with caring responsibilities. A hospital post holder to have responsibility for monitoring and reviewing the continued application of any Carers’ Charter.

- **Resources:** Paper and electronic patient recording systems that enable staff to record Carer details. Future IT Systems commissioned for Health Service use to provide facilities for Carer information to be recorded easily with a visible ‘tag’ on Patient’s Record Home Page that indicates Carer details are included. Simple systems to enable staff to refer Carers to sources of support, or that encourage Carers to access information and support for themselves to be put into effect.

- **Partnerships:** Establish more effective working contacts with relevant departments in healthcare, local Social Services and Voluntary Sector agencies that support Carers.

- **Service Planning:** Carers’ Charter pledges to be reflected in all future health care service planning.

- **Service Culture:** For the Acute sector to meet their legal responsibilities and commitments to Carers, a culture of recognising and valuing Carers needs to be established in wards and departments

IMMEDIATE RECOMMENDATIONS

- Ensure that the word ‘Carer’ is used correctly as per the legislation at all times (Carers Act 1995; Carers and Disabled Children Act 2000; Carers Equal Opportunities Act 2005)
Conclusions and Recommendations cont.…. 

- Ensure staff are fully aware of their legal responsibilities towards Carers
- Provide Carer recognition and awareness training to staff to better enable them to identify the Carers of their service users
- To involve Carers more systematically in training professionals
- Ensure Carer information is recorded on current systems
- Encourage staff to refer Carers to ongoing support services that are available in most areas
- Ensure Carers information is available on the wards and in outpatient clinics
- Ensure that Carers are included as partners in the development of care plans for the patient particularly in discharge planning
- Recognise that a percentage of patients will have caring responsibilities themselves
- Recognise that a percentage of health care staff will have caring responsibilities themselves
- Monitor and review to ensure that health care staff are fulfilling their legal obligations to Carers
- Ensure that all Staff are aware of the local Carers’ support contact numbers
- Ensure that patients needs and therefore those of Carers are at the centre of service delivery
- To involve Carers more in the planning and development of services
Appendix 1

CODE OF PRACTICE FOR CARERS
LEWISHAM HOSPITAL NHS TRUST

1. All staff in the Trust will endeavour to adhere to this code of practice. The code will be subject to review and monitoring on a regular basis.

2. The ward/department staff will identify the main carers – who may not necessarily be the next of kin – during the initial assessment of patient needs and will document this in the patient’s records.

3. The named nurse will arrange a meeting with the carer as soon as possible to identify the main needs/concerns of the carer, preferably within 48 hours of admission.

4. The carer will be given the opportunity to state what they want to do and what they can do to contribute towards the care of the patient during their stay in hospital and following discharge home.

5. The nursing staff will ensure all relevant information is shared with the carer and evidence of this will be documented. The carer will be seen at all times as the prime person to communicate all changes and arrangements for discharge concerning the patient.

6. Explanation of probable treatment regimes will be made available to the carer and any anxieties and fears will be acknowledged and documented in the nursing notes. Any relevant information will be given to the carer.

7. All carers will have access to training in any new treatment/practices, eg. giving drinks, helping with eating, helping with correct positioning etc (only if they wish to help). Staff will offer to involve the carers and arrange for opportunities of training as necessary.

8. The carer will be consulted about all medication, the frequency of medication, side effects and given any written information.

9. In planning the care of the patient in hospital or prior to discharge the views and capabilities of the carer will be acknowledged and documented. The carer will be consulted and involved in all arrangements for discharge.

10. Staff will be sympathetic to the physical and psychological stress that the carer may be under and will support the carer when they find their role difficult to continue. Staff will deal sensitively with the carer in these circumstances. The relevant social worker will be involved as necessary.
Appendix 2

Carers Charter
The Lewisham Hospital  NHS Trust

Staff will ensure all Carers are:

- Identified and their caring role recognised
- Treated with respect and dignity
- Listened to and their expertise acknowledged
- Appropriately consulted and kept informed
- Supported appropriately

If a Carer is unhappy with the service they receive they should speak to the Ward Manager or Head of Department

If concerns are not resolved, ask to speak to the Modern Matron for that area or contact PALS on 020 8676 7415
Appendix 3

Carers Charter

Staff at Lewisham Hospital will ensure all Carers are:

- Identified and their caring role recognised
- Treated with respect and dignity
- Listened to and their expertise acknowledged
- Appropriately supported, consulted and kept informed

A ‘Carer’ is someone who looks after their mentally or physically disabled, ill or frail child, partner other relative or friend.

