

**British Geriatrics Society**  
Improving healthcare for older people

Marjory Warren House  
31 St John's Square London EC1M 4DN

Telephone +44 (0)20 7608 1369  
Email enquiries@bgs.org.uk  
Website www.bgs.org.uk



Kevin Stewart MSP  
Minister for Mental Wellbeing and Social Care  
Scottish Government  
St. Andrew's House  
Regent Road  
Edinburgh  
EH1 3DG

2 November 2021

Dear Mr Stewart,

**A National Care Service for Scotland – comments from the British Geriatrics Society**

The British Geriatrics Society (BGS) welcomes the opportunity to comment on proposals for the development of a National Care Service for Scotland.

The BGS is the membership association for healthcare professionals working with older people. Founded in 1947, we have over 4,500 members, including nearly 450 in Scotland, and we are the only society in the UK offering specialist expertise in the wide range of healthcare needs of older people. Geriatricians, nurses, GPs, care home staff, old age psychiatrists, allied healthcare professionals, pharmacists and researchers provide high quality care for older people as part of a multidisciplinary team during acute illness, chronic illness, rehabilitation and at the end of life, both in hospital and community settings.

The introduction of a National Care Service in Scotland represents a major change in the delivery of social care in Scotland and will significantly affect the lives of many older people and those who care for them. We are writing to share our reflections on the proposed service and the impact that we believe it will have on older people and our members who care for them.

**Principles**

BGS believes that the ambitions of the National Care Service are admirable and if realised, could deliver real change for people receiving social care in Scotland. While we recognise that social care affects people at all life stages, the biggest users of social care are older people with frailty and it is important that this population is at the forefront of planning for the implementation of the National Care Service.

**Scope of the National Care Service**

The proposals for a National Care Service came about as a result of the Independent Review of Adult Social Care. With this in mind, we are surprised to see that the National Care Service is proposed to cover the entire population, including children's services.

While we agree that anyone who needs social care at any stage of their life should have access to the care and support that they need, we are concerned that by designing a whole population system like this which is intended to work for everyone, it will in fact work for no one. There are three main groups who require social care – children, disabled adults of working age and older people – and they all have very specific needs. If the National Care Service is intended to work for each of these groups, it is essential that a 'one size fits all' approach is avoided and that the very particular needs of each group is given adequate consideration and funding. That said, if social care works for older people with frailty, the whole health and social care system will work better as older people are able to stay at home and be independent for longer, reducing demands in other parts of the system.

We agree that Ministers should be accountable for the delivery of the National Care Service and should be required to report on progress to Parliament on a regular basis.

While we appreciate the logic behind the National Care Service taking on responsibility for delivering highly complex or specialist care on a 'once for Scotland' basis, we would warn against adopting an excessively top-down approach to this or implementing it without first consulting those groups affected by it. It is also important that more detail is made available about which groups this would apply to before it is implemented.

### **Funding**

The proposals for the National Care Service are very light on the detail of how this service will be funded. While the Scottish Government will receive additional funding from the UK Government from the Health and Social Care Levy when it is introduced, it is unlikely that this additional funding will be sufficient to fund the substantial levels of reform proposed. It will be important for the Scottish Government to clearly set out how these reforms will be funded in the long term.

### **Integration of health and social care**

The proposals suggest further integration of health and social care services, giving more responsibility to newly-formed Health and Social Care Boards. Seamless health and social care is important to the public and patients who, ideally, should not have to differentiate between different services to get the support they need. Closer working between health and social care is welcomed, especially for older people who are high users of both services and require a joined-up service, something which is not currently always available. Structural change of this sort involved a high degree of bureaucracy, and the benefits of integration should be borne in mind throughout the change process. Benefit to the public should be at the forefront of all integration work and Health and Social Care Boards must be given the time, space and funding to implement genuine improvements for the populations they serve.

These proposals should be developed with input from local government and should not be viewed as an attempt to remove power from local government.

It is also proposed that Health and Social Care Boards take on responsibility for GPs' contractual arrangements. Very little information is included in the proposals about why this change has been suggested and how it would work in practice. This is a significant change to the delivery of primary care services in Scotland and we would suggest that it warrants its own consultation rather than a very brief mention in this consultation. We believe that the contractual arrangements of GPs fall outside of the scope of this consultation.

