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02/08/22

Healthwatch Worcestershire  
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Jane Stanley  
Director, Healthwatch Worcestershire

By email.

Dear Jane,

**RE: Empowering Carers at Hospital Discharge**

Thank you for your support of the Empowering Carers at Discharge project, and its initial outputs, the prepared carer checklist and the personalised carer plan documents. We are also hopeful that the content will facilitate better communication between carers and staff involved in discharge. We are particularly keen that carers know that it is okay to ask questions of staff and that they are proactively supported to prepare and plan for their cared for's discharge.

As you will be aware, the intention was for these documents to be templates, allowing flexibility for each organisation to embed their content into existing projects and structures as appropriate to their setting. I do not anticipate that the documents will look or function in the same way in every setting. However, the language and content should remain relatively consistent across Herefordshire and Worcestershire.

I would like to provide a broad overview of the steps taken by NHS trusts following the learning and collaboration from the project. Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) have produced awareness raising posters, embedded the prepared carer checklist on their website and updated existing carer facing leaflets. This has provided an opportunity to make the language clearer and more consistent across resources. They are also working with their electronic patient record team to ensure that carer status is recorded consistently and separately to next of kin. They continue to seek engagement from their Neighbourhood Team and Community Hospital colleagues to explore opportunities to trial the Personalised Carer Plan document. The HWHCT are also

increasing their engagement and co-production with carers. This work is overseen through their Carer Oversight Group.

Worcestershire Acute Hospitals NHS Trust (WAT) have reviewed their carers policy and are in the process of updating their carer facing resources. They are also in the process of producing bedside placemats, with the intention of increasing carer awareness and the self-identification of carers. They continue to engage with carers, with a particular focus on bereavement and Dementia.

In direct response to your questions:

1. Yes, the current focus is on awareness raising amongst staff, patients and the wider public, which we anticipate will aid self-identification. Ultimately this makes identifying carers a collective responsibility. However, as part of the Valuing Patients Time initiative at Wye Valley NHS Trust (WVT), discharge co-ordinators are being employed. These co-ordinators will have a role in identifying, supporting, and signposting new and existing carers. We are planning for their training to include carer awareness, shared decision making and personalised care and support planning training and the documents associated with this project will be incorporated in to this training. This project is in its infancy, but we intend to share the learning with Worcestershire colleagues through the ICS Carer Reference Group in due course.
2. The Prepared Carer Checklist is intended for carers to access independently and to be used a prompt when having key conversations with staff. It is in line with the system wide Prepared Patient campaign, which encourages people to ask questions and to take an active role in their health and care. We have not yet explored producing the content of this checklist in any other format to increase accessibility. At WAT they are simplifying the content and embedding on bedside placemats as they felt that this would be the most effective route in their setting. At HWHCT the checklist is already live on the Carer pages of their website and is linked on carer facing leaflets.

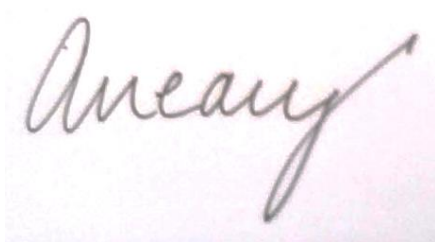
We are exploring how the personalised carer plan can be used by the discharge co-ordinators at WVT and will report back with learning through the ICS Carer Reference Group. HWHCT in early conversations with their Neighbourhood Teams colleagues to see if this is something that can be completed when the team visit the carer and cared for shortly after returning home. Although this may not support immediate issues at discharge, we hope that the conversation that this document facilitates will ensure safe and sustained discharge, prevent carer breakdown and prevent unplanned readmission for the cared for.

3. As with other personalised care and support plans, the intention is that the Carer plan is owned and held by the individual. They are then able to share it as they wish. At present we have not explored the document being held on any record systems. However, following its trials at HWHCT and WVT we can consider how it may be embedded within the carer and cared for's records.
4. There is ongoing communication with the Shared Care Record and Patient Portal team to firstly ensure that carer and cared for statuses are routinely recorded and that carer status is recorded separately from next of kin. This is the first step. I would anticipate that

the prepared carer checklist could be included with other supported self-management resources. However, to the best of my knowledge the digital framework is not yet at sufficient maturity to allow this. From a generic personalised care perspective, we are working with the Digital team to enable individuals to complete a personalised care and support plan via the Patient Portal and then to be able to share with relevant professionals. The personalised carer plan should be seen as a version of a personalised care and support plan.

If you have any further queries, please do not hesitate to get in contact.

Yours sincerely,

A handwritten signature in cursive script that reads "Amy Neary". The signature is written in dark ink on a light-colored background.

Amy Neary  
Personalised Care Manager, NHS Herefordshire and Worcestershire