Cosying up: how CCGs can partner carers

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November 2014
NHS Five Year Forward View

Delivering the difference

Family Doctor Association
Where we want to be: FYFV

When people do need health services, patients will gain far greater control of their own care – including the option of shared budgets combining health and social care.

The 1.4 million full time unpaid carers in England will get new support, and the NHS will become a better partner with voluntary organisations and local communities.
Where we are nationally: Carers

- 40% carers deferred own treatment
- 87% said caring is detrimental to their health
- 83% had suffered physical problems
- 36% had sustained injuries
Where we are nationally: funding

• Statutory requirement of Local Government.
• Reduction in spend 2011 – 13 of £1.89 billion
• Better Care Fund.
Rochdale Borough Support

1. Joint Carer’s Strategy
2. The Better Care Fund
3. The Carers’ Covenant
4. The Social Investment Fund (SIF)
5. GP Quality Payment
6. Patient Participation ES
7. HMR Carers LES
Carers’ Covenant

• We recognise the immense contribution of Carers
• Will ensure early carer’s assessments
• Referral directly to UCT when patient known
• 8 – 8 for emergency response within 2 hours
• Social Investment fund investment 2014 – 15
• Saving of Intermediate Care will go to Carers
• Carers’ group sponsorship
The Concept of Frailty

Clinical Frailty Scale*

1. Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2. Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3. Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4. Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

5. Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6. Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (fringe

7. Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8. Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. Terminally Ill - Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

The missing local ingredients for care of the elderly

• Laundry
• Night sitters
• Companionship
• Food
Back to the Future

- Resources
- Attitude within NHS
- National support to Carers Trust
- Names & Faces
- Attitude within media
- Attitude with population
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