## **Using data to support health and social care**

We support proposals to implement better use of data between health and social care. While not a panacea, many of the problems that currently exist in older people's healthcare relate to the sharing of data and patient records. If all health and social care professionals had access to a secure patient record, it would significantly improve the quality of care delivered and reduce waiting times considerably.

## **Drug and alcohol services**

While we do not consider ourselves to be experts on drug and alcohol services, it is worth noting that these services are often targeted primarily at younger people. It is important to acknowledge that drug and alcohol problems exist among older people as well and services must be provided that cater to the specific needs of this age group as well as younger user groups.

## **Valuing people who work in social care**

The consultation outlines several factors that may be influential in ensuring that social care workers feel more valued in their roles. We feel that the issue of fair pay should not be under-estimated here. It is a travesty that care workers are not paid a national living wage and that staff can make more money working for supermarkets than caring for the most vulnerable in our society. The Scottish Government must introduce a mandated national living wage for care workers at the earliest available opportunity. It is also essential that working conditions for people working in social care are addressed, ensuring that care workers are entitled to sick pay and holiday leave on a par with their NHS colleagues.

More should be done to ensure that social work is seen as an attractive career option for school-leavers. While pay is an important part of this, it is essential that care work is seen as a career, not just a job, with real consideration given to training and career progression. It is also important to ensure that healthcare roles within social care are valued and respected equally with those in the NHS. Nurses working in care homes must be supported to develop in their careers and to take on clinical leadership roles, so that social care nursing becomes an attractive alternative to working in the NHS.

## **Reformed Joint Integration Boards**

The consultation outlines proposals for the reform of Joint Integration Boards and replacing these with Health and Social Care Boards which will take on sole responsibility for the commissioning of health and social care services locally. As this transition takes place, it will be important to ensure that positive aspects of Joint Integrated Boards are retained. Top-down reorganisations can risk starting again from scratch and reinventing the wheel. Where Joint Integration Boards are working well for local people, these lessons must be learned and retained by the new Health and Social Care Boards.

The proposals state that Health and Social Care Boards will be aligned with local authority boundaries unless otherwise agreed at a local level. We would agree that this appears sensible and would add that it is important that Health and Social Care Boards work closely with local authorities to ensure that they are working collaboratively and not at cross purposes.

## **Using data to support care**

We support plans to introduce a nationally-consistent, integrated and accessible electronic health and social care record to ensure that all healthcare professionals involved in an individual's care have access to the information they need to provide appropriate and efficient care to that person. We know that many people experience

problems in accessing the care that they need or have to repeat their information several times to different healthcare professionals because records are not available to everyone who needs to be able to see them.

We agree that legislation will be needed to ensure that all parties involved play their part in contributing to the integrated record and to ensure that data protection standards are adhered to. This is essential to convince the Scottish public that their personal information will be held securely and only shared with those who need access to it to provide care.

### **Nursing**

We support proposals to improve education and training for nurses working in social care to improve outcomes for people using social care services. It is important that this is also done with the aim of achieving parity between health and social care and making social care nursing an attractive career option for nursing graduates. If the National Care Service is to be responsible for the commissioning of nursing in social care, attention should be paid to aligning this with nursing within the NHS to ensure that nurses working in either service have access to the same career development and leadership opportunities.

### **Mental health services**

We are pleased to see the inclusion of mental health services within proposals for the National Care Service and would suggest that older people's mental health services are included within this. It is important to remember that older people's mental health needs are not limited to dementia and other cognitive impairments. Older people also require care and support for anxiety, depression and other episodes of mental ill health and it is important to ensure that mental health services consider the needs of their older patients, especially as many will have physical health conditions that need to be managed alongside their mental health requirements.

We appreciate the opportunity to comment on proposals for Scotland's National Care Service and we look forward to continuing to contribute to these plans as they develop and are implemented.

Yours sincerely,

Dr Rowan Wallace  
Chair, BGS Scotland Council  
Consultant Geriatrician, NHS Ayrshire and Arran

Dr Jennifer Burns  
President, British Geriatrics Society  
Consultant Geriatrician, NHS Greater Glasgow and Clyde

Cc: National Care Service Team, [NCSconsultation@gov.scot](mailto:NCSconsultation@gov.scot)