Engaging with GP practices

- Helping a practice to improve elements of its carer work and getting the practice to own, take on and sustain the work they need to do, has been a tricky balance.

- The Carers Health Development Project (CHDP) has been prepared to be patient and persistent in its contact with practices, being flexible in its approach and being aware of the pressures and priorities that drive primary care colleagues.

- It has been helpful to share experiences of developing support for carers between local practices and other parts of the country.

- CHDP has provided a bridge for contact between practices and carer support in the wider community, making practices aware of the resources other organisations can offer to carers and, in some instances, involving these organisations in directly working with practices.

- Ultimately the practice must determine what they are willing to do and have the capacity to take on. Thus, practices have had different inputs and therefore different outputs and outcomes from the health project.

Carers Health Development Project is an initiative by The Carers’ Support Centre and was set up to assist local NHS organisations in implementing the Bristol Joint Carers Strategy.
1. Background

GP practices are often seen by other organisations as difficult to engage with and often resistant to new ideas. The Carers Health Development Project (CHDP) had a major aim of working with GP practices to help them make their contribution to the Bristol Joint Carers Strategy. In the early scoping phase of the project efforts were made to explore the best ways to engage with GP practices and identify key factors that might hinder their engagement.

There had been earlier attempts to encourage GP practices to engage with the carer support agenda. The 2003 Quality and Outcome Framework (QUOF) had provided extra points for practices if they identified a carers' champion. A further requirement in the QUOF 2008 was that practices should have a written carers' policy.

Locally there had been a 2 year project Carers Count funded by Bristol North PCT between 2002—2004 providing 2 carer support workers in North and Central Bristol practices.

A review of the QUOF records for 2008 indicated that 95% of Bristol GP practices had submitted a written carer policy. However, contact with GP practices in the scoping phase identified little obvious action in relation to carers. Several practices had the vestiges of carer support systems and some still had identified carer champions, but there was a general feeling that carers' issues were not a priority when there were so many other competing agendas.

In conversations with some practices, staff identified problems in understanding the definition of a carer and a lack of knowledge of the range of different caring situations (especially for young carers). They also raised the problems of carers themselves either not realising they were carers or actually not wanting the label.

Staff recognised the need for carer support, but it was clear that any future work needed to work with practices at a pace that was realistic for their workload, provide help to set up systems for carer support and support to staff to maintain those systems.

The timing of initial contact with practices was also crucial. October and November are pressured months for practices for flu vaccinations; February and March are pressured months for the preparation of annual returns for various monitoring bodies.

2. Contacting practices

At the same time as the CHDP work began, Bristol City Council was funded as a pilot area for developing carers' breaks and some GP practices were paid to deliver health checks for carers.

CHDP contacted these practices first, alongside practices that had expressed interest during the scoping exercise. The practices were sent initial documentation (box 1).

A few practices sought engagement with CHDP. However, most needed follow up telephone calls and emails, which were sometimes not answered.

9 months into the project a letter was sent to practices not previously contacted.
A further contact with non engaged practices followed 10 months later. Both approaches encouraged engagement from a small number of practices. CHDP followed up non engaged practices with telephone calls. This was also quite successful in involving practices.

The lesson from this is to keep trying to engage, as at different times practices may have more capacity or motivation.

### Initial documentation
- An information sheet explaining the project’s key aims
- A factsheet about carers in Bristol, defining the word carer, with health related facts about carers and intended outcomes for carers and practices
- A checklist/audit document to assess what practices were doing to support carer patients on their lists and identify what they could do to improve and sustain that support
- A folder of publicity materials including The Carers’ Support Centre posters, leaflets and materials from other agencies with a strong interest in carers

### 3. First practice visit
Generally a first meeting involved:
- covering the project aims
- reviewing publicity and leaflet material that the practice could use
- commencing and, if possible, completing the checklist/audit document
- agreeing actions that the practice lead and CHDP worker will undertake.

