

## **UNIFIED ASSESSMENT PROCESS and comments about continuing care.**

This advice note updates the one issued by GPC Wales in 2005.

It is part of our duties under essential services in the GP contract of 2003 to refer as necessary, including to non health agencies. It is our view that if asked to contribute to the Unified Assessment Process we should provide normal referral information. The format of a normal referral letter is sufficient, and no charge for this should be made. Our responsibility does not include giving an opinion on functional capacity or care needs, but a statement of diagnosis and treatment.

GPCW has tried to engage with relevant people to develop a suitable simple clinical form to contribute to the process, so far without success.

We continue to hear of Social Services, or their departments, demanding that referrals from GPs are made upon the UA Enquiry form. This is unacceptable and unenforceable.

- GPs have no contractual or professional obligation to complete these forms.
- Much of the information requested is not collected by, or known to, GPs.
- Gathering of information would have significant time implications.
- Giving of opinions that have significant financial consequences for the patient could damage the patient/doctor relationship.
- Whilst we may have an idea of a patient's functional level, we are not trained in such assessment.
- Extra-contractual work should be funded via collaborative fees, with the caveat that functional assessment, prognostication or opinion giving could have wide unforeseen consequences for the GP and the patient and should therefore only be undertaken within the competencies of the doctor.
- We advise that assessment by an independent, appropriately trained and resourced clinician is the appropriate method to give a medical opinion on functional assessment.
- It is also appropriate to advise a patient or their carer to self refer to social services.
- If a referral is rejected we advise that the rejection may be copied to the patient, if they wish to complain to social services and/or the LHB or Welsh Assembly Government about the refusal.
- GPs must not overlook consent issues in sharing information about patients.

There are a number of considerations for GPs in assessing continuing NHS health care eligibility, because health services are free of charge, but local authority care services may entail a financial contribution. Decision making has

to be able to demonstrate clarity, and accountability. There have been many challenges to decisions. It is for this reason that we feel assessment of capacity should be carried out by appropriately trained doctors with the GPs role confined to providing an opinion or information on diagnosis and details of treatment

Several domains of the Unified Assessment Process are very relevant to determining eligibility for continuing NHS health care:

*Clinical background*

*Personal care and physical well-being*

*Activities of daily living*

*Sense (& awareness)*

*Mental Health (psychological well-being and behaviour)*

*Safety (and risk)*

In all cases, the overriding determination of eligibility is the health care needs of the individual, not their particular illness or disability. Appropriate medical expertise must be available to patients whatever the setting for their care, and this is still very controversial and confused. GPCW will continue to pursue proper commissioning of medical care.

Every decision that a GP makes must be within our training and competencies. We work both within a contractual framework, and the GMC Duties of a Doctor. GPC Wales wishes to remind the GPs of Wales that, when considering the interface of medical and social care, balancing these requirements is fulfilled by providing simple factual clinical information.

GPC Wales  
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