carersUK

Unpaid carers: getting it right – a virtual wards system pathway and professionals' checklist

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Introduction

Having developed a [checklist / advocacy guide for unpaid carers' involvement with virtual wards](#) (also known as 'hospital at home') in 2023, Carers UK has now developed this system pathway and professional's checklist, following engagement with virtual wards commissioners and practitioners.

It provides information for both virtual ward leaders, and individual professionals involved with the delivery of virtual wards, regarding the importance of supporting and including any unpaid carer who is providing support to a patient who is being cared for on a virtual ward.

This document has been developed following the publication of the [Hospital Discharge Toolkit](#), which was co-produced with unpaid carers, professionals working in care, health and social care.

This document is aimed at key professionals working within virtual wards to support consistent practice in identifying, involving and supporting unpaid carers.

About unpaid carers

Any one of us can become an unpaid carer at any point in time, meaning we have to provide support and care to an older, ill or disabled relative or friend. On average, we have a 50:50 chance of providing care by the time we are 50 years old.[1] The value of unpaid carers' support in England is equivalent to the value of the NHS.[2]

Most people don't call themselves unpaid carers but rather see themselves as a child, wife, partner, husband, sibling, niece or a good friend.

Caring for someone can be a daunting experience if the right information, advice and support is not provided. It can impact on the health, wellbeing, work and relationships of the unpaid carer.

Carers often become experts in providing care over time, but there may still be new things to learn, and they always need to know what is going on.

Many carers don't live with the person they care for (e.g. sons and daughters) and caring for someone at a distance can be challenging.

Most unpaid carers also juggle paid work with their unpaid caring responsibilities. One in three NHS staff is also an unpaid carer of someone who is older, disabled or ill – meaning that your colleagues will be juggling working and caring just as those in front of you.[3]

1 Petrillo, M., Bennett, M.R., and Pryce, G. (2022) Cycles of caring: transitions in and out of unpaid care. London: Carers UK.
2 Petrillo, M. and Bennett, M.R. (2023) Valuing Carers 2021: England and Wales. London: Carers UK.
3 NHS Staff survey, 2020, 2021, 2022

NHS Guidance: virtual wards and unpaid carers

The [NHS Operational Framework for virtual wards](#) (August 2024) states the following regarding unpaid carers:

"Unpaid carers should be recognised as equal partners in care who can provide vital information about the person with care and support needs. To support carers and mitigate any potential risk associated with virtual wards that unpaid carers will be asked to pick up more caring responsibilities, virtual wards must be designed in such a way that enables professionals to:

- *identify unpaid carers*
- *signpost carers to carers' assessments and further support, such as advocacy and respite care*
- *involve carers as equal and expert partners in care*
- *be aware of carer rights under the Care Act and young carer rights under the Children and Families Act. These acts work together so that carers of all ages, and the people they support, can get the assessment and support they need*
- *have informed discussions with carers about the choices available for care and their right to choose the level of care they provide, including no care if they are unable or unwilling to provide any care*
- *ensure that carers have access to information about what to do if: they are no longer able to provide care on a virtual ward or their needs or those of the person receiving care increase.*

The impact on paid carers should also be recognised, including the potential for increasing social care needs for people living in care homes and those with a domiciliary care package. Should any tasks arising from virtual ward care be delegated to non-NHS staff including social care staff, local services should ensure sufficient funding arrangements are in place."

Carers Pathway for Virtual Wards (or Hospital at Home)

Carers UK has also developed an **Unpaid Carer Pathway** for virtual wards designed for service planners, commissioners and service providers. It can also be used by carers involved in strategic engagement to review carers' pathways locally.

The Carers Pathway has six key stages:

1 Identification

2 Welcome and recognition

3 Assessment and delivery of support

4 Ongoing involvement and review

5 Transition from a virtual ward

6 Feedback and evaluation

This process should ensure that all care is person-centred and that includes being carer-centred as well.

This professional's checklist is designed for people working within virtual wards. It is a way of embedding the right practice to support carers in their journey through the virtual ward and enhance outcomes for both them and the person being cared for.

Checklist for virtual wards leaders

Please review the below list and tick off which of these your virtual ward already has in place.

Strategic

We have established links with local carers' organisations (you can find them here).

We've established links with the local authority (responsible for carers' assessments and most legal carers' support provisions).

We have commissioned the local carers' organisation or network to provide support for unpaid carers.

All of our staff have been trained in carer awareness and how to identify unpaid carers.

All relevant staff understand what 'choice about caring' really means to an individual carer and how this translates into practical support if a carer chooses or doesn't choose to care. In either situation support will need to be provided by the virtual wards team. If the carer decides not to care (as is their right), the virtual ward will have a duty of care to provide the relevant services.

We understand that although the majority of unpaid carers are adults, young carers under the age of 18 may also be providing or about to provide care and have rights to be supported.

Stage 1: Identification

We have systems in place to identify unpaid carers on the patient's record.

We have a system in place to ensure that unpaid carers are identified on their own GP patient record (please refer to the SNOMED codes).

