

Grimethorpe Surgery

The Grimethorpe Centre

Off Acorn Way

Grimethorpe

Barnsley

S72 7NZ

Tel: 01226 716809

The Cudworth Centre

Carlton Street

Cudworth

Barnsley

S72 8SU

Tel: 01226 707110

PATIENT INFORMATION LEAFLET

Leaflet for Carers



Caring for Patients *** Caring for Carers

Introduction

Research shows that for every 1000 patients, 120 will be carers. It has also been estimated that 1 in 5 households in the UK may contain a carer.

It's estimated that 27,161 people in Barnsley spend part of their week looking after adult friends or relatives.

Definition of a Carer

Individuals irrespective of age, who provide or supervise a substantial amount of care on a regular basis of a child, relative, partner or neighbour who is unable to manage on their own due to illness, disability, frailty, mental distress or impairment.

The term "carer" would not normally apply if the person is:

- a paid carer
- a volunteer from a voluntary agency
- anyone providing personal assistance for payment either in cash or kind

A carer can be a child looking after an older person or parent, or an older person looking after a disabled partner. The definition may be quite wide-ranging.

We would like to help all carers registered with the Practice, firstly by finding out who you are, and then if the GP or Carer feels an assessment of need is appropriate, to provide information about self-referral or make a referral to Adult Care Services on your behalf.

Who is a Carer?

Many people are in a caring role but do not recognise themselves as a Carer. They will say:

- "I'm not a carer, we care for each other"
- "I'm not a carer; it's my Mum/Son/Neighbour etc."
- "I'm not a carer I only pop in to see if their okay or want anything from the shop"

We would say to all these people: "Yes! You are a Carer!"

If you are still unsure whether you are a carer look at the two lists below and if you can tick at least one box in each section then you are a carer.

You can also check the list to find out if your family member, friend or loved one is your carer. We would like to also hear from you if you have a carer.

You have a family member or friend who has:

Physical disability, MS, Cerebral Palsy, Arthritis etc.	
Mental Health problem, Depression, Schizophrenia, Bi-Polar etc.	
Learning Disability, ADHD, Autism, Asperger's	
Sensory disability, hearing, sight or speech problems	
Dementia, Alzheimer's, frail due to age	
Suffered a Stroke, heart attack, head injury	
A drug, drink problem	
HIV or AIDS	
Cancer	

You help them with

Shopping / Cooking / Housework / Gardening/ Washing /dressing	
Doctor / Hospital / Dentist appointments / Medication	
Mail - Filling forms in / Benefits / Finances	
Popping in - to check they are okay / Visiting - to keep company	
Transport (lifts) or help when using public transport	

So, I'm a Carer. What next?

You can join our Carers' Register by filling in the form included.

Does a Carer automatically have access to the patient's medical details?

No

If a patient has a carer and wishes the carer to have access to his or her medical information, the patient needs to request this specifically.

To request this, the patient will need to fill a "Third Party Consent" form which is included in this leaflet.

If the doctor feels the patient is at risk of being coerced into agreeing to share their medical information, the doctor may decide not to grant this access. This will be decided on a case-by-case basis to ensure our patients are not put at risk as best we can.

Where can I get support in my role as a Carer?

On the next pages you can find details of where carers can receive support. This list is not exhaustive; we have only listed those we are currently aware of. We hope this information is helpful to you.

Barnsley Council Support for Carers

Yorkshire and Humberside

Barnsley

S70 9GG

Address

Adult Social Care

Customer Access Team

P O Box 634

Barnsley

S70 9GG

Contact details:

Tel: 01226 77 33 00

Website: www.barnsley.gov.uk/support-for-carers/

Barnsley Parents & Carers Forum

Yorkshire and Humberside

Barnsley

S70 2JW

Address

The Core

County Way

Barnsley

S70 2JW

Contact details:

Tel: 01226 292 222

Email: info@barnsleypcf.org

Crossroads Care Barnsley

Yorkshire and Humberside

Barnsley

S75 2BL

Address

Maple House

Maple Estate

Stocks Lane

Barnsley

S75 2BL

Contact details:

Tel: 01226 731 094

Email: barnsley@crossroads.org.uk

Website: www.crossroadsbarnsley.org/

Age UK Advice Line

0800 678 1602

Free to call 8am - 7pm 365 days a year

<https://www.ageuk.org.uk/>

Carers UK advice line

0808 808 7777

web: www.carersuk.org

email: advice@carersuk.org

Independent information and support for carers.