If you are a carer and would like further information or advice please ring The Lewisham Hospital Carers Development Officer on 07775 800 261

If a Carer is unhappy with the service they receive they should speak to the Ward Manager or Head of Department

If concerns are not resolved, ask to speak to the Modern Matron for that area or contact PALS on 020 8676 7415
Appendix 4

Support for Friends and Family

Carers Charter
If you provide or are about to provide help or support to someone who suffers from mental distress, then you are a Carer.

We will ensure all Carers are:
• Identified and their caring role recognized
• Treated with respect and dignity
• Listened to and their knowledge of the patient valued
• Appropriately supported, consulted and kept informed

Who to contact?
If you are a carer and would like further information or advice you can contact the following:

Grace Blyth, the Lewisham Hospital Carers Development Officer (Carers Lewisham) on 020 8699 8686 or 07775 800 261

Anna Callinan, Patient Information and Support Officer (hospital based) on 020 8333 3000 ext 8436 or Sandra Hopley, Carers Assessment and Support Worker (community based) on 07968 485119

Patient Advice and Liaison Service (PALS) 020 7740 5084
WORKING THE ‘3R’s

Recognition:
Opportunities for raising staff awareness:
· During the general induction process at the Hospital
· As part of ongoing training courses available to staff: e. g., ‘My customer, my responsibility’ and ‘Dealing with Complaints’.
· Support for staff who have caring responsibilities at home themselves.
· Carers Charter and information displayed throughout the hospital.
· Carer’s information leaflets and self-referral cards available in all wards and departments.

Recording:
Using the spaces on Patient Record Forms for collecting information about Care situations at home. Patient information should be updated at all opportunities.

When available, Carer information should be included on the electronic record system PIMS

Referrals:

In consultation with Health Carer Staff two resources have been developed.
· The green Carers Referral Card
· The ‘Counting on Carers’ slip

Cards and slips invite Carers to request more information about support services available to them.

Green Referral cards are displayed in some locations around the hospital for Carers to pick up for themselves. There are also supplies on most wards for staff to hand to Carers.

Carers are addressed for return by staff via the hospital’s internal mail system or Carers may prefer to post them back to the hospital via Royal Mail.

The ‘Counting on Carers’ slips are available in departments that use appointment cards. Attached to the appointment card a slip can be completed by the patient while waiting to be seen, or returned on the patient’s next visit and handed to reception staff. Returned slips can be sent to, or collected by the Project Development Officer. (After the Carers Development Project, referrals will be...
Recognising a Carer:
A Carer is someone who looks after a physically or mentally ill, disabled or frail relative, partner, child or friend. (This is a legal definition*; the term Carer should not be used to describe Care workers or Care assistants who are paid)

Carers do not get paid and they often do not recognise themselves as Carers. Anyone, whatever their gender, from the very young to the very elderly, may find themselves with caring responsibilities. At any time approximately 1 in 10 people in the UK are Carers.

1 in every 2 people will be Carers at sometime in their lives.

General Carer Information can be found on the hospital's website, www.carersuk.org or www.carers.org
Carers Lewisham can be contacted on 020 8699 8686 or Info@carerslewisham.org.uk
Hospital Project contact number 07775 800 261

* Carers (Services and Recognition) Act 1995. Carers and Disabled Children’s Act 2000 and the recent Carers (Equal

Lewisham Hospital’s Commitment to Carers
In September 2003, in response to legislation and recognising the contribution that Carers make to Health Service Provision (saving an estimated £57 billion pounds each year in the UK - £180 million of that in Lewisham), Lewisham Hospital adopted their Carers Charter

The Charter states that:
Staff at Lewisham Hospital will ensure all Carers are:
· Identified and their caring role recognised
· Treated with respect and dignity
· Listened to and their expertise acknowledged
· Appropriately supported, consulted and kept informed.

