



Patient
Partnership
In
Practice

Mrs Sue Kinsey, Chair of P3



Rape and sexual assault: *information for GPs in Lothian*



Patient feelings and how they cope after a sexual assault

Everyone reacts and feels differently after experiencing a traumatic event such as rape or sexual assault and whatever the survivor is feeling is a “normal” response to what has happened. Some common feelings that may be experienced are: anger, numbness, fear, self-blame, guilt, sorrow, anxiety, panic attacks, flashbacks (reliving the events), sleeping problems, isolation, powerlessness or denial. This list of effects can be endless, and some may experience all or none of these feelings.

Sexual assault is a traumatic experience and some of the **long term effects** can be: recurring nightmares, relationship problems, flashbacks or depression. Some cope by self-medicating through drugs and/or alcohol to try to block out the memory of what happened, controlling their eating or self-harming. Whatever they are feeling, or however they may be coping, they are surviving the trauma of what has happened in their own way.

Helpful reactions to disclosure

It may be very difficult for the patient to talk about what happened and they may fear not being believed (some people do not want to tell anyone, and some never will). However, as a survivor of sexual violence it can be extremely hard for them to just forget about what has happened, no matter how hard they may try. **As part of the healing process, simply breaking the silence and talking about their thoughts and feelings can help immensely.** The GP/patient relationship is therefore imperative here as the disclosure can signal the beginning of the survivor regaining control over their own life and moving on and your reaction can be crucial.

Many people worry about how to act or what to say. But there are some simple principles which survivors of sexual abuse or assault will appreciate:

- **If a patient discloses sexual violence to you, don't brush it aside as if it's unimportant.** Don't say "I think you should look forwards, not backwards", because this is

Carers & Young Carers: GP Resource



What is meant by the term "unpaid carer"

An estimated **1 in 8 people in Scotland are unpaid carers**: this translates to around 14% of all your registered patients. Of your patients under 18 years, as many as 10% may be young carers. A carer is someone who, without payment, **provides help and support to a partner, child, relative, friend or neighbour**, who could not manage without their regular and substantial help due to disability, physical or mental illness or addiction.

Carers usually don't choose to become carers and often do not consider themselves as such. Instead, they see themselves as **responding to family circumstances** and doing what they can to support someone they care about, often saying "I just have to get on with it, if I didn't then who would?". Many carers provide very substantial care 24 hours a day, 7 days a week having given up work, often to the detriment of their own health and quality of life. We know that 35% of carers without good support **suffer ill health** compared to 15% of those with good support (Office for National Statistics). Unpaid caring can also adversely impact on the natural relationship between the person receiving and the person giving the care.

What is a young carer?

A **young carer** is a child or young person under the age of 18 carrying out caring tasks and assuming a level of responsibility for another person, including siblings, which would normally be taken by an adult. A school survey carried out by The Princess Royal Trust for Carers suggests that there may be as many as 100,000 young carers in Scotland. Their caring role can enhance a young person's confidence, resilience and skills. But **for many young carers, the demands of caring can be to their detriment**, with adverse effects on their physical and mental health, as well as their education

and social development. Indeed, in some situations, young carers can be living in difficult and damaging home circumstances, where they face risks of serious neglect or abuse.

Cost

Estimates suggest that the contribution of unpaid carers in Scotland **saves health and social care services £10.3bn each year**. Carers help patients to manage their long-term conditions, to avoid having to be admitted to hospital, to achieve successful discharge home and subsequent rehabilitation. Many carers administer medication, manage dressings, give injections, provide personal care including continence management and tube feeding, monitoring of mental health conditions, and they may also advocate for the person they care for.

Carers need to be recognised and involved as equal partners in the provision of health and social care and be supported to be able to provide care, while enjoying a quality of life out-with their caring role.

What are the tell-tale signs?

Anyone can become a carer; they come from all walks of life, all cultures and can be of any age. Indicators of an undisclosed caring role can include: a tendency to **neglect or minimise their own health problems**, high levels of **stress; mental ill-health**; always discussing the person they look after instead of themselves in a consultation; **underachievement at school**; back problems (due to excessive lifting); **sleep problems** due to frequent night time disturbances; or financial problems due to not being able to work. Remember all carers are different and each of their circumstances are varied and very personal, there is not a set formula for handling any given situation.

