

Carers Branch (Consultation)  
Adult Care and Support Division  
Directorate for Chief Nursing Officer, Patients, Public and Health Professions  
Director-General Health and Social Care  
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## General Practitioners

16 April 2014

### Carers Legislation - Consultation on Proposals

Thank you for seeing the views of the Scottish GP Committee (SGPC) of BMA Scotland on *Carers Legislation – Consultation on Proposals*. As GPs are key stakeholders with a role in ensuring carers receive the support they need, SGPC is fully supportive of finding new ways to improve the lives of carers.

The consultation covers a range of issues and suggested solutions to better support carers. We have focused in particular on Chapter 8: *Identification of Carers and Young Carers*, which examines the role GPs play in identifying and supporting carers and how this could potentially be altered.

Currently general practitioners have a role in identifying carers, referring them to social services for assessment and signposting them to appropriate services and support. These opportunities arise during every day in general practice when GPs meet with patients and their carers. GPs will identify carers when attending to the needs of patients and there are many examples of ways that practices can increase identification of carers who are with patients and those carers who also attend as patients themselves. Both GPs and carers will be busy in these situations dealing with the needs of the patient and it is important that these needs are addressed first. GPs will deal with the carers needs as well but, in the pressured environment of general practice, the use of legislation to “make this happen” seems inappropriate. Such legislation will not give more time in the day to do this. We would prefer to work with Carers groups to find better ways to meet the needs of carers especially when most of the population will find themselves to be a carer at some point in their lives.

This function is part of the General Medical Services (GMS) contract for GPs in Scotland. The consultation questions whether this contractual obligation should become a legislative one. The consultation also asks whether the role of health boards in sharing best practice regarding Carers Registers and in monitoring compliance with the GP contract should be increased.

Please find below our responses on the consultation questions in Chapter 8:

#### **Question 22: Should there be no legislation for GPs or local authorities to maintain a Carers Register in order to support the identification of carers?**

There is currently an obligation for GPs to maintain a Carers Register under the terms of the GMS contract. As this requirement already exists, we do not believe there is any further need for new legislation. The example highlighted in the consultation regarding GP practices in

**Scottish Secretary:** Jill Vickerman



Lanarkshire having a dedicated member of staff with Carer Liaison responsibilities shows what GP practices can achieve when allowed to make decisions in a professional manner.

It is unclear whether the registers held by GP practices could, legally, be shared with local authorities. In our view, regardless of the legalities we believe it would be highly inappropriate for GP practices to share their registers with local authorities. We strongly suggest that local authorities should maintain their own registers as part of the process in meeting their duty of responsibility to carers.

This would be consistent with other local authority responsibilities including assessing carers via the Carer's Support Plan (along with other assessments such as a section 12A community care assessment or Child's Plan), the provision of advice and signposting to relevant information, and the local authorities' discretionary power to support carers (via the *Social Care (Self-directed Support) (Scotland) Act 2013*).

Also, as stated in the consultation it makes sense for local authorities to work towards identifying carers at key points, for example when a social worker is assessing the needs of the cared-for person. As several local authorities already keep Carer's Registers it would be helpful if best practice could be shared to help improve carers registers in all local authorities. Sharing of best practice could also help to resolve the data protection concerns outlined in the consultation.

It is not clear what practical obstacles would prevent local authorities from establishing and maintaining registers of carers and whether legislation would need to exist to allow local authorities to undertake this function.

**Question 23: Should the Scottish Government ensure that good practice is widely spread amongst Health Boards about the proactive use of Registers of Carers within GP practices?**

As GP practices have been maintaining a register of carers under their contract since 2006 we see no reason why NHS boards should concentrate on this particular aspect of the contract in the absence of any specific reasons provided by the consultation document.

Furthermore, GP practices maintain a register of carers for their own purposes in caring for their patients and we believe that more emphasis should be placed on sharing best practice between local authorities to encourage all local authorities to set up carer registers.

**Question 24: Should the Scottish Government ask Health Boards to monitor compliance with the core contractual elements of the GP contract?**

Health Boards and NHS National Services Scotland Practitioner Services currently monitor compliance with the core contractual elements of the GP contract via payment verification (PV), which involves visiting practices, validating the data submitted by GPs, checking source documentation and activity monitoring. This process ensures that the elements of the GP contract are being fulfilled.

SGPC and the Scottish Government Primary Health Care team are in continuing negotiations on the GMS contract for GPs. When the changes for the 2014/2015 contract were announced both sides stated a desire to move the focus of the contract to increased professionalism and trust, with less micromanagement of GPs and more space for them to use their clinical judgement. For these reasons we would not support any increase in the monitoring of compliance with the GP contract by health boards.

In addition to our responses above we also wanted to comment on some of the points raised in Chapter 1. Specifically, paragraph 8 warns that a shifting of the balance of care from institutional care to care at

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home or in a homely setting must not create excessive burden on carers so that their wellbeing (and also their ability to care) is not adversely impacted. We would suggest another factor which must be taken into account when shifting the balance of care is the necessary additional investment which would be required in supporting services, including primary care. GPs will be required to provide increasing levels of support to carers and it is essential that this is recognised, to ensure sufficient support for carers and to ensure that other services that GPs currently provide can be maintained for all patient groups.

We also have concerns about how the introduction of any new legislation would impact on the General Medical Services contract currently being developed by SGPC and the Scottish Government Primary Care Team. The impact on these ongoing discussions would need to be carefully considered.

Thank you again for the opportunity to contribute to this consultation; we would be happy to meet with you to discuss any of our comments in more detail or to discuss the issues as this work progresses.

Yours sincerely,



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**BMA Scotland**