At the beginning of 2005 a Lottery Funded Carers Development Project began. The aim of the Project, to assist the Hospital and the Ladywell Unit (MH) to fulfil their respons-

Carers Development Project
The Project Development worker in consultation with all levels of staff in Lewisham Hospital identified three core elements required to fulfil responsibilities to Carers:

Recognition
Recording
Referral
(The 3 R’s)

In June 2006 a staff survey revealed that the majority of staff required help to be more ‘Carer Aware’.

A study of information on the Electronic Patient Information system revealed that Carer details are generally not included when recording patient details

Quick and easy systems developed to enable staff to refer Carers for information and support are not often used.
Appendix 7

Hospital Staff Survey on the Carers Development Project
In partnership with Carers Lewisham PRTC,
Lewisham Hospital is working to fully implement their Carers Charter

1. Please describe what you understand the word CARER to mean:

………………………………………………………………………………………………………………………………………………...

2. Do you feel you have a good understanding of Carers needs:
   Yes                      No                        Possibly

3. Have you heard about the Hospital Carers Development Project in UHL and the Ladywell Unit?
   Yes                      No

   If yes, do you feel the project has helped you have a better understanding of Carers and how to help them?
   Yes              No

3. Have you heard about:
   Lewisham Hospitals Carers Charter        Yes            No
   Carers Postcards                        Yes            No

5. If yes, have you given a Carers’ Postcard to a Carer that you identified?
   No                         Yes (If ‘yes’ – approximately how many? ………….)

If you have answered No to any of the above questions and would like to know more about the Hospitals Carers Development Project please contact the Project Worker. Messages can be left on the Lewisham Hospital Carers Project Enquiry Line 07775 800 261 or by email to grace.blyth@uhl.nhs.uk

6. Have you referred any Carers you have been in contact with to the Hospital Carers Development Project?
   Yes                      No

   If No, why not? (tick all that apply)
   Don't know how to       Time constraints
   Have not been in contact with any Carers

Another reason, please describe ………………………………………………………………………………………………………

6. Do you agree or disagree with the following statement:
   The Carers Development Project is a useful resource for the hospital and is making a difference to the way we support Carers.
   Yes              No                     Possibly

Thank you for taking the time to take part in this Survey. Please return the form to the address overleaf by the Hospital’s Internal Mail.

Forms may be folded and sealed with the address showing or returned in an envelope to the same address.
Appendix 8

Post Card for use by Carers in touch with the Ladywell Unit

To: Carers Development Officer
c/o The Owen Centre
Lewisham Hospital
Lewisham High Street
SE13 6LH

SLAM in partnership with Carers Lewisham PRTC
Recognising and Supporting Carers

- Do you support a friend, partner or family member with a mental health problem?
- Would you like to know about support and advice available to Carers like you?
- If so, please fill in your details below and return the card to the address overleaf.
- Alternatively, you can ring the Carers Development Officer on 07775 800 261
  Or call Carers Lewisham on 020 8699 8686

I would like to know what advice and support is available for Carers

Name…………………………………………………..Tel………………
Email…………………………………………………………
Address……………………………………………………………………………………………………
…………………………………………………………Post Code…………………………….

Please ask a member of staff to put his card in the internal mail system or
you can post it back to Lewisham Hospital with a 2nd class stamp
Appendix 9

Post Card for use by Carers in touch with the University Hospital Lewisham
Reproduced on Green Card

To: Carers Development Officer
c/o The Owen Centre
Lewisham Hospital
Lewisham High Street
SE13 6LH

The Lewisham Hospital NHS Trust in partnership with Carers Lewisham PRTC
Recognising and Supporting Carers

- Do you look after someone at home with a long-term illness or disability?
- Would you like to know about support and advice available to Carers like you?
- If so, please fill in your details below and return the card to the address overleaf.
- Or you can ring the Carers Development Officer on 07775 800 261

Or call Carers Lewisham on 020 8699 8686

I would like to know what advice and support is available for Carers

Name........................................................................Tel................................................