Barnsley Dementia Support Service

Contact Name:

The Live Well Team

Telephone:

01226 288772

Carers Trust

[Crossroads Care Rotherham](#)

Unit H The Point Bradmarsh

Rotherham

S60 1BP

01709 360272

info@crossroadsrotherham.co.uk

<http://www.crossroadsrotherham.co.uk>

Carers Trust Web

www.carers.org

Information and support for carers, including an online chat room

Barnsley Carers Service

Introducing your new Barnsley Carers Service, here to support you in your caring role, help you to stay connected in your community and give you balance in your life.

Phone: 01226 288772

Email: BarnsleyCarers@makingspace.co.uk

Address: Priory Campus, Pontefract Road, Barnsley, South Yorkshire S71 5PN

Young Carers Service

Barnardo's

Priory Campus, Pontefract Road, Barnsley, South Yorkshire S71 5PN

If you're a young carer and you need support, you can get in touch with Barnardo's directly on (01226) 770619.

Barnardo's also provides a Sibling Support Service at the Priory Family Centre. The service offers group support to brothers and sisters of children with disabilities who live in the Barnsley area.

CARERS IDENTIFICATION

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

If so, you are a carer and we would like to support you. First we need to record your Carer status so that we are aware of your situation and potential needs for the future. If you are a patient at this practice, we are very willing to help and support the needs of people who are Carers as well as those who are being cared for. We can also offer details of local organisations, or details of how to have a Carers Assessment. As a Carer you are entitled to have your needs assessed by Social Services Adult Contact Team. You will receive support, information on a range of topics such as entitlement to benefits and respite care, and not least, a listening ear when things get too much.

Your Details:

Name	
Date Of Birth	
Address	
Post Code	
Telephone Number	
Relevant Information	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name	
Date Of Birth	
Address (If Different From Above)	
Post Code	
Telephone Number (If Different From Above)	
GP Details (If Different From Your Own)	

- Please pass my details to the Carers Service.
- Please refer me to Adult Care Services for a Carers Assessment.

Thank you for completing this form

DO YOU HAVE SOMEONE WHO LOOKS AFTER YOU?

If so, this person is a carer and we would like to support them. First we need to record their Carer status so that we are aware of their situation and potential needs for the future. If they are a patient at this practice, we are very willing to help and support the needs of people who are Carers as well as those who are being cared for. We can also offer details of local organisations, or details of how to have a Carers Assessment. As a Carer you are entitled to have your needs assessed by Social Services Adult Contact Team. You will receive support, information on a range of topics such as entitlement to benefits and respite care, and not least, a listening ear when things get too much. If the carer is not a patient at our practice, their own GP will also be willing to support them.

Your Details:

Name	
Date Of Birth	
Address	
Post Code	
Telephone Number	
Relevant Information	

DETAILS OF THE PERSON WHO LOOKS AFTER YOU:

Name	
Date Of Birth	
Address (If Different From Above)	
Post Code	
Telephone Number (If Different From Above)	
GP Details (If Different From Your Own)	

Thank you for completing this form

CONSENT TO DISCLOSE CONFIDENTIAL MEDICAL INFORMATION TO A THIRD PARTY.

(Please bring in a form of ID when returning this form)

ID checked by receptionist

Details of patient consenting to sharing of information:

Name:	DOB:
Address:	

Details of person you consent private medical information to be shared with:

Name:	DOB:
Relationship to patient:	Tel. number:
Address:	Mobile number:

Please tick which information you consent to being shared with the person named above:

<input type="checkbox"/> Full disclosure of any matter related to my medical record (please specify duration of consent, default is 12 months unless you have specified otherwise)	
From:	To:
<input type="checkbox"/> Limited disclosure of the following aspects of my medical record (please tick the relevant boxes only)	
<input type="checkbox"/> Test results	<input type="checkbox"/> Appointment queries
<input type="checkbox"/> Prescription queries	<input type="checkbox"/> Referral queries
<input type="checkbox"/> Another matter related to my medical record, that is:	

I am aware I can revoke this consent at any time in writing to the Practice Manager.

Signature: _____ Date: _____

Witnessed by (*this cannot be the person who is granted consent to!*)

Signature: _____ Date: _____

For GP surgery use only:

Approved by GP	Sign:	Date:	Scanned <input type="checkbox"/>	Reminder <input type="checkbox"/>
Expiry date of consent:		It is the patient's responsibility to renew the consent on expiry if appropriate		Copy to patient <input type="checkbox"/>