

Adult Support and Protection GP and Primary Care Guidance consultation response analysis summary – November 2021

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From 15 July to 26 August 2021, the Scottish Government issued a consultation concerning the proposed updating of the guidance for GP and Primary Care Teams. This guidance is to aid practitioners in implementing the [Adult Support and Protection \(Scotland\) Act 2007](#), and should be used in conjunction with the Code of Practice (also currently being updated). The aim of the consultation was to ensure guidance takes account of policy and practice developments, and thus bring the guidance up to date with current legislation and relevant changes in policy and legislation. In order to ensure the revised guidance meets the needs of its users, we wish to consult with targeted stakeholder groups including public bodies named in the Act to invite review and comment. Users of this guidance are General Practitioners and primary care teams.

We received 30 written responses in total, 21 of the 30 responded as organisations, and not all respondents answered every question.

Q1: Does the guidance offer clarity around the referral process and knowing who to contact?

19 respondents answered mostly or completely, with 7 answering somewhat. We also provided links to the [Act Against Harm](#) website, where practitioners can locate their local ASP contact, which was also welcomed. Comments indicate that better communication on a local level between practitioners and Local Authorities would aid understanding the specific referral and inter-agency processes in an individual's area.

Q2: With regard specifically to Adult Support and Protection, does the guidance make your roles and responsibilities clear?

14 answered mostly or completely and 9 answered somewhat. This suggests that the improved guidance around the legal obligations provides greater understanding of roles and expectations. However it was noted that further training in this area would be helpful, particularly the “thresholds” of when to refer or not, with regard to the “three-point test”. Also, it was requested that more specific guidance be provided around the ASP process, reporting harm, and inter-agency engagement. GPs and Primary Care staff can be crucial in identifying protection need factors when they are engaged in the ASP process, with a recognition of the default position being inclusion.

Q3a: Is the main guidance document straightforward and easy to understand?

Here the majority of respondents – 18 - said mostly or completely, and 8 said somewhat. There were many comments on additions that were felt to be helpful and

the guidance document was described as “comprehensive, but also complex”, with perhaps a revision of topic order offering easier flow of reading.

Q3b: Is the one page Quick Guide helpful?

Here, 22 said mostly or completely and 4 said somewhat. In general, the comments reflected that having a short ‘quick guide’ is very helpful, particularly as this is guidance that is perhaps used less regularly and a resource of this type offers a useful time-saving option.

Q4: Does the guidance effectively address the question of sharing information with and without patient consent?

Here, 17 said mostly or completely and 7 said somewhat. Indications are that whilst some level of clarity and guidance has been achieved, practitioners would be keen for simpler wording coupled with an example of what information may require to be shared, showing how it meets UK GDPR. Comments note that there is a degree of apprehension and concern amongst practitioners, as to how they should action such sharing appropriately.

Q5: Research indicates the need for the guidance to be located in the same place as your local child protection guidance. On this basis, where should the guidance be hosted so that you can easily access it locally?

Of those responding to this question – 17 felt it should be online, either on local intranet (11) or website (6). One suggested a paper based folder. Generally having it alongside child protection guidance was felt to be a favourable option.

Q6a: With regard to online training/resources would you prefer: (formats offered were web-based e-learning/ mobile app / other)

Of those responding, 19 said web-based e-learning would be their preference. As there was space to indicate multiple preferences, a number of respondents suggested that a variety of formats would be useful, e.g. 7 highlighted a national app for use when away from the office as well as computer based or face to face training/resources would be useful. The development of a national helpline was mentioned also as a more ambitious option.

Q6b: Please add any suggestions regarding what training topics you would find helpful:

These ranged widely – from 1 person regarding training as obsolete before it was delivered, to the most frequently suggested being Level 1 ASP awareness; Capacity assessment in ASP context; “Real Life” examples; Multi-agency processes and GP role; Range of harms/intersectionality effect leading to a person being seen as at risk of harm.

Q7: If training were made available would you be interested in becoming a local adviser for other primary care team members regarding adult support and protection?

The majority (16) of respondents to this question said No, perhaps indicating a need for greater explanation of what might be expected and networks fostered. However, 3 individuals said Yes, and those who do decide to act as a focal point and advisor for colleagues would play a key role in disseminating the updated guidance.

Q8: Do you feel anything should be added to the guidance to assist you in making ASP referrals?

Of the 22 respondents who answered this question, we received some very detailed suggestions for inclusion, and the key issues raised were:

- Plain language is preferred to aid clear understanding – more clarity and expansion of protocols; contexts etc.
- Guidance target – GPs only or wider primary care?
- Timeframes for referrals and explanation of processes
- Inter-agency procedures and GP involvement/role
- Capacity assessment in the context of ASP
- Thresholds and the “3 point test” – when to refer and when not
- Case studies and examples suggested to aid understanding
- Description of the merits of making referrals and contributing to the decision making processes
- Transition section and crossovers between ASP and CP

Thank you to everyone who took part in the consultation and made time to provide a response.

The Scottish Government is now considering all the responses, and the updated guidance will be published on our website in due course.



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Any enquiries regarding this publication should be sent to us at

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