

The Surgery,  
Bell Lane,  
Minchinhampton.  
Glos. GL6 9JF.

Tel: 01453 883793  
www.minchsurgery.nhs.uk



Dr Susie Weir  
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Dear Carer,

The role you perform is incredibly important - to the person you care for, the practice, and our local community. We know that caring can have a considerable impact on your health and wellbeing, so to help you feel valued and avoid 'carer stress' there are steps you can take to support yourself:

- Please complete and return our carer **registration forms**. We can then add you to our “carer register” so you can be identified and prioritised by staff, including annual health and wellbeing checks for carers and early flu jab vaccination. If the person you care for agrees and fills in the patient consent form, we can then share their information and decisions about their care with you.
- We recommend you contact the **Gloucestershire Carers Hub** to discuss the non-medical aspects of your role as a carer and to request a statutory Carer’s Assessment. You can contact them on 0300 111 9000 or by visiting their website [www.gloucestershirecarershub.co.uk](http://www.gloucestershirecarershub.co.uk)
- Minchinhampton Surgery work closely with carers and Carers Gloucestershire to improve the service we offer you and so we can become more “carer-friendly”. Please find more information on our website [www.minchsurgery.nhs.uk](http://www.minchsurgery.nhs.uk) under the “patient support” carers section – we greatly value any feedback
- We encourage carers to have a voice on our **Patient Participation Group (PPG)** to help promote the role of carers in our wider community. Please email them at [minchppg@gmail.com](mailto:minchppg@gmail.com) if you would like to learn more about the work of the PPG or become a member of the committee.
- If you are going into hospital to help care for a patient, you can get a “carer passport” for free parking and to go into the hospital outside of visiting hours. Please approach the ward sister at the relevant Hospital if this would be useful to you.
- Locally we have **Longfield Community Hospice** which offers free support services for carers of people with life-limiting illness. This includes counselling sessions, complementary therapies, and various classes. Please contact them on 01453 886868 or visit their website [www.longfield.org.uk](http://www.longfield.org.uk) for further information.
- Carers can download the ‘Looking After Someone’ booklet for free on the **CarersUK** website: [www.carersuk.org/las](http://www.carersuk.org/las)

Yours sincerely,

Dr Tristan Cooper  
Carer Lead, Minchinhampton Surgery



## Minchinhampton Surgery

### Registering as a carer

Does someone at home or in the neighbourhood depend on you to help with everyday living? If so, you are a carer and might like some support yourself. Telling your GP can help make sure you get the support and care you need. Please fill in the form below and return it to reception to notify us that you are a carer for someone. Please inform the surgery if your carer situation changes in the future.

#### Carer statement

I am a Carer. I want my name to go onto my GP's Carer Register and give permission for this to be noted on my medical records.

I care for the person (listed below) who has given permission for my details to be noted on their medical records.

#### Patient details

Full name:	
DOB:	
NHS number:	
Address:	
Tel number:	
Email address:	
Date:	
Patient signature:	

#### Carer details

Full name:	
DOB:	
NHS number:	
Address:	
Tel number:	
Email address:	
Date:	
Carer signature:	



## Minchinhampton Surgery

### Patient consent to share information with carer

#### Patient statement

I give permission for my named carer to have access to my personal details and medical record held by the practice. I understand that this permission will remain in force until cancelled by me in writing and that the doctor may override this authority at any time. I confirm that this has been explained to me by my GP and that the GP has sole discretion to withhold any or all copies of correspondence.

#### Level of permission

I give permission for my named carer to have access to (*please tick ONE only*):

- ALL OF** my medical records and copies of medical correspondence held by the practice
- SOME OF** my medical records and copies of medical correspondence held by the practice\*

*\*If you would like your named carer to only have access to some of your medical records, please detail below exactly what parts of the record to which access is allowed (e.g. relating to a specific condition) & any excluded areas:*

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#### Patient details & agreement

Full name:	
DOB:	
NHS number:	
Address:	
Tel number:	
Email address:	
Date:	
Signature:	

#### GP agreement (to be filled in by practice)

Full name:	
Date:	
Signature:	