**COMMISSIONING FOR CARERS PRINCIPLES**



## Principle 1 - Think Carer, Think Family; Make Every Contact Count

Evidence shows that carers have poorer health outcomes than the non-carer population but that early identification of carers can improve their health and wellbeing. However, carers are not easy to identify and may not consider themselves to be carers. 70% of carers come into contact with health professionals and yet, of those, only 10% are identified, with GPs more specifically only identifying 7%.[[1]](#endnote-2) Encouraging services to think carer, think family, can help to improve the identification of carers and support better health and wellbeing outcomes. Over 80% of carers surveyed for the 2014 State of Caring Survey said that caring has had a negative impact on their health.[[2]](#endnote-3)

**(Select one colour only. Rate where red lowest----------and green highest)**

How assured are you that that carer views have helped to shape the development of service specifications?

|[ ] [ ] [ ]
|  |

What could you do to improve the rating? --------------------------------------------------------------------------------------------------------------------------------------------------------------------------

How assured are you that your providers have appropriate mechanisms for identifying carers in primary and secondary care?

|[ ] [ ] [ ]
|  |

What would improve your rating? -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

How assured are that carers are identified by primary and secondary care services you commission?

|[ ] [ ] [ ]
|  |

What would improve your rating? -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Ask yourself …**

* Is identification of carers part of the assurance process in your contracts with all the services you commission?
* Ask or use illustrative questions to identify carers for example, ‘Do you look after or give support to someone?’ or ‘when your mum is getting ready in the morning, do you help her with getting washed and dressed?’ (as the response to ‘are you a carer’ can often elicit a negative response)
* Do services you commission have set procedures for identifying carers?
* Do you involve carers in commissioning?
* How do you ensure that young carers and young adult carers supporting someone have access to information and specialised support?
* Do you have a carers’ policy within the contract of every provider?
* Do your care and support planning templates include sections for carers?
* Are your commissioning strategies integrated into a local multi-agency strategy led by local authorities with social services responsibilities?
* Do your voluntary organisations commissioned by the statutory sector have outcomes as their core business, for example asking carers about experience of services they have received?
* Have you considered local incentives such as a Local Enhanced Service for carers?
* Have your five year commissioning plans adequately considered carers? Have they been reviewed to ensure they are carer friendly?
* Do staff routinely consider carers and have mechanisms for identifying them?
* Your census data will give you an indication of carers in your area, but do you know how many carers are using your services?
* Do you know how effective your area is in generating referrals or signposting to local statutory and voluntary support services?
* How integrated are the systems for signposting? For example do you have an integrated strategy which everyone links into?
* Do you know if GP practices in your area have a carers register and if they regularly review this?
* Have you considered commissioning annual carers’ health check?
* Do you know if carers are offered a flu jab?
* Are you assured that carers support and /or awareness training is included in inductions for staff or in mandatory training?
* Are you assured there is a carers lead or champion in services you commission?
* Do services you commission have formal mechanisms for linking with local authorities under the stipulation of the new Care Act 2014?

**Good Practice examples:**

* Northamptonshire Carers; Identification at GP practices and referral into Northamptonshire Carers includes flu vaccinations as part of annual health and wellbeing check. <http://www.nhsiq.nhs.uk/media/2535967/carers_case_study_-_northamptonshire_carers_centre.pdf>
* Carers Northumberland-Identification and support for carers <http://www.nhsiq.nhs.uk/media/2543454/carers_gp_support_project_northumberland.pdf>
* Falsgrave Surgery- one of the 10 RCGP Exemplary Practices which have implemented a number of initiatives to increase the identification and support of carers. <http://www.nhsiq.nhs.uk/media/2580979/gp_carers__falsgrave_surgery.pdf>

**References:**

1. Schonegevel, L. (2013) *Macmillan Briefing on Carers Issues* (online) Available from: <http://www.macmillan.org.uk/Documents/GetInvolved/Campaigns/MPs/Commons2ndReadingBriefing.pdf> [↑](#endnote-ref-2)
2. State of Caring 2014;

 <http://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2014> [↑](#endnote-ref-3)