What can I do as a GP?

Carers may not realise that carer **support services** exist or that they are in a situation that can be detrimental to their health. In particular, young carers should be supported to provide age appropriate care while also enjoying a life of their own. It is important to remember that some young carers will know a lot about the condition of the person they care for and will want to **be involved in any decision-making processes**. GPs and practice staff can play a crucial role in *identifying, involving, supporting* and *signposting* unpaid carers and young carers.

Here are some practical ways to help:

IDENTIFYING

- **Maintain awareness** of your patients' emotional and physical well-being and consider making appropriate enquiries about their situation if you are wondering about an undisclosed caring role.
- Consider the impact that a patient's disability, illness, addiction or mental health would have on **all family members**, who may be providing a caring role in the household and to what extent.

INVOLVING

- Encourage carers to ask social work to take up their **legal right for a carers' assessment** in order to review their caring role
- Involve carers and young carers, as appropriate, in consultations with the cared-for patient.
- Have a protocol for onward referral of carers and young carers (Q.O.F. Management 09)
- Ensure carers and young carers are skilled and equipped to provide the appropriate levels and kinds of care.

SUPPORTING

- Introduce a simple **flagging system** so that a patient's status as a carer is recognised and considered in any future consultations.

- Take carers' needs into account in providing timely appointments and prescriptions.
- Develop links with local carers, advocacy, mental health, condition-specific services and liaise with schools and Social Work (with the carer's permission).

SIGNPOSTING

- Be aware of the supports and trusted specialist services that are available locally and signpost patients and carers where appropriate. For a comprehensive list of services, please visit: www.rcgp.org.uk/scotland-carersresource

Confidentiality issues

Many carers say that they would like more information about the condition of the person they care for to help them in their caring role. As you are aware, **confidentiality** is central to the valuable trust between you and your patients but facilitating appropriate information sharing can be crucial to the wellbeing of both individuals and their carers. Any possible concerns about confidentiality you may have can be overcome by talking to patients – ascertain how much information about their care and treatment the patient is comfortable with sharing and with whom. Where an individual does not want information shared, this must be respected.

If a patient lacks capacity, GPs may need to share information with carers to enable them to assess the patient's best interests. The law in Scotland allows people over the age of 16 who have capacity to appoint a welfare attorney to make health and personal welfare decisions once capacity is lost. **Remember to record any agreements prominently in a patient's record so that other members of the team are aware of them**. The professional bodies, professional unions and the royal colleges have published specific advice on confidentiality, these can all be found by visiting the Carers webpage (see address below).

www.rcgp.org.uk/scotland-carersresource



Royal College of
General Practitioners

GCRA – Ben Stroll 2010



Questions to P3 Virtual Network:

1. Do you believe that patients expect hospital doctors to be able to check their current prescriptions electronically when they attend clinics to which they are referred by their GPs rather than having to rely on potentially out of date information in the original referral letter?
2. How do you feel about your medical information being transferred electronically between health professionals? Would this be helpful in the Out Of Hours services?
3. What are the advantages of computerised patient records? Is this a safe & secure way to deal with patient information?
4. Are there any concerns you may have about these matters? (such as issues around confidentiality)

Feedback Quotes

“All systems have the potential to break down and are only as good as the information inputted, therefore all health professionals need to be committed to using the system and be well trained. Adequate technical backup is essential”

Feedback Quotes

“I don’t think that patients know much about all of this”

Feedback Quotes

“Whatever system is used, it has to be trusted by the public and the NHS must be very aware of this and work to ensure that it is. No trust and it won’t work.

There is a need for a much more public discussion and awareness raising about these issues and more public education – also information about about being able to opt out if so desired”.



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Patient
Partnership in
Practice



Linking with patients to develop general practice in Scotland

P3 Section of RCGP Scotland website:

http://www.rcgp.org.uk/councils_faculties/rcgp_scotland/patients_p3.aspx