Email..........................................................................................................................

Address....................................................................................................................

...............................................................................................................Post Code

Please ask a member of staff to put his card in the internal mail system or
you can post it back to Lewisham Hospital with a 2\textsuperscript{nd} class stamp
Appendix 10

Counting on Carers

A CARER IS SOMEONE WHO LOOKS AFTER A FAMILY MEMBER, A PARTNER OR FRIEND IN NEED OF HELP BECAUSE THEY ARE MENTALLY OR PHYSICALLY ILL, FRAIL OR DISABLED.

Are YOU a CARER? YES □ NO □
Is someone a CARER for you? YES □ NO □
CARER’s name: .................................................................
Address .................................................................
Tel: ........................................................................
CARED for’s name: .................................................................
Address .................................................................
Tel: ........................................................................

Please return this slip to the Receptionist.
May we pass your contact information to the local Carers organisation who will send you information on the support they offer?
YES □ NO □

For Office Use Only: Carer’s record marked (tick box) □
Cared for person’s record marked (tick box) □

Copyright Carers Lewisham 2006
Appendix 11

**WHAT DO YOU KNOW ABOUT CARERS QUIZ**

1. How many carers are there in the UK?
2. How many carers are there in the Borough of Lewisham?
3. How many care for 50 hours or more per week?

<table>
<thead>
<tr>
<th></th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Over 2 million people become a carer annually</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Carers are usually middle aged women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Half of all the population will become a carer at some point in their lives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. 1 in 5 carers look after someone not related to them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. 6 out of 10 carers providing substantial care have given up paid work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Half of all carers find themselves worse off because of caring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Carers Allowance is available to all carers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Carers are twice as likely to suffer from poor health than the non carer population</td>
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<td></td>
</tr>
<tr>
<td>12. There are around 50,000 children with caring responsibilities in the UK</td>
<td></td>
<td></td>
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<tr>
<td>13. Carers save the NHS £57 billion annually</td>
<td></td>
<td></td>
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<tr>
<td>14. Carers are a powerful force politically and now have a stronger voice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
QUIZ ANSWERS

1. How many carers are there in the UK? - **6 million**
2. How many carers are there in the Borough of Lewisham? **20,000**, of these **6,500 provide care for 20 hours per week or more, 4,300 provide 50 plus hours per week.**
3. How many care for 50 hours or more per week? **1.09 million**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Over 2 million people become a carer annually</td>
<td>False – 2.3 million</td>
</tr>
<tr>
<td>5. Carers are usually middle aged women</td>
<td>TRUE however 2.9 million are men. The peak age for caring is 45-64 (24%) 8% of those aged 16-29 15% of those aged 30-44. 13% of those aged over 65</td>
</tr>
<tr>
<td>6. Half of all the population will become a carer at some point in their lives</td>
<td>False – 3 in 5 will become a carer</td>
</tr>
<tr>
<td>7. 1 in 5 carers look after someone not related to them</td>
<td>True</td>
</tr>
<tr>
<td>8. 6 out of 10 carers providing substantial care have given up paid work</td>
<td>True</td>
</tr>
<tr>
<td>9. Half of all carers find themselves worse off because of caring</td>
<td>False 7 out of 10</td>
</tr>
<tr>
<td>10. Carers Allowance is available to all carers</td>
<td>False. If you are over 65 and getting a pension or earning more than £80 you cannot claim</td>
</tr>
<tr>
<td>11. Carers are twice as likely to suffer from poor health than the non carers population</td>
<td>True - Of those carers providing 50 hours care per week 20% are suffering from poor health, double the proportion for the non-carer population</td>
</tr>
<tr>
<td>12. There are around 50,000 children with caring responsibilities in the UK</td>
<td>120,000 carers are children</td>
</tr>
<tr>
<td>13. Carers save the NHS £57 billion annually</td>
<td>True</td>
</tr>
<tr>
<td>13. Carers are a powerful force politically and now have a stronger voice</td>
<td>Lets hope so!</td>
</tr>
</tbody>
</table>
Acknowledgements

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