Title: Is General Practice providing appropriate support to those on the carers register?

Problem: The provision of timely and effective support for informal care givers has become somewhat of a national priority; it is known that this reduces crisis hospital admissions and the breakdown of care. The first hurdle to overcome in providing tailored support for carers is identifying them. Until 2013, there was a financial incentive through the Quality and Outcomes Framework for GP practices to keep a register of carers. 98% of practices received this award, but the prevalence of carers on each list was remarkably low - an average of 1% of the registered list. The 2011 Census indicates that 10% is a more realistic estimate of the prevalence of carers in each practice.

There are multiple reasons that the identification and coding of carers is problematic. They are often a dynamic population, shifting in and out of their caring role in response to changing circumstances. Carers take an average of two years to recognise their role, with up to 25% taking more than five years.

This quality improvement project used standard and novel methodologies to update the carers register. The provision of appropriate support for carers was then tailored at a local level by a series of carer participation groups.

Approach: The approach involved a plan-do-act research methodology. Initially, the accuracy of the current carers register was ascertained by making telephone contact with each individual on the practice list. Various interventions were then used to encourage identification of new carers including training team members to identify carers opportunistically, list searching patients with conditions that may require support and the display of posters at the practice. Later in the project, carers were involved in participation groups. During these groups, carers opinions on how to support them optimally were explored.

Findings: This is work-in-progress. In the interim findings, 364 carers from a patient list of 12,000 were identified; there were 13 different codes used. This was refined to 2 main diagnostic codes. After updating this list by contacting the carers by telephone, it was ascertained that only 58% of the initial carers listed were still in that role. The relative effectiveness of each intervention in identifying new carers will be presented, along with the results of the patient participation group.

Implications: The provision of effective support for carers necessitates an up-to-date carers list. The initial statistical results from this quality improvement project act as a stark reminder of the difficulties in achieving this. Initial results suggest that the techniques used to identify new carers seem vary in success, for example the rate of response to posters encouraging self-identification of carers improved when alterations were made to the wording. Presentation of these results should help inform strategies for other practices updating their lists.

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