### Points to consider at first meeting
- Develop an understanding of the practice culture and who is in the best position to take the carer agenda forward. This is often the practice manager or business manager or, in some larger practices, a patient services manager or information services manager
- In some practices a member of staff who is or has been a carer may be delegated the task of leading any project work and in a few practices there will be a GP or a practice nurse who becomes the carers lead
- Gain and show understanding of the practice pressures and capacity issues and recognise this with regard to the speed and volume of work that a practice is able or willing to undertake
- However much or little a practice is doing with carers it is worth offering encouragement for work done and offering positive help to augment their efforts!
If a first visit can involve one or more partners or a practice team meeting, this is the ideal. From such a meeting, a member of staff who will lead on carers' issues (carers' lead) needs to be identified. Alternatively, meeting with the existing or nominated carers' lead or champion for the practice or with the practice manager was an equally successful way to begin work with a practice.

3. **Developing subsequent practice contacts**

After the first meeting, each practice chose the next stage of work they wanted to develop. Some practices decided not to continue, but other practices invited or needed a series of contacts/visits before deciding how to proceed. Practices have told us they appreciate this kind of ‘nudging’ ensuring carers' issues do not slip off their agenda.

### Additional materials developed for practices

- Sample practice carers' protocol and policy and a short carers' protocol
- Standard wording on new patient questionnaires and repeat prescription forms - to encourage carers to identify themselves
- Reception cards encouraging carers to register as carers with the practice
- Carer information for life channel or similar VDU display in surgery reception
- Short inserts for carers in general practice leaflets
- Practice carers' leaflets and practice carers' packs
- Standard information for practice public websites
- Carer lead role description
- Information about the RCGP Guide to supporting carers

A number of practices took up the opportunity of half hour **Carer Awareness Training** sessions. These sessions were initially planned for a half day, but it became clear that this was not realistic for many staff in primary care.

CHDP has actively developed different formats for training to suit the needs of practices and different staff groups. These included a brief introduction to carers' issues for full practice meetings and several short sessions for reception staff delivered in their handover time and linked with specific tasks to bring to subsequent sessions.

Several practices were keen to take on projects being developed by CHDP including:

- refreshing and developing carers' registers
· introducing volunteers to practices with a specific role to keep practice carer information up to date and where appropriate run surgery based carer identification/information sessions (see *Volunteers in GP practices*)

· having a Carers' Support Centre presence at practice flu vaccination sessions, at which considerable numbers of previously unknown carers have been identified

· setting up a carers' surgery where a Carers' Support Centre worker is based within a practice once a month and carers are referred to them for information, advice and support by GPs and nurses

· establishing practice based carer support groups, with support from CHDP, the practice or Carers' Support Centre staff

· coordinating voluntary sector involvement in carer information stalls in practice waiting areas during Carers Week.

This paper is part of a series of 7 short reports produced by the Carers Health Development Project (CHPD). CHDP is an initiative by The Carers' Support Centre funded by NHS Bristol and S Gloucestershire PCT, to assist local NHS organisations in implementing the Bristol Joint Carers Strategy. During the first 2 years of the project (April 2010 - March 2012) CHDP worked with GP practices and hospitals to develop ways of recognising and supporting carers.

The reports are:
- Carers Health Development Project evaluation
- Engaging with GP practices
- Carers registers project
- Identifying carers through flu vac programmes
- GP Link volunteers
- Carers as equal partners in care in hospitals
- Carer awareness training in the NHS

**The Carers’ Support Centre** provides support for carers of all ages across Bristol and South Gloucestershire. In addition to the CHDP, The Carers' Support Centre provides a confidential carers' support line, a team of carer support officers, carers holidays and a variety of workshops, training and events.

For information and advice call
CarersLine 0117 965 2200
www.carerssupportcentre.org.uk

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*If you care, we care.*

**The Carers’ Support Centre**

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*NHS Bristol*