



Briefing: The Carers (Scotland) Bill - Health Services

Purpose: To provide MSPs with a briefing on proposed amendments to the Carers (Scotland) Bill aimed at strengthening duties in relation to health services

Background: The Carers (Scotland) Bill proposes a range of requirements, primarily on local authorities. With integration of health and social care, although services will be delivered jointly, local authorities will retain statutory responsibility over adult community care services, including support to carers.

However, despite this integration, we believe that the Bill does not place sufficient requirements on health services individually and jointly to support carers effectively, as partners in care or as individuals with their own health and wellbeing requirements.

(1) Requirement for the involvement of NHS Boards in the development of local Carers Strategies.

We propose that NHS Boards should be required to be fully involved in the development of Carers Strategies in each local authority. This ensures that each health board identifies their responsibilities and actions for supporting carers' health and wellbeing as part of the wider delivery of support to carers. This is greater than simply placing a requirement on local authorities to consult with the relevant health board.

We understand from the Scottish Government's response to the Health & Sport Committee that they intend to bring forward an amendment at Stage 2 to underscore "the important role of the NHS in the preparation of local carer strategies".

(2) Hospital Discharge and Admission: There are a range of policies and protocols in place that are intended to make the process of hospital admission and discharge run smoothly. These aim to ensure that patients receive the timely care in the right place and have safe discharge from hospital to a more appropriate setting.

Despite these processes stating that "the involvement of individuals, carers and family/representatives is an integral and essential part of admission, transfer and discharge management" many carers continue to report that their experience of hospital admission and discharge is poor.

The Scottish Government has not included effective hospital discharge in the Carers Bill and we believe this is a critical omission. Despite the existing Scottish Government protocol on hospital discharge, practice across Scotland differs widely and very often is to the detriment of both patients and carers.

It appears that much of carers' experience of hospital discharge has not improved greatly since the publication of "You Can Take Him Home Now" in 2001. At that time, nearly three quarters of respondents were not given any choice over whether or not they provided care. 43% felt that they were not actually involved and those arranging discharge did not take their concerns, ideas and comments into account. One in three people had to go back into hospital within 2 months of

being discharged, with a third of carers saying this was due to them being discharged too early.

In a recent survey of carers, the level of dissatisfaction in being treated as a partner in hospital admission and discharge was high. At these key points, carers knowledge and experience of the person they care for is vital in helping to achieve the best outcomes for individuals between 40 and 45% said their experience of involvement on admission and discharge was poor.

Despite Government policy aimed at reducing emergency and unplanned admissions, in research by Carers Scotland, 40% of carers said they felt the person they cared for was discharged too early, with half of those saying this was the case because services were not in place to support them at home.

35% were consulted about discharge (but at the last minute) and 30% were not consulted at all! 60% said they were not given any choice about caring when the person was discharged. Three quarters were not offered any help with caring when the person was discharged. It has a direct impact on outcomes for patients, with nearly 20% readmitted within one month.

The national carer organisations are therefore seeking **a duty on health services to inform and involve** carers fully in hospital admission and discharge. This includes effective support where the carer has been a patient and requires appropriate recovery and recuperation time.

This is in line with proposals within the Carers Bill to place a duty on **local authorities** to involve and consult carers in care planning for the person they care for.

The Scottish Government's response to the health and sport committee disappointingly does not respond positively to this suggestion, instead again suggesting that guidance accompanying the Carers Bill will "highlight the importance of involving carers in the process of hospital admission and discharge. As noted above, years of guidance on admission and discharge has done little to improve carers' experience and we have little confidence that further guidance will be given any greater consideration. **As such we will continue to press for the legislative duty and amendment noted below.**

The response also notes that the existing Bill's provisions support the involvement of carers in hospital discharge. We would argue these provisions do not place any such similar requirement on health services but solely on the local authority (who should take account of the views of carers where reasonable and practicable). Often people are discharged from hospital, with little or no local authority involvement, prior to any community care assessment or provision of services. We would argue that this continues to place carers a position that gives them little or no choice over caring, over the level of care they are able to provide and/or any consideration of the impact of such caring on their own health and wellbeing. **As such we will continue to press for the legislative duty and amendment noted below.**

Amendment: We suggest adding a section after Part 4 S27 called "Hospital Discharge and Admission: duty to involve and inform carers"

Where an adult or young carer provides or intends to provide care, health services must involve, inform and take account of the views of such carers in deciding or arranging support required from admission to subsequent discharge.

(3) General Practice: The support of carers by health services links to the much wider policy agenda mentioned earlier in reducing health inequalities and improving health. General practice also has a vital role to play. In the original Scottish Government consultation on legislation

reference was made to extending and consolidating the role of general practice in identifying and referring carers to support. However, the Bill does not bring specific provisions and the policy memorandum (para 122) notes that it “would be difficult to have a law about identifying people who are carers”. It also recognises that the identification of carers is “hugely important as it is a prerequisite to assessment and support.”

Identification of carers remains a challenge despite a wide range of initiatives designed to improve this. GPs are in a unique position to be able to identify carers who may be attending the practice to support the person they look after as well as attending for their own health needs, and therefore GPs and allied health professionals are perhaps the best placed people to identify carers at any stage in the caring journey. However, identification of carers through GP practices remains inconsistent across Scotland and there is limited evidence to suggest that GPs actively seek to identify carers they come into contact with.

The National Carer Organisations believes there should be a legislative requirement for GP practices to develop a register of carers within their practice. The coding mechanism is already in place to enable a register to be created, but there is limited value in creating a register if it is simply data collection. In addition to the identification of carers, GPs should be required to proactively refer carers for an Adult Carer Support Plan, which should also be recorded on the individual patient record.

The carers’ register should trigger an offer of an appointment for the individual carer every six months (or at a minimum annually) to determine if the caring situation has changed and whether additional support is required in terms of the carer’s own health and wellbeing including an annual health check.

The Scottish Government’s response to the health and sport committee notes that carer identification will be covered within guidance. It also notes an anticipation that, through Health and Social Care Partnerships, the involvement of GP practices in localities in planning services will be informed by local community engagement around carers.

Whilst we recognise that the Carers Bill is being developed against the background of integration, we also believe it presents an opportunity to provide clear leadership on actions needed across the whole of Scotland by integrated health services including general practitioners, to support the delivery of the national outcome on support carers and improving carers’ health and wellbeing (and preventing ill health). Whilst there may be a belief that we can “anticipate” that identification and thus health support for carers will improve through integration, we are unclear how this would happen in any consistent way and indeed in all areas without national leadership. The one thing we can be sure of is that all carers and young carers will have access to a GP, who is uniquely placed to identify, support health and refer to information services. **As such we will continue to press for the legislative duty and amendment noted below.**

Amendment: The most appropriate section for amendment may be the inclusion of the requirement on GPs to develop a register for carers, provide information on health checks available within their practice and refer carers to information and advice services within “Part 6, Information and Advice for Carers”.

The National Carer Organisations, October 2015

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