Children and Young People (Information Sharing) (Scotland) Bill
RESPONSE FROM RCGP SCOTLAND

The Royal College of General Practitioners (RCGP) is the professional membership body for family doctors in the UK and overseas. We are committed to improving patient care, clinical standards and GP training. Our objectives, in concern for care for patients, are to shape the future of general practice, ensure GP education meets the changing needs of primary care throughout the UK, grow and support a strong, engaged membership and to be the voice of the GP.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College’s interests within the Scottish Health Service. We currently represent around 5,000 GP members and Associates in Training throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

Introduction
RCGP Scotland has taken the opportunity to make comment on this Bill and the approach being set out by the Scottish Government in addressing the Supreme Court decision.

We welcome the amended wording of the Bill, as it meets our concerns regarding the threat to doctor-patient confidentiality contained in the original Bill, as previously expressed to the Scottish Government by RCGP Scotland.

Section 23
We welcome Section 23 as amended, which relates to the promotion of information sharing. It is felt that the amendments made to this section rectify some previously held concerns regarding the ‘obligation’ for clinicians to share information. It is very much welcomed that the amended wording reflects that information should only be provided if it is congruent with other duties, either professional or legal, of the GP.

Illustrative Code of Practice
We welcome the development of the Code of Practice and see the value in its purpose of guiding clinicians exercising functions under Parts 4 and 5 of the Bill. We recognise that, due to the legalistic nature of the document, the Code of Practice must be written in a style which fulfils its duty in the Bill. However, we are concerned that in its present form the Code of Practice would fail to be a useful and practical tool for clinicians in helping guide practice.

We feel that specific improvements should be made to the section relating to consent (p.7). It would be useful, from the clinician’s perspective, if the Code of Practice differentiated between occasions when clinicians have ‘safeguarding concerns’ as opposed to lower level wellbeing concerns. In the former case, there are well established processes that allow information sharing, with or without consent. In the latter, it is likely that sharing without consent would not be consistent with other duties and regulations. Expressing the issues in
this way would lead to a document that would have much more accessibility for those in clinical practice.

**General comments**

We believe that further work must be carried out to provide access to information for patients, their families and clinicians to ensure this new service is understood for what it is. It is hoped that this legislation will be facilitative and will support a collaborative approach to services with patients and their parents, to provide a context within which children can grow up with the best possible sense of wellbeing.

Clinicians will be keen to understand how patients will benefit from the involvement of Named Persons and indeed what the downsides could be. Whilst there will need to be an easy and secure way to share information to an obvious point of referral, such as a central email address, this must not be done to the detriment of facilitating and building relationships between individuals of the various agencies involved.

We hope that this process will enhance the interface and communication of individual members of the health and social care team.