We have the right systems in place to identify young carers and provide them with support. Your local carers organisation can tell you where young carers' support is offered in the local area. We are aware of the policy No Wrong Doors for young carers.

Stage 2: Welcome and recognition

We have clear statements that recognise and value unpaid carers and respect their rights and entitlements.

We have developed a simple leaflet for unpaid carers, printed and electronic with links to the local carers' organisation.

Stage 3: Assessment and delivery of support

We are clear about carers' rights and what kind of support they need.

We know that our systems and practices are compliant with the Care Act 2014, and other relevant health legislation and we are pro-active towards carers and their need for support. This includes young carers.

We are confident that the carer, regardless of their age, has support which is also tailored to their own needs.

We have systems in place to check that the carers have been given the right information, advice and support. This includes information about who to contact if they have questions or there is a problem and what to expect.

We have systems established to check the unpaid carers have got all the right equipment they need from us and that they know how to use it and feel confident doing so.

We have processes to protect the unpaid carers and their families from unnecessary costs e.g. personal budget for any additional equipment and any running costs.

We have made any carers aware of their right to have a carers' needs assessment – please see Carers UK's advice regarding carers' assessments.

Stage 4: Ongoing involvement and review

We have systems in place that regularly check how unpaid carers are managing and whether any of their support needs adjusting or increasing.

Stage 5: Transition from a virtual ward

We are clear about pathways for onward care and support upon "discharge" from virtual wards and how carers will be involved and supported are explicitly set out in these policies and procedures.

We understand our legal requirements to involve the carer in any "discharge" from a virtual ward (Health and Care Act 2022, NHS Trusts have a duty to involve carers). This also includes young carers.

We are aware of and are using the Hospital Discharge Checklist for carers.

Stage 6: Feedback and evaluation

We gather carers' experiences, not just in relation to the patient's experience but their own outcomes to ensure the best overall outcomes and this is built into standard evaluation of procedures.

We have systems in place to ensure that unpaid carers have been given the right information about who to call, etc. and what to expect and the right support at the right time.

Checklists for individual professionals

The three lists below (Identification and recognition; Information for carers; and Additional processes, support and feedback) should be used by individual professionals supporting the delivery of a virtual ward as a checklist to ensure that unpaid carers receive the support they require.

1. Identification and recognition

I have identified unpaid carers who are supporting the patient, including any young carers.

I have established whether there is more than one carer who needs to be communicated with and when. I've ensured that there are clear contact details for the carers and that these are clearly recorded.

I have involved the unpaid carer from the start of the process, or as early as possible.

I've recorded that the person/s an unpaid carer on the patient's record. This might also include the Urgent and Emergency Care Record.

I've asked the unpaid carer whether they are identified as an unpaid carer on their GP record. If they are not, I've sent a notification to the GP practice, with the carer's permission, to identify them on their patient record.

I've made sure that the unpaid carer is aware of key information, that they understand they have a choice about providing care and are able to provide any care safely and well.

I will treat the carer as having important and valuable knowledge about the person needing care. I recognise that an individual's ability to provide unpaid care may change at any time and that they may also make different choices about caring.

I have asked the carer whether this area is new to them. Even if the carer is an expert in care; systems, processes or conditions may be new to them, and I may still need to provide information and explanations.

I know whether the virtual ward has a referral process in place to any local carers' organisation and how to signpost the carer to that support.

I have the contacts of the local carers' organisation that the virtual ward refers people to.

2. Information for carers

Depending on what the carer is willing and able to do, carers may need information about:

What care and treatment the patient is being provided and why.

Any medication being administered and potential side effects.

How to use equipment or technology, including how to read and share data.

What support is available if they are unable to provide care.

How to tell if the person they care for is deteriorating – i.e. what signs and symptoms to look out for.

Who to contact/call if someone's condition worsens, and where to get further assistance if help is needed. This should be provided verbally and also written down.

Their rights and entitlements, including if they juggle work and care.

What local support is available to unpaid carers, and how to access it.

When providing information to carers, make sure they have time to ask questions. Information should be provided both verbally and in written format so the carer can refer back to it at a later date.

3. Additional processes, support and feedback

I have recorded any powers of attorney or deputyship, including clear permissions for information sharing from the person needing care if the above are not in place.

I'm aware of safeguarding and have undertaken the relevant checks for both the person being cared for as well as the carer.

I've also checked that the carer is not putting their health and wellbeing at risk and will keep this under review.

I've ensured that they've been given access to care co-ordination technology if appropriate such as Jointly and Digital Resources for Carers.

I have made sure that they have all the equipment they need to care, if they agree to this e.g. gloves, incontinence pads, etc. and shown how to use them.

I have made sure that any extra additional medically related costs that would normally be provided in hospital are covered e.g. through a personal budget if they are significant.

I have regular check-ins to ensure the carer is aware they still have a choice in continuing to provide care, and what support will be provided if they are unable or unwilling to continue to provide care.

I make sure that feedback from carers is encouraged so that we can make sure there are the best outcomes for unpaid carers and the people they care for.

Acknowledgments

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The Carers Partnership consists of Carers UK and Carers Trust, as part of the Health and Wellbeing Alliance.

Contact

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