Comments I had hoped to make at yesterday’s Parliamentary Committee but the questions from the MSPs did not give me the opportunity to contribute my views!

- The importance of supporting carers, if hospital discharges are to be successful and community care is to be sustainable is not in doubt. We know that if hospital discharge is well-planned and services put in place then there is a much greater likelihood of the cared-for person remaining at home with carer support. This means identifying the carer at an early stage and ensuring that the carer is part of the care and discharge plan. However, there is considerable evidence that there is still room for improvement. This is nothing new – it has been highlighted in the research literature since the 1990s. We have to remember that Health Boards main priority is to their patients, recognising that patients are supported by carers once they are home. Hospital staff are under huge pressures due to the number of demands and targets they are expected to meet. A dedicated carer worker embedded within hospital teams helps ensure that the support/information needs of the carer are not subsumed by the needs of the patient. Many of these have been funded via the Change Fund, and posts are not being main-streamed because of funding pressures.

- Discharge pathways need to seen in their community context - carer support needs to be provided both in the hospital and post discharge in the community with a recognition that the focus of intervention is shifting from a hospital focus to the interface between the hospital and home with models such as ‘Discharge to Assess’.

- Identification of carers is the first step in any work of signposting carers to support and/or direct support. This is not straight forward. I highlighted the work of Carduff and colleagues which looked at supporting carers at the end of life care – they identified 3 barriers in the study:
  - Taking on the care of another person is often a gradual process, carers did not immediately identify with being a 'carer' – preferring to think of themselves in relational terms to the patient e.g. spouse, sibling, child. Often it was health and social care professionals who encouraged carers to consider themselves as a carer.
  - As the cared-for person’s condition deteriorated, the caring role often became all-encompassing so that carers were managing competing demands, and felt unable to look after their own needs as well as those of the cared-for person.
  - There was ambiguity about the legitimacy of carer needs and about the role of the primary health care team in supporting carers, from both the perspective of the carers and the health professionals.
• This is not only the role of the GP – although they are important – it has to be the responsibility of the whole primary health care team, hospital team as well as social care colleagues. Continual work to raise awareness of all workers to the importance of carers needs to be seen as ‘core business’.

• There has to be a willingness to provide early, small interventions so that preventative care is seen as a priority

• Fundamentally, carers’ issues need to be embedded into organisational cultures with clinical and managerial ownership and leadership so there is a culture where carers are seen as equal partners in care.

Alison Jarvis
Community Nursing Programme Manager
NHS Lothian